



**TISSUE REQUEST FORM**

|   |  |  |  |
|---|--|--|--|
| Surgeon: _____  |  | Surgery Location: _____  |  |
| Request Date: ___/___/___   |  | Scheduled Surgery Date/Time: ___/___/___ :__   |  |
| Patient's Name: _____   |  | Age: ___   | Date of Birth: ___/___/___   |
| Address: _____  |  | City: _____  | State: ___ Zip: _____  |
| Medical Record #: _____   |  | Hospital History #: _____  |  |
| Race: _____   |  | Sex: ___   | Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Prof. |
| Ocular Diagnosis  |  | 1. _____<br>2. _____   |  |
| <b>Conventional Tissue Request</b>  |  | <b>Processed Tissue Request</b>  |  |
| <b>Cornea:</b> <input type="checkbox"/> DSAEK<br><input type="checkbox"/> PK<br><input type="checkbox"/> ALK<br><input type="checkbox"/> KLAL<br><input type="checkbox"/> Tectonic/K-pro<br><input type="checkbox"/> Other: _____   |  | <b>Peel:</b> <input type="checkbox"/> DMEK<br><input type="checkbox"/> Pre-loaded DMEK<br><br><b>Microkeratome:</b> <input type="checkbox"/> DSAEK (~125 μm)<br><input type="checkbox"/> See Special Instructions Below<br><br><b>Laser:</b> <input type="checkbox"/> PK<br><input type="checkbox"/> ALK |  |
| <b>Sclera:</b> <input type="checkbox"/> ¼ <input type="checkbox"/> ½ <input type="checkbox"/> Whole<br>Select Sclera Preservative:<br><input type="checkbox"/> 100% Ethanol <input type="checkbox"/> Glycerol   |  | <b>Other:</b> <input type="checkbox"/> Glycerol Preserved Cornea<br><input type="checkbox"/> Other: _____  |  |
| <i>For Laser Shaped pre-cut keratoplasty tissue, please consult the chart on page 2 and complete the information:</i><br>Shape: <input type="checkbox"/> ZIG ZAG <input type="checkbox"/> TOP HAT <input type="checkbox"/> MUSHROOM <input type="checkbox"/> CUSTOM (please indicate on the specification chart)<br>PRE-SET OPTION: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> CUSTOM<br><b>For ALK only:</b> Diameter _____ and Depth _____ Other Request: _____ |  |  |  |
| Billing Information:  |  | Check One:<br><input type="checkbox"/> Bill Surgery Location<br><input type="checkbox"/> Bill Other Location: _____<br><input type="checkbox"/> P.O.#, if used: _____  |  |
| Special Instructions:   |  |  |  |
| Delivery Instructions:  |  |  |  |

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