



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 & Physical (within 24 months of referral date)
- Medicare Form 2728 (if on dialysis)

Please also 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 (>50 years old).

Kidney Exclusionary Criteria

Reasons a patient WILL NOT be able to receive a kidney or simultaneous kidney & 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
- Severely overweight (body mass index greater than 50)
- Calciphylaxis (calcified uremic arteriopathy) – previous or current
- BMI > 35 (SPK only)
- 65 years of age 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 2 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 & pancreas (SPK) transplant:

- Greater than 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
- BMI (Body Mass Index) 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
- Dementia or severe cognitive disorder

Kidney Transplant Evaluation

The ultimate goal of this evaluation is to determine if the patient is healthy enough for a transplant and for them to ask questions.

We have implemented a fast track process to see new patients in clinic within 3-4 weeks of receiving the referral, and then move forward with necessary testing.

Based on individual patients and their needs, we would be happy to arrange testing at UAB or may request the help of the dialysis unit and/or referring MD to help with coordinating some of the tests closer to home in order to expedite listing and transplantation.

Patient testing should be completed within 6-9 months of their clinic visit.

Required testing includes but not limited to:

- Lab Work
- Cardiac Stress Test
- CT Scan
- Electrocardiogram
- Echocardiogram
- Chest X-ray
- Kidney Ultrasound

Facility Best Practices

- Maintain a Transplant binder to include a tracking sheet to track each patient through the referral process including appointment dates and reasons for denial or hold. Create a tab for each patient to include their referral and appointment letters as well as any other pertinent information. Templates are available from Network 8 if needed.
- Ensure that you have a back-up person at each facility who is familiar with the transplant tracking process and the location of your transplant binder and can communicate with the transplant centers in your absence.
- Please limit clinical information provided to within the past year.
- Please make sure all copies are legible.

To learn more about UAB's evaluation process and the journey to transplant, please view our education videos by visiting the website: <http://www.uabmedicine.org/kidneytransplanteducation> or scan this QR code with your smartphone or tablet device.



Contacts

Pre-Kidney Transplant Coordinator Contact Information:

Name	Phone Number
UAB Kidney Pancreas Transplant Main Office	1-888-822-7892, option 1
Miesha McGlothan, Lead Coordinator	205-531-9972
Angela Sanders	205-542-7391
Robert Wetzel	205-541-3014
Tamika Wiggins	205-531-5467
Jared Smith	205-623-8182
Felicia Harris	205-531-4108
Christa Allen, Waitlist Coordinator	205-580-3073
Gregory Ledbetter, Waitlist Coordinator	205-518-4228
Patricia Corride, Living Donor Coordinator	205-541-0481
Catrice Potts, Living Donor Coordinator	205-541-6937
Daagye Hendricks, Living Donor Navigator	205-864-2047
Kimberly Baldwin, Living Donor Navigator	205-531-4334

Social Workers:

Name	Phone Number
Gina McCaskill	205-529-9408
Janice Cooke	205-540-3864 (Cell)
Vacant (any of the above coordinators can assist until position is filled)	205-996-2063 (Office)

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