Overview
We offer comprehensive evaluation and care to your patients with kidney disease. Our experienced team works with you and other Duke specialists to diagnose and manage kidney disease and related care needs, including, but not limited to:

- End-stage renal disease
- Kidney-pancreas and pancreas-alone transplants for patients with type 1 and type 2 diabetes

Why Refer to Duke
We offer specialized care that is not available with other transplant programs, including:

- Transplants for your patients with co-morbid conditions, such as HIV, sickle cell, cardiomyopathies, and high BMI (up to 40)
- Desensitization and paired kidney exchange options for your patients with compatibility issues, including:
  - ABO incompatible
  - Human leukocyte antigens (HLA)
  - Body size and age
- Early referral options for your patients with eGFR at or slightly above 20 mL/min/1.73 m2.
  - We offer expedited workups with a focus on pre-emptive transplantation.
- Living-donor laparoscopic kidney removal
- Pediatric kidney transplant with expertise in congenital kidney conditions

Patient Survival Rates*
Better than U.S. Average

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<tr>
<th>Survival Rate (%)</th>
<th>Duke</th>
<th>U.S.</th>
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<tr>
<td>100%</td>
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<td>96.92%</td>
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*Data from srtr.org as of 1/5/23 for adult (18+) 1-year survival with a functioning graft.

When to Refer to Duke
You can refer your patients when they may benefit from:

- **Pre-emptive Transplant**
  - Workup may begin when the kidney function is slightly greater than the threshold of 20mL/min/1.73m2, allowing for a quicker transplant for your patient. This can also decrease or eliminate the patient’s time spent on dialysis.

- **Living Donor Transplant**
  - More than one third of Duke’s kidney transplants are living donor, which offers a shorter waiting time.

- **Listing with Multiple Centers**
  - For patients that are already in evaluation with another center, Duke offers multiple listing. This may improve the chances for an organ offer and shorten wait time to transplant.
Your Patients Will Have Access To:

**Kidney and Pancreas Transplant Specialists**

Our surgeons have special expertise in performing kidney and pancreas transplants and offer:

- A paired exchange program and ABO incompatible kidney transplantation
- Steroid-free and calcineurin-free medication regimens that offer excellent long-term kidney function and allograft survival
- Monitoring for immunosuppression that is tailored specifically for each patient
- Excellent outcomes in combined multi-organ transplants: simultaneous transplantation of the kidney and the liver, lung, heart, small bowel, and/or pancreas.

**Clinical Trials**

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

**Qualified Donors**

We offer deceased and living-donor kidney transplantation and participate in national registries for benchmarking quality.

**Our Care Team Members**

**Adult Nephrology**

Matthew Ellis, MD  
*Medical Director, Adult Kidney Transplant*

Jason Bodner, PA  
Goni Katz-Greenberg, MD  
Xunrong Luo, MD  
Loretta Phillips, NP  
Vinaya Rao, MD  
John Roberts, MD  
Scott Sanoff, MD

**Surgery**

Bradley Collins, MD  
*Surgical Director, Kidney Transplant*

Allan Kirk, MD  
*Chairman of Surgery*

Stuart Knechtle, MD  
*Executive Director, Duke Transplant Center*

Debra Sudan, MD  
*Surgical Director, Abdominal Transplant*

Andrew Barbas, MD  
Nalatha Edwards, NP  
Kristin Jernigan, NP  
Lisa McElroy, MD  
Michelle McGhee, PA  
Kadiyala Ravindra, MBBS  
Aparna Rege, MBBS  
Deepak Vikraman, MD

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

**Location**

Duke Clinic 2B/2C  
40 Duke Medicine Cir  
Durham, NC 27710

Phone 919-613-7777  
Toll-free 800-249-5864  
Fax 919-681-7930  
On-call Physician 919-684-8111
Patient Demographic Information

Name: ___________________________ Veteran? Y N
Address: ___________________________
City: ___________________ State: _______ Zip: ___________
Social Security Number: _______________________
Home Phone: _______________________
Cell Phone: _______________________
Emergency Contact: _______________________
Language: ____________________________ Interpreter? Y N
Employment Status: _____ Full Time _____ Part Time _____ Disabled _____ None _____ Employer: ___________

Physician Information

Referring Physician: _______________________
Practice/Group Name: _______________________
Address: ___________________________
City: ___________ State: ___________ Zip: ___________
Phone: _______________________
Fax: _______________________
Name of Person Completing This Form: _______________________

Primary Insurance Information (attach a legible copy of both sides of card)

Company: ___________________________ Policy ID: ___________________________ Group Number: ___________________________
Policys: ___________________________ Policyholder’s Name: ___________________________
Insuranc e Phone Number: ___________________________ Referral or Pre-Cert Number: ___________________________
Behavioral Health Insurance? Y N Company: ___________________________

Secondary Insurance Information (attach a legible copy of both sides of card)

Company: ___________________________ Policy ID: ___________________________ Group Number: ___________________________
Policys: ___________________________ Policyholder’s Name: ___________________________
Insuranc e Phone Number: ___________________________ Referral or Pre-Cert Number: ___________________________

Patient General Clinical Information

Duke Medical Record Number: ___________ Height: ___________ Weight: ___________ Date: ___________ Diabetes: No Yes
Cause of Chronic Kidney Disease: ___________________________
Is this referral for kidney/pancreas transplant? No Yes
Current Modality: CAPD CCPD ICHD Home Hemo Pre-Dialysis CKD
Dialysis Days: M, W, F T, TH, S Nocturnal
Date of First Dialysis Visit: ___________
Address: ___________________________
City: ___________________________
Dialysis Unit Phone: ___________________________

Required Medical Information

1. Physician or extender dialysis notes with weekly progress notes and current problem list
2. Most recent complete history and physical examination (office notes for pre-dialysis patients)
3. PPD results (if positive, send record of treatment received)
4. Social work assessment (include the initial/baseline and most recent assessment)
5. Nutritional assessment
6. 2728 Form — ESRD Medical Evidence Report (Dialysis start date verification)

If Completed

1. Most recent hospital summaries: EKG, CT scan report(s), chest x-rays, other x-ray studies, ultrasound report(s), and lab values
2. Results within the last 12-18 months (i.e., cardiac consults, especially functional cardiac studies or result of cardiac catheterization; GI consults; colonoscopy; psychological consults)
3. Age-appropriate cancer screening
   – Female Patients: Pap smear results
   – Female Patients >40: most recent mammogram
   – Male Patients >50: PSA results
   – All Patients >50: colonoscopy results