Duke Heart Transplant Program

One Month Patient Survival Rates*
Better than U.S. Average

<table>
<thead>
<tr>
<th></th>
<th>90-day</th>
<th>1-year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duke</td>
<td>98.43%</td>
<td>97.11%</td>
</tr>
<tr>
<td>U.S.</td>
<td>94.57%</td>
<td>96.13%</td>
</tr>
</tbody>
</table>

* Data from srtr.org as of 1/5/23

Time to Transplant*
Shorter wait time than national median

<table>
<thead>
<tr>
<th></th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duke</td>
<td>52</td>
</tr>
<tr>
<td>Region 11</td>
<td>91</td>
</tr>
<tr>
<td>U.S.</td>
<td>134</td>
</tr>
</tbody>
</table>

* Data from srtr.org as of 1/5/23 for median wait time for transplant.

Transplant Volumes

#1 program by total volume in the U.S.**

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

Why Refer to Duke

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

- **Adult Heart Transplant**
  - Our heart transplant program offers the highest total volume in the United States in 2022, and we are the only regional center to complete more than 1,750 heart transplants.
  - Duke is an innovator in expanding the donor pool, as the nation’s leading center for donation after circulatory death (DCD) heart transplant patient enrollment. After performing the first U.S. DCD heart transplant, we have now completed more than 80 DCD transplants.
  - Our program offers one of the shortest average wait times on the east coast.
  - We offer excellent outcomes in multi-organ transplants, including combined heart-lung transplants.

- **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 patients with advanced heart failure and heart disease. Our experienced team works with you and other Duke specialists to diagnose and manage care, including transplant when necessary.

Heart transplantation remains the most effective treatment for end-stage heart failure. Duke’s heart transplant program is pioneering new approaches and techniques to expand the donor pool and reduce wait times.
**Duke Heart Transplant Program**

**Your Patients Will Have Access To:**

<table>
<thead>
<tr>
<th>Dedicated Care Coordinators</th>
<th>Clinical Trials</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>We screen every patient for clinical trial eligibility to give your patients access to novel therapies.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Qualified Donors</th>
</tr>
</thead>
<tbody>
<tr>
<td>We offer deceased and DCD heart transplantation and participate in national registries for benchmarking quality.</td>
</tr>
</tbody>
</table>

**Our Care Team Members**

**Cardiologists**
- Adam DeVore, MD
  - Medical Director
- Richa Agarwal, MD
- G. Michael Felker, MD
- Adrian Hernandez, MD
- Christopher Holley, MD
- Jason Katz, MD
- Robert Mentz, MD
- Kishan Parikh, MD
- Chetan Patel, MD
- Paul Rosenberg, MD
- Stuart Russell, MD

**Cardiothoracic Surgeons**
- Jacob Schroder, MD
  - Surgical Director
- Jeffrey Keenan, MD
- Carmelo Milano, 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

**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: __________
Language: __________________ Interpreter? Y N Special Needs? Y N
Employer: ____________________________

Physician Information

Referring Physician: ___________________
Practice/Group Name: ___________________
Address: ____________________________
City: __________________ State: _______ Zip: ________
Phone: __________________ Fax: __________
E-mail: _____________________________

Primary Care Physician: _______________
Practice/Group Name: ___________________
Address: ____________________________
City: __________________ State: _______ Zip: ________
Phone: _______________ Fax: __________
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
- Operative reports from any thoracic surgeries
- Reports of previous cardiac catheterization, stress test, and/or echocardiogram

- Most recent history and physical (clinic notes)
- Recent chest x-ray report