

TISSUE REQUEST FORM



SDEB Use Only

Order Number: _____

Order processed by: _____

Date & Time: _____

Notes: _____

Please send this form to SDEB via:
Email: customcut@sdeb.org or
Fax: (858) 694-0116

San Diego Eye Bank
9246 Lightwave Ave. Suite 120
San Diego, CA 92123
Tel: (858) 694-0400
Fax: (858) 694-0116



CREATING A WORLD OF VISION...®

San Diego Eye Bank
FDIs-011
Established: 3/07
Revised: 2/13: DA, 8/13: DA, 1/14: DA

Surgery Date & Time: _____

Surgeon: _____

Contact Person: _____

Phone: _____ Fax: _____

Email: _____

Facility: _____

Address: _____

City, State, Zip: _____

Phone: _____ PO#: _____

Patient: _____

Address: _____

City, State, Zip: _____

Date of Birth: ____/____/____ Sex: ____ Race: _____

SSN# or MRN#: _____

Diagnosis: _____ OD OS

Tissue Request

- Cornea for Penetrating Keratoplasty (PKP)
- Cornea for KPRO / Tectonic Graft
- Cornea for Intralase Enabled Keratoplasty (FEK, IEK) – Complete FEK Form
- Cornea for Descemet Membrane Endothelial Keratoplasty (DMEK)
- Cornea for Endothelial Keratoplasty (EK, DSAEK, DSEK)

Equipment: Microkeratome Femtosecond Laser

Marks: Stromal edge marks (x 4)  "S" mark on periphery of stromal bed 

Central epithelial dot  Other: _____ 

Thickness requested: _____ *Diameter requested:* _____

- Pre-loaded DSAEK cornea in TDAK Injector

Thickness requested: _____ *Diameter available:* 8.0 mm 8.5 mm

- Cornea for Anterior Lamellar Keratoplasty (ALK, DALK)

Equipment: Moria Microkeratome Femtosecond Laser

Thickness requested: _____ *Diameter requested:* _____

- Whole Eye for Surgical Use

Long Term Preserved Tissue:

Sclera *Size:* 1/4 1/2 whole

Cornea *Size:* 5x10 1/2 whole

Thickness: split full

Preservation Medium: Alcohol Glycerin