



Surgeon Preference Form

Please complete this form and fax it to 608.338.0044. If you have any questions, please contact our Tissue Distribution Coordinator at 877.233.2354 option 2. LEBW looks forward to providing you with quality tissue!

Transplant Surgeon Information:

| | |
|---|--|
| Surgeon Name | |
| Surgeon Cell Phone | |
| Office Address | |
| Office Phone | |
| Office Fax | |
| Emergency contact/number for after hours | |
| Surgeon and Surgical Coordinators Email Addresses | |
| Contact Personnel | |

New Surgeons: Please Attach a Brief C.V.

Surgeon Preference Information:

| | |
|--|---------------------------------|
| Annual Surgical Volume | |
| Range of Donor Age | |
| Range of Cell Count | |
| Maximum D-P | |
| Maximum Days in Media | |
| Processed or Unprocessed | DSAEK: Yes No DMEK: Yes No |
| Range of Post-cut Thickness | |
| Centration Dot | Yes No |
| Processed DMEK S-Stamp | Yes No |
| Other Preferences/Comments | |
| If above preferences are met, do you permit LEBW to assign tissue accordingly and notify you only in the event tissue is outside of your specific parameters? | Yes No |



Surgeon Facility and Billing Information Form

Please complete this form and fax it to 608.338.0044. If you have any questions, please contact our Tissue Distribution Coordinator at 877.233.2354 option 2. LEBW looks forward to providing you with quality tissue!

Surgery Facility Information:

| | |
|--------------------------|--|
| Surgery Location | |
| Surgery Address | |
| Surgery Contact | |
| Surgery Phone | |
| Surgery Fax | |
| Available Delivery Days | |
| Available Delivery Hours | |

Billing Information:

| | |
|-----------------|--------|
| Billing Contact | |
| Billing Address | |
| Billing Phone | |
| Billing Fax | |
| PO Required | Yes No |



REQUEST FOR OCULAR TISSUE FORM

TO BE COMPLETED WHEN REQUESTING TISSUE FOR TRANSPLANT

| Patient Information | |
|---|-----------------------|
| Patient Name: _____ | |
| Address: _____ | |
| Date of Birth: _____ | Age: _____ Sex: _____ |
| Patient ID number (MRN, SSN, etc.): _____ | |
| Diagnosis Category: _____ | |
| <i>See Diagnosis Category Worksheet for further guidance on how to assign a patient's Diagnosis Category.</i> | |

| Surgery Information | |
|-------------------------|-------------------------------------|
| Surgeon Name: _____ | |
| Surgery Location: _____ | |
| City: _____ | |
| Surgery Date: _____ | Surgery Time (approx.): _____ AM PM |

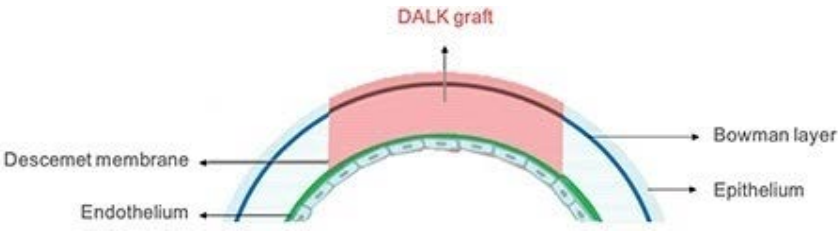
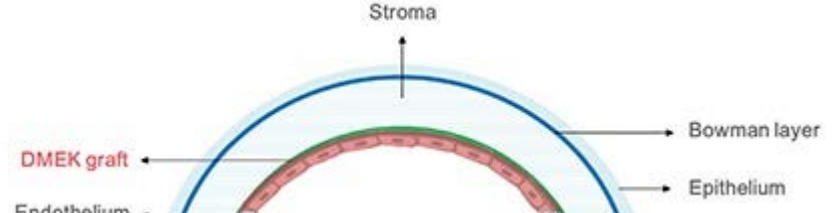
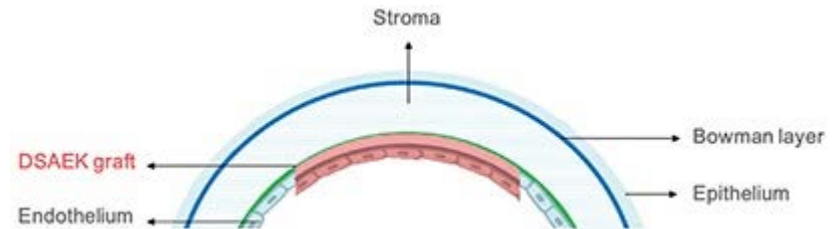
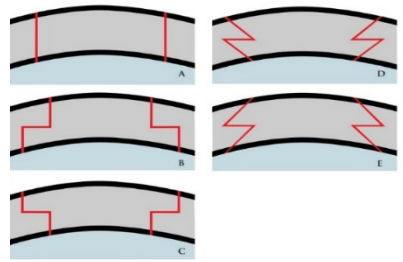
| Tissue Type Being Requested | |
|---|---|
| Eye Bank Processed Tissues | Unprocessed Tissues |
| <input type="checkbox"/> DSAEK (to be prepared by eye bank) <input type="checkbox"/> Ultra-thin DSAEK (to be prepared by eye bank) <input type="checkbox"/> DMEK (to be prepared by eye bank) <input type="checkbox"/> LAK/IEK (to be prepared by eye bank) <input type="checkbox"/> DALK/ALK (to be prepared by eye bank) <input type="checkbox"/> Long-term cornea in glycerin: <input type="checkbox"/> Immediate use <input type="checkbox"/> Stock: How many? _____ <input type="checkbox"/> Other: _____ | <input type="checkbox"/> PKP <input type="checkbox"/> LKP/Tectonic <input type="checkbox"/> DALK/ALK <input type="checkbox"/> K-pro <input type="checkbox"/> KLA <input type="checkbox"/> Whole sclera: Immediate use Stock: how many? Quarter sclera: Immediate use Stock: how many? DSEK (to be dissected by Surgeon) DMEK (to be dissected by Surgeon) |
| <i>See Available Tissue Types Worksheet for further guidance.</i> | |

