

## Renal & Pancreas Transplant Referral Checklist

**Referral Fax:** (206) 341-0886

**Referral Phone:** (206) 341-0925

Thank you for referring your patient to the Kidney & Pancreas Transplant Program at Virginia Mason Medical Center.

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**To evaluate your patient as a candidate for transplantation, please fax the following documentation for transplant patient candidacy (Required):**

- Referring Physician
- Proposed Type of Transplant: Kidney, Kidney/ Pancreas, Pancreas Alone
- Complete Patient Demographics
- Patient Name
- DOB
- Sex: Male/ Female
- Language if not English / Interpreter Needed?
- Preferred Pronouns: They/ Them/ Theirs, He/ Him/ His, She/ Her/ Hers
- On Dialysis? If yes include Unit/ Location
- Mode/ Type: Hemodialysis, Home-Hemodialysis, PD
- Insurance Information (Insurer, Group #, ID#)
- H & P (within 6 months of this referral date)
- Labs w/ race neutral eGFR (within 6 months of this referral date)
- Immunizations
- Dialysis RD Clinic Note (if on dialysis)

**Include the following records with your referral to expedite appointment scheduling:**

- Reports/ Results (Most Current Available)
- Renal Biopsy Report
- Cardiac (Testing, Clinic Note)
- Radiology/ Imaging (Abdominal US, CT)
- GI (Colonoscopy, EGD)
- Vascular