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Tissue Request Form

Surgeon: _____ Today's Date: _____

Contact Person: _____ Phone #: _____

Surgery Facility Name: _____

Ship Tissue to: _____

PO # (if applicable): _____

Surgery Date & Time: _____ Delivery Time: _____
Except for emergencies, please give at least 7 days notice

Special Concerns: _____

Add Ampho B: Yes No

Corneal surgery type: *(For other tissue types, see page 2)*

| <u>DMEK:</u> (select all that apply) | <u>DSAEK/DSEK:</u> | <u>Full-Thickness / Anterior:</u> |
|---|---|---|
| Pre-peeled | Pre-cut | PKP |
| Pre-punched* | Surgeon-cut | KLAL |
| Pre-loaded Geuder Cannula* | | K-Pro |
| Surgeon peel | | ALK/DALK |
| <i>Geuder Cannula*</i> <i>(Insertion device shipped w/above)</i> | <i>Endoserter*</i> <i>(Insertion device shipped w/above)</i> | Pre-cut ALK/DALK _____ μ m depth |

*These options require surgeon in-service prior to the first request – please contact us to schedule

Patient Name: _____

Date of Birth: _____ Age: _____

SSN or Patient ID: _____ Gender: Male: Female:

Home Address: _____

City: _____ Zip: _____

State: _____ Phone #: _____

Pre-Op Diagnosis: _____ Eye Involved: OD: OS:

1. Please notify CorneaGen of any schedule changes by *faxing a revised request form*.
2. Emergent / urgent requests should be faxed directly to us and then followed up with phone call.

Please provide your fax number for confirmation fax: _____

Thank you!

Fax received by: _____

CorneaGen Staff Name & Date

This page is for informational purposes, you do not need to submit with the request form

Penetrating keratoplasty (PKP, IEK, K-Pro): use a diagnosis from either list

Endothelial Keratoplasty (DSAEK, DSEK, DMEK):

| Category | Additional Description |
|---|---|
| A. Post-cataract surgery edema | Pseudophakic or aphakic corneal edema, bullous keratopathy |
| C. Endothelial Dystrophies | Fuchs' dystrophy, Posterior polymorphous dystrophy, Congenital hereditary endothelial dystrophy, Iridocorneal endothelial dystrophies (e.g. Chandler's syndrome, Iris-nevus syndrome, essential iris atrophy) |
| D. Repeat corneal transplant | All repeat transplants, regardless of reason for re-graft |
| M. Other causes of endothelial dysfunction | Other causes of endothelial dysfunction |

Anterior Lamellar or Limbal allograft (ALK, DALK, IEALK, KLAL):

| Category | Additional Description |
|---|--|
| B. Ectasias/thinnings | Keratoconus, Keratoglobus, Pellucid marginal degeneration |
| D. Repeat corneal transplant | All repeat transplants, regardless reason for re-graft |
| E. Other degenerations or dystrophies | Stromal and anterior corneal dystrophies (e.g. granular, lattice, macular, Reis-Bucklers), Non-ectatic corneal degenerations (e.g. calcific band keratopathy, amyloid degeneration), Terrien marginal degeneration |
| F. Post-refractive surgery | Post refractive surgery with or without ectasia |
| G. Microbial Changes | Includes microbial/post-microbial keratitis and viral/post-viral keratitis; any ulcer or perforation caused by a microbial agent |
| H. Mechanical (non-surgical) or chemical trauma | Traumatic scarring, Traumatic corneal edema, Chemical injuries (e.g. alkali, acid, petroleum, etc.) or Thermal injury |
| I. Congenital Opacities | Peters anomaly, Glaucoma/buphthalmos, Sclerocornea, Aniridia |
| J. Pterygium | Pterygium |
| K. Non-infectious ulcerative keratitis or perforation | Dry eye, keratoconjunctivitis sicca, Sjogren's syndrome, Immune/collagen-vascular disease, Systemic vasculitides (e.g. rheumatoid, Mooren ulcer, polyarteritis nodosa), Neurotrophic keratopathy, Exposure keratopathy, Pemphigoid, Stevens-Johnson Syndrome |
| L. Other causes of corneal dysfunction or distortion (non-endothelial) | Uveitis, Glaucoma, Surgical/mechanical trauma (other than in section H), Silicone oil keratopathy, Epithelial downgrowth, Unspecified anterior segment problems, Other limbal stem cell deficiencies |