

# Online Referral Portal User Guide

This online portal allows providers to refer patients for kidney, simultaneous pancreas-kidney (SPK), pancreas or dual-organ transplant evaluation at UCSF.

## BEFORE SUBMITTING A REFERRAL

To successfully complete your referral, the following documents will need to be uploaded to the online referral system.\* Please have this information available before you begin the online referral process:

1. Patient demographics
2. Insurance card (if available)
3. Most recent history and physical (H&P)
4. Laboratory results, including the following:
  - a. Creatinine
  - b. eGFR
  - c. ABO (if available)
  - d. Chemistry
  - e. Hematology
5. For HIV-positive patients: a recent HIV viral load and CD4 cell count
6. For HCV-positive patients: a recent HCV viral load
7. If the patient is on dialysis:
  - a. ABO blood type
  - b. Form CMS 2728
  - c. Dialysis rounding report
  - d. Social work evaluation
  - e. Nutrition evaluation
8. Most recent studies (if available): EKG, CXR, echo, CT scans, PPD test
9. For simultaneous kidney-pancreas referrals:
  - a. Recent C-peptide
  - b. HbA1c %

*\*If you are using EPIC, upload is not required; please ensure records are available in Care Everywhere.*

### Abbreviations

**ABO** the major human blood group system  
**CMS** Centers for Medicare & Medicaid Services  
**CT** computed tomography

**CXR** chest X-ray  
**echo** echocardiogram  
**eGFR** estimated glomerular filtration rate  
**EKG** electrocardiogram

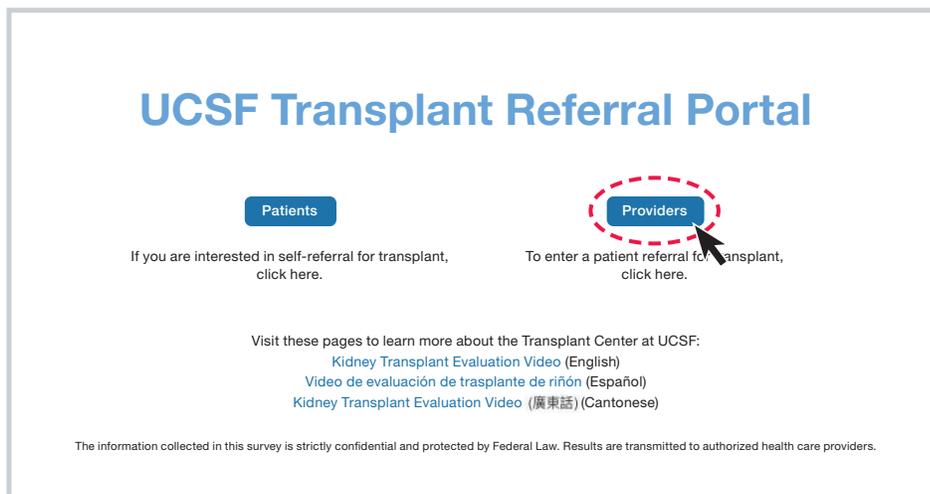
**HbA1c** hemoglobin A1c  
**HCV** hepatitis C virus  
**HIV** human immunodeficiency virus  
**PPD** purified protein derivative

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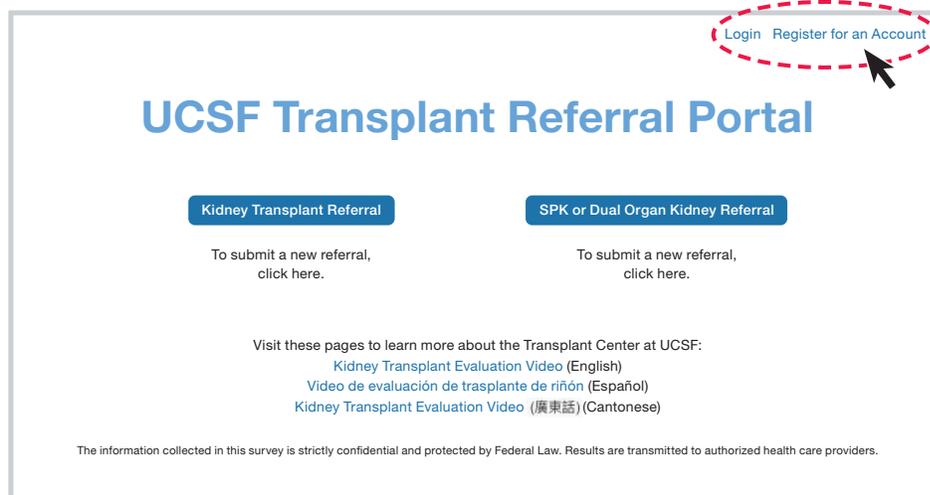
## REGISTER FOR A NEW ACCOUNT OR LOG IN TO AN EXISTING ACCOUNT

