

# Duke Lung Transplant Program



## Overview

Among the most established and successful in the world, the Duke Lung Transplant Program is currently the largest in the United States. Since 1992, our experienced team has performed more than 1600 lung transplants.

## Highlights

- High patient volumes
- High transplant rate
- Short wait times (median wait: 14 days)
- Experience with complex patients, including:
  - Transplant of critically ill
  - Multi-drug resistant infections
  - Transplant of older adults (no fixed upper age limit)
  - Patients with coronary artery disease and/or valvular heart disease
- Multi-organ transplants, including heart-lung and lung-kidney
- Individualized patient assessment
- Pioneering clinical, basic and translational research
- Comprehensive pulmonary rehab and education program
- Expert management of the full spectrum of lung transplant care
- Around-the-clock lung transplant attending physician phone consultation available

## Location

Duke Clinic 2F/2G  
40 Duke Medicine Circle  
Durham, NC 27710

Phone 919-613-7777  
Fax 919-681-5770  
Toll-free 800-249-5864  
On-call Physician 919-684-8111  
Email [lungtran@dm.duke.edu](mailto:lungtran@dm.duke.edu)  
[dukehealth.org/transplant](http://dukehealth.org/transplant)

## Providers

### PULMONOLOGISTS

John M. Reynolds, MD  
*Medical Director*  
Scott M. Palmer Jr., MD  
*Scientific Director*  
Alice L. Gray, MD  
*Associate Medical Director*  
Laurie D. Snyder, MD  
*Associate Medical Director*  
Azfar Ali, MD  
Shambhu Aryal, MD  
Omar Mohamedaly, MD  
Lake D. Morrison, MD  
Jamie L. Todd, MD

### SURGEONS

Matthew G. Hartwig, MD  
*Surgical Director*

### CARDIOTHORACIC SURGEONS

Mani A. Daneshmand, MD  
Jack Haney, MD  
Shu S. Lin, MD, PhD

## Referral Guidelines

- **Chronic obstructive pulmonary disease**—FEV1 < 20%; DLCO < 30%; associated pulmonary hypertension; BODE index ≥ 5 or history of exacerbations with hypercarbia
- **Cystic fibrosis and bronchiectasis**—Rapid decline in FEV1 or <30%; ICU stay due to exacerbation; increasing frequency of exacerbations; refractory or recurrent pneumothorax; recurrent hemoptysis; hypercarbia; oxygen dependence or associated pulmonary hypertension
- **Pulmonary fibrosis**—Histological or radiographic evidence of idiopathic pulmonary fibrosis or nonspecific pulmonary fibrosis (Note: Due to the unpredictable nature of pulmonary fibrosis, referral for transplant evaluation should be considered regardless of pulmonary function.)
- **Pulmonary arterial hypertension**—NYHA Class III or IV disease on medical therapy; rapidly progressive disease
- **Sarcoidosis**—NYHA Class III or IV disease; hypoxia at rest; associated pulmonary hypertension

# Duke Transplant Center

## Lung and Heart-Lung Transplant Program

**USPS**  
Box 102347  
Durham, NC 27710

**FedEx/UPS**  
330 Trent Drive, Room 132  
Hanes House  
Durham, NC 27710

**Phone** 919-613-7777  
**Toll-free** 800-249-5864  
**Fax** 919-681-5770

### 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 \_\_\_\_\_  
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 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 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: \_\_\_\_\_

### Required Medical Information

Primary Diagnosis: \_\_\_\_\_  
Patient Height: \_\_\_\_\_ Patient Weight: \_\_\_\_\_ Date: \_\_\_\_\_  
Smoking Cessation Date: \_\_\_\_\_ Oxygen Use at Rest: \_\_\_\_\_ at Exertion: \_\_\_\_\_

### Requested Referral Information

- Arterial blood gas and pulmonary function test (PFT) results from the last 12 months
- Recent clinic notes including list of current medications
- Reports of any cardiology studies, including heart catheterization, echo, and stress test
- Recent chest x-ray/CT reports
- Operative reports and esophageal studies in the last six months
- Recent lab results including complete blood count and comprehensive metabolic panel