

**Contact Information:**

Surgeon Name \_\_\_\_\_ Date \_\_\_\_\_

Contact Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Surgery Facility \_\_\_\_\_ Phone \_\_\_\_\_

Ship to Address \_\_\_\_\_

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

**Patient Information (REQUIRED INFO):**

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

Patient ID \_\_\_\_\_

Surgery Date \_\_\_\_\_ Surgery Time \_\_\_\_\_ Delivery Time \_\_\_\_\_

Pre-Op Diagnosis \_\_\_\_\_ (*Diagnosis Codes Page 3*) Eye Involved:  OD  OS

**Type of Tissue Needed:**

Comments/Special Requests \_\_\_\_\_

PKP  DSAEK  PDEK  DMEK  ALK/DALK  KLAL  TECTONIC (*Patch Graft*)  Other \_\_\_\_\_

Whole Sclera  1/2 Sclera  1/4 Sclera  Other \_\_\_\_\_

**Type of Preparation Requested:**

NONE— NO PREPARATION REQUESTED. SURGEON WILL PREPARE TISSUE.

Prepare tissue using surgeon's specifications on file?  Yes  No (*If no, complete page 2*)

Prepare using special instructions detailed on page 2 for this case only.

**Please save before sending completed forms to [cornea@lionseyeinstitute.org](mailto:cornea@lionseyeinstitute.org) or fax to 813.289.3600.**

Received by \_\_\_\_\_ Date \_\_\_\_\_

*Lions Eye Institute for Transplant & Research Staff Name and Date*



**Surgery Type:** (Choose Processing Options)

**DSAEK**

Thickness Range

- Nano-Cut 40-70  $\mu$ m    Ultrathin 70-100  $\mu$ m    Traditional 100+  $\mu$ m

Target Thickness \_\_\_\_\_ Processing capabilities are  $\pm$  25  $\mu$ m of requested target.

Preloaded:  Yes  No      Prestained:  Yes  No

If PRELOADED, choose preferred device and graft size:

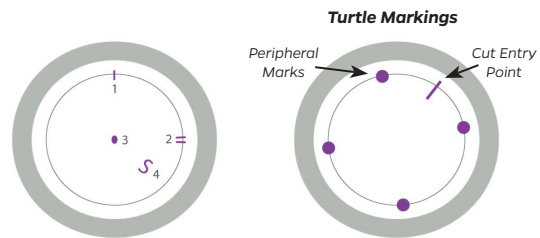
- LEITR DSAEK 3.0    DSAEK EndoGlide

Graft size in mm:  7.00    7.25    7.50    7.75    8.00    8.25    8.50    8.75

**DSAEK Orientation Marking Options:**

Please choose one or a combination of markings.

- 1 & 2. I - II (Anterior View)
- 3. Central dot on cap for cornea centration
- 4. "S" mark on stromal side of the graft
- 5. Turtle Markings
- 6. No Markings



**DMEK/PDEK**

Prestained:  Yes  No      Prepunched:  Yes  No

Preloaded:  Yes  No    *If preloaded, choose type of Jones Tube*

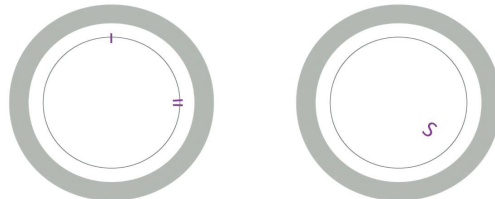
- Preloaded in LEITR 2.0 Micro Jones Tube (2.0 - 2.2mm incision size)
- Preloaded in Straiko Modified Jones Tube (2.6 - 3.2mm incision size)
- Preloaded in DMEK Endoglide

If prepunched or preloaded, include graft size (in mm)<sup>†</sup>  7.00    7.25    7.50    7.75    8.00    8.25    8.50

<sup>†</sup>PDEK graft size is determined by the anatomy. The window falls between 7.0-7.5mm and the average is 7.25mm.

**DMEK / PDEK Orientation Marking Options:**

- None
- I - II (Anterior View)
- "S" Stamp (Anterior View)



**Special Instructions or Comments:**

1. Please notify Lions Eye Institute for Transplant & Research of any schedule changes by submitting a revised request form.
2. Emergent / urgent requests should be submitted to us and followed up with phone call.



