

# Duke Lung Transplant Program



## Time to Transplant\*

Shorter wait time than national median



Duke



U.S.

\* Data from srtr.org as of 1/6/22 for median wait time for transplant.

## Transplant Volumes

**#1 program** by total volume in the U.S.\*\*

\*\* As reported by the Organ Procurement and Transplantation Network (OPTN).

## Transplant Evaluation Options



**One-day**  
consultation



**Two-day**  
limited evaluation



**Five-day**  
full evaluation

## Overview

The Duke Lung Transplant Program is among the most established and successful in the world.

Since 1992, our lung transplant surgeons have performed more than 2,250 lung transplants.

Our experienced team understands all aspects of lung transplant care and is here to help you care for your patients.

## When to Refer

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**
  - when there is hypoxia, hypercarbia, or disease
  - progression despite medical therapy



## Your Patients Will Have Access To:



### 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

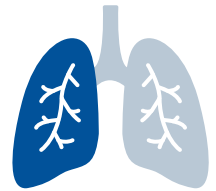


### Clinical Trials

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.

### Qualified Donors

We offer deceased lung transplantation and participate in national registries for benchmarking quality.



## Our Care Team Members

### Cardiothoracic Surgeons

John C. Haney, MD  
*Surgical Director*

Matthew G. Hartwig, MD  
Jacob A. Klapper, MD

**Find the most up-to-date  
list of providers at  
[DukeHealth.org/Transplant](http://DukeHealth.org/Transplant)**

### 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

Carrie Johnson, MD

Omar H. Mohamedaly, MD

Lake D. Morrison, MD

Matthew Pipeling, MD

Jamie L. Todd, MD

Jordan Whitson, MD

Katherine Young, MD

Lorenzo Zaffiri, MD, PhD

## 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)

# 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? Yes No 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