



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. _____ 2. _____	
Conventional Tissue Request		Processed Tissue Request	
Cornea: <input type="checkbox"/> DSAEK <input type="checkbox"/> PK <input type="checkbox"/> ALK <input type="checkbox"/> KLAL <input type="checkbox"/> Tectonic/K-pro <input type="checkbox"/> Other: _____		Peel: <input type="checkbox"/> DMEK <input type="checkbox"/> Pre-loaded DMEK Microkeratome: <input type="checkbox"/> DSAEK (~125 μ m) <input type="checkbox"/> See Special Instructions Below	
Sclera: <input type="checkbox"/> ¼ <input type="checkbox"/> ½ <input type="checkbox"/> Whole Select Sclera Preservative: <input type="checkbox"/> 100% Ethanol <input type="checkbox"/> Glycerol		Laser: <input type="checkbox"/> PK <input type="checkbox"/> ALK Other: <input type="checkbox"/> Glycerol Preserved Cornea <input type="checkbox"/> Other: _____	
<i>For Laser Shaped pre-cut keratoplasty tissue, please consult the chart on page 2 and complete the information:</i> Shape: <input type="checkbox"/> ZIG ZAG <input type="checkbox"/> TOP HAT <input type="checkbox"/> MUSHROOM <input type="checkbox"/> CUSTOM <small>(please indicate on the specification chart)</small> 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 For ALK only: Diameter _____ and Depth _____ Other Request: _____			
Billing Information:		<i>Check One:</i> <input type="checkbox"/> Bill Surgery Location <input type="checkbox"/> Bill Other Location: _____ <input type="checkbox"/> P.O.#, if used: _____	
Special Instructions:			
Delivery Instructions:			

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