

Kidney/Pancreas Transplant Program
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615-936-0695 ph
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VANDERBILT KIDNEY/PANCREAS TRANSPLANT PROGRAM REFERRAL FORM

PATIENT'S NAME: _____ **DOB:** _____ **SSN:** _____

Is patient a Veteran? () YES () NO If yes, name of nearest VA in patient's area: _____

Referring Nephrologist/Provider Name: _____ Phone: _____ Fax: _____

Address: _____

Dialysis Information: () Not on dialysis () Dialysis start date: _____ () PD () Hemo () MWF () TTH

Dialysis Unit Name: _____ Phone: _____ Fax: _____

Address: _____

Patient is being referred for transplant evaluation due to diagnosis: _____

REQUIRED FOR PRE-SCREENING:

Age: _____ **Height:** _____ (inches) **Weight:** _____ (pounds) **BMI:** _____

- Does patient have diabetes? () YES () NO If yes, patient's age when diagnosed with DM: _____
- Is this a dual organ patient? () YES () NO If yes: () Kidney/Pancreas () Kidney/Liver () Kidney/Heart
- History of malignancy? () YES () NO If yes, please explain: _____
- Active systemic infection? () YES () NO If yes, please explain: _____
- HIV? () YES () NO If yes, provide record of CD4 counts & HIV viral load (6 months)

Please note any of the following concerns which you feel may negatively impact the outcomes of kidney transplant or concerns which are relevant to our evaluation:

- Substance abuse concerns? () YES () NO If yes, please explain: _____
- Psychosocial concerns? () YES () NO If yes, please explain: _____
- Compliance concerns? () YES () NO If yes, please explain: _____
- Number of unexcused missed dialysis treatments within past 3 months: _____

PLEASE ATTACH THE FOLLOWING ITEMS PRIOR TO FORWARDING THIS REFERRAL:

- Patient Demographics Sheet
- Copy of insurance cards front and back
- History & Physical (within 12 months of referral date)**
- Most recent **laboratory reports** (PPD if available)
- Patients on dialysis require copy of Form 2728

SELECTION CRITERIA FOR KIDNEY OR PANCREAS TRANSPLANTATION:

- Co-morbidities (severe obesity, history of cardiac or peripheral vascular disease) are evaluated on an individual basis.
- Patients with ESRD secondary to Type 1 Diabetes should be considered candidates for a simultaneous cadaver kidney/pancreas transplant (SPK) or a sequential living donor kidney followed by cadaver pancreas transplant (PAK).
- Most patients with mild or moderate renal failure (i.e. GFR >20 ml/min/1.73 m²) are not optimally evaluated at this time since they would require re-evaluation at a later date.
- If a kidney evaluation is scheduled; the patient must have a support person (age 18 or older) accompany them for this appointment.
- BMI > 40 and less than 55 years old for patients interested in participating in the Vanderbilt weight loss study

CONTRAINDICATIONS TO KIDNEY OR PANCREAS TRANSPLANTATION:

- BMI > 40
- Active systemic infection
- Active substance abuse
- Significant psychiatric illness likely to interfere with compliance
- Severe uncorrectable cardiac or peripheral vascular disease
- Malignancy unless free of disease (time interval depends on type of prior malignancy)
- Oxalosis (usually requires kidney/liver transplant)
- Chronic home oxygen dependency

Please FAX completed form with your identifying cover sheet to: 615-936-0697

Referring a patient is also available online at <https://www.vanderbilthealth.com/transplant/>