



# Adverse Reaction Questionnaire – Transplant Surgeon

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Owner:	QA
Ref. Q-515	

Donor Tissue # \_\_\_\_\_ Surgeon Name \_\_\_\_\_ Surgeon Contact Number/Email \_\_\_\_\_ Surgical Facility \_\_\_\_\_

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Pre-Operative Diagnosis \_\_\_\_\_ Date of Surgery \_\_\_\_\_

(Check One)

Adverse Reaction probably **NOT** due to donor tissue (skip to signature line)  
**OR**

Adverse Reaction probably **DUE TO** donor tissue (complete questions below)

1. Did pre-existing ophthalmic condition exist that increased opportunity for adverse outcome?  Yes  No
2. Interval between surgery and adverse reaction?  1-2 days  3-6 days  1-2 weeks  
 3-4 weeks  1-2 months  3+months
3. Cultures Performed? If yes, please submit copies of all available culture and sensitivity reports.

	NOT PERFORMED	PERFORMED	SOURCE	RESULTS
<b>Donor</b>	<input type="checkbox"/>	<input type="checkbox"/>	Corneal Scleral Rim	
	<input type="checkbox"/>	<input type="checkbox"/>	Corneal Storage Media	
<b>Patient</b>	<input type="checkbox"/>	<input type="checkbox"/>	Aqueous Humor	
	<input type="checkbox"/>	<input type="checkbox"/>	Vitreous Humor	

4. Did the cornea ever clear post operatively?  Yes  No
5. Was there any useful vision post operatively?  Yes  No
6. Did surgical manipulation have a role in the graft failure?  Yes  No
7. If EK, did the tissue dislocate?  Yes  No
8. If EK, was the tissue rebubbled?  Yes  No
9. Re-graft necessary?  Yes  No Date of re-graft? \_\_\_\_\_
10. Type of Adverse Reaction (Infection vs Biologic Dysfunction)
  - Endophthalmitis  Keratitis  Evidence Suggestive of Prior Refractive Surgery
  - Graft Failure  Transmission of Systematic Disease  Other: \_\_\_\_\_

Physician Comments: \_\_\_\_\_

\_\_\_\_\_  
Name/Signature of Person Completing Form

\_\_\_\_\_  
Date