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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)*

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

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

Patient Name: \_\_\_\_\_

Patient Medical Record Number or ID: \_\_\_\_\_ Patient Age: \_\_\_\_\_

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
<b>A.</b> Post-cataract surgery edema	Pseudophakic or aphakic corneal edema, bullous keratopathy
<b>C.</b> 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)
<b>D.</b> Repeat corneal transplant	All repeat transplants, regardless of reason for re-graft
<b>M.</b> Other causes of endothelial dysfunction	Other causes of endothelial dysfunction

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

Category	Additional Description
<b>B.</b> Ectasias/thinnings	Keratoconus, Keratoglobus, Pellucid marginal degeneration
<b>D.</b> Repeat corneal transplant	All repeat transplants, regardless reason for re-graft
<b>E.</b> 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
<b>F.</b> Post-refractive surgery	Post refractive surgery with or without ectasia
<b>G.</b> Microbial Changes	Includes microbial/post-microbial keratitis and viral/post-viral keratitis; any ulcer or perforation caused by a microbial agent
<b>H.</b> Mechanical (non-surgical) or chemical trauma	Traumatic scarring, Traumatic corneal edema, Chemical injuries (e.g. alkali, acid, petroleum, etc.) or Thermal injury
<b>I.</b> Congenital Opacities	Peters anomaly, Glaucoma/buphthalmos, Sclerocornea, Aniridia
<b>J.</b> Pterygium	Pterygium
<b>K.</b> 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
<b>L.</b> 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