

Transplant Patient Status Report

Dialysis Services of Anytown, USA

Date of report: January 31, 2017

Phase of Care: Referral

Patient has been referred to the Augusta University Transplant Program. He/she will be contacted by phone and mailed a new patient packet to obtain basic medical and financial information.

Patient Name	Birthdate	Referring Physician	Referral Date	Pending Requirements	Comments
Referral, Ryan H.	3/12/1968	N. Nephrologist	1/8/2017	- Obtain new patient packet	

Phase of Care: Financial Clearance

Patient has returned new patient packet. Augusta University Financial Coordinators are determining insurance coverage for surgery and post-transplant medications.

Patient Name	Birthdate	Referring Physician	Comments
Financial, Gavin G.	6/1/1971	R. Renal	

Phase of Care: Evaluation

Patient is financially eligible for evaluation and will be contacted to schedule Transplant Orientation Class. Alternately, patient has attended class and is currently undergoing pre-transplant medical evaluation.

Patient Name	Birthdate	Evaluation Date	Pending Requirements	Coordinator	Comments
Evaluation, Jamie	11/14/1959		- Orientation Class -- Not scheduled		
Evaluation, Andrew S.	9/26/1954	12/1/2016	- Electrocardiogram, routine 12+ leads; tracing only w/o interpretation & report		
Evaluation, Carla D.	8/7/1962		- Orientation Class -- Sched: 2/13/2017 - Pending Proof of Savings		

Phase of Care: Listed

Status 1: Patient has completed his/her pre-transplant medical evaluation and is active on the UNOS Waiting List accruing wait time. Patient may be called at any time.

Status 7: Patient has been placed on the UNOS Waiting List but requires additional medical evaluation or financial re-verification. Patient is still accruing wait time, but will not be called for transplant.

Patient Name	Birthdate	Listed Date	Organ Type	Listing Status	Status Reason	Pending Requirements	Coordinator	Comments
Candidate, Carson	2/7/1950	3/1/2016	Kidney	Status 7	Insurance issues	- Dental Clearance - Colonoscopy, flexible, proximal to splenic flexure; dx, w/wo specimens/colon decomp (sep proc) - Cardiac Clearance - Pending Proof of Savings - Savings Trial - Prostate specific antigen (psa); total - Renal Sonogram	Frank Financial	
Candidate, Phyllis	4/2/1957	11/6/2016	Kidney	Status 7	Candidate work-up incomplete	- Cardiovascular stress test w/ecg monitor; w/physician supervision, interpretation & report	Nancy Nurse	
Candidate, Adam S.	7/19/1964	4/9/2015	K/P	Status 1			Nancy Nurse	

Notes:

- The report displays patients currently using the indicated center as a primary dialysis provider.
- Listed date and transplant date will display where applicable.
- Pending requirements are tasks a patient needs to complete prior to transplant surgery.

Transplant Listed Patients Dialysis Services of Anytown, USA



AUGUSTA UNIVERSITY

Transplant Program

1120 15th Street, BA-4238, Augusta, Georgia 30912
T (706)721-2888 or (800)736-2273 ext 2888
F (706)721-6271 | augustahealth.org/transplant

Date of report: January 31, 2017

A monthly blood sample is needed for the following listed patients:

<u>Name</u>	<u>Birthdate</u>	<u>Name</u>	<u>Birthdate</u>	<u>Name</u>	<u>Birthdate</u>
Candidate, Adam S.	7/19/1964	Candidate, Carson	2/7/1950	Candidate, Phyllis	4/2/1957

Please provide one PLAIN 10 mL red top tube of blood monthly for an antibody level. Please label the tube with the patient's legal name, social security number, date of birth and the date blood was drawn. Tube mailers can be requested from the Histocompatibility Lab at 706-721-3311. Send the sample via standard mail to:

Histocompatibility/Immunology Lab
1120 15th Street
Augusta, GA 30912-4091

Sample