

REQUEST FOR CONSULTATION

To Refer a Patient to Vanderbilt Kidney/Pancreas Transplant Program

→Please FAX following info with YOUR identifying cover sheet to: (615) 936-0697←

Patient's name: _____ DOB _____ SS# _____ Height _____ Weight _____

DOES YOUR PATIENT HAVE DIABETES? () Y () N PT's AGE WHEN DM DIAGNOSED _____

IS THIS A DUAL ORGAN PATIENT? () Y () N – IF YES – () LIVER/KIDNEY () KIDNEY/PANCREAS

Referring nephrologist/physician: name/address/phone/fax _____

Dialysis Info: () PD () Hemo () Not on dialysis Dialysis schedule: () M W F () T T S Dt Dlz began _____

Dialysis Unit name/address/phone/fax: _____

Compliance Concerns: () Y () N i.e. –missed treatments, drug issues, etc. (explain briefly)

() IS YOU PATIENT A VETERAN? () Y () N--If yes...Provide name of nearest VA in patient's area:

() Patient Information Fact Sheet (Demographic page)—REQUIRED _____

() Copy of insurance cards front and back—REQUIRED

() Dental clearance letter *–for pts w/CIGNA insurance*

() RECENT HISTORY AND PHYSICAL—REQUIRED

() Medication list (Referring MD signature or Representative)

() Most recent laboratory results—include ABO & PPD if available--REQUIRED

() Any previous cardiac testing (EKG, stress test, echo, cath) and CXR if available

() PEDIATRIC PATIENTS ONLY--Immunization records

* URGENT REFERRAL or you need to discuss concerns with our transplant physicians,
CALL 24-HOURS (615) 764-3350.

* MEDICAL ISSUE CONCERN: contact our nurse transplant coordinators at (615) 936-0695.

SELECTION CRITERIA FOR KIDNEY OR PANCREAS TRANSPLANTATION

We believe that for most patients, kidney transplantation performed in a timely manner is the optimum treatment for end-stage renal disease. Most patients with mild or moderate renal failure (i.e. GFR >30 ml/min/1.73 m²) are not optimally evaluated at this time since they would require re-evaluation at a later date. We have no strict age limit as candidacy is based more on "physiologic" age than "chronologic" age. Other co-morbidities (severe obesity, history of cardiac or peripheral vascular disease) are evaluated on an individual basis.

Patients with ESRD secondary to Type 1 Diabetes should be considered candidates for a simultaneous cadaver kidney/pancreas transplant (SPK) or a sequential living donor kidney followed by cadaver pancreas transplant (PAK).

CONTRAINDICATIONS TO KIDNEY OR PANCREAS TRANSPLANTATION

BMI > 45

Active systemic infection

Active substance abuse

Significant psychiatric illness likely to interfere with compliance

Severe uncorrectable cardiac or peripheral vascular disease

Malignancy unless free of disease (time interval depends on type of prior malignancy)

Oxalosis (usually requires liver/kidney transplant)