

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...®

Surgeon

Surgeon's Name: _____

Contact Person: _____

Phone: _____ Fax: _____

Email: _____

Surgery Date & Time: _____

Surgery Site: _____

Address: _____

City, State, Zip: _____

Phone: _____ PO#: _____

Patient

Patient Name: _____

Address: _____

City, State, Zip: _____

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

SSN# or MRN#: _____

Diagnosis: _____ OD OS

Tissue Request

Cornea for Penetrating Keratoplasty (PKP)

Cornea for Endothelial Keratoplasty (EK)

****Stromal bed pachymetry and diameter may vary when using the Moria Microkeratome*

Moria Microkeratome

Femtosecond Laser

Notes: _____

Stromal bed pachymetry: _____

Stromal bed diameter: _____

Other: _____

Marks: (Warning: Gentian Violet is toxic to corneal endothelium)

Stromal edge marks
(x 4)



"S" mark on periphery
of stromal bed



Central epithelial dot



Other: _____



Cornea for Intralase Enabled Keratoplasty (IEK)

****Please attach & sign calculations using IEK Surgical Planning Calculator.*

****Epithelial layer is removed for all IEK procedures.*

Zig Zag

Mushroom

Tongue & Groove

Top Hat

Custom

Cornea for Anterior Lamellar Keratoplasty (ALK)

Moria Microkeratome

Femtosecond Laser

300 head size

Anterior Depth: _____

350 head size

Diameter: _____

Other: _____

Whole Eye for Surgical Use

Sclera: whole half quarter