



CENTER FOR TRANSPLANT CARE

KIDNEY/PANCREAS TRANSPLANT REFERRAL FORM
UNC Center for Transplant Care- Kidney Transplant Program
101 Manning Drive
Chapel Hill, NC 27514
Ph: 984-974-5200
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You may refer a patient via TREN, unccarelink.org or via EPIC (Amb Referral to Transplant Nephrology)

PLEASE PROVIDE THE FOLLOWING TO UNC CENTER FOR TRANSPLANT CARE:

- COMPLETED Referral form
Copy of insurance cards
2728 form (if on dialysis)
Recent H&P (within last 6 mos)
Most recent hospital d/c summary (if applicable)
Documentation of GFR

*ALL fields required

Name: Social Security #:
Address: City: State:
Zip Code: County: Phone (H): Phone (C):
Date of Birth: Sex: Race: Height: Weight:
BMI: Preferred Language: Cause of ESRD:

Referral for combined Kidney/Pancreas transplant? Yes No

Does the patient have a primary care provider? Yes No If so, PCP's Name:

Would patient or family benefit from being scheduled in the Latino transplant clinic, a clinic with designated providers to address their language and cultural needs? Yes No

Current Modality: CAPD CCPD ICHD Home Hemo None
Dialysis Days: M-W-F T-T-S AM PM
Does patient have reliable transportation? Yes No What form? (e.g., personal vehicle, county van, etc.):
Date of 1st Dialysis: Current Dialysis Center:
Dialysis Phone number: Fax number: County:

Has patient ever been seen at UNC Health? Yes No Unknown

Type of Insurance: Medicaid Medicare BCBS None Other

Table with 2 columns: Question and Answer options (Yes/No/Unknown). Rows include: Previous Transplant?, Prior evaluation at another Transplant Center?, History of Malignancy?, Suspected Substance Abuse?, Compliant with dialysis?, Compliant with meds?, Infections? (circle applicable): HIV HCV HBV

Referring Nephrologist's Assessment as to Transplant Candidacy/Opinion:

I feel this patient is an: Acceptable Referral OR Unacceptable Referral for Transplant Evaluation

Please note reason if deemed unacceptable:

I do not anticipate this patient will be a candidate for transplant now or in the future due to:

Printed Name/Signature of Referring Nephrologist: Date:

UNC KIDNEY TRANSPLANT CRITERIA

Referrals for transplant evaluation will be accepted for adult patients with a GFR > 20, however patients must have one GFR \leq 20 to be placed on the transplant waiting list per the United Network for Organ Sharing (UNOS). Referrals will be accepted regardless of BMI with resources being provided by the transplant team to patients with a BMI > 40 to assist them in losing weight prior to transplant.

Absolute Contraindications for Kidney Transplant:

- Active TB
- Active substance abuse disorder and/or non-tetrahydrocannabinol (THC) substance use (e.g., heroin, cocaine, amphetamines, misuse of prescribed opioids)
- Serious cardiac, pulmonary, or other comorbid conditions that create an unacceptable risk for transplant surgery or transplant immunosuppression
- Patient lacks desire for transplant

Relative Contraindications for Kidney Transplant: Once these relative contraindications are resolved or controlled, the patient may again be eligible for consideration.

- Non-stable HIV+
- Goodpasture's Syndrome with persistent presence of anti-GBM antibodies
- Active systemic infection
- BMI > 40%
- Severe advanced vascular disease
- Pediatric patients with weight less than 10 kg
- Malignancy with prognosis suggesting an anticipated survival of < 5 years
 - History or presence of malignancy requires a disease-specific treatment plan and may require an extended wait period prior to active listing
- Age > 80 years
- Frailty as determined by the UNC Transplant Team
- Inability to meet the financial obligations projected for transplantation, immunosuppression, and supportive therapies
- Factors that would limit the ability of the candidate to adhere to medical care post-transplant, such as living situation, active mental illness, and /or psychosocial history
- Inadequate social support system
- Patients who engage in smoking cigarettes, e-cigarettes or vaping that have other risk factors/comorbid conditions may be asked to stop prior to transplant