

Kidney/Pancreas Referral

Phone: 404.605.4600 or 888.605.5888

Fax: 404.609.6728 or 404.609.6620

Person completing form:

Title: _____ Date: _____

Email: _____

Contact phone: _____ Fax: _____



1968 Peachtree Road NW
77 Building; 5th Floor
Atlanta, Georgia 30309
404.605.4600

piedmont.org/transplant

Special requests:

Language services (not available at satellites) Please specify:

Visual services (not available at satellites) Please specify:

Patient information:

Last name: _____ First name: _____ MI: _____ SSN: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Cell phone: _____ Home phone: _____ Work phone: _____

Email: _____ DOB: _____ Gender: _____ Race: _____

Emergency contact: _____ Emergency contact phone: _____

Type of referral:

Transplant evaluation: Kidney Kidney-Pancreas Pancreas only

Post-transplant (establish transplant follow-up care)

Requested location: Augusta Atlanta Athens Columbus

Macon Savannah Telemedicine

Referring physician: _____

NPI: _____

Address: _____

Phone: _____ Fax: _____

Required documents:

Insurance cards and face sheet (demographics)

Faxed copy must be legible

Form 2728 if on dialysis

Recent labs with estimated GFR

Recent H+P

Up-to-date medication list

Medical information: (mandatory completion)

Cause of renal failure: _____

Is patient diabetic? Yes No HIV Status: Postive Negative Unknown

Does patient smoke or have a history of smoking? Yes No

Transplant history: Prior kidney transplant? Yes No Prior non-renal transplant? Yes No

If yes to prior transplant, add date and center: _____

Type of dialysis: In-center HD Home PD Start date: _____

Dialysis center: _____ Dialysis center phone: _____

HD schedule: M-W-F Tu-Thu-Sat Nocturnal

Kidney Transplant Selection Criteria

Indications

- A. Chronic kidney disease with GFR less than or equal to 20ml/min or on dialysis
- B. Mentally competent
- C. Patient desires a kidney transplant
- D. Candidates are greater than or equal to 18 years of age

Exclusion Criteria

A. Absolute Contraindications:

- 1. Severe chronic lung disease
- 2. Significant, non reversible cardiac disease
- 3. Unstable major psychiatric disorders
- 4. Inability to understand risks of transplant and care for self afterwards (informed consent) without adequate domestic support
- 5. Active substance abuse
- 6. Tobacco use in the setting of:
 - a. Diabetes mellitus
 - b. Coronary artery disease
 - c. Peripheral vascular disease
 - d. Chronic lung disease

B. Relative Contraindications:

- 1. Active malignancy, or incompletely treated malignancy (excluding non melanoma skin cancers)
- 2. HIV with co-infection with active Hepatitis B or Hepatitis C (positive viral load)
- 3. Active infection
- 4. Active immunologic disease
- 5. Evidence of previous substance abuse, abstinent less than 6 months
- 6. BMI greater than 36 (Patients with BMI 36–45: determination of eligibility will be based on additional criteria reviewed by the transplant team)
- 7. Noncompliance
- 8. Advanced liver disease (unless patient considered for combined liver/kidney transplant)
- 9. Financial/social support issues that make it unlikely that the patient will be able to sustain successful transplantation
- 10. Inability to manage a complex regimen
- 11. Advanced vascular disease
- 12. Tobacco use
- 13. Marijuana use
- 14. Debility/mobility with poor rehabilitation potential
- 15. Psychiatric disorder, mild to moderate
- 16. Dementia or severe cognitive disorder
- 17. Diagnosis of malignancy
- 18. HIV positive (if viral load undetectable, patient can be considered for transplant)
- 19. Probation, unresolved criminal charges or pending criminal investigations
- 20. Incarceration
- 21. Midodrine

Pancreas Transplant Selection Criteria

Candidates for combined kidney and pancreas transplant must meet both kidney and pancreas criteria.

Indications

- A. Type I or select Type 2 Diabetes Mellitus
- B. Patient desires a pancreas or combined kidney and pancreas (if has kidney disease)
- C. Insulin dependent

Exclusion Criteria

A. Absolute Contraindications:

- 1. Hepatitis C (with positive PCR)
- 2. Positive Hepatitis B surface antigen or positive Hepatitis B DNA PCR
- 3. Active substance abuse including tobacco, chewing tobacco
- 4. Age 60 years and greater

B. Relative Contraindications:

- 1. HIV positive
- 2. BMI greater than 30 (patients with BMI up to 36 will be considered on a case by case basis)
- 3. Age greater than 55 years (patients with age up to 60 years will be considered on a case-by-case basis)
- 4. Irreversible anticoagulant use



Satellite locations

Augusta • Athens • Columbus • Macon • Savannah
888.605.5888