

LIVER REFERRAL

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Atlanta, Georgia 30309

404.605.4600

piedmonttransplant.org

Date: _____

Person Completing Form: _____

Title: _____

Contact Phone: _____ Fax: _____

PATIENT INFORMATION

SELF REFERRAL

Last Name: _____

First Name: _____ MI: _____

SSN: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Email: _____

DOB: _____ Gender: M F Race: _____

SPECIAL REQUEST

Check all that apply

- Wheelchair Assistance
- Language Services:

- Supplemental Oxygen

**Please give the patient a copy of this form.*

TYPE OF REFERRAL

- Fibroscan
- Liver transplant
- Hepatobiliary
- Hepatology
- Liver cancer
- ERCP/Spyglass

Requested Location: Atlanta Athens Augusta
 Columbus Dalton Macon Savannah

Requested Time: STAT (1-2 weeks) Routine (2-4 weeks) Pt Preference

Request for Specific Physician: _____ or First Available

Reason for Referral: _____

Referring Physician: _____ NPI: _____

Address: _____

Phone: _____ Fax: _____

Primary Care Physician: _____ NPI: _____

Address: _____

Phone: _____ Fax: _____

REQUIRED DOCUMENTS

- Face Sheet/Demographics
- Insurance cards
Faxed copy must be legible
- Recent H+P or clinical summary
- Medication lists
- Recent Labs
- Endoscopies
- Biopsies
- Clinic notes and hospitalizations
- CD w/ most recent imaging (CT/MRI/MRCP/US)

FOR PIEDMONT USE Received by: _____ Date/Time: _____

LIVER TRANSPLANT SELECTION CRITERIA

INDICATIONS

- A. Acute (fulminant) liver failure (FHF)
- B. Decompensated cirrhosis or end stage liver disease (ESLD) from various causes that are outlined below:
 - 1. Viral hepatitis B, C, D (Delta in patient with HBV)
 - 2. Alcoholic liver disease
 - 3. Cholestatic liver disease
 - 4. Non-alcoholic fatty liver disease (NAFLD)
 - 5. Drug-induced liver disease
 - 6. Autoimmune chronic active hepatitis
 - 7. Metabolic diseases of the liver
 - 8. Hereditary hemochromatosis
 - 9. Wilson's disease
 - 10. Alpha-1 antitrypsin deficiency
 - 11. Cystic fibrosis
 - 12. Budd-Chiari syndrome with combined portal hypertension and synthetic dysfunction
 - 13. Cryptogenic cirrhosis
 - 14. Chronic allograft failure after transplant
- C. Patients with familial amyloidotic polyneuropathy (FAP) with evidence of genetic mutation and end organ damage from amyloid deposition with intact liver function tests.
- D. General effects of liver dysfunction after alternative medical or surgical treatments have been utilized and where the benefits of transplantation out weigh the risk of alternative modalities.
- E. Mentally competent
- F. Patient desires a liver transplant
- G. Candidates are greater than or equal to age 18 years
- H. Cholangiocarcinoma meeting UNOS-approved protocol
 - 1. Biopsy (transluminal) positive for cancer
 - 2. Positive or suspicious [biliary] brush cytology findings
 - 3. Unresectable hilar mass on cross-sectional imaging consistent with CC <3cm
 - 4. Stricture appearing to be malignant an CA19-9 level > 100 U/mL and/or FISH polysomy

EXCLUSIONS

- A. Absolute Contraindications:
 - 1. Advanced cardiopulmonary disease
 - 2. Severe pulmonary hypertension
 - 3. Evidence of extensive intracranial neurological deficit
 - 4. Tobacco use with cardiovascular, peripheralvascular and lung disease
 - 5. Persistent extrahepatic infection despite aggressive therapy
 - 6. Unstable major psychiatric disorders
- B. Relative Contraindications:
 - 1. Advanced age (greater than 70 years)
 - 2. History of noncompliance
 - 3. BMI greater than 40
 - 4. Active extra-hepatic malignancies (excluding non-melanoma skin cancers)
 - 5. Hepatocellular carcinoma outside of Milan Criteria
 - 6. Moderate pulmonary hypertension
 - 7. Severe medical morbidity(ies)
 - 8. Vascular abnormalities and/or other surgical technical issues
 - 9. Psychiatric disorder, mild to moderate compensated
 - 10. Dementia or cognitive behavior disorder
 - 11. Active alcohol and/or substance abuse, including tobacco use
 - 12. Financial/social support issues that make it unlikely that the patient will be able to sustain successful transplantation
 - 13. Inability to manage a complex regimen
 - 14. Multi-system organ failure
 - 15. Cholangiocarcinoma, age greater than 60 years
 - 16. Advanced debilitation with poor functional status (non-ambulatory outpatients, those in skilled nursing facilities) ECOG greater than or equal to 3
 - 17. Probation, unresolved criminal charges or pending criminal investigations
 - 18. Incarceration

SATELLITE LOCATIONS

Athens • Augusta • Columbus
Dalton • Macon • Savannah

1.888.605.5888

