



Corneagen
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ADVERSE REACTION REPORT

PLEASE COMPLETE ALL ITEMS.
The surgeon is responsible for reporting all adverse reactions potentially attributable to donor tissue to the appropriate eye bank facility within 30 days of occurrence. The Medical Standards of the Eye Bank Association of America requires this information to be gathered in the interests of patient safety, quality assurance, and contamination and infection control.

EYE BANK	TISSUE ID NUMBER
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SURGEON	SURGEON	SURGICAL FACILITY		
	OFFICE PHONE	ADDRESS		
	OFFICE FAX	CITY	STATE	ZIP

RECIPIENT	NAME		MEDICAL RECORD #:	
	SURGICAL PROCEDURE:			
	GENDER	<input type="checkbox"/> Male <input type="checkbox"/> Female	AGE	DATE OF SURGERY
	PRE-OPERATIVE DIAGNOSIS:			

ADVERSE REACTION	DATE OF DIAGNOSIS	
	<u>ADVERSE REACTION</u> <input type="checkbox"/> Primary Graft Failure <input type="checkbox"/> Intraocular Infection (endophthalmitis) <input type="checkbox"/> Corneal Infection (keratitis) <input type="checkbox"/> Transmission of Viral Disease <input type="checkbox"/> Other: _____	<u>PROBABLE CAUSE</u> <input type="checkbox"/> Probably due to donor tissue <input type="checkbox"/> Due to patient's pre-operative diagnosis <input type="checkbox"/> Patient non-compliant <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____
	<u>DONOR TISSUE (check if applicable)</u> <input type="checkbox"/> Preservation Medium <input type="checkbox"/> Corneo-scleral Rim Results: _____	<u>CULTURE RESULTS</u> <u>PATIENT (check if applicable)</u> <input type="checkbox"/> Aqueous <input type="checkbox"/> Vitreous <input type="checkbox"/> Cornea <input type="checkbox"/> Other: _____ Results: _____

COMMENTS	