

# TISSUE REQUEST FORM



Surgeon: \_\_\_\_\_

Surgery Date & Time: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Patient: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Email: \_\_\_\_\_

SSN# or MRN#: \_\_\_\_\_

Facility: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Address: \_\_\_\_\_

OD  OS

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ PO#: \_\_\_\_\_

## Tissue Request:

Cornea for PKP

DMEK Capsule - Cornea pre-loaded for DMEK

Injector size:	Graft size:	Mark:
<input type="checkbox"/> 2.0mm	<input type="checkbox"/> 7.0mm	<input type="checkbox"/> "S" mark
<input type="checkbox"/> 2.4-3.0mm	<input type="checkbox"/> 7.5mm	<input type="checkbox"/> "F" mark
	<input type="checkbox"/> 8.0mm	<input type="checkbox"/> None
	<input type="checkbox"/> Other: _____	

Cornea pre-peeled for DMEK

Preferred hinge*:	Mark:
<input type="checkbox"/> Side hinge	<input type="checkbox"/> "S" mark
<input type="checkbox"/> Central hinge	<input type="checkbox"/> "F" mark
<input type="checkbox"/> No Preference	<input type="checkbox"/> None

\*Hinge position may change due to tissue characteristics

Cornea for DSAEK

Marks:	Thickness requested: _____
<input type="checkbox"/> 4 Stromal edge marks	Other Criteria: _____
<input type="checkbox"/> Central epithelial dot	_____
<input type="checkbox"/> "S" mark	_____
<input type="checkbox"/> "F" mark	
<input type="checkbox"/> Other: _____	

Cornea for DALK or ALK

Thickness requested: _____
Other Criteria: _____
_____
_____

Cornea for KPro or Tectonic Graft

Long Term Preserved Tissue

Sclera size:	Cornea size:	Thickness:
<input type="checkbox"/> 1/4	<input type="checkbox"/> 5x10	<input type="checkbox"/> Split
<input type="checkbox"/> 1/2	<input type="checkbox"/> 1/2	<input type="checkbox"/> Full
<input type="checkbox"/> 1/8	<input type="checkbox"/> Whole	
<input type="checkbox"/> Whole		

**SDEB Use Only**

Order Number: \_\_\_\_\_

Order processed by: \_\_\_\_\_

Date & Time: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please send this form to SDEB via:  
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or **Fax: (858) 694-0116**  
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