

# Duke Lung Transplant Program



## Providers

### PULMONOLOGISTS

John M. Reynolds, MD  
*Medical Director*

Scott M. Palmer Jr., MD  
*Scientific Director*

Alice L. Gray, MD  
*Associate Medical Director*

Laurie D. Snyder, MD  
*Associate Medical Director*

Shambhu Aryal, MD

Laveena Chhatwani, MBBS

Lake D. Morrison, MD

Stephanie G. Norfolk, MD

Jamie L. Todd, MD

### CARDIOTHORACIC SURGEONS

R. Duane Davis, MD  
*Surgical Director*

Mani A. Daneshmand, MD

Jack Haney, MD

Matthew G. Hartwig, MD

Shu S. Lin, MD, PhD

## Highlights

- World-class outcomes
- High patient volumes
- Highest transplant rate in the country
- Shortest wait times in the country (median wait: 12 days)
- Experience with complex patients, including:
  - Transplant of critically ill
  - Multi-drug resistant infections
  - Transplant of older adults (no fixed upper age limit)
  - Patients with coronary artery disease and/or valvular heart disease
- Multi-organ transplants, including heart-lung, lung-liver and lung-kidney
- Individualized patient assessment
- Pioneering clinical, basic and translational research
- Comprehensive pulmonary rehab and education program
- Expert management of the full spectrum of lung transplant care
- Around-the-clock lung transplant attending physician phone consultation available

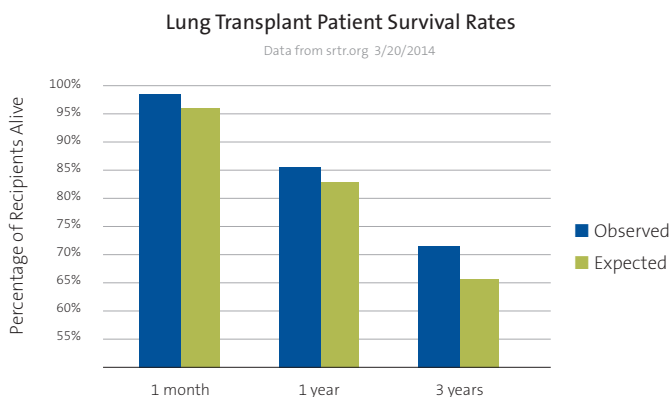
## Location

Duke Clinic 2F/2G  
40 Duke Medicine Circle  
Durham, NC 27710

Appts. 919-613-7777  
Toll-free 800-249-5864  
On-call Physician 919-684-8111  
Email [lungtran@dm.duke.edu](mailto:lungtran@dm.duke.edu)  
Web [dukemedicine.org/transplant](http://dukemedicine.org/transplant)

## Overview

Among the most established and successful in the world, the Duke Lung Transplant Program is currently the largest in the United States. Since 1992, our experienced team has performed more than 1400 lung transplant—135 in 2013 alone.



## Referral Guidelines

- **Chronic obstructive pulmonary disease**—FEV1 < 20%; DLCO < 30%; associated pulmonary hypertension; BODE index ≥ 5 or history of exacerbations with hypercarbia
- **Cystic fibrosis and bronchiectasis**—Rapid decline in FEV1 or <30%; ICU stay due to exacerbation; increasing frequency of exacerbations; refractory or recurrent pneumothorax; recurrent hemoptysis; hypercarbia; oxygen dependence or associated pulmonary hypertension
- **Pulmonary fibrosis**—Histological or radiographic evidence of idiopathic pulmonary fibrosis or nonspecific pulmonary fibrosis (Note: Due to the unpredictable nature of pulmonary fibrosis, referral for transplant evaluation should be considered regardless of pulmonary function.)
- **Pulmonary arterial hypertension**—NYHA Class III or IV disease on medical therapy; rapidly progressive disease
- **Sarcoidosis**—NYHA Class III or IV disease; hypoxia at rest; associated pulmonary hypertension



**DukeMedicine**

# Duke Transplant Center

## Lung and Heart-Lung Transplant Program

**USPS**  
Box 102347  
Durham, NC 27710

**FedEx/UPS**  
330 Trent Drive, Room 133  
Hanes House  
Durham, NC 27710

**Appts. 919-613-7777**  
**Toll-free 800-249-5864**  
**Fax 919-681-5770**

### OFFICE USE ONLY

Appt Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Time: \_\_\_\_:\_\_\_\_ am / pm  
Faxed: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Patient Demographic Information

Patient Name: \_\_\_\_\_ Are you a veteran? Y N

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M F Race: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Patient E-mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Referring Physician Information

Name: \_\_\_\_\_

Group Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name of Person Completing This Form: \_\_\_\_\_

### Insurance Information (attach copy of both sides of card)

Company: \_\_\_\_\_ Subscriber ID: \_\_\_\_\_ Subscriber DOB: \_\_\_\_\_

Group Number: \_\_\_\_\_ Subscriber Name: \_\_\_\_\_

Insurance Contact Number: \_\_\_\_\_

Referral or Pre-Cert Number: \_\_\_\_\_

### Secondary Insurance Information (attach copy of both sides of card)

Company: \_\_\_\_\_ Subscriber ID: \_\_\_\_\_ Subscriber DOB: \_\_\_\_\_

Group Number: \_\_\_\_\_ Subscriber Name: \_\_\_\_\_

Insurance Contact Number: \_\_\_\_\_

Referral or Pre-Cert Number: \_\_\_\_\_

### Patient General Clinical Information

Patient Height: \_\_\_\_\_ Patient Weight: \_\_\_\_\_

Smoking Cessation Date: \_\_\_\_\_ Oxygen Use at Rest: \_\_\_\_\_ at Exertion: \_\_\_\_\_

### Requested Referral Information

- Arterial blood gas and pulmonary function test (PFT) results from the last 12 months or last 4 tests
- Recent clinic notes including list of current medications
- Reports of any cardiology studies, including heart catheterization, echo, and stress test
- Recent chest x-ray report
- Operative reports from any thoracic surgeries
- Recent lab results including complete blood count and comprehensive metabolic panel