



**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](mailto: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.

- Employed  Self Employed (If you are self-employed, we require the previous two years of tax returns)
- Are you eligible for paid time off work?  Yes  No  Uncertain  
(includes leave of absence, sick, vacation and short-term disability)
- Are you eligible for employment insurance sickness benefits (EI)?  Yes  No  Uncertain
- 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](http://www.kidney.ca/kidney-foundation-policies) or call the Privacy Officer at 604-736-9775 or 1-800-567-8112.

Signature of Donor: \_\_\_\_\_ Date: \_\_\_\_\_