While you can refer patients without creating an account, we strongly recommend that you create an account if you routinely refer transplant patients to UCSF. This will prepopulate certain information when you make new referrals, streamline the process for submitting necessary documentation, and allow you to view your past referrals.

1. Go to our website, [www.UCSFTransplantReferral.org](http://www.UCSFTransplantReferral.org).
2. Click on “Providers.”

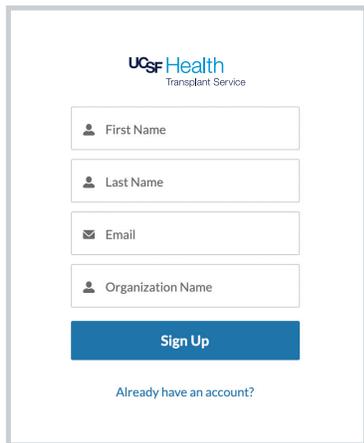


3. In the upper right-hand corner, click on “Register for an Account” (for new accounts) or “Login” (for existing accounts).



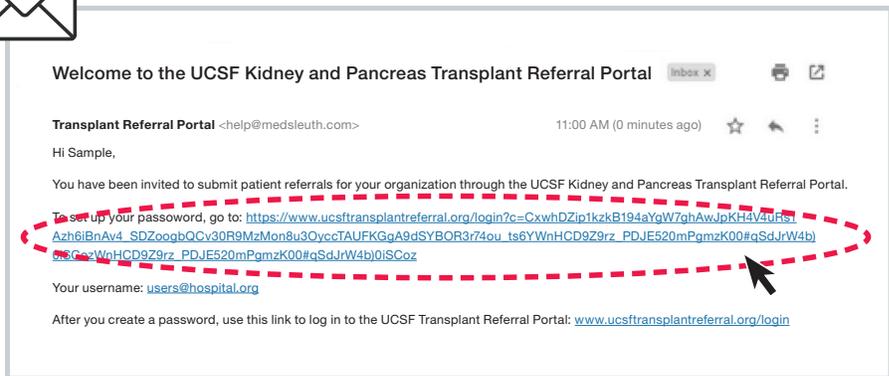
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4. Enter your name, email address and organization name. All fields are required. For “Organization Name,” please specify your location’s name if your organization has multiple locations. For example, enter “Medical Center – Downtown,” rather than “Medical Center.”



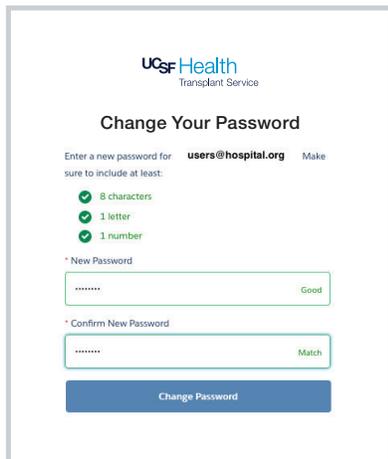
The registration form is titled "UCSF Health Transplant Service". It contains four input fields: "First Name", "Last Name", "Email", and "Organization Name". Below the fields is a blue "Sign Up" button and a link that says "Already have an account?"

5. Once you click “Sign Up,” check the inbox of the email address that you just used to register.
6. You should have received an email from <help@medsleuth.com>. Click on the “set up your password” link in the email.



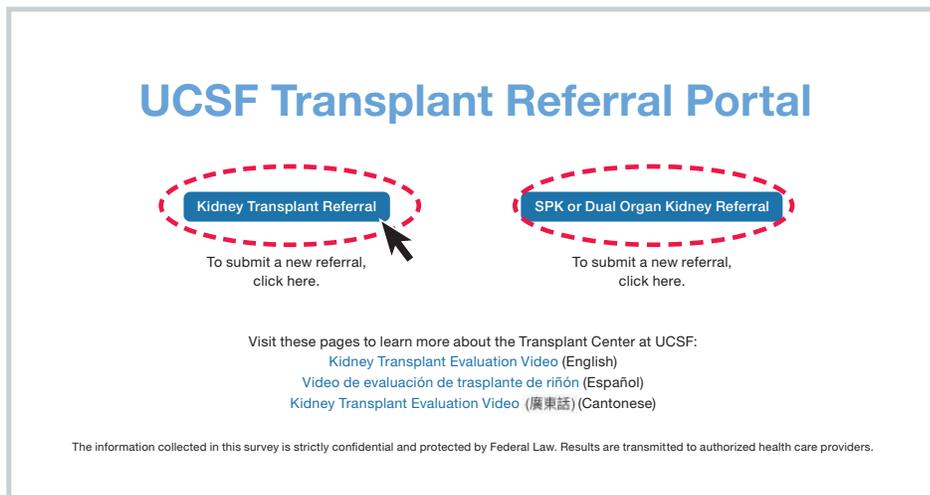
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7. Set a password and click “Change Password.” You are now logged in to your new account. To log in to your account in the future, you will need to first select “Provider” from the home page in order to access the “Login” option. You can also go directly to [www.UCSFTransplantReferral.org/login](http://www.UCSFTransplantReferral.org/login).



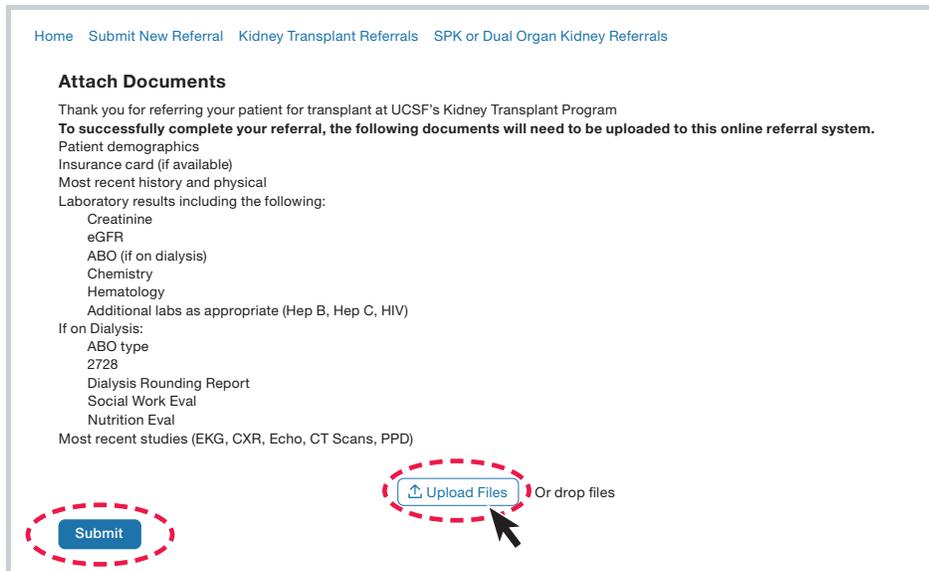
## SUBMIT A NEW REFERRAL

1. Log in to your account by going to [www.UCSFTransplantReferral.org/login](http://www.UCSFTransplantReferral.org/login) or by clicking the blue “Provider” button on the main page, and then “Login” in the upper right-hand corner.
2. Select the appropriate referral type.



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3. Complete the questionnaire. All fields are required unless otherwise noted.
4. If your referral is accepted, upload the relevant documents. Upload as much information as possible at the time of referral. This allows us to more efficiently triage your patient.
  - a. Click on “Upload Files” toward the bottom of the page.
  - b. Upload as many of the requested files as you have.



5. Click “Submit.” Your referral is now complete.

*You will not receive any additional communication from UCSF at this time; however, a record of the referral will remain in the system under your login credentials.*

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## IF YOUR REFERRAL IS DECLINED

In the questionnaire, you will be asked if your patient meets our exclusion criteria. If they do, you can still submit and save the referral for record-keeping purposes, but the patient will not be seen at UCSF as they are ineligible for a transplant evaluation at this time. Our exclusion criteria can be viewed at [tinyurl.com/d56b7jdd](https://tinyurl.com/d56b7jdd).

