Pediatric Lung Transplant Consult Request Checklist
Address: Pediatric Lung Transplant Program, 1600 SW Archer Rd, Room 2946, Gainesville, FL 32610
Phone: 352-265-0665  Fax: 352-265-0057
Medical Director: Michael Tsifansky, MD  Cell: 847-323-6317

Face sheet

Clinical summary from physician, physician assistant, or nurse practitioner

Last 2-3 clinic notes

Bronchoscopy report (if done)

CT of chest (report and images on disk)

CXR (report and images on disk)

Sputum cultures with sensitivities – if any Cepacia spp. isolated at any time, please provide subspeciation report from Dr. John LiPuma’s laboratory at the University of Michigan

Labs

ABO verification

PFTs

CF genetic report

CF sweat chloride report

Immunization record

EKG

ECHO (report and images on disk)