

TRANSPLANT REFERRAL FORM

Referral will be delayed if all of the items below are not included:

Referred for: Kidney Pancreas Kidney/Pancreas

Diabetic: Yes No Type 1 Type 2

MUST include/fax the following information:

Date: _____

- | | |
|--|---|
| <input type="checkbox"/> History and physical | <input type="checkbox"/> Completed Post Transplant Care Support Form |
| <input type="checkbox"/> Medication List | <input type="checkbox"/> Completed Transplant Candidate Questionnaire |
| <input type="checkbox"/> Current Labs | <input type="checkbox"/> CMS 2728 Form |
| <input type="checkbox"/> Legible Copies of ID and ALL insurance cards
(Including VA, Medicare, Medicaid etc.) | <input type="checkbox"/> Immunization Records |
| | <input type="checkbox"/> Completed/Signed PHI consent |

Legal Name: Last _____ First _____ Preferred Name: _____

Male Female Height: _____ in/ cm Weight: _____ kg/ lbs. BMI: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: Cell: _____ Home: _____ Email: _____

Primary Language: English Spanish Other: _____ Date of Birth: _____

Patient Race: _____ Ethnicity: _____ Social Security Number: _____

Insurance(s): _____

Referring Physician: _____ Phone: _____ Fax: _____

Dialysis Unit: _____ Phone: _____ Fax: _____

Specific Location/Address: _____

Social Worker/Case Manager: _____ Email: _____

Dialysis Type: HEMO PD NOT on dialysis; Dialysis Start Date: _____ Most current GFR: _____

Does the patient have a living donor? Yes No

Patient has established care with PCP? (Has been seen within the past year) Yes No

PCP Name: _____ Phone: _____ Fax: _____

PLEASE COMPLETE ENTIRE FORM AND FAX TO 702-383-1876

UMC TRANSPLANT REFERRAL TEAM Phone: 702-224-7130

TransplantReferrals@umcsn.com

901 Rancho Lane, Suite 250 Las Vegas, NV 89106



REFERRAL CRITERIA FOR KIDNEY/PANCREAS TRANSPLANT RECIPIENT

The following are criteria for selection for renal transplant candidates.

Inclusion Criteria:

- End Stage Renal Disease with a GFR \leq 20 ml/min or is on dialysis.
- End Stage Renal Disease with a GFR \leq 30 ml/min for living donor transplants.
- Psychosocial stability and supportive family/social structure as defined by social assessments.

Absolute Exclusion Criteria:

- Active Infection
- Active Malignancy
- Current Cigarette smoking as per self-report/ failing nicotine cotinine test
- Active untreated psychiatric illness
- Active untreated substance abuse

Relative Exclusion criteria:

- Severe coronary artery disease
- HIV infection
- Severe left ventricular dysfunction
- Severe chronic obstructive pulmonary disease
- Recent history of malignancy
- Cirrhosis/liver dysfunction
- Active peptic ulcer disease
- Coagulopathy/anti-coagulated state
- Extensive peripheral vascular disease
- Morbid obesity
- Multiple co-morbidities
- Non-adherence
- Active psychiatric illness or psychological instability
- Lack of identified support person
- Inadequate insurance coverage

If the patient does not meet selection criteria or is not selected by the committee for placement on the kidney wait list, the patient, referring physician and dialysis center will be notified with the rationale.

If the patient meets criteria and receives committee approval, the patient, referring physician and dialysis center will be notified that the patient is being listed.