



**MY PASSPORT TO
KIDNEY AND PANCREAS
TRANSPLANT**

Your Care. Our Commitment.

WELCOME

Dear Patient,

Welcome to UPMC Transplant Services. This is your passport to kidney and/or pancreas transplant — it serves as your guide to completing your kidney and/or pancreas transplant evaluation. Each page gives you important information about a member of your transplant team. If you have questions or concerns at any time during your evaluation, please let us know. Thank you for allowing us to assist you in your health care journey.

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TRANSPLANT COORDINATOR

Your transplant coordinator will introduce you to the transplant process and review your completed and future testing. Your transplant coordinator is here to answer any questions you may have today and as you move through the transplant process.

Transplant coordinator will place necessary contact information in the box above.

TRANSPLANT NEPHROLOGIST

Your transplant nephrologist will perform a medical history and physical, and will focus on the signs and symptoms of your kidney and/or pancreas disease. You will continue to see your primary nephrologist until you have undergone a transplant.

Transplant nephrologist will place necessary contact information in the box above.

TRANSPLANT SURGEON

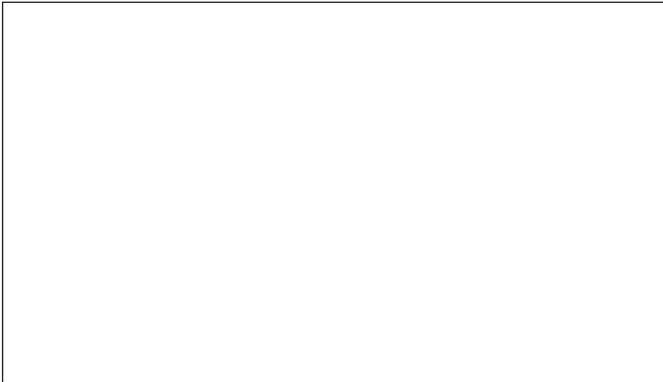
Your transplant surgeon will assess your physical capability and risks for transplant. The surgeon will review your kidney and/or pancreas disease, look at the medical management of your diagnosis, and address all options available.

Transplant surgeon will place necessary contact information in the box above.



TRANSPLANT PHARMACIST

Your transplant pharmacist will meet with you to get a complete list of all medicines and supplements you take, both prescription and non-prescription, and ask you how you take your medicines.

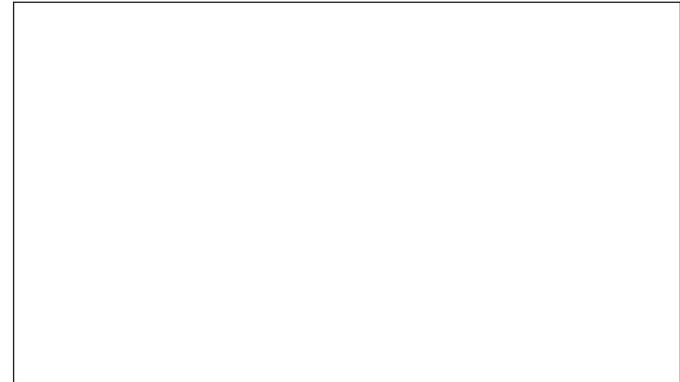


Transplant pharmacist will place necessary contact information in the box above.



TRANSPLANT CREDIT ANALYST (FINANCE)

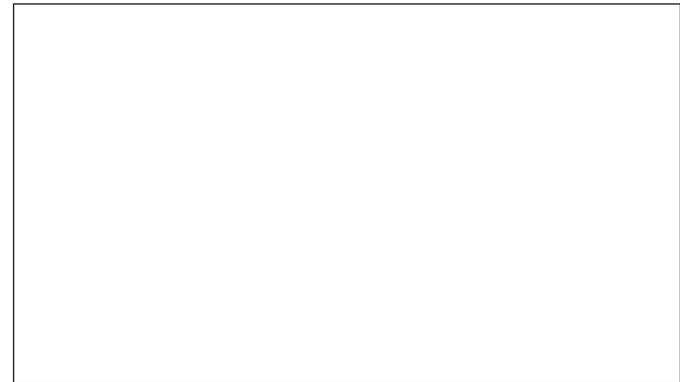
Your transplant credit (finance) analyst will review your insurance coverage and benefits information. The finance analyst will help you to understand your insurance policy and will be your point of contact for insurance changes. The finance analyst also will discuss any potential options for coverage during your transplant process.



