

To Refer a Patient to the Vanderbilt Heart Transplant Program

→Please *FAX* the following information with YOUR identifying cover sheet to: (615) 936-3829←

- Patient demographics/insurance verification
- Referring physician name, address, phone, fax (if not on fax cover sheet)
- Medical history and physical, including height and weight
- Current medication list
- Echocardiogram report
- Cardiac catheterization report
- Laboratory results (obtained within the past month – cmp, cbc, lipid panel, and others as clinically indicated)

Additionally, when available, we like to have the following:

- Chest x-ray
- EKG
- Functional/viability studies

Indications for Heart Transplantation

- VO₂ max < 14 ml/kg/min, anaerobic threshold achieved
- Severe ischemia consistently limits routine activity, not amenable to revascularization
- Recurrent symptomatic ventricular arrhythmia refractory to all therapy

Contraindications for Heart Transplantation

- Age > 65 years (relative)
- Systemic disease (amyloid)
- PVR > 3.0 Wu (irreversible pulmonary hypertension)
- Severe lung disease
- Irreversible renal dysfunction (creatinine clearances < 50 ml)
- Significant hepatic dysfunction
- Diabetes with end-organ damage
- Severe vasculopathy
- Active peptic ulcer disease or diverticulitis
- Active systemic infection
- Morbid obesity (BMI > 35%)
- Severe osteoporosis
- Recent malignancy
- Psychosocial instability
- Active substance abuse

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