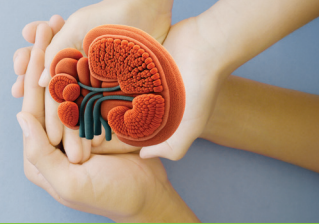




Duke Pediatric Kidney Transplant

National leader in
pediatric kidney
transplant survival rates



Among the few pediatric centers in U.S.
to offer Belatacept based regimens in children



Living donor options including
paired donor exchange and
voucher program

Overview

We offer comprehensive evaluation and care to your pediatric and adolescent patients with kidney disease.

Our experienced pediatric team works with you and other Duke Health specialists to diagnose and manage kidney disease and related conditions in children, including, but not limited to:

- Autoimmune disease
- Congenital kidney disease
- Inherited kidney disease
- Neurogenic bladder
- Nephrotic syndrome and focal segmental glomerulosclerosis
- Obstructive uropathy
- Issues from prior transplant with high antibody titers

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

Why Refer to Duke

We offer specialized care that is not available with other pediatric transplant programs, including:

- Expertise in congenital kidney conditions
- Paired donor kidney exchange and voucher program
- Access to innovative clinical trials and novel immunosuppression regimens
- Early referral options with a focus on pre-emptive transplant
- Multi-organ transplant

When to Refer to Duke

Refer your patients when they:

- Develop kidney disease complications that appear to jeopardize their ability to function normally
- Have an eGFR <30 ml/min/1.73 m²
- Signs and symptoms include:
 - Failure to thrive
 - Development of swelling, lethargy, uncontrolled hypertension, and electrolyte abnormalities
 - Decreased quality of life, as indicated by fatigue, poor school performance, behavioral changes, or uremia



DukeHealth

Duke Pediatric Kidney Transplant



Pediatric Kidney Transplant Specialists

Our pediatric nephrologists and surgeons have special expertise in kidney transplant and offer:

- Kidney transplants for infants, small children, and adolescents
- Collaborative care with leaders in pediatric urology for complex bladder reconstructive surgery
- Steroid-free and calcineurin-free medication regimens that offer excellent long-term kidney function and allograft survival
- Monitoring for immunosuppression that is tailored for each specific patient

Location

Duke Children's Hospital and Health Center

2301 Erwin Rd.
Durham, NC 27710

Phone 919-613-7777

Fax 919-668-3897

Pediatric Referral Coordinator
919-681-2679

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 Transplant Coordinator

Hannah Choi, RN, BSN

Nutritionist

Bronwyn Cortez, RD

Pediatric Nephrologists

Eileen Tsai Chambers, MD

Medical Director, Pediatric Kidney Transplant

Annabelle Chua, MD

Alexandria D'Elia, NP

Rasheed Gbadegesin, MD

Reeti Kumar, MD

Mital Patel, MD

Joey Stevens, PA

Anna Williams, MD

Pediatric Surgeons

Debra Sudan, MD

Surgical Director, Abdominal Transplant

Deepak Vikraman, MD

Surgical Director, Pediatric Abdominal Transplant

Allan Kirk, MD, PhD

David C. Sabiston, Jr.

Distinguished Professor of Surgery

Andrew Barbas, MD

Bradley Collins, MD

Stuart Knechtle, MD

Meera Gupta, MD

Lisa McElroy, MD

Kadilyala Ravindra, MBBS

Aparna S. Rege, MBBS

Pediatric Urologists

Ashley Johnston, MD

Todd Purves, MD, PhD

Jonathan Routh, MD, MPH

John Wiener, MD

Social Worker

Carrie King, LCSW

Duke Pediatric Kidney Transplant Referral Form

Please fax the completed referral form to 919-668-3897 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 132
Hanes House
Durham, NC 27710

Phone 919-613-7777
Toll-free 800-249-5864
Fax 919-668-3897

Patient Demographic Information

Name: _____ Child's Nickname: _____
Address: _____
City: _____ State: _____ Zip: _____
Social Security Number: _____ Date of Birth: _____ Gender: _____ Race: _____
Home Phone: _____ Parent/Guardian Name: _____
Parent/Guardian Phone: _____ Parent/Guardian E-mail: _____
Emergency Contact: _____ Phone: _____ Relationship: _____

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

Seen at Duke University Hospital? Y ☐ N ☐ If yes, date of last visit: _____
Patient Height: _____ Patient Weight: _____ Duke Medical Record Number: _____

Clinical Information Requested to Schedule Appointment

- Most recent clinical summary and current medications, immunization record, treatment plans, and past medical history or typed consult letter, including patient's clinical summary and pertinent medical history
- Lab results within 60 days, including renal function panel, calcium, magnesium, phosphorus, PTH, and CBC with differential
- Renal imaging reports (Doppler and bladder ultrasound, CT, MRI, VCUG, MAG3 or DMSA scan) within last 12 months
- Procedural reports, including renal biopsy pathology
- For patients with substance abuse history*:
 - Summary of alcohol and/or substance abuse
 - Date of abstinence
 - Date rehabilitation counseling initiated
 - Documentation of three random screens

* Items may be included in dictated summary or letter. Note: Patients with NC Medicaid primary insurance must meet eligibility in accordance to NC Medicaid. This must be completed by the referring MD. Please contact the referral transplant coordinator for testing requirement details.