

**REQUEST FORM:
FRESH CORNEAL
TISSUE**



5520 Research Park Drive | Suite 400
Baltimore, MD 21228
Phone 800-858-2020 | Fax 443-773-3734

CONTACT INFORMATION

SURGEON _____
SURGICAL FACILITY _____
Facility Address _____
City _____ State _____ Zip _____
REQUESTOR'S NAME _____
REQUESTOR'S PHONE _____

SHIPPING INFORMATION

SURGERY DATE _____
SURGERY TIME _____
PURCHASE ORDER REQUIRED? Yes No
IF "YES," PROVIDE _____

PATIENT INFORMATION

PATIENT NAME _____
MEDICAL RECORD NUMBER _____ AGE _____
PRE-OPERATIVE DIAGNOSIS _____

SURGERY DETAILS

SURGERY TYPE (Select Only One):
PKP DALK/ALK DSAEK/DSEK
KLA K-PRO DMEK
REQUESTING THAT TISSUE BE PRE-CUT?
Yes No
USE PRE-CUT PREFERENCES IN SURGEON'S PROFILE?
Yes No
REQUESTING AMPHO B AS ADDITIVE TO STORAGE MEDIUM?
Yes No

FOR DMEK SURGERY TYPES ONLY

OPTIONS (Select Only One):
Pre-Punched - Central Attachment
Pre-Punched - Free-floating
Pre-Loaded in Geuder Cannula**
Pre-Loaded in EndoGlide*/**
REQUESTING DMEK INFUSION SLEEVE*?
Yes No
*Tissue grasping micro forceps are required to be ordered in advance to utilize this product.

INSERTION DEVICES (Optional)**

Endoserter (DSAEK/DSEK Surgery Types Only) Geuder Cannula (Shipped with DMEK tissue to be loaded by surgeon)

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

INSTRUCTIONS

- Please e-mail this request to bal.tissue@corneagen.com or fax it to 443-773-3734.
- After receiving and processing your request, a request number will be added below and sent to you via fax or e-mail.
If request number should be sent via fax, please include return fax number: _____

FOR INTERNAL USE

To be filled out by CorneaGen and returned as confirmation that we have received and processed your request:

REQUEST NUMBER: _____

Please retain this request number for processing purposes.

Please complete and return to bal.tissue@corneagen.com.