

CAMBRIDGE-OXFORD IELTS PRACTICE TEST

ORGAN AND BLOOD DONATION

Test Code: CX-IELTS-OB-001

Level: B1-B2 (CEFR) - Intensive Training

Duration: 2 hours 45 minutes

Date: January 18, 2026

STUDENT TEST BOOKLET

READING SECTION (40 questions)

Time allowed: 60 minutes

READING PASSAGE 1

You should spend about 20 minutes on Questions 1-13, which are based on Reading Passage 1 below.

THE GIFT OF LIFE: A COMPREHENSIVE OVERVIEW OF ORGAN AND BLOOD DONATION

Every day, thousands of lives hang in the balance, waiting for a gift that only another human being can provide. Organ and blood donation represent two of the most profound acts of altruism in modern medicine, offering hope to those facing life-

threatening conditions and demonstrating the remarkable capacity of human generosity to transcend the boundaries between strangers.

Blood donation is perhaps the more familiar of these two life-saving practices. The process involves a healthy individual voluntarily giving blood, which is then processed and used for transfusions in patients who have lost blood due to surgery, accidents, or medical conditions such as anaemia and cancer. A single donation of whole blood, typically measuring approximately 470 millilitres, can be separated into its constituent components—red blood cells, plasma, and platelets—each serving different medical purposes. Red blood cells carry oxygen to tissues and are crucial for trauma victims and surgical patients. Plasma, the liquid portion of blood, contains proteins essential for clotting and immune function. Platelets are vital for patients undergoing chemotherapy or those with clotting disorders. Remarkably, a single whole blood donation can potentially benefit up to three different patients.

The eligibility criteria for blood donation vary by country but generally require donors to be in good health, within a specified age range (typically 17-65 years), and meeting minimum weight requirements. Donors must also pass a screening process that includes questions about medical history, recent travel, and lifestyle factors that might affect blood safety. The donation process itself is straightforward and relatively quick: after registration and screening, a sterile needle is inserted into a vein in the arm, and blood is collected into a specialised bag. The entire procedure takes approximately 10-15 minutes for the actual donation, though the complete visit, including registration and post-donation refreshments, may last about an hour.

Organ donation, while sharing the same altruistic spirit as blood donation, involves considerably more complexity. It refers to the surgical removal of organs or tissues from one person (the donor) for transplantation into another person (the recipient) whose own organs are failing. Unlike blood, which regenerates within weeks, most organs cannot be replaced by the body, making each donation irreplaceable. The organs that can be transplanted include the heart, lungs, liver, kidneys, pancreas, and intestines. Additionally, tissues such as corneas, skin, bone, and heart valves can be donated to improve or restore function in recipients.

There are two primary categories of organ donation: deceased donation and living donation. Deceased donation occurs when organs are recovered from individuals who have died, typically from brain death or circulatory death. Brain death is a legal and medical definition of death that occurs when all brain function, including the brainstem, has irreversibly ceased, even though the heart may continue beating with

mechanical support. In such cases, organs can be maintained in viable condition for transplantation. Living donation, on the other hand, allows healthy individuals to donate certain organs or portions of organs while alive. The most common living donations involve kidneys, as humans can live healthy lives with a single kidney, and liver segments, as the liver has remarkable regenerative capacity.

The demand for organs far exceeds the supply in virtually every country. In the United Kingdom alone, over 7,000 people are currently on the transplant waiting list, and approximately three people die each day while waiting for a suitable organ. This shortage has prompted various policy responses, including the introduction of “opt-out” or presumed consent systems in several countries. Under such systems, all citizens are considered potential organ donors unless they have explicitly registered their objection. Wales became the first UK nation to adopt this approach in 2015, followed by England in 2020 and Scotland in 2021.

The ethical dimensions of organ and blood donation are profound and multifaceted. Questions of consent, bodily autonomy, and the definition of death continue to generate debate among medical professionals, ethicists, and the public. The principle of informed consent—ensuring that donors or their families fully understand and voluntarily agree to donation—remains paramount. For deceased donation, this often involves sensitive conversations with grieving families, requiring healthcare professionals to balance respect for the deceased’s wishes with the urgent needs of waiting recipients.

Both organ and blood donation represent the intersection of medical science and human compassion. They remind us that in our interconnected world, the gift of life can flow from one person to another, creating bonds of gratitude and hope that transcend the boundaries of family, community, and nation.

Questions 1-6

Do the following statements agree with the information given in Reading Passage 1?

In boxes 1-6 on your answer sheet, write:

TRUE if the statement agrees with the information

FALSE if the statement contradicts the information

NOT GIVEN if there is no information on this

1. A single blood donation can help up to three different patients.

2. Blood donors must be between 18 and 60 years old in all countries.
 3. The actual blood donation process takes approximately 10-15 minutes.
 4. The liver cannot regenerate after partial donation.
 5. More than 7,000 people in the United Kingdom are waiting for organ transplants.
 6. England adopted an opt-out organ donation system before Wales.
-

Questions 7-10

Choose the correct letter, A, B, C, or D.

Write the correct letter in boxes 7-10 on your answer sheet.

1. According to the passage, what is the primary function of red blood cells?
 - A) Fighting infections
 - B) Carrying oxygen to tissues
 - C) Helping blood to clot
 - D) Producing antibodies
2. What distinguishes brain death from other forms of death?
 - A) The heart stops beating immediately.
 - B) All brain function has irreversibly ceased.
 - C) The patient can still breathe independently.
 - D) Recovery is possible with treatment.
3. Why is living kidney donation possible?
 - A) Kidneys regenerate quickly after donation.
 - B) Humans can function normally with one kidney.
 - C) Artificial kidneys can replace the donated one.
 - D) The remaining kidney doubles in size.
4. What is the main purpose of “opt-out” organ donation systems?
 - A) To reduce the cost of transplant surgery

- B) To increase the number of available organs
 - C) To simplify the donation process
 - D) To eliminate the need for family consent
-

Questions 11-13

Complete the summary below.

