CORNEA REQUEST FORM

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

CENTRE DETAILS			
Applying centre		Telephone No.	
City / Country		Fax No.	
Ophthalmologist		Contact to	
E-mail			

PATIENT DETAILS			
Surname		Patient known to ETB-BISLIFE	Yes / No
Prefix		Date of birth	
Initials/First name		Gender	Male / Female

TYPE OF CORNEA			
Regular	0 PKP Typed* (see next column) 0 PKP Random 0 Emergency: PLEASE CALL CORNEA DEPARTMENT	***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) 0 DMEK 0 DSAEK		
This Txp.	0 OD / 0 OS	Number of prev. Txps.	OD …. / OS ….
Deep vascularization	0 No	0 Yes; 0 less than 3 quadrants / 0 more or equal to 3 quadrants	
Number of allowed mismatches	0 **0** / 0 **1** / 0 **2** / 0 **3**	Is part of the scleral rim going to be used? 0 Yes / 0 No	

MAIN REASON FOR TRANSPLANTATION

0 Infection debulking
0 Improve vision
0 Improve vision and reduce pain
0 Pain reduction
0 Tectonic
0 Other, explain ……..
……..

OD			○	○	○	○	○	○	○
BCVA	LP -	LP +	HM (1/300-3/300)	Near blindness (1/60-2/60)	Severe impairment (0.05-0.1)	Moderate impairment (0.16-0.25)	Mild impairment (0.3-0.4)	Acceptable impairment (0.5-0.7)	No impairment (0.8-2.0)
OS			○	○	○	○	○	○	○

DIAGNOSIS

0 Fuchs endothelial dystrophy
0 Graft failure* (also fill in next column)
0 Other corneal dystrophies (except Fuchs)
0 Bullous keratopathy/sec endothelial dysfunction
0 Infectious keratitis
0 Keratectasia
0 Trauma
0 Other, explain: ……

*Reason graft failure:
0 Primary graft failure
0 Irreversible rejection
0 Endothelial decompensation
0 Infection
0 Recurrent original disease
0 Astigmatism
0 Other, explain: ……..

(Impending) perforation: 0 Yes / 0 No

Remarks:

- Please return this completed form to ETB-BISLIFE, Cornea Department, using the e-mail or fax number indicated above and make a copy for your own administration.

The undersigned (Medical Doctor) declares that the patient mentioned above agrees to provide the requested data to ETB-BISLIFE for the purpose of registration as a possible graft recipient and to match these data against the data of available grafts. Furthermore, the undersigned declares that the patient has given permission for use of transplantation data, as far as necessary to optimize the mediation services of ETB-BISLIFE.

Date		Signed	