



CENTER FOR TRANSPLANT CARE

KIDNEY/PANCREAS TRANSPLANT REFERRAL FORM
UNC Center for Transplant Care- Kidney Transplant Program
101 Manning Drive
Chapel Hill, NC 27514
Ph: 984-974-5200
Fax: 984-974-0888

You may refer a patient via unccarelink.org or via EPIC (Amb Referral to Transplant Nephrology)

PLEASE PROVIDE THE FOLLOWING TO UNC CENTER FOR TRANSPLANT CARE:

- COMPLETED Referral form
Copy of insurance cards
2728 form (if on dialysis)
Recent H&P (within last 6 mos)
Most recent hospital d/c summary (if applicable)
Documentation of GFR of 20.0 or less (if not on dialysis)

\* ALL fields required

Name: Social Security #:
Address: City: State:
Zip Code: County: Phone (H): Phone (C):
Date of Birth: Sex: Race: Height: Weight:
BMI: Preferred Language: Cause of ESRD:

Referral for combined Kidney/Pancreas transplant? Yes No

Does the patient have a primary care provider? Yes No If so, PCP's Name:

Would patient or family benefit from being scheduled in the Latino transplant clinic, a clinic with designated providers to address their language and cultural needs? Yes No

Current Modality: CAPD CCPD ICHD Home Hemo None
Dialysis Days: M-W-F T-T-S AM PM
Does patient have reliable transportation? Yes No What form? (E.g. personal vehicle, county van, etc.):
Date of 1st Dialysis: Current Dialysis Center:
Dialysis Phone number: Fax number: County:

Has patient ever been seen at UNC Hospitals? Yes No Unknown

Type of Insurance: Medicaid Medicare BCBS None Other

Table with 2 columns: Question and Answer options (Yes/No/Unknown). Rows include: Previous Transplant?, Prior evaluation at another Transplant Center?, History of Malignancy?, Suspected Substance Abuse?, Compliant with dialysis?, Compliant with meds?, Infections? (circle applicable): HIV HCV HBV

Referring Nephrologist's Assessment as to Transplant Candidacy/Opinion:

I feel this patient is an: Acceptable Referral OR Unacceptable Referral for Transplant Evaluation

Please note reason if deemed unacceptable:

I do not anticipate this patient will be a candidate for transplant now or in the future due to:

Printed Name/Signature of Referring Nephrologist: Date:

## UNC KIDNEY TRANSPLANT CRITERIA

### Absolute Contraindications for Kidney Transplant:

- Active TB
- Active substance abuse
- Serious cardiac, pulmonary, or other comorbid conditions that create an unacceptable risk for transplant surgery or transplant immunosuppression
- Patient lacks desire for transplant

### Relative Contraindications for Kidney Transplant:

- Non-stable HIV+
- Goodpasture's Syndrome with persistent presence of anti-GBM antibodies
- Active systemic infection
- BMI > 40%
- Severe advanced vascular disease
- Pediatric patients with weight less than 10 kg
- Malignancy with prognosis suggesting an anticipated survival of < 5 years
  - History or presence of malignancy requires a disease-specific treatment plan and may require an extended wait period prior to active listing
- Age > 80 years
- Smoking cigarettes, e-cigarettes, vaping, and using smokeless tobacco
- Inability to meet the financial obligations projected for transplantation, immunosuppression, and supportive therapies
- Factors that would limit the ability of the candidate to adhere to medical care post-transplant, such as living situation, active mental illness, and /or psychosocial history
- Inadequate social support system

**NOTE:** Once these relative contraindications are resolved or controlled, the patient may again be eligible for consideration.