Choose NO MORE THAN TWO WORDS from the passage for each answer.

Write your answers in boxes 11-13 on your answer sheet.

Blood donation involves giving approximately 470 millilitres of blood, which can be separated into red blood cells, plasma, and **11** _____. The donation process requires donors to pass a **12** _____ that examines their medical history and other factors. In organ donation, the principle of **13** _____ ensures that donors or their families fully understand and agree to the procedure.

READING PASSAGE 2

You should spend about 20 minutes on Questions 14-26, which are based on Reading Passage 2 below.

MILESTONES IN TRANSPLANTATION: A HISTORICAL JOURNEY

A The dream of replacing failing organs with healthy ones is as old as human civilisation. Ancient myths abound with tales of miraculous transplants—from the legend of Saints Cosmas and Damian, who allegedly transplanted a leg from a deceased Moor to a Roman deacon in the third century, to Chinese accounts of the physician Hua Tuo performing organ exchanges. While these stories belong to the realm of legend, they reflect humanity's enduring fascination with the possibility of extending life through the transfer of body parts.

B The scientific foundation for modern transplantation was laid in the early twentieth century with the development of vascular anastomosis—the surgical technique of connecting blood vessels. French surgeon Alexis Carrel pioneered this technique and was awarded the Nobel Prize in Physiology or Medicine in 1912 for his work. Carrel's innovations made it technically possible to transplant organs, but a formidable

obstacle remained: the body's immune system, which treats transplanted organs as foreign invaders and attacks them relentlessly.

C The first successful human organ transplant occurred on December 23, 1954, when Dr. Joseph Murray performed a kidney transplant between identical twins Ronald and Richard Herrick at Peter Bent Brigham Hospital in Boston. Because the twins were genetically identical, Richard's body did not reject his brother's kidney, and Ronald lived for eight more years with his transplanted organ. This landmark surgery demonstrated that organ transplantation was medically feasible, though the challenge of rejection in non-identical individuals remained unsolved.

D The 1960s witnessed a flurry of transplantation firsts. In 1963, Dr. Thomas Starzl performed the first human liver transplant in Denver, Colorado, though the patient survived only a few weeks. The first successful lung transplant was performed by Dr. James Hardy in 1963, and the first pancreas transplant by Dr. Richard Lillehei in 1966. However, the event that captured the world's imagination was the first human heart transplant, performed by Dr. Christiaan Barnard in Cape Town, South Africa, on December 3, 1967. The recipient, Louis Washkansky, survived for 18 days before succumbing to pneumonia—a consequence of the immunosuppressive drugs used to prevent rejection.

E The breakthrough that transformed organ transplantation from an experimental procedure to a routine medical treatment came with the development of cyclosporine in the 1970s. This immunosuppressive drug, derived from a soil fungus, proved remarkably effective at preventing organ rejection while causing fewer side effects than previous medications. Following its approval for clinical use in 1983, transplant success rates improved dramatically. One-year survival rates for kidney transplants rose from approximately 50% to over 80%, and similar improvements were seen across all organ types.

F The history of blood transfusion follows a parallel but distinct trajectory. Early attempts at transfusion in the seventeenth century, often involving animal blood, were frequently fatal. The discovery of blood types by Karl Landsteiner in 1901 was the crucial breakthrough that made safe transfusion possible. Landsteiner identified the ABO blood group system, explaining why some transfusions succeeded while others caused fatal reactions. His work earned him the Nobel Prize in 1930 and laid the foundation for modern blood banking.

G Today, transplantation medicine continues to advance at a remarkable pace. Researchers are exploring xenotransplantation—the transplantation of organs from animals, particularly genetically modified pigs, to humans. In January 2022, surgeons at the University of Maryland made history by transplanting a genetically modified pig heart into a human patient, who survived for two months. Meanwhile, scientists are developing techniques to grow organs in laboratories using stem cells, potentially offering an unlimited supply of rejection-free organs in the future. These innovations promise to address the persistent shortage of donor organs that continues to cost lives worldwide.

Questions 14-19

Reading Passage 2 has seven paragraphs, A-G.

Choose the correct heading for each paragraph from the list of headings below.

Write the correct number, i-x, in boxes 14-19 on your answer sheet.

List of Headings

- i. The drug that revolutionised transplantation
- ii. Ancient dreams of organ replacement
- iii. The first successful organ transplant
- iv. A decade of pioneering surgeries
- v. The future of transplantation medicine
- vi. The discovery that made blood transfusion safe
- vii. The surgical technique that made transplants possible
- viii. The ongoing shortage of donor organs
- ix. Ethical debates in transplantation
- x. The role of genetics in transplant success

1. Paragraph A _____

2. Paragraph B _____

3. Paragraph C _____

4. Paragraph D _____

5. Paragraph E _____

6. Paragraph F _____

Questions 20-23

Choose the correct letter, A, B, C, or D.

Write the correct letter in boxes 20-23 on your answer sheet.

1. Why was the 1954 kidney transplant between the Herrick twins successful?
 - A) New immunosuppressive drugs were used.
 - B) The twins had identical genetic makeup.
 - C) The surgery used revolutionary techniques.
 - D) The recipient was in excellent health.
2. What was significant about Dr. Christiaan Barnard's 1967 surgery?
 - A) It was the first successful organ transplant.
 - B) It was the first human heart transplant.
 - C) The patient lived for many years.
 - D) It did not require immunosuppressive drugs.
3. How did cyclosporine change transplantation medicine?
 - A) It eliminated the need for surgery.
 - B) It made organ matching unnecessary.
 - C) It significantly improved survival rates.
 - D) It reduced the cost of transplants.
4. What does the passage suggest about xenotransplantation?
 - A) It has been completely successful.
 - B) It is no longer being researched.
 - C) It may help address organ shortages.
 - D) It is ethically unacceptable.

