Transplant Tissue Request Form

Form must be completed before request will be processed.

Fax completed form to 720-848-3947 or email to distribution@corneas.org

Questions? Call 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)

Pre-sectioned? ☐ Yes ☐ No

If "Yes" for pre-sectioned tissue, select desired tissue shape: ☐ 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 if you do NOT want all standard marks.

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

☐ **Central Epithelial Mark** 

☐ **Bed Diameter Marks** 

☐ **Other or No Marks** 

☐ Sclera (whole)

Pre-Operative Diagnosis

☐ 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#: