



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? <input type="checkbox"/> DSEK (to be dissected by Surgeon) <input type="checkbox"/> 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: _____