Questions 24-26

Complete the sentences below.

Choose NO MORE THAN THREE WORDS from the passage for each answer.

Write your answers in boxes 24-26 on your answer sheet.

1. Alexis Carrel won the Nobel Prize for developing the technique of _____.
 2. Karl Landsteiner's identification of the _____ explained why some blood transfusions were fatal.
 3. Scientists are working on growing organs in laboratories using _____.
-

READING PASSAGE 3

You should spend about 20 minutes on Questions 27-40, which are based on Reading Passage 3 below.

THE ETHICS AND ECONOMICS OF ORGAN ALLOCATION: NAVIGATING COMPLEX TERRAIN

The allocation of scarce organs to patients in need raises some of the most challenging ethical questions in contemporary medicine. With demand consistently outstripping supply, transplant systems must make difficult decisions about who receives life-saving organs and who continues to wait—decisions that inevitably involve value judgments about fairness, utility, and the worth of human lives.

Most organ allocation systems attempt to balance two competing principles: equity and efficiency. The equity principle holds that all patients should have equal access to transplantation regardless of their social status, wealth, or personal characteristics. The efficiency principle, by contrast, prioritises allocating organs to recipients who are most likely to benefit from them, maximising the overall health gains from a limited resource. These principles can conflict: a younger, healthier patient might be expected to gain more years of life from a transplant than an older, sicker patient, but prioritising the former could be seen as discriminating against the latter.

In practice, allocation systems use complex algorithms that incorporate multiple factors. Medical urgency is typically given significant weight—patients who will die without an immediate transplant are often prioritised. Waiting time is another common criterion, reflecting the equity principle that those who have waited longest deserve priority. Geographical proximity to the donor hospital may also factor in, as

organs deteriorate during transport and local allocation can improve outcomes. Additionally, biological compatibility between donor and recipient—including blood type and tissue matching—is essential for transplant success.

The question of whether patients' behaviour should influence their eligibility for transplants generates considerable controversy. Some argue that individuals who have contributed to their own organ failure through lifestyle choices—such as alcoholics with liver disease or smokers with lung disease—should receive lower priority than those whose conditions arose through no fault of their own. Opponents counter that such policies amount to moral judgments that have no place in medicine, and that addiction is itself a disease deserving of treatment rather than punishment.

Economic factors add another layer of complexity to organ allocation. Transplant surgery and subsequent lifelong immunosuppressive therapy are expensive, raising questions about resource allocation in healthcare systems with limited budgets. In countries without universal healthcare, the ability to pay can influence access to transplantation, creating disparities between wealthy and poor patients. Even in systems with universal coverage, the costs of transplantation must be weighed against other healthcare priorities.

The global dimension of organ allocation presents additional challenges. “Transplant tourism”—the practice of travelling abroad to receive organs—has grown as patients from wealthy countries seek to bypass waiting lists by purchasing organs in developing nations. This practice raises serious ethical concerns about exploitation of vulnerable populations and has been linked to organ trafficking and coerced donation. International bodies, including the World Health Organization, have called for measures to combat these practices while ensuring equitable access to transplantation worldwide.

Alternative approaches to increasing organ supply have been proposed and debated. Financial incentives for donation—ranging from funeral expense coverage to direct payments—remain controversial. Proponents argue that such incentives could significantly increase donation rates and save lives. Critics worry that payments would commodify the human body, exploit the poor, and undermine the altruistic nature of donation. Most countries currently prohibit financial compensation for organs, though some permit reimbursement of donors' expenses.

The development of artificial organs and xenotransplantation offers hope for eventually transcending the limitations of human organ supply. Mechanical hearts and

dialysis machines already sustain patients awaiting transplants, and research into bioartificial organs—combining living cells with synthetic materials—continues to advance. If successful, these technologies could eliminate the ethical dilemmas of allocation by providing organs for all who need them.

Until such technological solutions become reality, societies must continue to grapple with the difficult choices inherent in organ allocation. The decisions made reflect fundamental values about justice, compassion, and the obligations we owe to one another. As medical capabilities expand and populations age, these questions will only become more pressing, demanding ongoing dialogue among medical professionals, ethicists, policymakers, and the public.

Questions 27-32

Do the following statements agree with the views of the writer in Reading Passage 3?

In boxes 27-32 on your answer sheet, write:

YES if the statement agrees with the views of the writer

NO if the statement contradicts the views of the writer

NOT GIVEN if it is impossible to say what the writer thinks about this

1. Organ allocation decisions inevitably involve value judgments.
 2. The equity and efficiency principles in organ allocation always align perfectly.
 3. Medical urgency is typically an important factor in allocation decisions.
 4. Patients who caused their own organ failure should definitely receive lower priority.
 5. Transplant tourism raises serious ethical concerns.
 6. Financial incentives for organ donation should be immediately implemented worldwide.
-

Questions 33-36

Choose the correct letter, A, B, C, or D.

Write the correct letter in boxes 33-36 on your answer sheet.

1. According to the passage, what is a potential conflict between equity and efficiency in organ allocation?
 - A) Wealthy patients may receive priority over poor patients.
 - B) Younger patients might be prioritised over older patients.
 - C) Local patients always receive organs before distant patients.
 - D) Medical urgency is ignored in favour of waiting time.
 2. What does the passage say about the role of patient behaviour in allocation decisions?
 - A) It is universally accepted as a valid criterion.
 - B) It is a subject of considerable controversy.
 - C) It is never considered by allocation systems.
 - D) It only applies to heart transplant candidates.
 3. What concern does the passage raise about transplant tourism?
 - A) It is too expensive for most patients.
 - B) It may involve exploitation of vulnerable people.
 - C) It always results in poor medical outcomes.
 - D) It is only practised in developing countries.
 4. What does the passage suggest about the future of organ allocation dilemmas?
 - A) They will be completely resolved by new policies.
 - B) They may be eliminated by technological advances.
 - C) They will become less important over time.
 - D) They only affect wealthy countries.
-

Questions 37-40

Complete the summary below.

