www.etb-bislife.org

email: cornea@etb-bislife.org
tel: +31 71 408 3971
fax: +31 251 226 808

CORNEA RECIPIENT INFORMATION FORM

Registration number: …………………… Registration date: ……………………

CENTRE DETAILS			
Applying centre		Telephone No.	
City / Country		Fax No.	
Ophthalmologist		Contact to	
Email			

PATIENT DETAILS			
Surname		Patient known to ETB	Yes / No
Prefix		Date of birth	
Initials / First name		Sex	Male / Female
Address		Country	

TYPE OF CORNEA			
Regular	0 PKP Random 0 PKP Typed* 0 Emergency: PLEASE CALL ECB	*** In case of a typed cornea please do not forget to attach the HLA-typing and screening (when available). A, B and DR-typing are required.**	
Lamellar	**0 ALKP (Anterior) (0 DALK)** **0 PLKP (Posterior)**		
This Txp.	0 OD / 0 OS	Number of prev. Txp.	OD ... / OS ...
Vascularisation	0 No	**0 Yes, 0 1 quadrant, 0 2 quadrants, 0 3 quadrants or 0 4 quadrants**	
Graft failure	0 No	**0 Yes**	

DIAGNOSIS

o Acanthamoebic keratitis
o Aniridia
o Aphakic bullous keratopathy
o Bacterial keratitis, impending perforation
o Bacterial keratitis, scar
o Bacterial perforation, treatment-resistant
o Candida keratitis
o Chemical burn
o Congenital hereditary endothelial dystrophy
o Corneal dystrophy, Groenow
o Corneal dystrophy, Lattice
o Corneal dystrophy, macular
o Corneal dystrophy, other
o Corneal dystrophy, Reiss-Buckler
o Fuchs endothelial dystrophy
o Fungal keratitis
o Herpes simplex keratopathy, inactive
o Herpes zoster keratopathy
o HSV keratitis, impending perforation
o ICE syndrome
o Keratoconus, no previous hydrops
o Keratoconus, previous hydrops
o Peters anomaly
o Pseudophakic bullous keratopathy
o Pterygium
o Scropulotic keratitis, lues
o Scropulotic keratitis, tbc
o Stromal opacification, unspecified
o Trauma

o Other, explain:

Urgency 0 T (transplantable) 0 LWU (long waiting urg) 0 RI (risk) 0 HR (high risk) 0 HU (emergency)

Urgency (see www.etb-bislife.org for cornea allocation criteria)	Date of operation:	Remarks:

- Please return this completed form to Cornea Bank using the email or fax number mentioned above.
- Please make a copy for your own administration.

The undersigned, medical doctor, declares to Cornea Bank that the patient mentioned above agrees to provide to Cornea Bank the data mentioned above for the purpose of his/her registration as a possible transplant recipient and to match these data against the data of a possible donor. The undersigned furthermore declares that his/her patient has given permission to use the data mentioned above as well as the data that will become available after transplantation, as far as these are required to optimize the sharing programme of Cornea Bank.

Date		Signed	