If there are extenuating circumstances and you feel strongly that your patient should be considered despite meeting the exclusion criteria, the patient's nephrologist may submit an exception request by emailing [kidneyreferral@ucsf.edu](mailto:kidneyreferral@ucsf.edu) and attaching any relevant supporting documentation. Exception requests will be reviewed by our medical director on a case-by-case basis.

Referral Submitted

Date of Referral: 04-20-2021  
Patient First Name: asdf  
Patient Last Name: asdf  
Patient DOB: 1990-01-01

**Reason for Declination:**

- Current tobacco use
- Alcohol abuse within 3 months

Thank you for submitting a referral to the UCSF Kidney and Pancreas Transplant Program. Unfortunately, your patient does not meet our referral criteria. If your patient's condition should change, you are welcome to re-refer them at that time.

If there are extenuating circumstances and you would like to request an exception, please send an email ([kidneyreferral@ucsf.edu](mailto:kidneyreferral@ucsf.edu)) with the pertinent details and attach supporting documents.

## VIEW OR PRINT A PAST REFERRAL

1. Log in to your account (see page 4 – *Submit a New Referral*).
2. On the top left, click on the appropriate referral type.

Home [Submit New Referral](#) [Kidney Transplant Referrals](#) [SPK or Dual Organ Kidney Referrals](#)

## UCSF Transplant Referral Portal

**Kidney Transplant Referral**

To submit a new referral, click here.

**SPK or Dual Organ Kidney Referral**

To submit a new referral, click here.

Visit these pages to learn more about the Transplant Center at UCSF:

- [Kidney Transplant Evaluation Video \(English\)](#)
- [Video de evaluación de trasplante de riñón \(Español\)](#)
- [Kidney Transplant Evaluation Video \(廣東話\) \(Cantonese\)](#)

The information collected in this survey is strictly confidential and protected by Federal Law. Results are transmitted to authorized health care providers.

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3. Open the patient's record by clicking on the blue "Record ID" link in the leftmost column.

Home Submit New Referral Kidney Transplant Referrals SPK, Pancreas, or Dual Organ Kidney Referrals

My Group SPK, Pancreas, or Dual Organ Kidney Referrals

Record ID	Patient First Name	Patient Last Name	Age	Zip Code	Submitted Date
<a href="#">a1Y1R0000068SqTUAU</a>	Given	Surname	40	12345	Apr 16, 2021

4. To print, click on "Printable View" in the upper right-hand corner.

Home Submit New Referral Kidney Transplant Referrals SPK, Pancreas, or Dual Organ Kidney Referrals

 SPK or Dual Organ Kidney Referral  
**a1Y1R0000068SqT**

**DETAILS** RELATED

**▼ Patient Information:**

Patient First Name	Record ID
test	a1X1R00000BZy5e
Middle Name	SSN
Patient Last Name	Completed
test	4/10/2021 6:58 AM
Gender	
Female	
DOB	
12/1/1980	
Age	
40	
Race	
Caucasian	
Preferred Language	
English	
Translator Required	
No	

[Printable View](#)

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5. Click on “Print This Page” in the upper right-hand corner to print or to generate a PDF.

**Transplant Referral**  
a1Y1R0000068SqT

- [Close Window](#)
- [Print This Page](#)
- [Expand All](#) | [Collapse All](#)

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▼ **Patient Information:**

Patient First Name	test	Record ID	a1X1R00000BZy5e
Middle Name		SSN	
Patient Last Name	test	Completed	4/10/2021 6:58 AM
Gender	Female		
DOB	12/1/1980		
Age	40		
Race	Caucasian		
Preferred Language	English		
Translator Required	No		
Ht	5' 4"		
Wt	70.3 kg (155 lbs)		
BMI	26.60 kg/m <sup>2</sup>		
Street Address	1234		
City	test		
State	CA		
Zip Code	123123		
Phone Number	(555) 555-5555		
Phone Type	Mobile		

### AFTER SUBMITTING A REFERRAL

If the referral is accepted, one of our practice coordinators will contact your patient within the next two business days and ask them to complete an online medical history questionnaire (MHQ). This step is required for them to move forward in the process. If you have any questions, please call us at (415) 502-4819.

