



Patient Application

Dear Patient (or Guardian),

You are being considered to receive a wonderful gift made possible by an organ and tissue donor, which would be fulfilled for you by the Lions Eye Institute for Transplant and Research in Tampa, FL. We are one of the largest eye banks and ocular research centers in the world and we are committed to setting new standards for ocular endeavors that will improve visual outcomes and quality of life for those who are blind or visually impaired. Our vision is to help people see.

If approved for this gift of ocular tissue, we ask you to consider sharing your story of how this life-changing experience has affected you and your family. With your permission, your story will be shared to inspire others to become cornea donors, contribute to this program to help other patients in need, and share stories of restored sight with individuals needing a cornea transplant.

If you would like to share your story, please complete the pre-op questionnaire and sign the release that follows to give us your consent to contact you and share your story.

Thank you in advance for participating in this program and providing the details of your journey in receiving the gift of sight.

Most sincerely,

James Rosa
Donation Program Consultant
Lions Eye Institute for Transplant & Research

Gratis Ocular Tissue Program: Pre-Op Questionnaire

Print Patient Name _____

Print Parent/Legal Guardian Name (if participant is under 18) _____

Date _____

Phone Number (required) _____

E-mail address _____

Home Address Patient/Guardian (required)

1. Please describe the problems that you are having with your vision/eyes and if you are experiencing pain or discomfort. *Por favor describe los problemas que tú estás teniendo con tu visión/ojos, y si padeces de dolor o molestia.*

2. What types of problems are you experiencing because of the issues with your vision/eyes (difficulty driving, childcare, work)? *¿Qué tipos de problemas tú estás atravesando debido al asunto con tu visión/ojos (dificultad al conducir, cuidado de niños, trabajo)?*

3. What are you most looking forward to after your cornea transplant surgery (seeing sunset, reading, etc)? *¿Qué será lo que más te impactará luego de tu trasplante de córnea (ver un atardecer, leer, etc.)*

Please return this document to your surgeon or send it to Lions Eye Institute for Transplant and Research at the address or email address below.



Gratis Ocular Tissue Program: Patient Testimonial and Media Release

I hereby authorize Lions Eye Institute for Transplant and Research, Inc. (“LEITR”) and Lions Eye Institute for Transplant & Research Foundation, Inc. (“LEIF”), including the agents, officers, directors, affiliates, employees, and contractors of each, to take and publish photographs and visual and/or sound recordings of me, my likeness, and/or my voice, including any statements given during an interview (collectively “Recordings”), with or without my name and/or other biographical information, for use in any LEITR and/or LEIF print, promotion, advertisement, illustration, online or video-based marketing materials, and/or any other LEITR and/or LEIF publications, in any manner or medium, without restriction (collectively “LEITR and/or LEIF Publications”). Further, I understand that LEITR and LEIF shall have the right to use the Recordings in LEITR and/or LEIF Publications for any purpose, including but not limited to, promotion, trade, advertising, or publicizing LEITR and/or LEIF.

I further acknowledge that participation is voluntary, and I will not receive financial compensation of any type associated with the taking, publication, or use of these Recordings or participation in LEITR and/or LEIF Publications. I acknowledge and agree that publication of said Recordings confers no rights of ownership or royalties whatsoever to me and waive any right to compensation. I acknowledge that LEITR and LEIF are the exclusive owners of all rights in, and to, the Recordings pursuant to this Photo/Video Release Form, and LEITR and LEIF both have the right to use or reproduce the resulting Recordings as often as LEITR and/or LEIF find necessary.

I agree to release and hold harmless LEITR and LEIF, including the agents, affiliates, contractors, officers and directors, and employees of each, as well as any third parties involved in the creation, promotion or publication of LEITR and/or LEIF Publications, from liability for any claims by me or any third party relating to the taking, use or distribution of these Recordings in any form or medium.

I have read this Photo/Video Release Form before signing and fully understand the contents, meaning, and impact of my consent. I understand that I am free to address any specific questions and have done so prior to signing this Photo/Video Release Form.

Print Patient Name

Print Parent/Legal Guardian Name *(if participant is under 18)*

Signature Patient or Parent/Guardian *(if participant is under 18)*

Please return this document to your surgeon or send it to Lions Eye Institute for Transplant and Research at the address or email address below.