| Special Requests/Comments |
|---------------------------|
| |

| How to Submit Tissue Request |
|--|
| <ul style="list-style-type: none"> - Please submit this form to LEBW by faxing to 608.338.0044. We will contact you to confirm receipt of this form on the same business day it is received. - If you do not receive a confirmation from us, please call us at 877.233.2354 option 2. - If applicable to your facility, submit Purchase Orders by faxing to 608.498.4831. |

| LEBW OFFICE USE ONLY | | |
|----------------------|-----------------|------------------------|
| Date received: | Date confirmed: | Tissue assigned _____ |
| Received by: | Confirmed by: | to this patient: _____ |

AVAILABLE TISSUE TYPES WORKSHEET: PROCESSED TISSUES

| Acronym | Description | Visual representation (when applicable) |
|---|--|---|
| <p>DALK</p> | <p>Deep Anterior Lamellar Keratoplasty: DALK graft consists of anterior layers of the donor cornea (epithelium to stroma). Recipient endothelial cells and Descemet's Membrane are left in place. Prepared by eye bank or surgeon.</p> |  <p>The diagram shows a cross-section of the eye. A red layer labeled 'DALK graft' is positioned over the recipient's Descemet membrane and endothelium. The recipient's Bowman layer and epithelium are also visible.</p> |
| <p>DMEK DMAEK</p> | <p>Descemet's Membrane (Automated) Endothelial Keratoplasty: DMEK graft consists of isolated layers of the donor cornea (Descemet's and endothelium). Prepared by eye bank or surgeon.</p> |  <p>The diagram shows a cross-section of the eye. A red layer labeled 'DMEK graft' is positioned over the recipient's stroma and Bowman layer. The recipient's epithelium is also visible.</p> |
| <p>DSEK DSAEK</p> <p>Ultra-thin DSAEK</p> | <p>Descemet's Stripping with (Automated) Endothelial Keratoplasty: DSEK graft consists of isolated layers of the donor cornea (stroma, Descemet's and endothelium). Prepared by eye bank or surgeon. Ultra-thin: Customized thickness graft to meet predetermined tissue criteria. Between 60 to 200 microns thick. Prepared by eye bank.</p> |  <p>The diagram shows a cross-section of the eye. A red layer labeled 'DSAEK graft' is positioned over the recipient's Bowman layer and epithelium. The recipient's stroma is also visible.</p> |
| <p>LAK IEK</p> | <p>Laser Assisted Keratoplasty/Intralase Enabled Keratoplasty: LAK/IEK graft consists of a donor cornea that has been laser cut using a pre-programmed algorithm to make cuts at specific depths to create specific corneal shapes. Recipient cornea is cut using the same algorithm to precisely match donor cornea. Donor cornea prepared by eye bank or surgeon.</p> |  <p>A - Standard B - Top Hat C - Mushroom D - Zig-zag E - Christmas tree</p> |



AVAILABLE TISSUE TYPES WORKSHEET: UNPROCESSED TISSUES

| Acronym | Surgery Type | Description |
|-----------------------------------|--|---|
| KLA | Keratolimb Allograft | KLAL graft consists of full thickness cornea with an intact 2-4 mm skirt of conjunctiva attached at the limbus. |
| K-pro | Boston Keratoprosthesis | Corneal tissue provided for inclusion in collar button design keratoprosthesis. |
| LKP Tectonic | Lamellar Keratoplasty Tectonic "patch graft" procedures For use in ocular procedures not requiring viable cells, such as glaucoma shunt coverage, injury repair, eccentric corneal ulceration and as a spacer for some models of keratoprosthesis. | Fresh corneal tissue preserved in Optisol-GS, intended for use in procedures where a functional endothelium is not required (as endothelial cell counts are less 2,000 cells/mm ²). |
| PKP | Penetrating Keratoplasty | Full thickness donor cornea used to replace recipient cornea. |
| Long-Term Cornea | For use in ocular procedures not requiring viable cells, glaucoma shunt coverage, injury repair, eccentric corneal ulceration and as a spacer for some models of keratoprosthesis. | Preserved corneal tissue in glycerin, shelf stable for up to 2 years. |
| Sclera Whole & Quarter | For use in ocular procedures not requiring viable cells, including glaucoma shunt coverage, injury repair, eccentric corneal ulceration, etc. | Preserved in ethyl alcohol, shelf stable for up to 2 years. |



Lions Eye Bank of Wisconsin

2401 American Lane
Madison, WI 53704
Phone: 877.233.2354
Fax: 608.498.4831

Mutually Agreed Upon Responsibilities and Expectations:

1. LEBW, surgeon, and surgery facility shall work collaboratively, in a respectful manner, to facilitate the gift of sight for patients in need.
2. LEBW will communicate circumstances resulting in tissue processing or shipping delays with surgeon or its appointee in a timely manner and coordinate logistics to best resolve the issue.
3. To prevent waste of the life enhancing donated ocular tissue, surgeon or surgeon's appointee will notify LEBW as soon as they become aware of a surgery cancellation or potential surgery cancellation.
4. Tissue utilizer has reviewed LEBW's Return Policy and agrees with its terms.
5. If either party feels this arrangement is not mutually beneficial, either party may discontinue the arrangement at any time, with or without notice.



DIAGNOSIS CATEGORY WORKSHEET

TO BE USED AS A GUIDE FOR COMPLETING THE
REQUEST FOR OCULAR TISSUE FORM

This page does not need to be submitted with the request form. It is for informational purposes only to assist you in providing LEBW with accurate pre-operative diagnoses.

| Diagnosis Category | Example Conditions |
|---|--|
| A. Post-cataract surgery edema | Pseudophakic/aphakic corneal edema (PCE, ACE) Bullous Keratopathy (ABK or PBK) Vitreo-endothelial touch syndrome |
| B. Ectasias/thinnings | Anterior or Posterior Keratoconus (AKC, PKC) Keratoglobus (KG) Pellucid marginal degeneration (PMD) |
| C. Endothelial dystrophies | Fuch's dystrophy (FD, FED) Congenital Hereditary Endothelial Dystrophy (CHED) Posterior Polymorphous Dystrophy (PPMD) Iridocorneal endothelial (ICE) dystrophies including: Chandler's syndrome, Iris-nevus syndrome, Essential iris atrophy |
| D. Repeat corneal transplant | All repeat transplants, regardless of reason for re-graft |
| E. Other degenerations or dystrophies | Stromal corneal dystrophies including: Granular stromal dystrophy (GSD), Lattice Stromal Dystrophy (LSD), Macular Stromal Dystrophy (MSD), Central crystalline dystrophy of Schnyder (CDS), Central cloudy dystrophy of Francois (CDF) |
| F. Post-refractive surgery | Post-refractive surgery (RK, HK, EK, PRK, LASIK) with or without ectasia Ametropia, astigmatism |
| G. Microbial changes | Keratitis/post-keratitis or any ulcer or perforation caused by: Microbial agents (bacterial, spirochete, fungal, or chlamydial) Viral agents (including Herpes simplex Virus (HSV), Varicella zoster virus (VZV), Rubeola virus (measles), Adenovirus (EKC)) |
| H. Mechanical (non-surgical) or chemical trauma | Traumatic scarring or traumatic corneal edema Chemical or thermal injuries (acid, alkali, petroleum, tear gas) |
| I. Congenital Opacities | Peter's anomaly (PA) Glaucoma/buphthalmos (GI, Buph) Aniridia (M) Sclerocornea (SC) |
| J. Pterygium | Pterygium |
| K. Non-infectious ulcerative keratitis or perforation | Dry eye syndrome/Keratoconjunctivitis sicca (DES, KS) Sjogren's syndrome Collagen vascular diseases Systemic vasculitides including: Rheumatoid arthritis (RA), Mooren ulcer, Polyarteritis Nodosa (PAN) Exposure or Neurotrophic keratopathy Pemphigoid Stevens-Johnson Syndrome |
| L. Other causes of corneal dysfunction or distortion (non-endothelial) | Uveitis Glaucoma Surgical trauma Silicone oil keratopathy Epithelial downgrowth Unspecified anterior segment problems Other limbal stem cell deficiencies |
| M. Other causes of endothelial dysfunction | Causes of endothelial dysfunction not in Section C |