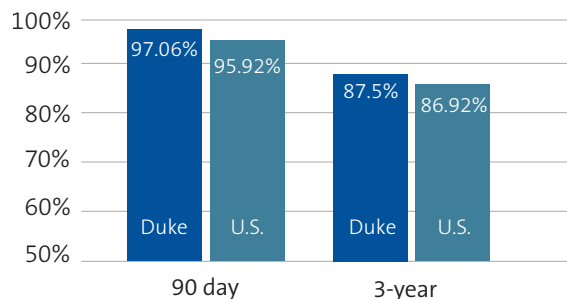


# Duke Pediatric Heart Transplant Program



## Patient Survival Rates\*

Better than U.S. Average



\* Data from srtr.org as of 1/7/25 for pediatric survival with functioning graft.

## Time to Transplant\*

Shorter wait time than national median



\* Data from srtr.org as of 1/7/25 for median wait time for combined adult and pediatric heart transplants.

## Heart Transplant Volumes

One of the top centers nationally by volume in 2024



\*\* As reported by the Organ Procurement and Transplantation Network (OPTN) for combined adult and pediatric heart transplants.

## Why Refer to Duke

You can refer your pediatric patients when they may benefit from our programs, which include:

### Specialized Pediatric Heart Care

- Achieved some of the highest patient survival rates in the U.S.
- Performed more than 450 pediatric heart operations annually for advanced, complex cases.
- Pioneered new surgical techniques that lower risk and ensure heart surgery is better tolerated by newborns and infants, including
  - Leader in pediatric Donation After Circulatory Death (DCD) heart transplants in U.S., and continue to be one of the only pediatric centers nationally.
  - Performed the world's first combination heart transplant and allogeneic processed thymus tissue implantation on a 6-month old baby. The procedure could lower the risk of organ rejection.
  - Performed the world's first partial heart transplant, using living-tissue that will grow along with the pediatric patient and reduce the need for surgical procedures.

### Heart Transplant Program

- Duke is an innovator in expanding the donor pool, as the nation's leading center for DCD heart transplant patient enrollment. We were the first program to offer adult and pediatric DCD heart transplant in the U.S.
- Duke offers a full spectrum of mechanical circulatory support to keep patients safe on the wait list, including endovascular therapies such as Impella, implantable devices such as Heartmate 3, and extracorporeal ventricular assist devices for all sizes and anatomy
- Our program offers one of the shortest average wait times on the east coast.

### Adult Congenital Program

- Fully-integrated adult congenital program which creates a seamless clinical transition for pediatric patients who require adult care, including those born with single ventricles, palliated with Fontan surgery.

## Overview

We offer comprehensive evaluation and care to your pediatric patients with congenital heart defects. Our experienced team works with you and other Duke specialists to diagnose and manage care, including surgery and transplant when necessary.

Duke's heart transplant program is pioneering new approaches and techniques to expand the donor pool and reduce wait times.



**DukeHealth**

# Duke Heart Transplant Program

## Your Patients Will Have Access To:



### Dedicated Care Coordinators

Our care coordinators and social workers help your patients navigate every aspect of their care, including appointment scheduling, insurance coverage, and access to support resources.



### Clinical Trials

We screen every patient for clinical trial eligibility to give your patients access to novel therapies.

### Qualified Donors

We offer deceased and are a leader in DCD heart transplantation and participate in national registries for benchmarking quality.



## Our Care Team Members

### Pediatric Cardiologists

Michael Carboni, MD  
*Medical Director*

Erin Shea, MD

### Pediatric Heart Surgeons

Joseph Turek, MD, PhD, MBA  
*Surgical Director*

Joseph Brian Clark, MD

Tracy Geoffrion, MD, MPH

Doug Overbey, MD, MPH

Find the most up-to-date list of providers at [DukeHealth.org/Transplant](https://DukeHealth.org/Transplant)

### Location

**Duke Children's Hospital & Health Center**  
2301 Erwin Rd.  
Durham, NC 27710

### Contact

**Phone** 919-613-7777

**Toll-free** 800-249-5864

**Fax** 919-681-8860

**On-call Physician** 919-684-8111

*Our coordinator and a doctor are on call 24 hours a day, 365 days a year for urgent concerns.*

# Duke Heart Transplant Referral Form

Please fax the completed referral form to 919-681-8860 or use electronic referral through Epic/MedLink. Once received, a scheduler will contact your patient to schedule an appointment. We appreciate your referral.

USPS  
Box 102347  
Durham, NC 27710

FedEx/UPS  
330 Trent Drive, Room 138  
Hanes House  
Durham, NC 27710

Phone 919-613-7777  
Toll-free 800-249-5864  
Fax 919-681-8860

## Patient Demographic Information

Name: \_\_\_\_\_ Veteran? Y N  
Address: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Language: \_\_\_\_\_ Interpreter? Y N Special Needs? Y N  
Employer: \_\_\_\_\_

## Physician Information

Referring Physician: \_\_\_\_\_ Primary Care Physician: \_\_\_\_\_  
Practice/Group Name: \_\_\_\_\_ Practice/Group Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Name of Person Completing This Form \_\_\_\_\_

## Primary Insurance Information (attach copy of both sides of card)

Company: \_\_\_\_\_ Policy ID: \_\_\_\_\_ Group Number: \_\_\_\_\_  
Policyholder's Name: \_\_\_\_\_ Policyholder's DOB: \_\_\_\_\_  
Insurance Phone Number: \_\_\_\_\_ Referral or Pre-Cert Number: \_\_\_\_\_  
Behavioral Health Insurance? Y N Company: \_\_\_\_\_ Policy ID: \_\_\_\_\_

## Secondary Insurance Information (attach copy of both sides of card)

Company: \_\_\_\_\_ Policy ID: \_\_\_\_\_ Group Number: \_\_\_\_\_  
Policyholder's Name: \_\_\_\_\_ Policyholder's DOB: \_\_\_\_\_  
Insurance Phone Number: \_\_\_\_\_ Referral or Pre-Cert Number: \_\_\_\_\_

## Patient General Clinical Information

Patient Height: \_\_\_\_\_ Patient Weight: \_\_\_\_\_ Date: \_\_\_\_\_  
Seen at Duke University Hospital? Y N If yes, date of last visit: \_\_\_\_\_  
Duke Medical Record Number: \_\_\_\_\_ Smoking Cessation Date: \_\_\_\_\_  
Oxygen Use at Rest: \_\_\_\_\_ at Exertion: \_\_\_\_\_

## Requested Referral Information

- Any pertinent medical records
- Most recent history and physical (clinic notes)
- Operative reports from any thoracic surgeries
- Recent chest x-ray report
- Reports of previous cardiac catheterization, stress test, and/or echocardiogram