

Duke Kidney and Pancreas Transplant Program

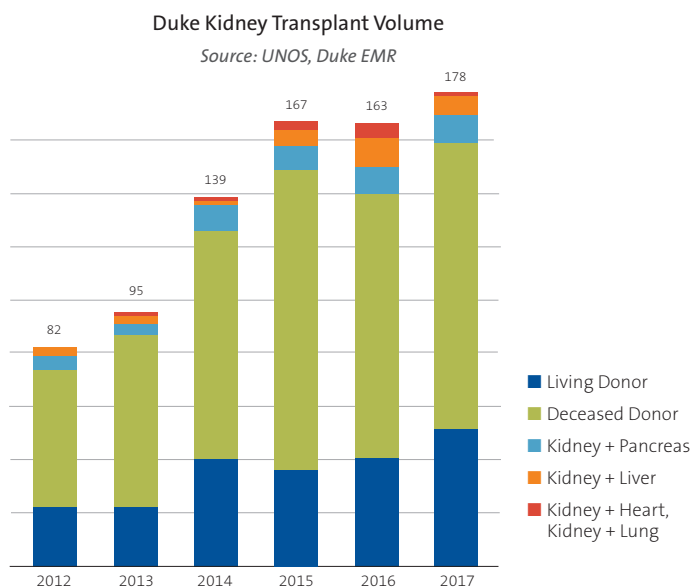


Overview

Since performing North Carolina's first kidney transplant more than 50 years ago, the Duke Kidney Transplant Program continues to be a leader in the field of kidney transplantation, including transplanting patients with co-morbid conditions such as HIV, sickle cell, non-ischemic cardiomyopathy, and high BMI (up to 40).

Our expertise and experience include kidney transplants for patients with end-stage renal disease, as well as kidney-pancreas transplants for patients with type 1 diabetes and kidney failure.

Our team has particular expertise in living donation, which offers recipients shorter waiting times and better outcomes compared to deceased donor organs. Duke strives to offer transplant preemptively before a recipient needs dialysis. In cases with compatibility issues (i.e., ABO, HLA, body size, age), Duke offers many solutions, including paired kidney exchange.



Location

Duke Clinic 2B/2C
40 Duke Medicine Circle
Durham, NC 27710

Phone 919-613-7777
Toll-free 800-249-5864
Fax 919-681-7930
On-call Physician 919-684-8111
dukehealth.org/transplant

Providers

TRANSPLANT SURGEONS

Bradley Collins, MD
*Surgical Director
Kidney Transplant*
Allan Kirk, MD
Chairman of Surgery
Stuart Knechtle, MD
*Executive Director
Duke Transplant Center*
Debra Sudan, MD
*Surgical Director
Abdominal Transplant*
Andrew Barbas, MD
Kadiyala Ravindra, MBBS
Aparna Rege, MBBS
Deepak Vikraman, MD

ADULT TRANSPLANT NEPHROLOGISTS

Matthew Ellis, MD
*Medical Director
Adult Kidney Transplant*
John Roberts, MD
Scott Sanoff, MD
Carol Traynor, MD
Loretta Phillips, NP

PEDIATRIC TRANSPLANT NEPHROLOGISTS

Eileen Chambers, MD
*Medical Director
Pediatric Kidney Transplant*
Annabelle Chua, MD

Highlights

- Ranked 19th in the nation for nephrology services, according to *U.S. News & World Report for 2018-2019*
- Multi-organ transplants
- Living-donor laparoscopic kidney removal
- Individualized patient care
- 45 days or less from referral to complete evaluation
- Early referral (eGFR at or slightly above 20 mL/min/1.73 m²) and expedited workups, with a focus on preemptive transplantation
- Access to cutting-edge clinical trials
- Pediatric kidney transplant with special expertise in congenital kidney conditions

When to Refer

Pre-emptive transplantation affords patients the very best outcomes, but is hard to achieve in the setting of long waiting times. We encourage referral when the patient's estimated GFR is near 20 mL/min/1.73 m². Even when the kidney function is slightly greater than 20 mL/min/1.73 m², a workup can commence, enabling us to be ready to activate the patient as soon as the kidney function crosses 20 mL/min/1.73 m².

For patients with living donors, we can evaluate potential donors before the recipient's kidney function deteriorates below the threshold, thereby decreasing or eliminating the patient's time spent on dialysis.

Duke Transplant Center

Kidney Transplant Program

USPS
Box 102347
Durham, NC 27710

FedEx/UPS
330 Trent Drive
Room 208
Hanes House
Durham, NC 27710

Phone 919-613-7777
Toll-free 800-249-5864
Fax 919-668-3897

Patient Demographic Information

Name: _____ Veteran? Y N
Address: _____ Marital Status: _____
City: _____ State: _____ Zip: _____
Social Security Number: _____ Date of Birth: _____ Gender: M F Race: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ E-mail: _____
Emergency Contact: _____ Phone: _____ Relationship: _____
Language: _____ Interpreter? Y N Special Needs? Y N
Employment Status: _____ Full Time _____ Part Time _____ Disabled _____ None Employer: _____

Physician Information

Referring Physician: _____ Primary Care Physician: _____
Practice/Group Name: _____ Practice/Group Name: _____
Address: _____ Address: _____
City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____
Phone: _____ Phone: _____
Fax: _____ Fax: _____
E-mail: _____ E-mail: _____
Name of Person Completing This Form _____

Primary Insurance Information (attach a legible copy of both sides of card)

Company: _____ Policy ID: _____ Group Number: _____
Policyholder's Name: _____ Policyholder's DOB: _____
Insurance Phone Number: _____ Referral or Pre-Cert Number: _____
Behavioral Health Insurance? Y N Company: _____ Policy ID: _____

Secondary Insurance Information (attach a legible copy of both sides of card)

Company: _____ Policy ID: _____ Group Number: _____
Policyholder's Name: _____ Policyholder's DOB: _____
Insurance Phone Number: _____ Referral or Pre-Cert Number: _____

Patient General Clinical Information

Duke History Number: _____ Height: _____ Weight: _____ Date: _____ Diabetes: No Yes
Cause of Chronic Kidney Disease: _____ Is this referral for kidney/pancreas transplant? No Yes
Current Modality: CAPD CCPD ICHD Home Hemo Pre-Dialysis CKD Dialysis Days: M, W, F T, TH, S Nocturnal
Date of First Dialysis Visit: _____ Current Dialysis Unit: _____
Address: _____ City: _____ State: _____ Zip: _____
Dialysis Unit Phone: _____ Dialysis Unit Fax: _____

Required Medical Information

1. Physician or extender dialysis notes with weekly progress notes and current problem list
2. Most recent complete history and physical examination (office notes for pre-dialysis patients)
3. PPD results (if positive, send record of treatment received)
4. Social work assessment (include the initial/baseline and most recent assessment)
5. Nutritional assessment
6. 2728 Form—ESRD Medical Evidence Report (Dialysis start date verification)

If Completed

1. Most recent hospital summaries: EKG, CT scan report(s), chest x-rays, other x-ray studies, ultrasound report(s), and lab values
2. Results within the last 12-18 months (i.e., cardiac consults, especially functional cardiac studies or result of cardiac catheterization; GI consults; colonoscopy; psychological consults)
3. Age-appropriate cancer screening
 - Female Patients: Pap smear results
 - Female Patients >40: most recent mammogram
 - Male Patients >50: PSA results
 - All Patients >50: colonoscopy results