



**UNC Liver Center**  
**Hepatology and Liver Transplant New Referral Form**  
**Phone: (919) 966-2516**

Please fax completed referral form to (984) 974-3414

In lieu of this form, we also accept electronic referrals through Epic and UNC CareLink (Amb Referral to Transplant Hepatology)

**Consider referring for a liver transplant evaluation any patient with:**

- **Decompensated cirrhosis (history of variceal hemorrhage, hepatic encephalopathy, or ascites) and MELD 3.0  $\geq 15$  ( $\geq 11$  if they have a potential living donor), or**
- **Hepatocellular carcinoma**

**Patient Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ UNC MRN (if known): \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Language: \_\_\_\_\_ Interpreter Needed?  Yes  No

**Referring Provider Information:**

Name: \_\_\_\_\_  
Practice Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Diagnosis/Reason for Referral:** \_\_\_\_\_

Is this referral for a liver transplant evaluation?  Yes  No

Does this patient have a potential living donor?  Yes  No  Unknown

When was the patient's last drink of alcohol? \_\_\_\_\_

**Note:** UNC does not have a minimum required duration of sobriety to consider liver transplantation. Patients with recent alcohol use are considered on a case-by-case basis.

**Clinic location preference:** Location is not guaranteed and is based on availability and patient's clinical needs

Chapel Hill  Rex/Raleigh  Wilmington  Greenville  Blue Ridge/Morganton

**UNC HEPATOLOGISTS**

**Sid Barritt, MD, MSCR**  
Chief of Hepatology

**Hersh Shroff, MD, MPA**  
Director, IHEAL Clinic

**Oren K. Fix, MD, MSc**  
Medical Director of Liver Transplantation  
**Andrew Moon, MD, MPH**  
Multidisciplinary HCC Clinic

**Neil D. Shah, MD**  
Associate Medical Director of Liver Transplantation  
**Sasha Deutsch-Link, MD, MSCR**

**Please include the following information:**

- Face sheet with patient demographics and insurance information
- Most recent clinic note
- Lab results within 90 days, including CMP, CBC, INR
- Liver imaging within the last 12 months (US, CT, MRI)
- Most recent EGD, if available
- Any liver biopsy results, if available

**Note:** Scheduling for liver transplant evaluations can be expedited if a recent multiphase CT or MRI of the abdomen is available prior to referral

**For transplant recipients who were transplanted at another center, please include the following records:**

- Face sheet with patient demographics and insurance information
- Last clinic note from the patient's transplant program
- Current medication list
- Vaccination record
- Transplant operative report
- Discharge summary from transplant hospitalization
- Explant pathology report
- Pathology reports from any posttransplant liver biopsies
- Recent liver imaging (US, CT, MRI)
- ERCP reports