

# REFERRAL INFORMATION

## Using the UCSF Kidney Transplant Online Referral Portal

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:

You will be asked for the following information when using our online referral system. Please have this information available before submitting a referral.

### QUESTIONS FOR KIDNEY, SIMULTANEOUS PANCREAS-KIDNEY (SPK), PANCREAS, OR DUAL-ORGAN TRANSPLANT REFERRALS:

\*Questions that only apply to Kidney Transplant referrals are marked “\*Kid” in the left-most column.

<b>Referral Center Contact Information:</b>	
	Name of referring physician or dialysis center
	Phone
	Fax
	Email Address
<b>Patient Demographics:</b>	
	First Name
	Middle Name (Optional)
	Last Name
	Gender
	DOB
	Height
	Weight
	Race
	Patient's preferred language
	Does the patient require a translator?
	SSN
<b>Patient's Contact Information:</b>	
	Phone Number
	Phone Type
	Email Address
	Street Address

	City
	State
	Zip Code
<b>Patient's Insurance Information:</b>	
	Primary Insurance
	Member ID
	Secondary Insurance, e.g. Medicare (Optional)
	Member ID (Optional)
<b>Emergency Contact Information:</b>	
	First Name
	Last Name
	Phone
	Phone Type
	Emergency contact's relationship to patient
<b>Exclusion criteria (Kidney Transplant referrals only):</b>	
<b>Referrals for patients with any of the below will not be accepted:</b>	
*Kid	eGFR greater than 25 mL/min. (If the patient is on dialysis, mark "No.")
*Kid	Active tobacco use within 3 months (includes all methods: inhaled/chewed/vaping)
*Kid	Inability to walk 1 block (i.e. 300 feet), except for spinal cord disorder or lower extremity amputation
*Kid	Metastatic CA – stg 4 actively treated w/in last 5 years
*Kid	Severe Progressive Dementia
*Kid	Active angina
*Kid	Abuse of Illegal Substances (exclude cannabinoids)
*Kid	Alcohol abuse within 3 months
*Kid	Transient/Homeless “Unstable Living Environment”
*Kid	Active noncompliance/non-adherence to medical treatment
*Kid	Untreated severe psychiatric disease

<b>Patients age 70+ must meet at least one of the criteria below to be accepted:</b>	
*Kid	Does the patient:
*Kid	Have a living donor?
*Kid	Have at least 8 years of dialysis time?
*Kid	Have a history of donating a kidney?
*Kid	Have a history of liver transplant in the last year?
<b>Patient's Dialysis Information:</b>	
	Type of Dialysis
	Date Began Dialysis
	Weekly dialysis schedule
<b>Patient's Health Information:</b>	
	Current diabetes status
	Cause of ESRD (kidney disease)
	Has the patient had a previous transplant?
	Is the patient evaluated/listed elsewhere?
	If so, where?
<b>History of previous organ transplant (if applicable)</b>	
	Type of organ that was transplanted
	Year of transplant (YYYY)
	Transplant Center

**NECESSARY DOCUMENTATION:**

To successfully complete your referral, the following documents will need to be uploaded to the online referral system:

1. Patient demographics
2. Insurance card (if available)
3. Most recent history and physical
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
6. For HCV positive patients: a recent HCV viral load
7. If the patient is on dialysis:
  - a. ABO Blood Type
  - b. Form 2728
  - c. Dialysis Rounding Report
  - d. Social Work Evaluation
  - e. Nutrition Evaluation
8. Most recent studies (if available): EKG, CXR, Echo, CT Scans, PPD
9. For Simultaneous Kidney/Pancreas referrals:
  - a. Recent C-peptide
  - b. Hgba1c%