

## **Baystate Medical Center Transplant Services Transplant Recipient Evaluation Guidelines**

Welcome to Baystate Medical Center.

Your nephrologist has referred you for an evaluation for a kidney transplant.

### **The evaluation process includes:**

- An initial appointment with a Transplant Nurse Coordinator, Social Worker, and Nephrologist. You will be given information about the transplant process to help you decide if transplant is the right treatment choice for you.
- An insurance benefit assessment, to ensure adequate insurance coverage to pay for the transplant surgery and the medications following the transplant, will be completed by the Financial Counselor.
- Review of your initial evaluation by the Transplant Patient Review Committee (TPRC) The committee will determine if you will be a candidate for a kidney transplant and will also determine future testing that will be required .You and your kidney doctor will receive a letter from the TPRC.
- When **all four phases** of testing are **completed** and reviewed by the TPRC, you may be placed on the Active Wait List or scheduled for surgery if you have a living donor. A letter will be mailed to you and your doctor with the date you were placed on the Active Transplant Waiting List.

**You will be asked to be an active participant in the evaluation process and we look forward to working with you.**

If you have any questions about this process, please contact your Transplant Nurse

Coordinator \_\_\_\_\_ at (413) 794-2321.

300 Birnie Avenue, Suite 301  
Springfield, Massachusetts 01107  
Phone 413 794-2321 Fax 413 794-2603

**PHASE I: INITIAL ASSESSMENT AND  
INFORMATIONAL MEETING**

**PHASE II : PREVENTATIVE HEALTH CARE**

You will need to schedule and/or obtain the following information in order to be able to proceed with your evaluation. Patient to schedule and billed to patient's insurance.

	<b>Dental Appointment (if not done within the past year) <u>and</u> obtain a note from your Dentist re: your overall oral health</b>
	<b>Colonoscopy (if age 50 or older)</b>
	<b>Stool Card screening</b>
	<b>Prostate Exam (Males 40 years or older)</b>
	<b>Mammogram (Females 40 years or older)</b>
	<b>GYN Exam /PAP Test (Females)</b>
	<b>Copy of records from :</b>

**Please have all results sent or faxed to the transplant office.  
(see above for fax/address).**

**FURTHER TESTING (PHASE III AND IV) WILL BEGIN WHEN THESE RESULTS ARE RECEIVED AND REVIEWED.**

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**PHASE III:           DIAGNOSTIC TESTING**

**(To be scheduled by the Transplant Coordinator and billed to BMC Transplant Services.)**

	Bloodwork
	EKG
	Chest X-Ray
	Stress test
	Psychiatric Evaluation
	Other tests or consultations as requested by the Transplant Patient Review Committee (TPRC)

**PHASE IV:           EVALUATION COMPLETION**

**(To be scheduled by the Transplant Coordinator and billed to BMC Transplant Services)**

	<b>TEST</b>
	Surgeon Appointment
	Tissue Typing
	Insurance Approval

**All phases of testing will be reviewed by the Transplant Patient Review Committee(TPRC) in order to assure that you meet the medical, financial and psychosocial criteria for transplantation.**

**You will receive a letter with the date that you are placed on the waiting list.**