



LEGACY TRANSPLANT SERVICES REFERRAL CHECKLIST FOR PATIENTS FROM OUTSIDE OF OUR DONOR SERVICE AREA

Please provide all of the information below to initiate the evaluation process. The evaluation will not start until the referral is complete. Please send to:

Deborah Bowers, Intake Coordinator Phone: 503-413-6556 Fax: 503-413-6557
Address: Legacy Transplant Services, 1130 NW 22nd Ave., Suite 400, Portland OR 97210

Referring office:

- Name of contact person
- Phone number of contact person

Potential Transplant Candidate:

- Name
- Address
- Phone numbers
- Date of Birth
- Copy of insurance card (front and back)
- Weight: _____
- Height: _____
- Cause of ESRD: HTN DM PCKD Other: _____
- If not on dialysis, eGFR
- If on dialysis, form 2728 and name of dialysis unit
- current problem list

The problems listed below are of particular importance in the decision making regarding the patient's candidacy. If applicable, please provide pertinent details:

- Cardiac disease
- History of Strokes/TIAs
- History of cancer
- Psychosocial/behavioral issues/ non-compliance
- Substance dependency (contraindicated in the last 6 months, including marijuana)
- Refuses blood products
- Viral hepatitis
- Prior transplants

Referrals from outside of our Donor Service Area will be considered if the patient:

- Is actively listed at another transplant center
- Has 2 years of wait time (can include dialysis time)
- Has completed all requested tests (see below)
- Agrees to transfer all wait time to our center
- Agrees to stay in Portland for at least 6 weeks following transplantation

-Identifies a transplant physician to provide follow-up care when he/she returns home

LABORATORY STUDIES

CBC/Differential, Basic Metabolic Panel, Total protein, Amylase, Ca/Phosphorus/Mg, HbA1c
Hepatic Function Panel
PT/INR/PTT
PSA (Caucasian men>50, African-American men>40)
Urinalysis, Urine C&S (if urine available)
ABO/RhD Blood Type, HLA-A, -B, and -DR Typing, Panel Reactive HLA Antibody (PRA)
Hepatitis B Panel (HBsAg, HBsAb, HBcAb), Hepatitis C IgG, HIV
Varicella Zoster (VZV) titer
Cytomegalovirus (CMV) IgM, IgG (PCR if IgM+), Epstein-Barr (EBV) IgM, IgG
HSV-1 and HSV-2 IgM, IgG
Interferon Gamma Release Assay for TB, RPR

IMAGING AND FUNCTIONAL STUDIES

Colonoscopy (age >49 or positive history)/American Society of Cancer Guidelines
Chest X-ray (PA and Lateral), EKG
CT of chest if current or former smoker
Abdominal Ultrasound (Kidney/gallbladder/Liver)
Echocardiogram (CHF, valve disease, hypertension)
Coronary angiogram and aortogram with runoffs to include all iliac arteries (DM, >49, history)
PFTs (history of smoking, lung disease, morbid obesity)
Psychosocial Evaluation
PAP Smear & GYN Evaluation (all women)
Mammogram (women with positive exam or age >39)/American Society of Cancer Guidelines
βHCG (premenopausal women)
Dental clearance