



British Columbia and Yukon Branch

200 – 4940 Canada Way

Burnaby, BC V5G 4K6

604-558-6879

kidney.ca

Donor Information Form

Living Organ Donor Expense Reimbursement Program (LODERP)

Please complete this form and email to loderp.bcy@kidney.ca

Donor DID# _____

OFFICE USE ONLY

Part 1: Organ Donor Information

First Name: _____ Last Name: _____ Gender: _____ Age: _____

Phone: _____ Email: _____

Home Address: _____

City: _____ Province: _____ Postal Code: _____

Original Transplant Hospital: ☐ VGH ☐ St. Paul's ☐ BCCH Donation: ☐ Kidney ☐ Liver

Your relationship to recipient: _____ Anonymous donor? ☐ Yes ☐ No

Donation through Paired Exchange Program: ☐ Yes ☐ No If Yes, which Hospital? _____

Assessment Date: _____ Estimated Transplant Date: _____

Part 2: Canadian Donors Only: Please complete this section if you require loss of income subsidy.

1. ☐ Employed ☐ Self Employed (If you are self-employed, we require the previous two years of tax returns)

2. Are you eligible for paid time off work? ☐ Yes ☐ No ☐ Uncertain
(includes leave of absence, sick, vacation and short-term disability)

3. Are you eligible for employment insurance sickness benefits (EI)? ☐ Yes ☐ No ☐ Uncertain

4. Will you be applying for a loss of income subsidy? ☐ Yes ☐ No ☐ Uncertain

*If yes, please complete the [Income and Benefits Verification Form](#)

Part 3: Donor Consent

I the undersigned acknowledge that the personal information provided on the application is accurate and will only be used for establishing eligibility for expense reimbursement from the Kidney Foundation of Canada, BC & Yukon Branch. I further understand that the Kidney Foundation may compile statistical information to report to LODERP for demographic purposes: no identifying information will be used for such reporting.

If you have any questions or concerns about how the Kidney Foundation manages your personal information, please visit www.kidney.ca/kidney-foundation-policies or call the Privacy Officer at 604-736-9775 or 1-800-567-8112.

Signature of Donor: _____ Date: _____