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Lions Eye Institute for Transplant & Research Staff Name and Date

**INDICATIONS FOR KERATOPLASTY:**

**A. Post Cataract Surgery Edema**

- A101. Pseudophakic corneal edema
- A102. Aphakic corneal edema

**B. Ectasias/Thinnings**

- B101. Keratoconus
- B102. Keratoglobus
- B103. Pellucid marginal degeneration

**C. Endothelial Dystrophies**

- C101. Fuchs' dystrophy
- C102. Posterior polymorphous dystrophy
- C103. Congenital hereditary endothelial dystrophy
- C104. Iridocorneal endothelial dystrophies (e.g. Chandler's syndrome, iris-nevus syndrome, essential iris atrophy)

**D. Repeat Corneal Transplant**

- D101. Re graft following PK (due to tissue rejection)
- D102. Re graft following EK (due to tissue rejection)
- D103. Re graft following ALK (due to tissue rejection)
- D105. Re graft following a limbal stem cell procedure (due to tissue rejection)
- D201. Re graft following PK (not due to tissue rejection)
- D202. Re graft following EK (not due to tissue rejection)
- D203. Re graft following ALK (not due to tissue rejection)
- D204. Re graft following keratoprosthesis
- D205. Re graft following a limbal stem cell procedure (not due to tissue rejection)

*NOTE: "Tissue rejection" does not include primary graft failure, microbial/infectious, vitreous-endothelial touch, intraoperative trauma, glaucoma, refractive abnormalities, or failure of endothelial keratoplasty to adhere.*

**E. Other Degenerations or Dystrophies**

- E101. Stromal and anterior corneal dystrophies (e.g. granular, lattice, macular, Reis-Bucklers)
- E102. Non-ectatic corneal degenerations (e.g. calcific band keratopathy, amyloid degeneration)
- E103. Terrien marginal degeneration

**F. Refractive**

- F101. Post refractive surgery without ectasia (e.g. RK, HK, automated lamellar keratoplasty, PRK, LASIK, LASEK, etc.)
- F102. Post refractive surgery with ectasia (e.g. RK, HK, automated lamellar keratoplasty, PRK, LASIK, LASEK, etc.)
- F103. Post surgical, other than refractive surgery or keratoplasty

**G. Microbial Keratitis**

- G101. Bacterial
- G102. Spirochete (syphilitic interstitial keratitis)
- G103. Fungal
- G104. Chlamydial (trachoma)
- G105. Parasitic (e.g. acanthamoeba, onchocerciasis, trypanosomiasis, etc.)
- G106. Viral

**H. Mechanical (non-surgical) or Chemical Trauma**

- H101. Traumatic scarring
- H102. Traumatic corneal edema
- H103. Chemical injuries (e.g. alkali, acid, petroleum, etc.)
- H104. Thermal injury

**I. Congenital Opacities**

- I101. Peters anomaly
- I102. Glaucoma/buphthalmos
- I103. Sclerocornea
- I104. Aniridia

**J. Pterygium**

- J101. Pterygium

**K. Noninfectious Ulcerative Keratitis, Thinning, or Perforation**

- K101. Dry eye, keratoconjunctivitis sicca, Sjogren's syndrome
- K102. Immune/collagen-vascular disease, systemic vasculitides (e.g. rheumatoid, Mooren ulcer, polyarteritis nodosa)
- K103. Neurotrophic keratopathy
- K104. Exposure keratopathy
- K105. Pemphigoid
- K106. Stevens-Johnson Syndrome

**L. Other Causes of Corneal Opacification or Distortion**

- L101. Uveitis
- L102. Glaucoma
- L103. Surgical/mechanical trauma (other than in section H)
- L104. Silicone oil keratopathy
- L105. Epithelial downgrowth
- L106. Unspecified anterior segment problems
- L107. Other limbal stem cell deficiencies

**M. Other Causes of Endothelial Dysfunction**

- M101. Other endothelial dysfunction

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PK = Penetrating Keratoplasty, EK = Endothelial Keratoplasty (e.g. DSEK, DSAEK, DMEK, DMAEK, etc.), ALK = anterior lamellar keratoplasty, RK = Radial Keratotomy, HK = Hexagonal Keratotomy, PRK = photorefractive keratectomy, LASIK = Laser-assisted Keratomileusis, LASEK = Laser-assisted Sub-epithelial Keratectomy