

TISSUE REQUEST FORM



Surgeon: _____

Surgery Date & Time: _____

Contact Person: _____

Patient: _____

Phone: _____ Fax: _____

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

Email: _____

SSN# or MRN#: _____

Facility: _____

Diagnosis: _____

Address: _____

City, State, Zip: _____

Operative Eye: OD OS

Phone: _____ PO#: _____

TISSUE REQUEST:

Cornea for PKP

Cornea for KPro or Tectonic Graft

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 Pre-loaded for DSAEK

Thickness requested (</= 80um):	Graft size:	Mark:
_____	<input type="checkbox"/> 7.0mm	<input type="checkbox"/> "S" mark
	<input type="checkbox"/> 7.5mm	<input type="checkbox"/> "F" mark
	<input type="checkbox"/> 8.0mm	<input type="checkbox"/> None
	<input type="checkbox"/> Other: _____	

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"/> None	_____

Cornea for DALK or ALK

Thickness requested: _____
Other Criteria: _____

Notes: _____

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		

Please send this form to SDEB via:
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