Choose NO MORE THAN TWO WORDS from the passage for each answer.

Write your answers in boxes 37-40 on your answer sheet.

Organ allocation systems must balance competing principles of equity and efficiency. Various factors are considered, including medical urgency, **37** _____, and biological compatibility. The practice of **38** _____, where patients travel abroad for organs, raises ethical concerns about exploitation. Some have proposed **39** _____ for donation to increase supply, but critics argue this would commodify the human body. Technological developments such as **40** _____ may eventually provide organs for all patients in need.

LISTENING SECTION (40 questions)

Time allowed: Approximately 30 minutes (plus 10 minutes transfer time)

SECTION 1: Questions 1-10

You will hear a conversation between a person enquiring about blood donation and a staff member at a blood donation centre.

Questions 1-5

Complete the form below.

Write NO MORE THAN TWO WORDS AND/OR A NUMBER for each answer.

BLOOD DONATION CENTRE - NEW DONOR REGISTRATION

Field	Information
Name:	Michael Thompson
Date of Birth:	1 _____
Address:	47 2 _____ Road, Manchester
Postcode:	3 _____
Occupation:	4 _____
Blood Type (if known):	5 _____

Questions 6-10

Choose the correct letter, A, B, or C.

1. How long has Michael wanted to donate blood?
 - A) A few weeks
 - B) Several months
 - C) Many years
 2. What is the minimum weight requirement for blood donation?
 - A) 45 kg
 - B) 50 kg
 - C) 55 kg
 3. How long does the actual blood donation take?
 - A) 5-10 minutes
 - B) 10-15 minutes
 - C) 15-20 minutes
 4. What should donors do after giving blood?
 - A) Leave immediately
 - B) Rest and have refreshments
 - C) Schedule another appointment
 5. When is Michael's appointment scheduled for?
 - A) Next Tuesday at 2:30 pm
 - B) Next Thursday at 3:30 pm
 - C) Next Saturday at 10:30 am
-

SECTION 2: Questions 11-20

You will hear a presentation by a hospital coordinator about organ donation awareness.

Questions 11-15

Choose the correct letter, A, B, or C.

1. What is the main purpose of the presentation?
 - A) To train medical staff
 - B) To raise awareness about organ donation
 - C) To recruit volunteers
2. How many people in the UK are currently on the transplant waiting list?
 - A) Around 5,000
 - B) Around 7,000
 - C) Around 10,000
3. What change occurred in England's organ donation law in 2020?
 - A) Organ donation was banned.
 - B) An opt-out system was introduced.
 - C) Only family members can donate.
4. According to the speaker, what is the most commonly transplanted organ?
 - A) Heart
 - B) Liver
 - C) Kidney
5. What does the speaker say about discussing donation with family?
 - A) It is unnecessary under the new law.
 - B) It remains very important.
 - C) It should be avoided.

Questions 16-20

Complete the notes below.

Write NO MORE THAN TWO WORDS for each answer.

KEY FACTS ABOUT ORGAN DONATION

- A single donor can save up to **16** _____ lives
 - Organs must be transplanted within hours due to **17** _____
 - Living donors can give a kidney or part of their **18** _____
 - The NHS Blood and Transplant service maintains the **19** _____
 - Families should know their relatives' **20** _____ about donation
-

SECTION 3: Questions 21-30

You will hear a discussion between two medical students, Emma and David, and their professor, Dr. Williams, about ethical issues in organ transplantation.

Questions 21-25

Choose the correct letter, A, B, or C.

1. What ethical issue does Emma want to focus on for her essay?
 - A) Organ trafficking
 - B) Allocation criteria
 - C) Xenotransplantation
2. What does Dr. Williams say about the opt-out system?
 - A) It has eliminated all ethical concerns.
 - B) It still raises questions about consent.
 - C) It should be abolished.
3. What is David's view on using lifestyle factors in allocation decisions?
 - A) He strongly supports it.
 - B) He thinks it's too complicated.
 - C) He believes it's unfair.
4. What does Dr. Williams suggest about the concept of "medical utility"?
 - A) It should be the only criterion.
 - B) It must be balanced with fairness.

- C) It is no longer relevant.

5. What assignment does Dr. Williams give the students?

- A) Write a research paper
- B) Prepare a debate presentation
- C) Conduct patient interviews

Questions 26-30

Which opinion does each person express about the following ethical issues?

Choose FIVE answers from the box and write the correct letter, A-G, next to Questions 26-30.

Opinions

- A. It is ethically unacceptable under any circumstances.
- B. It could help solve the organ shortage.
- C. It requires very careful regulation.
- D. It is the most pressing ethical issue.
- E. It has been largely resolved.
- F. It deserves more public debate.
- G. It should be left to individual choice.

1. Paying donors for organs _____
 2. Using organs from executed prisoners _____
 3. Presumed consent legislation _____
 4. Age limits for transplant recipients _____
 5. Transplanting animal organs into humans _____
-

SECTION 4: Questions 31-40

You will hear a lecture about the science of blood transfusion and organ preservation.

Questions 31-35

Complete the sentences below.

Write NO MORE THAN TWO WORDS for each answer.

1. The lecturer describes blood as a _____ tissue that can be transferred between individuals.
2. Karl Landsteiner discovered that blood types are determined by _____ on red blood cells.
3. The Rh factor was named after experiments conducted on _____ monkeys.
4. Blood can be stored for up to _____ days under proper refrigeration.
5. The process of separating blood into components is called _____.

