

Our easiest and fastest

Kidney transplant referral process



Use our preferred method for making a kidney or pancreas-kidney transplant patient referral by completing the UW Health *Request for Clinic Appointment Form*.

uwhealth.org/referapatient

(See the Request for Clinic Appointment form)

We encourage you to use the referral form rather than refer by phone. It's the same form used to refer to other UW Health services.

*Turn this flier over to see a checklist of relevant clinical information to include with the patient referral form.

It's easy!

- Complete it online at uwhealth.org/referapatient or,
- Fax the form along with the patient's relevant clinical information* to **(608) 203-2661**
- The form can be completed and sent by a physician, office staff or dialysis center

It's faster!

- Via this process, patients will start their pre-transplant process sooner, with an average call-back time of 1-2 days, meaning they will be evaluated, waitlisted faster

Questions or feedback?

Mandy McGuire, Transplant Outreach Program Manager, **(608) 265-0275** or amcguire@uwhealth.org

Kidney transplant referral checklist

Please include the following relevant clinical information along with the kidney or pancreas-kidney transplant *Request for Clinic Appointment Form*. The more patient information and records you can provide, the faster the referral and evaluation will proceed.

All patients will need:

- ☐ History and Physical/clinic note/discharge summaries from the past 12 months
- ☐ Most recent lab results including Creatinine and eGFR, Albumin, and iPTH
- ☐ Medication list
- ☐ ABO (blood type)-historical result is ok
- ☐ TB Skin test result from within 12 months
- ☐ Chest X-ray report from last 12 months (We don't need images)
- ☐ EKG from last 12 months along with any other cardiac testing results
- ☐ 2728 (Medicare form) if on dialysis
- ☐ Native kidney biopsy **pathology** report, *if previously done*
- ☐ Dental clearance (form will be sent to patient) even if patient is edentulous (without teeth)
- ☐ A copy of the patient's insurance card (front and back)

Additionally, diabetic patients will need:

- ☐ Cardiac stress test with radionuclide perfusion or echocardiogram imaging to evaluate for ischemia, exercise preferred. If adequate stress is not achieved with exercise, convert to a pharmacologic study. The choice of imaging modality is at MD discretion
- ☐ Left heart cardiac catheterization with coronary angiogram—may do after evaluation if not on dialysis, unless stress test is positive
- ☐ Non-IV contrast abdominal and pelvic CT to **assess for iliac calcifications** in preparation for kidney transplant. Send report and the CD of CT images

Females will need:

- ☐ Mammogram, if over 40 years old
- ☐ Pap smear, unless cervix has been removed; pelvic exam if no pap smear

Males will need:

- ☐ PSA, if over 50 years old or strong family history of prostate cancer

Patients over age 50:

- ☐ Colonoscopy and any corresponding pathology
- ☐ Further testing based on patient history

Please fax the relevant clinical information requested, along with the *Request for Clinic Appointment Form*, to (608) 203-2661.