**Ocular Tissue for Transplant**
**Tissue Request Form**

Georgia Eye Bank, Inc.
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Atlanta, GA 30342
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(404) 949-0623 Fax
scheduling@georgiaeyebank.org

**Date/Time of Request:** ____/____/_____ ____:_____

**Contact:** _____

**Phone:** _____ **Fax:** _____ **E-mail:**_____

**Surgeon:** _____ **Date/Time of Surgery:** ____/____/_____ ____:_____

**Surgery Center / Hospital Name:** _____ **PO#:** _____

**Special Tissue Shipping/Delivery Instructions:** _____

**Patient Eye:** ☐ OD ☐ OS **Tissue Type Requested:** ☐ Cornea ☐ Sclera ☐ Whole Eye ☐ Other: _____

**Patient First Name:** _____**Patient Last Name:**_____
**Age:** _____ **Date of Birth:** _____ **Gender:** _____
**Address:** _____**City:**_____**State:**_____**Zip:**_____

**Surgery Type:** ☐ Penetrating Keratoplasty (PK) ☐ Endothelial Keratoplasty (EK) ☐ Anterior Lamellar Keratoplasty (ALK/DALK)
☐ K-Pro ☐ Keratolimbal Allograft (KLAL) ☐ Glaucoma
☐ CAIRS: ☐ Sterile Arc: ☐ 6mm ☐ 8mm ☐ Sterile Ring: ☐ 6mm ☐ 8mm
☐ Full Thickness ☐ 1/2 Thickness
☐ Other: _____

**Special Requests Regarding Tissue/Preparation*:** _____
*Donor tissue is a generous gift, provided by a donor and their family. We will do our best to fulfill all requests.

**DSAEK**
Should this be pre-cut? ☐ YES ☐ NO
Should this be preloaded? ☐ YES ☐ NO (Default specs for Preloaded DSAEK: 40-70 microns, S-stamp, pre-punched)
Graft Size: ☐ 7.0mm ☐ 7.5mm ☐ 7.75mm ☐ 8.0mm
Add Amphotericin B? ☐ YES ☐ NO
Processing Preferences (e.g., thickness, markings, etc.): _____

**DMEK**
Should this be pre-peeled? ☐ YES ☐ NO
Would you like a trifold punch? ☐ 7.5 ☐ 7.75 ☐ 8.0
Should this be preloaded? ☐ YES ☐ NO (Default specs for Preloaded DMEK: S-stamp, pre-punched, pre-stained)
☐Straiko-modified Jones Tube ☐ Mico Weiss Glass Cannula Graft Size: ☐ 7.5mm ☐ 8.0mm
Add Amphotericin B? ☐ YES ☐ NO
Processing Preferences (e.g., thickness, markings, etc.): _____

**Indication for Surgery / Pre-operative Diagnosis:**
☐ Post-cataract surgery edema ☐ Keratoconus ☐ Fuchs Dystrophy ☐ Repeat Corneal Transplant
☐ Post-refractive surgery ☐ Microbial Changes ☐ Congenital Opacities ☐Glaucoma
☐ Mechanical / Chemical Trauma ☐ Other Degenerations or Dystrophies: _____
☐ Other causes of corneal opacification or distortion: _____

Georgia Eye Bank Use: Request Received and Posted By: _____ Date/Time: _____