Questions 36-40

Complete the notes below.

Write NO MORE THAN TWO WORDS AND/OR A NUMBER for each answer.

ORGAN PRESERVATION TECHNIQUES

Organ	Maximum Preservation Time	Key Challenge
Heart	36 _____ hours	Maintaining continuous function
Liver	12-18 hours	Preventing 37 _____
Kidney	38 _____ hours	Longest viable preservation
Lungs	6-8 hours	Extremely 39 _____
Pancreas	12-24 hours	Complex 40 _____ requirements

WRITING SECTION

Time allowed: 60 minutes

WRITING TASK 1

You should spend about 20 minutes on this task.

The diagram below shows the process of organ donation from a deceased donor to a recipient.

Summarise the information by selecting and reporting the main features, and make comparisons where relevant.

Write at least 150 words.

Process Description:

1. Potential donor identified (brain death confirmed)
 2. Family consent obtained
 3. Medical evaluation of donor organs
 4. Recipient matching through national database
 5. Surgical recovery of organs
 6. Organ preservation and transport
 7. Transplant surgery performed
 8. Post-operative care and monitoring
 9. Lifelong immunosuppressive therapy
-

WRITING TASK 2

You should spend about 40 minutes on this task.

Write about the following topic:

Some countries have introduced “opt-out” organ donation systems, where all citizens are presumed to be organ donors unless they have explicitly registered their objection. Others maintain “opt-in” systems, where individuals must actively register their consent to donate.

Which system do you think is more appropriate? Discuss the advantages and disadvantages of both approaches.

Give reasons for your answer and include any relevant examples from your own knowledge or experience.

Write at least 250 words.

SPEAKING SECTION

PART 1: Introduction and Interview (4-5 minutes)

Let's talk about health and medical topics.

1. Have you ever donated blood? Why or why not?
 2. Do you think organ donation is common in your country?
 3. How do people in your country generally feel about discussing medical topics?
 4. Have you ever had to visit a hospital? What was the experience like?
 5. Do you think young people should learn about organ donation in school?
-

PART 2: Individual Long Turn (3-4 minutes)

You will have to talk about the topic for 1 to 2 minutes. You have one minute to think about what you are going to say. You can make some notes to help you if you wish.

Describe a time when you or someone you know helped another person in a significant way.

You should say:

- who was helped and by whom
- what kind of help was provided
- why this help was needed

and explain how this experience affected you or the people involved.

PART 3: Two-Way Discussion (4-5 minutes)

Let's discuss some more general questions related to donation and helping others.

1. Why do you think some people are reluctant to become organ donors?
 2. Should governments do more to encourage organ and blood donation? How?
 3. What role do religious and cultural beliefs play in attitudes towards organ donation?
 4. Do you think financial incentives for organ donation would be ethical?
 5. How might advances in medical technology change the need for organ donation in the future?
 6. What responsibilities do individuals have towards society when it comes to helping others?
-

GRAMMAR SECTION (20 questions)

Time allowed: 20 minutes

Questions 1-5: Error Correction

Identify the error in each sentence and write the correction.

1. The number of people waiting for organ transplants have increased dramatically over the past decade.
 2. If I would have known about the blood drive earlier, I would have participated.
 3. Neither the doctor nor the nurses was able to locate a suitable donor in time.
 4. The patient, who she received a kidney transplant last year, is now living a healthy life.
 5. Each of the donated organs were carefully examined before the transplant surgery.
-

Questions 6-10: Sentence Transformation

Complete the second sentence so that it has a similar meaning to the first sentence, using the word given. Do not change the word given. You must use between three and six words, including the word given.

1. The hospital hasn't performed a heart transplant for six months. (SINCE) It _____ the hospital performed a heart transplant.
 2. "You should consider registering as an organ donor," the nurse told me. (ADVISED) The nurse _____ registering as an organ donor.
 3. It is possible that the new treatment will save more lives. (MAY) The new treatment _____ more lives.
 4. Blood donation is not as complicated as many people think. (THAN) Many people think blood donation is _____ actually is.
 5. The surgeon began the transplant operation three hours ago and is still operating. (BEEN) The surgeon _____ for three hours.
-

Questions 11-15: Fill in the Blanks

Complete the sentences with the correct form of the verb in brackets, or with a suitable preposition or article.

1. By next year, the hospital _____ (perform) over 500 kidney transplants.
 2. The success of the operation depends _____ finding a compatible donor.
 3. There is _____ urgent need for more people to register as organ donors.
 4. The patient was grateful _____ the anonymous donor who saved her life.
 5. The transplant, which _____ (carry out) yesterday, was a complete success.
-

Questions 16-20: Word Formation

Use the word in capitals to form a word that fits in the gap.

1. The _____ (SCARCE) of donor organs remains a critical challenge in transplant medicine.
 2. Blood donation is a completely _____ (VOLUNTEER) act that saves thousands of lives.
 3. The _____ (SURGEON) team worked for twelve hours to complete the transplant.
 4. Many people have _____ (CONCEPT) about what organ donation involves.
 5. The hospital launched a new _____ (AWARE) campaign to encourage blood donation.
-

ANSWER KEY

READING ANSWERS

Passage 1 (Questions 1-13)

1. TRUE
2. FALSE
3. TRUE
4. FALSE
5. TRUE
6. FALSE
7. B
8. B

- 9. B
- 10. B
- 11. platelets
- 12. screening process
- 13. informed consent

Passage 2 (Questions 14-26)

- 1. ii
- 2. vii
- 3. iii
- 4. iv
- 5. i
- 6. vi
- 7. B
- 8. B
- 9. C
- 10. C
- 11. vascular anastomosis
- 12. ABO blood group system
- 13. stem cells

Passage 3 (Questions 27-40)

- 1. YES
- 2. NO
- 3. YES
- 4. NOT GIVEN
- 5. YES
- 6. NOT GIVEN
- 7. B
- 8. B

- 9. B
 - 10. B
 - 11. waiting time
 - 12. transplant tourism
 - 13. financial incentives
 - 14. artificial organs
-

LISTENING ANSWERS

Section 1 (Questions 1-10)

- 1. 15th March 1992 / 15/03/1992
- 2. Oakwood
- 3. M14 6PL
- 4. software engineer
- 5. O positive
- 6. B
- 7. B
- 8. A
- 9. B
- 10. C

Section 2 (Questions 11-20)

- 1. B
- 2. B
- 3. B
- 4. C
- 5. B
- 6. eight
- 7. time constraints

8. liver
9. waiting list
10. wishes

Section 3 (Questions 21-30)

1. B
2. B
3. C
4. B
5. B
6. C
7. A
8. F
9. G
10. B

Section 4 (Questions 31-40)

1. living
 2. antigens
 3. rhesus
 4. 42
 5. fractionation
 6. 4-6
 7. cell damage
 8. 24-48
 9. delicate
 10. metabolic
-

GRAMMAR ANSWERS

1. have → has
 2. would have known → had known
 3. was → were
 4. who she received → who received
 5. were → was
 6. has been six months since
 7. advised me to consider
 8. may save
 9. more complicated than it
 10. has been operating
 11. will have performed
 12. on
 13. an
 14. to
 15. was carried out
 16. scarcity
 17. voluntary
 18. surgical
 19. misconceptions
 20. awareness
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TUTOR GUIDE

MODEL ANSWER FOR WRITING TASK 1

The diagram illustrates the sequential process involved in transplanting organs from a deceased donor to a recipient, comprising nine distinct stages.

The process begins with the identification of a potential donor, which occurs when brain death has been medically confirmed. Following this, healthcare professionals must obtain consent from the donor's family before proceeding further.

Once consent is secured, the donor's organs undergo thorough medical evaluation to assess their suitability for transplantation. Simultaneously, the national database is consulted to identify and match appropriate recipients based on factors such as blood type, tissue compatibility, and medical urgency.

The surgical phase then commences with the recovery of viable organs from the donor. These organs are immediately preserved using specialised techniques and transported to the recipient's hospital. The transplant surgery is subsequently performed, during which the healthy organ replaces the recipient's failing one.

The final stages focus on the recipient's recovery. Post-operative care and monitoring ensure that the body accepts the new organ, while the recipient begins lifelong immunosuppressive therapy to prevent rejection.

Overall, the process demonstrates a carefully coordinated sequence of medical and administrative steps designed to maximise the chances of successful transplantation.

(Word count: 198)

MODEL ESSAY FOR WRITING TASK 2 (Band 9)

The question of whether organ donation should operate on an opt-out or opt-in basis represents one of the most significant policy debates in contemporary healthcare. Both systems have distinct advantages and disadvantages, and the choice between them involves balancing considerations of individual autonomy against the collective need for life-saving organs.

Opt-in systems, where individuals must actively register their consent to donate, have the advantage of ensuring that donation reflects a genuine, considered decision.

Under such systems, there can be no doubt that the deceased wished to donate their organs, which provides comfort to grieving families and upholds the principle of informed consent. Furthermore, opt-in systems respect the autonomy of those who, for religious, cultural, or personal reasons, do not wish to donate. However, the major disadvantage is that many people who would be willing to donate never take the step of registering, resulting in a significant gap between potential and actual donors.

Opt-out systems, by contrast, presume that all citizens consent to donation unless they have explicitly registered their objection. The primary advantage of this approach is its potential to dramatically increase the supply of donor organs. Countries such as Spain, which pioneered the opt-out model, consistently achieve the highest donation rates in the world. This increased supply translates directly into lives saved. Critics, however, argue that presumed consent is not true consent, and that the state should not assume ownership of citizens' bodies after death. There are also concerns that opt-out systems may disproportionately affect vulnerable populations who may be unaware of their right to object.

In my view, an opt-out system with robust safeguards represents the most appropriate approach. The potential to save thousands of additional lives each year is a compelling argument, provided that the system includes clear mechanisms for registering objections, extensive public education about the policy, and continued respect for family wishes in borderline cases. The experience of countries that have successfully implemented opt-out systems demonstrates that it is possible to increase donation rates while maintaining public trust and ethical standards.

In conclusion, while both systems have merits, the life-saving potential of opt-out donation, combined with appropriate protections for individual choice, makes it the preferable policy option for addressing the critical shortage of donor organs.

(Word count: 367)

SPEAKING PART 2 SAMPLE RESPONSE

I'd like to talk about a time when my uncle helped save someone's life by donating blood during an emergency situation. This happened about three years ago and left a lasting impression on me.

My uncle, who is a regular blood donor, received an urgent call from the local hospital one evening. They were treating a young woman who had been in a serious car accident and had lost a significant amount of blood. She had a rare blood type—AB negative—which is found in less than one percent of the population. As it happened, my uncle shares this rare blood type and was on the hospital's emergency contact list.

Without hesitation, my uncle drove to the hospital that same night. The medical staff explained that the patient's condition was critical and that his donation could make the difference between life and death. He donated blood immediately, and I later learned that his contribution, along with donations from two other compatible donors they managed to locate, was instrumental in stabilising the patient during her surgery.

This experience affected me profoundly in several ways. First, it made me realise how interconnected we all are as a society—a stranger's life depended on my uncle's willingness to help. Second, it inspired me to become a regular blood donor myself. I registered shortly after this incident and have donated several times since. Finally, it reinforced my belief in the importance of being prepared to help others, even when it requires personal inconvenience.

