



ID:

LAB-DOC1-5700

Title:

Tissue Request Form

Surgeon: \_\_\_\_\_

Surgery Location: \_\_\_\_\_

Request Date: \_\_\_/\_\_\_/\_\_\_

Scheduled Surgery Date/Time: \_\_\_/\_\_\_/\_\_\_ :\_\_\_ am/pm (circle one)

Patient's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Medical Record #: \_\_\_\_\_

Hospital History #: \_\_\_\_\_

Race: \_\_\_\_\_

Sex: \_\_\_\_\_ Title: Mr. Mrs. Ms. Dr. Prof.

Ocular Diagnosis: \_\_\_\_\_

**Conventional Tissue Request**

**Processed Tissue Request**

- Cornea:  DSAEK
- PK
- ALK
- KLAL
- Tectonic/K-pro
- Other: \_\_\_\_\_

- Peel:  DMEK
- Pre-loaded DMEK
- Microkeratome:  DSAEK (~125 μm)
- See special instructions

- Sclera:  ¼  ½  Whole
- Select Sclera Preservative:
- 100% Ethanol  Glycerol

- Other:  Glycerol Preserved Cornea
- Other: \_\_\_\_\_

- Billing Information:
- Check One:*
- Bill Surgery Location
  - Bill Other Location: \_\_\_\_\_
  - P.O.#, if used: \_\_\_\_\_

Special Instructions:

Delivery Instructions:

**E-mail:** OphthalmologyLEBdistribution@iowa.uiowa.edu

**Phone:** 319-335-4889

**Fax:** 319-335-4623