



# 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 2,600 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.**

## When To Refer to Duke

You can refer your patients to us when they have the following signs and symptoms for diseases, including:

- **Chronic Obstructive Pulmonary Disease**
  - FEV1 <40% and/or DLCO <30%
  - Oxygen dependence
  - Hypercarbia
  - 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
  - Oxygen dependence
  - Hypercarbia
  - Secondary pulmonary hypertension
  - FEV1<40%
  - Recurrent or refractory pneumothorax
- **Interstitial Lung Disease (ILD)**
- **Pulmonary Arterial Hypertension**
- **Sarcoidosis**
  - FEV1 <50% and/or DLCO <40%
  - Oxygen dependence
  - Hypercarbia
  - Secondary pulmonary hypertension
- **Other Lung Diseases**
  - Hypoxia, hypercarbia, or disease progression despite medical therapy



**DukeHealth**

# Duke Lung Transplant



## Lung Transplant Specialists

Our surgeons 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](mailto: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*

Matthew G. Hartwig, MD

Hiroshi Date, MD

Kunal Patel, 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](https://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 <input type="checkbox"/> Fax <input type="checkbox"/> Epic <input type="checkbox"/> Medlink <input type="checkbox"/>	

## 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 <input type="checkbox"/> N <input type="checkbox"/> 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)

- |   |   |
|---|---|
| <ul style="list-style-type: none"><li>Recent clinic notes including list of current medications</li><li>Arterial blood gas and pulmonary function test (PFT) results from the last 12 months</li><li>Copies of both sides of all medical insurance cards- primary and secondary</li><li>Recent chest x-ray/CT reports</li><li>Recent labs tests, including complete blood count and comprehensive metabolic panel</li></ul> | <ul style="list-style-type: none"><li>Reports of any cardiology studies, including heart catheterization, echo, and stress test</li><li>Operative reports and esophageal studies in the last six months, if applicable</li><li>Recent inpatient records, if applicable</li><li>Nutrition Summary and last note, if applicable</li></ul> |
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