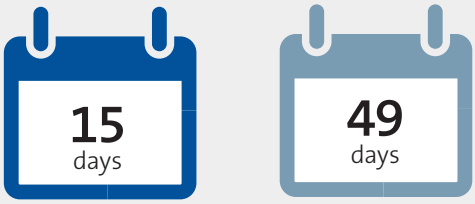
Duke Lung Transplant Program

Time to Transplant*

Shorter wait time than national median



Duke U.S.

* Data from srtr.org as of 1/7/25 for median wait time for transplant.

Lung Transplant Volumes

Largest lung transplant program in the U.S.

** As reported by the Organ Procurement and Transplantation Network (OPTN).

Transplant Evaluation Options

One-day consultation

Two-day limited evaluation

Five-day full evaluation

Out of State Pre-and Post Lung Transplant Video Visits Available

Overview

The Duke Lung Transplant Program is among the most established and successful in the world.

Since 1992, our lung transplant surgeons have performed more than 2,600 lung transplants such as complex procedures such retransplants, concomitant cardiac procedures with lung transplantation, and multi-organ transplantation.

Our experienced team understands all aspects of lung transplant care and is here to help you care for your patients.

To make a referral, log in to **Duke MedLink** or call **919-613-7777**

When to Refer

You can refer your patients to us when they have the following signs and symptoms for diseases, including:

- **Chronic Obstructive Pulmonary Disease**
  - FEV1 <40% and/or DLCO <30%
  - Oxygen dependence
  - Hypercarbia
  - Frequent exacerbations
  - Persistent, activity-limiting symptoms in spite of rehabilitation
- **Cystic Fibrosis and Bronchiectasis**
  - Increasing frequency of exacerbations
  - Progressive decline in lung function, requiring ICU care
  - Oxygen dependence
  - Hypercarbia
  - Secondary pulmonary hypertension
  - FEV1<40%
  - Recurrent or refractory pneumothorax
- **Interstitial Lung Disease (ILD)**
- **Pulmonary Arterial Hypertension**
- **Sarcoidosis**
  - FEV1 <50% and/or DLCO <40%
  - Oxygen dependence
  - Hypercarbia
  - Secondary pulmonary hypertension
- **Other Lung Diseases**
  when there is hypoxia, hypercarbia, or disease progression despite medical therapy

DukeHealth

MC-3782

Duke Lung Transplant Program

Your Patients Will Have Access To:

Lung Transplant Specialists

Our surgeons have special expertise in performing lung transplants and offer:

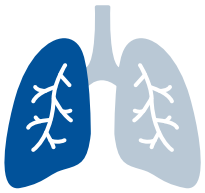
- Management of the full spectrum of lung transplant care
- Individualized patient assessment
- Comprehensive pulmonary rehab and education programs
- Excellent outcomes in multi-organ transplants, including combined heart and lung transplants

Clinical Trials

We screen every patient for clinical trial eligibility to give your patients access to novel therapies as part of our pioneering clinical, basic, and translational research.

Qualified Donors

We offer deceased lung transplantation and participate in national registries for benchmarking quality.



Our Care Team Members

Cardiothoracic Surgeons

Jacob A. Klapper, MD
Surgical Director

Matthew G. Hartwig, MD

Hiroshi Date, MD

Kunal Patel, MD

Pulmonologists

John M. Reynolds, MD
Medical Director

Scott M. Palmer Jr., MD
Scientific Director

Laurie D. Snyder, MD
Associate Medical Director

Hakim Azfar Ali, MD

Alexander Graham, MD

Deepika Kulkarni, MD

Brandon Menachem MD

Lake D. Morrison, MD

Matthew Pipeling, MD

Jamie L. Todd, MD

Jordan Whitson, MD

Katherine Young, MD

Find the most up-to-date list of providers at DukeHealth.org/Transplant

Location

Duke Clinic 2F/2G
40 Duke Medicine Cir.
Durham, NC 27710

Phone 919-613-7777
Fax 919-681-5770
Toll-free 800-249-5864

On-call Physician 919-684-8111
Email lungtran@dm.duke.edu

Duke Lung Transplant Referral Form

Please fax the completed referral form to 919-681-5770 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 Dr., Room 138
Hanes House
Durham, NC 27710

Phone 919-613-7777
Toll-free 800-249-5864
Fax 919-681-5770

Patient Demographic Information

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Date of Birth: _____ Gender: _____ Race: _____
Primary Phone: _____ Alternative Phone: _____
E-mail: _____
Emergency Contact: _____ Phone: _____ Relationship: _____
Does Patient Need an Interpreter? ☐Y ☐N Language: _____

Physician Information

Referring Physician: _____ Primary Care Physician: _____
Practice/Group Name: _____ Practice/Group Name: _____
Address: _____ Address: _____
City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____
Office Phone: _____ Office Phone: _____
Office Fax: _____ Office Fax: _____
Referring Physician Cell Phone: _____ Referring Physician E-mail: _____
Name of Person Completing This Form: _____ E-mail: _____
Communication Preference: Email ☐ Fax ☐ Epic ☐ Medlink ☐

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

Seen at Duke University Hospital? ☐Yes ☐No If yes, date of last visit: _____ Duke Medical Record Number: _____
Primary Lung Diagnosis: _____
Patient Height: _____ Patient Weight: _____ Date of Measurements: _____
Currently Smoking Tobacco Products? ☐Y ☐N Currently Using Other Tobacco or Nicotine Products? ☐Y ☐N
How Much Oxygen Use at Rest: _____ (L/min) How Much Oxygen Use at Exertion: _____ (L/min)
Smoking Cessation Date, if applicable: _____
Other Tobacco/Nicotine Cessation Date, if applicable: _____

Required Medical Records (Please send what is available even if incomplete)

- Recent clinic notes including list of current medications
- Arterial blood gas and pulmonary function test (PFT) results from the last 12 months
- Copies of both sides of all medical insurance cards- primary and secondary
- Recent chest x-ray/CT reports
- Recent labs tests, including complete blood count and comprehensive metabolic panel
- Reports of any cardiology studies, including heart catheterization, echo, and stress test
- Operative reports and esophageal studies in the last six months, if applicable
- Recent inpatient records, if applicable
- Nutrition Summary and last note, if applicable