Keratec Eye Bank

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F012 EYE TISSUE REQUEST FACSIMILE NUMBER 020 8682 0718

Surgeon name: .....
Surgeon address: .....
.....
.....
Surgeon telephone No: .....

Address of Recipient
Hospital / Facility:.....
.....
.....
.....
Post code: .....
Country: .....

Contact person: .....
Contact telephone No: .....
Contact facsimile No: .....
Date this order placed: ..... /..... /..... at .....:..... hrs

Eye Bank use only - Do not complete

Order #: ..... Orgn:.....
Desp: ..... /..... /..... at .....:..... hrs DB.....
Allocat: 1..... 2..... 3.....
KEB #: ..... L / R DB.....
Out culture: ..... /..... /..... at .....:..... hrs
Supply: ..... /..... /..... at .....:..... hrs
Desp by: ..... Desp method: .....
in Batch: 1 2 3 4 5 6 .....
Air Bill: Y / N Transport#:.....
Invoice date: ..... /..... /.....
Invoice amount: £.....
Date payment received: ..... /..... /..... DB.....
Payment ref #.....

Type of tissue required (specify which tissue, only one piece per request form) ;

□	Cornea	organ cultured		
□	Lenticule	epikeratophakia	9.0 mm diameter	@75% thickness
□	Lenticule	plano lamella	requested .....mm diameter	requested .....% thickness
□	Lenticule	unlathed	requested .....mm diameter	100% thickness
□	Sclera	freeze dried		
□	Whole eye	refrigerated		

Date of surgery: .... /..... /..... Time of surgery: .....:.....
Day Date Month Year 24 hr minutes

Patient Details: Surname:..... First Name:..... Sex: .....

Date of birth: ...../...../..... Hospital Number: ..... Postcode: .....

Has the patient had a previous graft? Yes / No (delete one) Which eye requires graft: R / L (delete one)

Type of patient: Is patient entitled to treatment on the NHS? Yes / No (delete one) NHS No: .....

Nationality: ..... Country of Residence: ..... Ethnic Origin: .....
(for DoH monitoring purposes only)

Any special requirement: Yes / No
Reason for special requirement: .....

Invoice address (if different to Finance Department at surgeon address):.....
.....
.....

NOTES ***Emergency cases:*** *These are defined as, if tissue is not provided within the next few hours to a day the eye may be lost.*
Elective bookings: *Earlier bookings take priority, but all elective bookings need to be made before 4pm on the Wednesday preceding the Monday of the week in which the graft is scheduled (a week being Monday to Sunday).*