Duke Heart Transplant Program

Patient Survival Rates*
Better than U.S. Average

<table>
<thead>
<tr>
<th></th>
<th>90-day</th>
<th>1-year conditional</th>
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</thead>
<tbody>
<tr>
<td>Duke</td>
<td>97.09%</td>
<td>96.49%</td>
</tr>
<tr>
<td>U.S.</td>
<td>94.73%</td>
<td>95.89%</td>
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* Data from srtr.org as of 7/6/23 with functioning deceased donor graft.

Time to Transplant*
Shorter wait time than national median

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<tr>
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<tbody>
<tr>
<td>Duke</td>
<td>46 days</td>
<td></td>
</tr>
<tr>
<td>Region 11</td>
<td>79 days</td>
<td></td>
</tr>
<tr>
<td>U.S.</td>
<td>122 days</td>
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* Data from srtr.org as of 7/5/23 for median wait time for transplant.

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.

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 1,800 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 120 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.
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 DCD heart transplantation and participate in national registries for benchmarking quality.

Our Care Team Members

**Cardiologists**
- Adam DeVore, MD
  *Medical Director*
- Richa Agarwal, MD
- G. Michael Felker, MD
- Adrian Hernandez, MD
- Christopher Holley, MD
- Robert Mentz, 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.

**Patient Demographic Information**

Name: ___________________________ Veteran? Y N
Address: ___________________________ Marital Status: ___________________________
City: ___________________ State: _______ Zip: __________________________
Social Security Number: ___________________________ Date of Birth: __________________________
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: __________________
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: __________________
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