Duke Pediatric Heart Transplant

Pioneer in breakthroughs for pediatric heart transplant to increase access to treatment

National leader in complex pediatric heart procedures

High-volume program for pediatric heart operations

Overview

As a national leader in pediatric heart operations including transplant, Duke Health offers comprehensive and innovative options to improve outcomes and expand access for patients with congenital heart defects.

Our program is pioneering new approaches and techniques to expand the donor pool, reduce wait times, and is consistently ranked one of the best pediatric heart programs in the nation.

We offer comprehensive evaluation and treatments for patients who require intervention for complex conditions, including:

- Cardiomyopathy
- Congenital heart defect

To refer a patient, log in to Duke MedLink, fax to 919-681-8860, or call 919-613-7777.

Why Refer to Duke

- World leader in pioneering new technologies to make heart transplantation accessible to more patients, including:
  - First U.S. center to perform adult and pediatric donation after circulatory death (DCD) heart transplants, and continue to be a leader nationally in the procedure that expands donor pool options.
  - World's first combination heart transplant and allogeneic processed thymus tissue implantation on a 6-month-old baby – a procedure that may lower the risk of organ rejection.
  - Performed the world's first pediatric partial heart transplant, using living-tissue valves that will grow along with the patient and reduce the need for surgical procedures. The procedure has also led to domino procedures for lifesaving care to multiple children.
- Fully-integrated adult congenital program for seamless clinical transition for pediatric patients who require adult care, including those born with single ventricles, palliated with Fontan surgery.
- Premier destination for multi-organ transplant procedures as part of our high-volume, comprehensive transplant center.
- Advanced treatment options for patients who do not meet the criteria for transplant, including new drug therapies or treatment in clinical trials.

DukeHealth

Duke Heart Transplant Program

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.

Support Services

We are a leader in DCD heart transplantation and participate in national registries for benchmarking quality.

Location

Duke Children's Hospital & Health Center
2301 Erwin Rd.
Durham, NC 27710
Phone 919-613-7777
Toll-free 800-249-5864
Fax 919-681-8860
On-call Physician 919-684-8111

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

Our Care Team Members

Pediatric Cardiologists

Michael Carboni, MD
Medical Director
Carlos J. Blanco, MD
Erin Shea, MD

Pediatric Heart Surgeons

Joseph Turek, MD, PhD, MBA
Surgical Director
Joseph Brian Clark, MD
Tracy Geoffrion, MD, MPH
Doug Overbey, MD, MPH

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

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: _____ Relationship: _____
Language: _____ Interpreter? Y ☐ N ☐ Special Needs? Y ☐ N ☐ _____
Employer: _____

Physician Information

Referring Physician: _____ Primary Care Physician: _____
Practice/Group Name: _____ Practice/Group Name: _____
Address: _____ Address: _____
City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____
Phone: _____ Phone: _____
Fax: _____ Fax: _____
E-mail: _____ 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
- 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