



Date of referral: _____

To Refer a Patient to Our Lady of Lourdes Kidney/Pancreas Transplant Program
→ Please Fax the following information to (856) 547 - 0362

Person Making Referral: _____ Referring Nephrologist: _____

Patient's Name _____ Patient Signature: _____

Patient Phone Number: _____ DOB: _____ Height: _____ Weight: _____

Does your patient have Diabetes? () Yes () No Patients age when diagnosed: _____ Last 4 digits of pt.'s SS#: _____

Dialysis Unit Name: _____ Phone: _____ Fax: _____

Address: _____ Dialysis Info: () PD () In center Hemo () Home Hemo

Dialysis schedule: () M W F () T T S Shift time: _____ to _____ Date dialysis began: _____

Compliance Concerns: () Y () N i.e. – missed, shortened treatments, not taking meds, etc (explain briefly)

Selection Criteria for Kidney or Pancreas Transplantation

A candidate will be eligible to begin evaluation for kidney transplantation if he or she has Chronic Kidney Disease, as defined by the National Kidney Foundation (NKF) either Stage 4 or Stage 5 (on dialysis).

Patients with diabetes can be referred for pancreas evaluation. Diabetic patients with CKD4 or are on dialysis can be referred for kidney/pancreas evaluation if one of the following criterions is met:

- Is on insulin and has a BMI of $\leq 35 \text{ kg/m}^2$

Absolute Contraindications - Patient with these conditions are not candidates at our Transplant Program

- HIV – refer to a Transplant Program that will accept
- Current/metastatic malignancy
- Cardiac disease that is
 - Non-amenable to surgical intervention or other medical treatment
 - Refractory Heart Disease – Heart Failure Class 4
 - Cardiac ejection fraction ≤ 30
- Obesity- BMI greater than 45
- Known active substance abuse (except marijuana use)
- Uncontrolled psychiatric illness likely to impair consent and adherence
- Chronic non-adherence with medical care
- Severe pulmonary hypertension
- Sickle Cell Disease
- Will list patients up to age 75
- Debility/immobility with poor rehabilitation potential
- Resident of a long-term care facility
- Cirrhosis of the Liver with evidence of Portal Hypertension

Relative Contraindications - Patient may be referred with these conditions and will be evaluated on an individual basis.

- Active Infection
- Active immunologic disease
- Obesity with BMI 40-45
- No insurance which limits coverage of immunosuppressive drugs
- Current active smoking
- Persistently low B/P, especially requiring Midodrine
- Moderate pulmonary hypertension
- Severe PVD
- Poor Functional Status