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Tissue Request Form

Surgeon Name: _____ Today's Date: _____

Contact Person: _____ Phone Number: _____

Surgery Facility Name: _____

Ship To Address: _____

PO # (if applicable): _____

Surgery Date: _____ Surgery Time: _____

Delivery Date: _____ Delivery Time: _____

Except for emergencies, please give at least 7 days' notice.

Special Concerns: _____

Add Ampho B: Yes No

Corneal Surgery Type:

<u>DMEK</u> (select all that apply):	<u>DSAEK/DSEK</u> :	<u>Full Thickness / Anterior</u> :
Pre-peeled	Pre-cut	PKP
Pre-punched	Endoserter Pre-loaded*^ Include Rim for Culture	KLAL
Pre-loaded Geuder Cannula* Include Rim for Culture	Surgeon-cut (No processing requested)	K-Pro
Surgeon peel (No processing requested)	Endoserter - Device Only* (Insertion device shipped w/above)	ALK/DALK
Geuder Cannula - Device Only* (Insertion device shipped w/above)	Pre-cut ALK/DALK _____ μ m depth	

*These options require surgeon in-service prior to the first request - please contact us to schedule
 ^Endoserter Pre-loaded tissue must be delivered on the morning of surgery

Patient Name: _____

Patient Medical Record Number or ID: _____ Patient Age: _____

Pre-op Diagnosis (see Pg. 2 for details): _____

Eye Involved: OD OS

- Please notify CorneaGen of any schedule changes by submitting a revised request form.
- Emergent / urgent requests should be submitted directly via e-mail/fax, followed up by a phone call.

Please provide your fax number or e-mail address for confirmation: _____

Received by: _____

CorneaGen Staff & Date

Penetrating Keratoplasty (PKP, IEK, K-Pro): Use a diagnosis from either table.

Endothelial Keratoplasty (DSAEK, DSEK, DMEK):	
Category	Additional Description
A. Endothelial Dysfunction, Corneal Edema Due To Prior Ophthalmic Surgery	<ul style="list-style-type: none"> • Corneal edema after cataract removal (with or without IOL insertion), IOL repositioning or exchange or secondary IOL insertion, penetrating glaucoma surgery with a bleb (e.g. trabeculectomy, tube shunt, full-thickness stent with or without reservoir), non-penetrating glaucoma surgery (e.g. MIGS, goniotomy, canaloplasty, other ab interno angle procedures), iris or cyclodialysis repair, vitrectomy, strabismus surgery, or ophthalmic surgery not listed. • Corneal edema due to epithelial downgrowth or stromal ingrowth
C. Heritable Endothelial Dystrophies	<ul style="list-style-type: none"> • Fuchs dystrophy • Posterior polymorphous dystrophy • Congenital hereditary endothelial dystrophy
D. Repeat Corneal Transplant	<ul style="list-style-type: none"> • Regraft following PK, EK, or ALK, K-Pro, KLA, or other keratoplasty or limbal stem cell procedure
L. Secondary Endothelial Dysfunction (other than dystrophy or surgical/nonsurgical trauma)	<ul style="list-style-type: none"> • Endothelial dysfunction due to uveitis (not microbial), glaucoma (not congenital), or contact lens wear.

Anterior Lamellar or Limbal allograft (ALK, DALK, IEALK, KLAL):	
Category	Additional Description
B. Ectasias, Thinnings (primary)	<ul style="list-style-type: none"> • Keratoconus or keratoglobus • Pellucid or Terrien marginal degeneration
D. Repeat corneal transplant	<ul style="list-style-type: none"> • Regraft following PK, EK, ALK, K-Pro, KLA, other keratoplasty or limbal stem cell procedure
E. Anterior and Stromal Non-Ectatic Degenerations and Dystrophies	<ul style="list-style-type: none"> • Stromal and anterior corneal dystrophies (e.g. granular, lattice, macular, Reis-Bucklers) • Non-ectatic corneal degenerations (e.g. calcific band keratopathy, amyloid degeneration)
F. Complications of Prior Refractive Surgery	<ul style="list-style-type: none"> • Post refractive surgery with or without ectasia (e.g. RK, HK, automated lamellar keratoplasty, PRK, LASIK, LASEK, etc.)
G. Microbial Keratitis	<ul style="list-style-type: none"> • Bacterial, viral, or fungal • Spirochete (syphilitic interstitial keratitis) • Chlamydial (trachoma) • Parasitic (e.g. acanthamoeba, onchocerciasis, trypanosomiasis, etc.) • Iridocorneal endothelial syndromes (e.g. Chandler, iris-nevus, essential iris atrophy) <p><i>*Include microbial perforations and cases without perforation, if microbial.</i></p>
H. Mechanical (non-surgical) or chemical trauma	<ul style="list-style-type: none"> • Traumatic scarring, traumatic perforation, or traumatic corneal edema • Thermal injury • Chemical injuries (e.g. alkali, acid, petroleum, etc.) • Limbal stem cell deficiency due to chronic medication (drug), toxin exposure, contact lens wear, or other medical devices interaction • Corneal edema or other corneal damage due to medication use
I. Congenital Opacities	<ul style="list-style-type: none"> • Peters anomaly, sclerocornea, aniridia • Glaucoma (congenital), buphthalmos
J. Post-Surgical Non-Edematous Corneal Opacification or Distortion (other than due to prior refractive surgery or keratoplasty)	<ul style="list-style-type: none"> • Post-Pterygium Surgery • Post-Keratectomy (other than pterygium) • Post-surgical limbal stem cell deficiency • Non-edematous corneal opacification or distortion after ophthalmic surgery not listed above.
K. Noninfectious Ulcerative Keratitis, Thinning, or Perforation	<ul style="list-style-type: none"> • Dry eye, keratoconjunctivitis sicca, Sjogren syndrome, pemphigoid • Immune, collagen-vascular disease, systemic vasculitides (e.g. rheumatoid, Mooren ulcer, polyarteritis nodosa) • Neurotrophic or exposure keratopathy • Stevens Johnson syndrome, toxic epidermal necrolysis <p><i>*If cause of perforation was microbial, use Category G.</i></p>