



**Contact Information:**

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

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

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

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

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

P.O. Required?  No  Yes \_\_\_\_\_

**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  DMEK  ALK/DALK  KLAL  TECTONIC (Patch Graft)  Whole Sclera  Other \_\_\_\_\_

**OptiGraft Sterile Allografts:**

Whole moon, full thickness with scleral rim  Whole moon, split thickness (9mm)

Half-moon, split thickness (9mm X 4.5mm)  10mm disk  1/3 Sclera  1/4 Sclera

**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@LWVI.org](mailto:cornea@LWVI.org) or fax to 813.289.3600.

**Tissue Processing Specifications**

Amphotericin B added to preservation media for:  
 PKP  DSAEK  DMEK  ALL  NONE

**DSAEK**

Thickness Range:

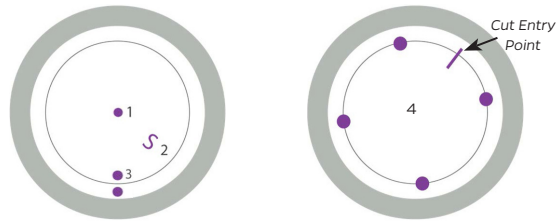
Ultrathin 40-70 µm\*  Ultrathin 71-99 µm  Traditional 100+ µm

Target Thickness \_\_\_\_\_ Processing capabilities are ± 25 µm of requested target.

**DSAEK Orientation Marking Options:**

Please choose one or a combination of markings.

- 1. Central Dot on cap for cornea centration
- 2. "S" Stamp on stromal side of the graft\*
- 3. Peripheral Markings
- 4. Turtle Markings
- 5. No Markings



**Preloaded Options** (If preloaded, select options below):

All preloaded grafts are stained and prepunched

Delivery Device:  Weiss Glass Cannula - LWVI 2.8\*  DSAEK EndoGlide

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

Scleral rim for culturing:  Yes  No

\*Default specs for preloaded DSAEK: 40-70 µm, stain, and "S" stamp (only marking option for preload)

**DMEK**

**DMEK Orientation Marking Options:**

- 1. "S" Stamp (Anterior View)
- 2. I - II (Anterior View) Prepunched, preloaded option only
- 3. None

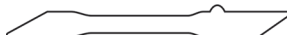


**Preloaded Options** (If preloaded, select options below):

All preloaded grafts are stained and prepunched

Delivery Device:

Preloaded in Weiss Glass Cannula - LWVI 1.6 

Preloaded in Weiss Glass Cannula - Endo-In DMEK 

Preloaded in Weiss Glass Cannula - STRAIKO 

Preloaded in DMEK Endoglide

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

Scleral rim for culturing:  Yes  No

**Special Instructions or Comments:**

1. Please notify Lions World Vision Institute 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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**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