Duke Lung Transplant

Pioneer in breakthroughs for lung transplant to increase access



Largest lung transplant program nationally by total transplants performed



Among the shortest average wait times nationally

Overview

As a national leader in lung transplant, Duke Health offers innovative options to improve lung transplant outcomes and expand access to the patients that need care.

Since 1992, our thoracic surgeons have performed more than 2,700 lung transplants including complex procedures such as retransplants and multi-organ transplantation. Duke is nationally recognized as a leader in combined heart and lung transplantation and is among a select group of programs offering minimally invasive, robot-assisted lung transplants—advancing care for patients with complex cardiopulmonary conditions.

Transplant Evaluation Options

We offer a variety of visit options for patients considering lung transplant, including a one-day consultation, two-day limited evaluation, and five-day full evaluation.

Telehealth consultations are available for patients in NC and across the U.S. who are seeking evaluation and treatment with the Duke lung transplant program.

To refer a patient, log in to Duke MedLink, fax to 919-681-5770, or call 919-613-7777.

No referral is too early!

Early referral is key to successful transplant optimization. Contact our team to discuss a patient or consult on a case. Telehealth visits, virtual weight loss programs, financial counseling, and patient education are available to help patients begin their transplant journey.

The lung diseases listed below are common reasons for referral, but this is not an exhaustive list:

- **Interstitial Lung Disease (ILD)**
  - Early referrals are highly recommended
- **Oxygen dependence, hypercarbia, disease progression despite medical therapy**
- **Chronic Obstructive Pulmonary Disease**
  - 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
  - Recurrent or refractory pneumothorax
- **Pulmonary Arterial Hypertension**
  - Early referrals are highly recommended
- **Sarcoidosis**
  - Secondary pulmonary hypertension

DukeHealth

Duke Lung Transplant

Lung Transplant Specialists

Our surgeons and team 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.

Multiple Listing

Multiple listing at Duke Health offers access to our shorter waiting list times, increasing transplant chances. Patients stay listed at their original center while also being added to Duke's waiting list. Our team ensures smooth coordination with referring providers for better outcomes.

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

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

Our Care Team Members

Thoracic Surgeons

Jacob A. Klapper, MD
Surgical Director

Hiroshi Date, MD

Matthew G. Hartwig, MD

Kunal Patel, MD

Navin Vigneshwar, 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

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? Y ☐ N ☐ 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