



Duke Kidney and Pancreas Transplant

#1 program in North Carolina for kidney and kidney-pancreas waitlists and transplant volumes



Comprehensive living donor program to expand access



Earlier referrals limit time on dialysis and waitlist for transplant

Overview

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

Patients referred to Duke access a vibrant, patient-centered experience, aimed at facilitating easy and efficient access to wait listing and transplantation, while also promoting increased kidney transplant longevity. This is accomplished through: efficient, one day evaluations and subsequent work ups; expanding opportunities for living donation; and a cutting edge research portfolio allowing patient opportunities and exposure to top of class immune suppression and other treatment options.

To refer a patient, log in to Duke MedLink, fax to 919-668-3897, or call 919-613-7777.

Why Refer to Duke

- Expanded criteria and options for patients who may otherwise be ineligible for transplant at other centers, including patients with co-morbid conditions, such as HIV, sickle cell, cardiomyopathies, and high BMI (up to 40).
- Earlier referral for patients with eGFR at or slightly above 20 mL/min/1.73 m². Expedited workups focus on pre-emptive transplant options.
- Comprehensive living donation program, with specialized options for care including paired kidney exchange and desensitization options for patients with incompatible living donors, including:
 - ABO and HLA incompatibility
 - Body size and age mismatch
 - Voucher donation and remote donor evaluation
- Premier destination for multi-organ transplant procedures as part of our high-volume, comprehensive transplant center.



DukeHealth

Duke Kidney Transplant



Kidney and Pancreas Transplant Specialists

Our team has special expertise in performing kidney and pancreas transplants and offer:

- A paired donor exchange program and ABO incompatible kidney transplantation
- Steroid-free and calcineurin-free medication regimens that offer excellent long-term kidney function and allograft survival
- Immunosuppression monitoring 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.

Location

Duke Clinic 2B/2C

40 Duke Medicine Cir
Durham, NC 27710

Phone: 919-613-7777

Toll-free: 800-249-5864

Fax: 919-668-3897

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

Adult Nephrology

Matthew Ellis, MD

Medical Director, Adult Kidney Transplant

Goni Katz-Greenberg, MD

Associate Medical Director, Kidney Transplant

Gayle Vranic, MD

Medical Director, Living Donor Kidney Transplant

Jason Bodner, PA

Irma Husain, MD

Xunrong Luo, MD

Loretta Phillips, NP

Vinaya Rao, MD

John Roberts, MD

Scott Sanoff, MD

Micah Schub, MD

Surgery

Bradley Collins, MD

Surgical Director, Kidney Transplant

Meera Gupta, MD

Living Donor Kidney Transplant

Stuart Knechtle, MD

Executive Director, Duke Transplant Center

Debra Sudan, MD

Surgical Director, Abdominal Transplant

Andrew Barbas, MD

Lisa McElroy, MD

Kadiyala Ravindra, MBBS

Aparna Rege, MD

Deepak Vikraman, MD

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

Duke Kidney and Pancreas Transplant Referral Form

Please fax the completed referral form to 919-668-3897 or use electronic referral through Epic / MedLink / TREX. 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 208
Hanes House
Durham, NC 27710

Phone 919-613-7777
Toll-free 800-249-5864
Fax 919-668-3897
Email Kidney_transplant@mc.duke.edu

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 ☐
Employment Status: ☐ Full Time ☐ Part Time ☐ Disabled ☐ None 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 a legible 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 a legible 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

Duke Medical Record Number: _____ Height: _____ Weight: _____ Date: _____ Diabetes: Y ☐ N ☐
Cause of Chronic Kidney Disease: _____ Is this referral for kidney/pancreas transplant? Y ☐ N ☐
Current Modality: PD In Center HD Home Hemo Pre-Dialysis CKD Dialysis Days: ☐ M ☐ W ☐ F ☐ T ☐ S ☐ Nocturnal
Date of First Dialysis Visit: _____ Current Dialysis Unit: _____
Address: _____ City: _____ State: _____ Zip: _____
Dialysis Unit Phone: _____ Dialysis Unit Fax: _____

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 >45: colonoscopy results