

# Donor Protection Addendum

Version 1.1

Our transplant center agrees to pay for, or absorb, any Uncovered Complication costs for donors whose kidneys have been removed at our facility for any transplant organized by NKR.

Member Center Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_