

UAB Comprehensive Transplant Institute

Referral Process

UAB prefers to begin evaluation of patients with progressive CKD and GFR <30.

Necessary forms for a faxed referral:

- Completed Referral Form
- Patient Demographics Sheet
- Copy of insurance cards front and back
- Complete history and physical (within 24 months of referral date)
- Medicare Form 2728 (if on dialysis)

Send the following clinical information from the past 12 months: immunization history; results of Hepatitis B and Hepatitis C; ABO typing results; Medication list; any diagnostic studies, especially cardiac stress testing, cardiac catheterization, echocardiogram, radiological examinations, and renal biopsies. Updated pap smear, mammogram (>40 years old), colonoscopy (>45 years old).

Kidney Exclusionary Criteria

Reasons a patient WILL NOT be able to receive a kidney or simultaneous kidney and pancreas (SPK) transplant:

- Active alcohol or drug abuse, except tobacco
- Severe heart disease with heart failure (ejection fraction less than 20% by echocardiogram)
- Serious lung disease with severe breathing difficulty based on breathing tests, and on continuous 24 hours per day home oxygen
- Dependence on nursing home or other long-term provider
- History of having a certain type of surgery to improve circulation to the legs, called aortobifemoral bypass grafting or stenting
- Active chronic liver disease with evidence of portal hypertension
- BMI > 35 (SPK only)
- 65 years or older (SPK only)
- Documented HIV infection (SPK only)
- Long history of noncompliance with medical therapy (SPK only)
- Severe peripheral vascular disease and iliac disease with or without major amputation (SPK only)
- History of cancer treated within the last two years, except for non-melanoma skin cancer (SPK only)
- Severe or uncorrectable heart disease or significant cardiac dysfunction (Ejection fraction < 30%) (SPK only)

Reasons a patient MAY NOT be able to receive a kidney or simultaneous kidney and pancreas (SPK) transplant:

- Over 70 years old
- Active cancer treated within the two years prior to evaluation, except basal and squamous cell skin cancers and certain kidney cancers
- Severe aortoiliac calcifications
- Severe peripheral occlusive vascular disease (poor circulation)
- Pulmonary hypertension with PASP >60mm/Hg
- Active untreated infections (e.g., tuberculosis, fungal infections)
- Significant history of noncompliance with medical therapy, including dialysis
- Significant functional/cognitive impairment without reliable caregiver
- Resources deemed inadequate to support necessary post-transplant care
- Chronic hypotension or hypotension on dialysis requiring pressors (e.g., midodrine)
- High ostomy output
- Body Mass Index (BMI) 40-50
- Advanced vascular disease
- Tobacco use
- Ongoing marijuana use with inability to stop
- Debility/poor mobility with poor rehabilitation potential
- Psychiatric disorder, mild to moderate compensated
 - Schizophrenia
 - Bipolar Disorder
 - Schizoaffective Disorder

Kidney Transplant Evaluation

The primary goal of this evaluation is twofold: to assess whether the patient is healthy enough to proceed with a transplant and to provide an opportunity for the patient to ask questions and address any concerns.

To streamline the process, we have introduced a fast-track system, allowing new patients to be seen in the clinic within three-four weeks of receiving their referral. After the initial visit, we promptly move forward with the necessary testing to avoid delays.

Recognizing that every patient's circumstances are unique, we offer flexible options for completing the required testing. Testing can be completed at UAB or coordinated with the patient's dialysis unit or referring physician to facilitate some tests closer to their home. This approach helps expedite the listing process and ensures timely transplantation.

Our goal is to complete all required testing within six to nine months of the patient's clinic visit, ensuring the process efficient and patient-focused.

- Lab work
- Cardiac stress test
- CT Scan
- Electrocardiogram
- Echocardiogram
- Chest X-ray
- Kidney ultrasound

Facility Best Practices

- Maintain a transplant binder to track each patient's referral process, including a tracking sheet with appointment dates and reasons for denial or hold. Create a tab for each patient containing referral and appointment letters and other pertinent information. Templates are available from Network 8 if needed.
- Designate a back-up staff member who understands the transplant tracking process and knows the transplant binder's location and can communicate with transplant centers in your absence.
- Limit clinical information provided to within the past year.
- Ensure all copies are legible.

To contact a member of the UAB Kidney Transplant Team, including transplant coordinators, social workers, and financial coordinators, call (205) 975-9200 or toll-free 1-833-UAB-CTII

To learn more about UAB's evaluation process and the journey to transplant, view our education videos at www.uabmedicine.org/kidneytransplanteducation or scan this QR code with your smartphone or tablet device.



For more information, including information on living kidney donation, visit <https://www.uabmedicine.org/specialties/transplant-services/kidney-transplant/>

