



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 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@lionseyeinstitute.org or fax to 813.289.3600.

Surgery Type: (Choose Processing Options)

DSAEK

Thickness Range

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

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

Preloaded: Yes No Prestained:* Yes No

If PRELOADED, choose preferred device and graft size:

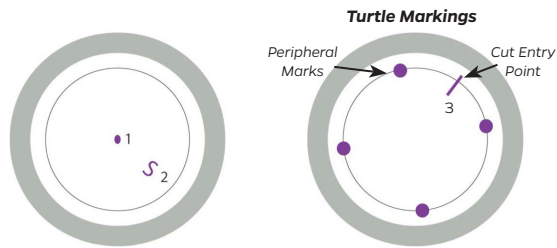
Weiss Glass Cannula – LWVI 2.8* DSAEK EndoGlide

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

DSAEK Orientation Marking Options:

Please choose one or a combination of markings.

- 1. Central dot on cap for cornea centration
- 2. “S” mark on stromal side of the graft*
- 3. Turtle Markings
- 4. No Markings



*Recommended specs for preloaded DSAEK

DMEK

Prestained: Yes No Prepunched: Yes No

Preloaded: Yes No *If preloaded, choose preferred device below*

Preloaded in Weiss Glass Cannula – LWVI 1.6

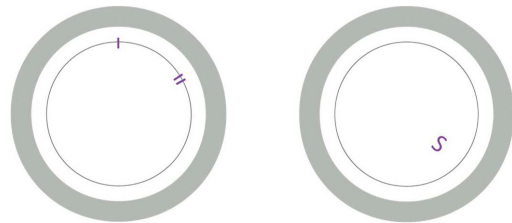
Preloaded in Weiss Glass Cannula – STRAIKO

Preloaded in DMEK Endoglide

If prepunched or preloaded, include graft size (in mm) 7.00 7.25 7.50 7.75 8.00 8.25 8.50 8.75

DMEK Orientation Marking Options:

- None
- I - II (Anterior View) Prepunched, preloaded option only
- “S” Stamp (Anterior View)



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 Keratotom, HK = Hexagonal Keratotom, PRK = photorefractive keratectomy, LASIK = Laser-assisted Keratomileusis, LASEK = Laser-assisted Sub-epithelial Keratectomy