

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)*

DMEK: (select all that apply)	DSAEK/DSEK:	Full-Thickness / Anterior:
<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 _____ μ 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
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