Transplant credit (finance) analyst will place necessary contact information in the box above.

TRANSPLANT SOCIAL WORKER

Your transplant social worker will discuss your support team at home, your prescription insurance coverage, and other social parts of the transplant process.



Transplant social worker will place necessary contact information in the box above.



TRANSPLANT NUTRITIONIST

You may need to see a nutritionist during the course of your evaluation. If so, your transplant nutritionist will help you to assess, begin, and maintain a nutritional program.

Transplant nutritionist will place necessary contact information in the box above.

TRANSPLANT BEHAVIORAL HEALTH NURSE

You may need to see a transplant behavioral health nurse during the course of your evaluation. If so, this clinical nurse specialist in psychiatric/mental health will meet with you to assess any current symptoms you are being treated for or may need to be treated. The nurse specialist will develop a set of recommendations for you to complete before your transplant.

Transplant behavioral health will place necessary contact information in the box above.

TRANSPLANT PSYCHIATRIST

You may need to see a transplant psychiatrist during your evaluation process. If so, your psychiatrist will screen for any illnesses that need treatment. Your psychiatrist is also available to support and counsel you before and after your transplant.

Transplant psychiatrist will place necessary contact information in the box above.

DIAGNOSTIC SERVICES

Your transplant nephrologist and transplant surgeon will determine what diagnostic services are needed for your kidney and/or pancreas transplant evaluation. We have schedulers available to help schedule testing at UPMC facilities. Your transplant nurse coordinator will review these diagnostic services with you.

ELECTROCARDIOGRAM (EKG)

Check When Scheduled

Appointment Date: _____ Time: _____

Location: _____

(Check the box above when completed)

Check When Completed

Appointment Date: _____ Location: _____

(Check the box above when completed)

Not Required

CARDIAC ECHOCARDIOGRAM (ECHO)

Check When Scheduled

Appointment Date: _____ Time: _____

Location: _____

(Check the box above when completed)

Check When Completed

Appointment Date: _____ Location: _____

(Check the box above when completed)

Not Required

CARDIAC STRESS TEST

(Regadenoson SPECT)

Check When Scheduled

Appointment Date: _____ Time: _____

Location: _____

(Check the box above when completed)

Check When Completed

Appointment Date: _____ Location: _____

(Check the box above when completed)

Not Required

CARDIAC CATHETERIZATION

Check When Scheduled

Appointment Date: _____ Time: _____

Location: _____

(Check the box above when completed)

Check When Completed

Appointment Date: _____ Location: _____

(Check the box above when completed)

Not Required

CHEST X-RAY (2 VIEW)

Check When Scheduled

Appointment Date: _____ Time: _____

Location: _____

(Check the box above when completed)

Check When Completed

Appointment Date: _____ Location: _____

(Check the box above when completed)

Not Required

ULTRASOUND OF ABDOMEN/PELVIS

Check When Scheduled

Appointment Date: _____ Time: _____

Location: _____

(Check the box above when completed)

Check When Completed

Appointment Date: _____ Location: _____

(Check the box above when completed)

Not Required

COMPUTED TOMOGRAPHY (CT) SCAN

Check When Scheduled

Appointment Date: _____ Time: _____

Location: _____

(Check the box above when completed)

Check When Completed

Appointment Date: _____ Location: _____

(Check the box above when completed)

Not Required

COLONOSCOPY

(For men and women who are age 50 or older.)

Check When Scheduled

Appointment Date: _____ Time: _____

Location: _____

(Check the box above when completed)

Check When Completed

Appointment Date: _____ Location: _____

(Check the box above when completed)

Not Required

MAMMOGRAM

(For women who are age 40 or older.)

Check When Scheduled

Appointment Date: _____ Time: _____

Location: _____

(Check the box above when completed)

Check When Completed

Appointment Date: _____ Location: _____

(Check the box above when completed)

Not Required

PAP SMEAR

(For women between the ages of 21 and 65.)