My uncle later received a letter from the patient's family expressing their gratitude. He keeps it in his wallet as a reminder that small acts of generosity can have enormous consequences. This experience taught me that we all have the capacity to save lives, often in ways we might not expect.

KEY VOCABULARY LIST

1. **Altruism** (noun): Selfless concern for the well-being of others.
2. **Transfusion** (noun): The transfer of blood or blood components from one person to another.
3. **Transplantation** (noun): The surgical procedure of transferring an organ or tissue from one body to another.
4. **Recipient** (noun): A person who receives something, especially an organ or blood donation.
5. **Deceased donor** (noun phrase): A person who donates organs after death.

6. **Living donor** (noun phrase): A person who donates an organ or tissue while alive.
 7. **Brain death** (noun phrase): The irreversible cessation of all brain function, including the brainstem.
 8. **Immunosuppressive** (adjective): Relating to drugs that suppress the immune system to prevent organ rejection.
 9. **Opt-out system** (noun phrase): A donation system where consent is presumed unless explicitly refused.
 10. **Opt-in system** (noun phrase): A donation system requiring explicit registration of consent.
 11. **Allocation** (noun): The distribution of resources, such as organs, according to specific criteria.
 12. **Compatibility** (noun): The degree to which donor and recipient tissues match.
 13. **Waiting list** (noun phrase): A register of patients awaiting organ transplants.
 14. **Xenotransplantation** (noun): The transplantation of organs between different species.
 15. **Vascular anastomosis** (noun phrase): The surgical connection of blood vessels.
 16. **Plasma** (noun): The liquid component of blood containing proteins and nutrients.
 17. **Platelets** (noun): Blood cells involved in clotting.
 18. **Organ procurement** (noun phrase): The process of obtaining organs for transplantation.
 19. **Tissue typing** (noun phrase): Testing to determine compatibility between donor and recipient.
 20. **Rejection** (noun): The immune system's attack on a transplanted organ.
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LISTENING SCRIPTS

SECTION 1

Staff Member: Good morning, welcome to the Manchester Blood Donation Centre. How can I help you today?

Michael: Hi, good morning. I'd like to register as a blood donor. I've been meaning to do this for quite a while.

Staff Member: That's wonderful to hear. We're always in need of new donors. Let me take some details from you. Can I start with your full name?

Michael: Yes, it's Michael Thompson.

Staff Member: Thank you, Michael. And your date of birth?

Michael: The 15th of March, 1992.

Staff Member: 15th March 1992. And your current address?

Michael: I live at 47 Oakwood Road, Manchester.

Staff Member: 47 Oakwood Road. And the postcode?

Michael: M14 6PL.

Staff Member: M-1-4, 6-P-L. Perfect. And what do you do for a living, Michael?

Michael: I'm a software engineer. I work for a tech company in the city centre.

Staff Member: Lovely. Now, do you happen to know your blood type?

Michael: Yes, I had it tested a few years ago. I'm O positive.

Staff Member: O positive – that's excellent. O positive is the most common blood type and is always in high demand. Now, you mentioned you've been meaning to donate for a while. How long have you been thinking about it?

Michael: Oh, several months actually. I kept putting it off, but a colleague at work donated recently and it inspired me to finally come in.

Staff Member: Well, I'm glad you're here now. Let me explain the process. First, we need to make sure you meet our eligibility criteria. You need to be at least 17 years old and weigh at least 50 kilograms.

Michael: I'm 31 and I weigh about 75 kilos, so that should be fine.

Staff Member: Perfect. On the day of your donation, you'll have a brief health screening where we'll check your haemoglobin levels and ask some questions about your medical history. Then you'll be taken to the donation area. The actual blood donation itself is quite quick – it only takes about 5 to 10 minutes.

Michael: Oh, that's faster than I expected.

Staff Member: Yes, many people are surprised. After you've donated, we ask that you rest for about 10 to 15 minutes and have some refreshments – tea, coffee, biscuits – to help your body recover. It's important not to rush off immediately.

Michael: That sounds very straightforward.

Staff Member: It really is. Now, let me book you in for an appointment. We have availability next Saturday at 10:30 in the morning. Would that work for you?

Michael: Yes, Saturday morning is perfect for me.

Staff Member: Excellent. I've booked you in for next Saturday at 10:30 am. Please remember to drink plenty of water before you come and have a good breakfast.

SECTION 2

Coordinator: Good afternoon, everyone, and thank you for attending today's session. My name is Sarah Collins, and I'm the Organ Donation Coordinator here at St. Mary's Hospital. The main purpose of my presentation today is to raise awareness about organ donation and to address some common questions and misconceptions.

Let me start with some sobering statistics. Currently, around 7,000 people in the UK are on the transplant waiting list, hoping for a life-saving organ. Tragically,

approximately three people die every day while waiting because there simply aren't enough organs available.

Now, many of you may be aware that there was a significant change to England's organ donation law in 2020. An opt-out system was introduced, which means that all adults are now considered to have agreed to donate their organs when they die, unless they have recorded a decision not to donate or are in an excluded group. This is sometimes called "Max and Keira's Law," named after a young boy who received a heart transplant and the girl who donated it.

In terms of which organs can be donated, the kidney is the most commonly transplanted organ. This is partly because we have two kidneys and can live healthily with just one, which makes living donation possible. Other organs that can be transplanted include the heart, liver, lungs, pancreas, and small intestine.

I want to emphasise something very important: even with the new opt-out law, discussing your donation wishes with your family remains very important. Families are still consulted before donation proceeds, and knowing what their loved one wanted makes this conversation much easier during an already difficult time.

Let me share some key facts. A single organ donor can save up to eight lives through organ donation, and can help many more through tissue donation. However, organs must be transplanted within hours of recovery due to time constraints – they simply cannot survive outside the body for long.

