HORNHAUTBANK MÜNCHEN
Gemeinnützige GmbH
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Documents printout is not subject to change service

Tissue-Request Form for corneal transplant

It is to the surgeons responsibility to inform the patient about all potential complication which might be related with the transplantation. Due to EU and national regulation the tissue/eye bank is obliged to document the follow-up of any transplantation. This relates to the surgeons obligation forwarding all required follow-up data to the tissue/eye bank. Severe post-operative reactions, such as Endophthalmitis or any other not clear infectious diseases of the recipient, needs to be forwarded and documented immediately to the Hornhautbank Munechen (according to §40 Abs.1 AMWHV). The required personal data will be used solely for the legally required documentation, for quality assurance and end-to-end traceability following the current actual legislation.

SURGEON*

Name

Address

Phone

contact person

Delivery Address (if different)*

Phone

contact person

PATIENT **informed consent for using/processing & exchange (e.g. mail/fax) of personal data is available*** ☐

Last Name* First Name*

Sex* male ☐ female ☐ diverse ☐ Insurance company general ☐ private ☐

Pat-ID-No* Ordering-No

Date of birth*

preop.Diagnosis previous surgeries (incl. date)

SURGERY*

Date of surgery*

☐ PKP ☐ Laser-PKP ☐ ALK ☐ DALK ☐ DSAEK combined surgeries with transplantation

☐ DMEK ☐ KLAL ☐ tect.Graft ☐ Sclera-TP ☐ amniotic-membrane ☐ cataract-extraction ☐

Eye right/OD ☐ Eye left/OS ☐ Others

planned SURGERY INFORMATION *** required information**

transplant diameter

donor Ø mm: recipient Ø mm:

trephination-system used

CTS/GTS ☐ H.Barron ☐ Laser ☐ man.trephine ☐

Keratome ☐

Suture-technique

single suture / EKN: ☐ 1 x running sut. ☐

2 x running sut. ☐

Surgeon / Designee*

Signature **Date**