Check When Scheduled

Appointment Date: _____ Time: _____

Location: _____

(Check the box above when completed)

Check When Completed

Appointment Date: _____ Location: _____

(Check the box above when completed)

Not Required

DERMATOLOGY CLEARANCE

(For men and women who have already had a transplant or who have a history of skin cancer.)

Check When Scheduled

Appointment Date: _____ Time: _____

Location: _____

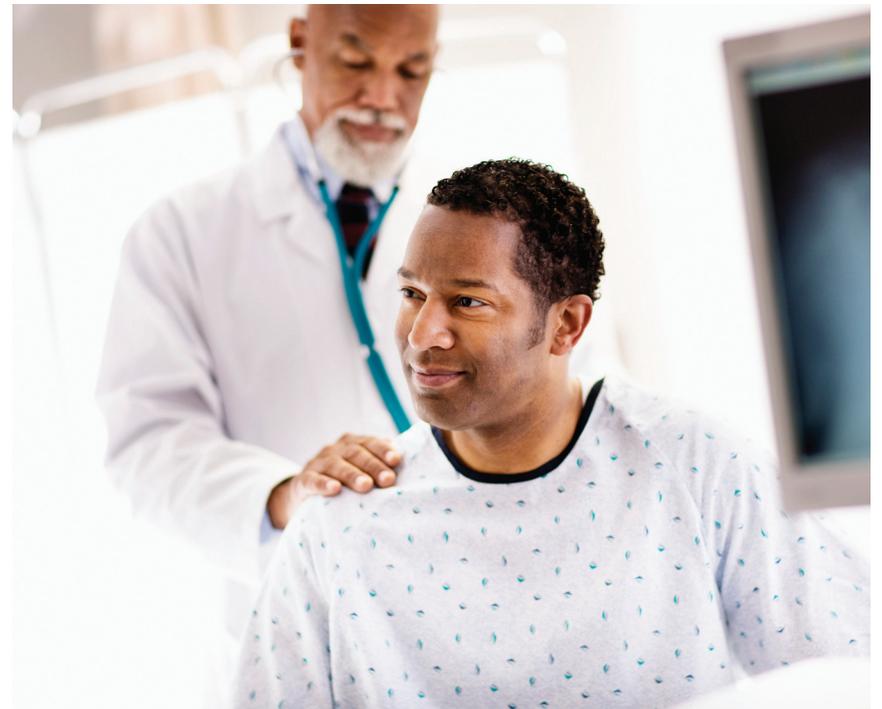
(Check the box above when completed)

Check When Completed

Appointment Date: _____ Location: _____

(Check the box above when completed)

Not Required



OTHER TESTING

Test: _____

Appointment Date: _____

Appointment Time: _____

Location: _____

Check When Completed

Test: _____

Appointment Date: _____

Appointment Time: _____

Location: _____

Check When Completed



Test: _____

Appointment Date: _____

Appointment Time: _____

Location: _____

Check When Completed

Test: _____

Appointment Date: _____

Appointment Time: _____

Location: _____

Check When Completed

BLOOD WORK

Your nephrologist and transplant surgeon will order specific blood work to be completed during your transplant evaluation.

Blood draw completed:

Staff Initials: _____

Please have results faxed to 412-647-5488.

WRAP-UP

Before your case is presented, your transplant team needs you to have these additional tests (listed below) completed. Please have results faxed to **412-647-5488**.

Your case will be presented to the transplant selection committee when all testing has been completed. Please keep in contact with your transplant coordinator and let him or her know once the testing is complete. If you haven't heard within three weeks after all of your testing has been completed, please contact your transplant coordinator.

IMPORTANT PHONE NUMBERS

UPMC Transplant Services

412-647-5800

877-640-6746

To fax your evaluation test results:

412-647-5488

Additional phone numbers:

Radiology

412-647-XRAY (9729)

Falk Pharmacy

412-623-6222

Family House

412-647-7777

UPMC Montefiore Main Number

412-647-2345

UPMC OAKLAND CAMPUS MAP





UPMC TRANSPLANT SERVICES

UPMC Montefiore, 7 South
3459 Fifth Avenue
Pittsburgh, PA 15213

UPMC.com/Transplant

412-647-5800
877-640-6746

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