Transplant Tissue Request Form

(Form must be completed before request will be processed)

Please fax completed form to (720) 848-3947 or scan and email to distribution@corneas.org. For questions contact us at (720) 848-3959.

Recipient Information

First Name: _____ Last Name: _____

Address: _____ City/State/Zip: _____

Date of Birth: _____ Gender: _____ ID# (SS, DL or Med Rec#): _____

Planned Surgery: **Receiving Eye: OD OS**

☐ Glaucoma Patch/Shunt Cover ☐ Fresh ☐ Long-term Preserved

☐ Penetrating Keratoplasty (PKP)

☐ Keratolimbal Allograft (KLAL)

☐ Anterior Lamellar Keratoplasty (ALK) OR ☐ Deep Anterior Lamellar Keratoplasty (DALK)

☐ Intralase Enabled Keratoplasty (IEK)
(circle appropriate answer)
Pre-sectioned? Yes | No

Circle desired tissue shape if "Yes" for pre-sectioned tissue: zig-zag | top hat | mushroom

☐ Posterior Lamellar / EK, DSAEK, DSEK, DMEK

Pre-sectioned? Yes | No
Indicate preferred sectioning procedure and thickness goal for selected tissue.

☐ **DMEK (pre-sectioned only)** ☐  ☐ No Stromal Mark

☐ **DSEK/DSAEK Standard (above 100 only):** _____ µm (+/- 20µm)
or
☐ **DSEK/DSAEK Ultra-thin (between 50-90 only):** _____ µm (+/- 20µm) ***(Ultra-thin grafts carry additional charges.)***

DSEK/DSAEK: Stardard is to include ALL marks shown below (*PLEASE INDICATE DESIRED MARKS BELOW IF YOU DO NOT WANT OUR STANDARD MARKS*)

☐ **"S" Direction Mark on Stromal Bed** 

☐ **Central Epithelial Mark** 

☐ **Bed Diameter Marks** 

☐ **Other or No Marks** 

☐ Sclera (whole)

Pre-Operative Diagnosis: (please check appropriate box)

☐ Post-Cataract Surgery Edema	☐ Keratoconus	☐ Fuch's Dystrophy
☐ Repeat Corneal Transplant	☐ Other Degenerations/Dystrophies	☐ Post-Refractive Surgery
☐ Microbial Changes	☐ Mechanical or Chemical Trauma (non-surgical)	☐ Congenital Opacities
☐ Other Causes of Corneal Opacification or Distortion		

Surgery Information

Surgery Site: _____ Surgeon: _____

Surgery Coordinator: _____ Request Date: _____ Surgery Date: _____ Surgery Time: _____

PO # (if applicable): _____ Phone: _____ Fax: _____ Email: _____

Special Notes: _____

RMLEB OFFICIAL USE ONLY: Request recorded by: Date/time: Request#: