

Lions Eye Bank of Hawai'i

Tissue Request Form

FDA and EBAA regulations require that all tissue banks request pre-operative recipient information for all transplantable tissue.

405 N. Kuakini St.
Suite #801
Honolulu, HI 96817
808 536-7416

Return by **fax**:
808 356-0976
Return by **email**:
distribution@lebh.org

Tissue Requested:

Cornea for PKP

Cornea for KPro or Tectonic Graft

Cornea for DALK or ALK

Thickness Requested: _____
Other Criteria: _____

Cornea for DSAEK

4 Stromal Edge Marks
 Central Epithelial Dot
 S Mark
 Other: _____

Thickness Requested: _____
Other Criteria: _____

Long-Term Preserved Tissue

Sclera Size:	Cornea Size:	Thickness:
<input type="checkbox"/> Whole	<input type="checkbox"/> Whole	<input type="checkbox"/> Full
<input type="checkbox"/> 1/2	<input type="checkbox"/> 1/2	<input type="checkbox"/> Split
<input type="checkbox"/> 1/4	<input type="checkbox"/> 5 x 10	
<input type="checkbox"/> 1/8		

Surgeon: _____

Contact Person: _____

Phone: _____

Email: _____

Facility: _____

Address: _____

Phone: _____

Surgery Date & Time:

Patient: _____

Date of Birth: _____

Sex: _____ MRN: _____

Diagnosis: _____

OD

OS

DMEK Capsule - Cornea pre-loaded for DMEK

Injector Size:	Graft Size:	Mark:
<input type="checkbox"/> 2.00 mm	<input type="checkbox"/> 7.0 mm	<input type="checkbox"/> S Mark
<input type="checkbox"/> 2.4-3.0 mm	<input type="checkbox"/> 7.5 mm	<input type="checkbox"/> F Mark
	<input type="checkbox"/> 8.0 mm	<input type="checkbox"/> None
	<input type="checkbox"/> ___mm	

Cornea Pre-Peeled for DMEK

Preferred Hinge:	Mark:
<input type="checkbox"/> Side Hinge	<input type="checkbox"/> S Mark
<input type="checkbox"/> Central Hinge	<input type="checkbox"/> F Mark
<input type="checkbox"/> No Preference	<input type="checkbox"/> None

Hinge position may change due to tissue characteristics.