The University of Tennessee Medical Center Transplant Services

Kidney Eligibility Criteria

- Chronic kidney disease with GFR < 20ml/min or currently on dialysis
- Patient desires a kidney transplant
- Patient ≥ 18 years of age

Referral Process

UT Medical Center accepts referrals from any of the patient's physician or dialysis center.

Once the referral is received, the patient is contacted and completes a health questionnaire. The patient is screened for contraindications. If none are identified, the patient is scheduled for an education session and initial evaluation.

Necessary forms for a faxed referral:

- Form 2728 (if patient has started dialysis)
- History and physical (within a year of referral)
- Copies of insurance and prescription cards
- Recent labs including GFR (if possible)
- Demographic/Facesheet/Insurance

Referral Best Practices

- Only provide the requested information within the past year.
- Ensure all copies are legible.

Kidney Exclusionary Criteria Absolute Contraindications:

- Uncorrected or uncorrectable heart disease
- Oxygen dependence
- Residing in a skilled nursing facility
- Ejection fraction ≤ 35%
- Active Hepatitis B
- Cirrhosis with portal hypertension
- Active bacterial/viral infection
- HIV infection
- Peripheral Gangrene
- Active Malignancy
- Documented non-compliance or unstable mental illness
- Severe peripheral vascular disease

Relative Contraindications:

- BMI > 40 or BMI < 18
- Protein-calorie malnutrition
- Compensated Cirrhosis
- Chronic hepatitis C with cirrhosis
- Chemical dependency (alcohol abuse, illegal or non-prescribed drug use with end-organ damage, chronic high dose opioid use)
- Inability to care for self and/or no social support system to assist with post-transplant responsibilities
- Moderate to severe peripheral arterial disease
- Inferior vena cava filter with IVC thrombosis
- Parkinson's disease or moderate to severe tremors
- Dementia
- Open, chronic non-healing ulcers/wounds
- Severe chronic obstructive pulmonary disease
- Moderate cardiac valvular stenosis or regurgitation
- Moderate to Severe Pulmonary Hypertension
- Cardiomyopathy or any EF≤ 45%
- Severe Orthostatic Hypotension
- Accelerated Coronary Atherosclerosis requiring multiple interventions
- Untreated sleep apnea
- Severe, symptomatic gastroparesis
- Currently prescribed dual antiplatelet therapy
- Frailty
- Treated Malignancy
- Any condition deemed by the transplant surgeon, that risk of transplant is greater than benefit

Kidney Transplant Evaluation

- All patient are screened for absolute and relative contraindications.
- All recipient candidates attend an education session, either in-person or virtual.
- All patients or legal designee must provide informed consent prior to clinical evaluation.
- All recipient candidates receive a consultation from a registered dietician, transplant pharmacist, transplant financial coordinator, transplant social worker and may be seen by a clinical psychologist if determined relevant by the multidisciplinary team.

- All potential recipients receive the appropriate diagnostic laboratory and medical testing to determine suitability. This includes but is not limited to:
 - Viral and fungal serologic testing
 - ABO typing
 - HLA typing and all recipients will receive PRA testing
 - Complete Metabolic Profile
 - Complete Blood Count
 - Lipid Panel
 - Quantitative TB Gold testing
 - HgAIC for all recipient candidates regardless of personal or family history.
 - Chest radiograph
 - Electrocardiogram
 - 2D Echocardiogram
 - Age and family history associated cancer screenings
- Other diagnostic testing may be completed per physician discretion.

Selection Committee

- Selection Committee comprises of: Transplant physicians, surgeons, cardiologist, RNs, pharmacists, dietician, financial coordinator, social worker, independent living donor advocate.
- Patient Selection Committee meets on a regular basis to discuss candidacy or any further testing needed to determine candidacy.
- Patients, their dialysis center or nephrologist (if not on dialysis) will receive a written response to the determination of the committee.
- Patients who routinely do not show for appointments or we are unable to contact will not be eligible for referral for a minimum of six months.

Post Evaluation

- Following Patient Selection Committee, if the patient is listed on the UNOS wait list, they will be educated on the expectations while they are awaiting a kidney offer.
- Patients are expected to communicate any changes in the following:
 - Health status, surgeries, medications, insurance and support system.
- Upon listing, the patient will be transferred to UTMC's Wait List Coordinator. All questions about status can be referred to this person.

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.

Contacts: Referral Intake Assistant:

Phone: 865-305-9363 • Fax: 865-305-5809

Pre-Transplant Coordinators:

Phone: 865-305-5762 • Fax: 865-305-6117

Wait List Assistant:

Phone: 865-305-9450 • Fax: 865-305-5809

Wait List Coordinator:

Phone: 865-305-5358 • Fax: 865-305-6117

Transplant Social Work:

Phone: 865-305-9863 • Fax: 865-305-5913

Outreach Coordinator:

Phone: 865-305-5365 • Fax: 865-305-6117

If you need any additional information or have questions, please call 865-305-9236.

Quick Links:

Transplant Referral Form: Referral and Questionnaire forms for New Referrals815.pdf

Transplant Evaluation Process Video: https://youtu.be/NiyZ8QKKP1U

Living Donor Health Questionnaire: The University of Tennessee Medical Center





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