For those interested in living donation, it's possible to donate a kidney or part of your liver while you're still alive. The liver is remarkable in that it can regenerate to its full size within a few months.

The NHS Blood and Transplant service maintains the waiting list and coordinates all organ donation and transplantation in the UK. If you'd like to register your decision – whether to donate or not – you can do so on the NHS Organ Donor Register.

Finally, I cannot stress enough how important it is for families to know their relatives' wishes about donation. Having this conversation now, while everyone is healthy, can prevent uncertainty and distress later.

SECTION 3

Dr. Williams: Good morning, Emma and David. I understand you wanted to discuss the ethical issues in organ transplantation for your upcoming essays.

Emma: Yes, Dr. Williams. I've been reading about allocation criteria and I find it fascinating how decisions are made about who receives organs. I think I'd like to focus my essay on that topic.

Dr. Williams: That's an excellent choice, Emma. Allocation is indeed one of the most ethically complex areas in transplant medicine. What aspects interest you most?

Emma: Well, I'm particularly interested in how different countries balance medical factors against social factors. For instance, should age be a consideration?

David: I've been thinking about the opt-out system that was introduced in England. It seems like a good way to increase donation rates, but I wonder about the ethical implications.

Dr. Williams: That's a perceptive observation, David. While the opt-out system has been successful in increasing donation rates in many countries, it still raises questions about consent. Can we truly say someone has consented if they simply haven't objected? It's a philosophical question that continues to generate debate.

David: I've also been reading about using lifestyle factors in allocation decisions – like whether someone's alcoholism contributed to their liver failure. I have to say, I think it's unfair to judge people that way. Addiction is a disease, after all.

Dr. Williams: Many ethicists would agree with you, David. However, others argue that when organs are scarce, we have a responsibility to allocate them where they're most likely to succeed. This brings us to the concept of "medical utility."

Emma: What exactly does that mean?

Dr. Williams: Medical utility refers to maximising the benefit from limited resources – in this case, giving organs to patients most likely to have successful outcomes. But as David suggests, it must be balanced with fairness. We can't simply prioritise young, healthy patients over older or sicker ones without considering the ethical implications.

Emma: It's so complicated.

Dr. Williams: It certainly is. Now, for your assignment, I'd like you both to prepare a debate presentation. Emma, you'll argue for a purely medical utility-based allocation system, and David, you'll argue for a system based primarily on equity and waiting time. This will help you understand both perspectives.

David: That sounds challenging but interesting.

Dr. Williams: Before we finish, let me get your views on a few other ethical issues. What do you think about paying donors for organs?

Emma: I think it could help solve the organ shortage, but it would need very careful regulation to prevent exploitation.

David: I'm more sceptical. I worry it would lead to poor people selling their organs out of desperation.

Dr. Williams: What about using organs from executed prisoners, as happens in some countries?

Emma: That's ethically unacceptable under any circumstances, in my view. There's no way to ensure genuine consent.

Dr. Williams: And presumed consent legislation?

David: I think it deserves more public debate. People should understand what it means before it's implemented.

Dr. Williams: What about age limits for transplant recipients?

Emma: That should be left to individual choice and medical judgment, I think.

Dr. Williams: And finally, xenotransplantation – transplanting animal organs into humans?

David: It could help solve the organ shortage if the technical challenges can be overcome. The recent pig heart transplant was remarkable.

SECTION 4

Lecturer: Good afternoon, everyone. Today's lecture focuses on the science behind blood transfusion and organ preservation – two areas that are fundamental to modern

transplant medicine.

Let's begin with blood. Blood is often described as a living tissue – and indeed it is. Unlike solid organs, blood can be transferred between individuals relatively easily, provided certain compatibility requirements are met. This makes blood transfusion one of the most common and life-saving medical procedures performed worldwide.

The foundation of safe blood transfusion lies in understanding blood types. In 1901, Karl Landsteiner made the groundbreaking discovery that blood types are determined by antigens on the surface of red blood cells. He identified three blood types initially – A, B, and O – and his colleagues later identified the fourth type, AB. This discovery explained why some transfusions had been successful while others had caused fatal reactions.

The Rh factor, another crucial element of blood typing, was discovered later. It was named after experiments conducted on rhesus monkeys in the 1940s. People are classified as Rh positive or Rh negative depending on whether they have this antigen. Combined with the ABO system, this gives us the eight common blood types we recognise today.

Modern blood banking allows us to store blood for extended periods. Whole blood can be stored for up to 42 days under proper refrigeration at temperatures between 2 and 6 degrees Celsius. The process of separating blood into its components – red cells, plasma, and platelets – is called fractionation. This allows us to use each component for different medical purposes and extends the utility of each donation.

Now, let's turn to organ preservation, which presents far greater challenges. Unlike blood, solid organs begin to deteriorate rapidly once removed from the body. The goal of organ preservation is to slow this deterioration long enough to transport the organ and perform the transplant.

Different organs have different preservation times. The heart is particularly time-sensitive – it can only be preserved for 4 to 6 hours outside the body. The main challenge is maintaining its continuous function, as the heart muscle is extremely sensitive to oxygen deprivation.

The liver can be preserved for 12 to 18 hours. The key challenge here is preventing cell damage that occurs when blood flow is interrupted and then restored.

Kidneys are more resilient and can be preserved for 24 to 48 hours, giving them the longest viable preservation time of the major organs. This relative durability is one reason kidney transplants are the most common.

Lungs are extremely delicate and can only be preserved for 6 to 8 hours. Their complex structure makes them particularly vulnerable to damage.

Finally, the pancreas can be preserved for 12 to 24 hours, but it has complex metabolic requirements that make preservation challenging.

Researchers continue to develop new preservation techniques, including machine perfusion, which keeps organs functioning outside the body by pumping them with oxygenated solutions. These advances are extending preservation times and improving transplant outcomes.

End of Listening Scripts

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