



Surgeon: _____		Surgery Location: _____	
Request Date: ___/___/___		Scheduled Surgery Date/Time: ___/___/___ :__ am/pm (circle one)	
Patient's Name: _____		Age: ___	Date of Birth: ___/___/___
Address: _____		City: _____	State: ___ Zip: _____
Medical Record #: _____		Hospital History #: _____	
Race: _____		Sex: ___	Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Prof.
Ocular Diagnosis		1. _____ 2. _____	
Conventional Tissue Request		Processed Tissue Request	
Cornea: <input type="checkbox"/> DSAEK <input type="checkbox"/> PK <input type="checkbox"/> ALK <input type="checkbox"/> KLAL <input type="checkbox"/> Tectonic/K-pro <input type="checkbox"/> Other: _____		Peel: <input type="checkbox"/> DMEK <input type="checkbox"/> Pre-loaded DMEK Microkeratome: <input type="checkbox"/> DSAEK (~125 µm) <input type="checkbox"/> See Special Instructions Below Laser: <input type="checkbox"/> PK <input type="checkbox"/> ALK	
Sclera: <input type="checkbox"/> ¼ <input type="checkbox"/> ½ <input type="checkbox"/> Whole Select Sclera Preservative: <input type="checkbox"/> 100% Ethanol <input type="checkbox"/> Glycerol		Other: <input type="checkbox"/> Glycerol Preserved Cornea <input type="checkbox"/> Other: _____	
<i>For Laser Shaped pre-cut keratoplasty tissue, please consult the chart on page 2 and complete the information:</i> Shape: <input type="checkbox"/> ZIG ZAG <input type="checkbox"/> TOP HAT <input type="checkbox"/> MUSHROOM <input type="checkbox"/> CUSTOM (please indicate on the specification chart) PRE-SET OPTION: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> CUSTOM For ALK only: Diameter _____ and Depth _____ Other Request: _____			
Billing Information:		Check One: <input type="checkbox"/> Bill Surgery Location <input type="checkbox"/> Bill Other Location: _____ <input type="checkbox"/> P.O.#, if used: _____	
Special Instructions:			
Delivery Instructions:			

E-mail: OphthalmologyLEBdistribution@iowa.uiowa.edu

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IOWA LIONS
EYE BANK

ID:
LAB-DOC1-5700

Title:
Tissue Request Form

ILEB Laser Shaped Keratoplasty Parameters	ZIG ZAG						TOP HAT						MUSHROOM						LIMITS		CUSTOM
	A	B	C	D	E	F	A	B	C	D	E	F	A	B	C	D	E	F	MIN	MAX	
ANTERIOR SIDE CUT																					
Posterior Depth (μm)	330	330	330	380	380	380	330	330	330	380	380	380	330	330	330	380	380	380	90	1200	
Diameter (mm)	8.0	8.5	9.0	8.2	8.7	9.2	6.5	7.0	7.5	6.5	7.0	7.5	8.0	8.5	9.0	8.0	8.5	9.0	3	9.5	
Cut Position 1 (dgr)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	359	
Cut Angle 1 (dgr)	360	360	360	360	360	360	360	360	360	360	360	360	360	360	360	360	360	360	0	360	
Cut Position 2 (dgr)	180	180	180	180	180	180	180	180	180	180	180	180	180	180	180	180	180	180	0	359	
Cut Angle 2 (dgr)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	180	
Side Cut Angle (dgr)	30	30	30	30	30	30	90	90	90	90	90	90	90	90	90	90	90	90	30	150	
LAMELLAR CUT																					
Depth in Cornea (μm)	300	300	300	350	350	350	300	300	300	350	350	350	300	300	300	350	350	350	90	1200	
Outer Diameter (mm)	8.3	8.8	9.3	8.5	9.0	9.5	8.3	8.8	9.3	8.3	8.8	9.3	8.4	8.9	9.4	8.4	8.9	9.4	3	9.5	
Inner Diameter (μm)	6.9	7.4	7.9	6.4	7.4	7.9	6.2	6.7	7.2	6.2	6.7	7.2	6.1	6.6	7.1	6.1	6.6	7.1	3	9.5	
Starting Position (IN/OUT)	OUT	OUT	OUT	OUT	OUT	OUT	OUT	OUT	OUT	OUT	OUT	OUT	IN	IN	IN	IN	IN	IN	0 – IN	1 – OUT	
POSTERIOR SIDE CUT																					
Anterior Depth (μm)	270	270	270	320	320	320	270	270	270	320	320	320	270	270	270	320	320	320	90	1200	
Posterior Depth (μm)	1200	1200	1200	1200	1200	1200	1200	1200	1200	1200	1200	1200	1200	1200	1200	1200	1200	1200	90	1200	
Diameter (mm)	8.0	8.5	9.0	8.0	8.5	9.0	8.0	8.5	9.0	8.0	8.5	9.0	6.5	7.0	7.5	6.5	7.0	7.5	3	9.5	
Side Cut Angle (dgr)	30	30	30	30	30	30	90	90	90	90	90	90	90	90	90	90	90	90	30	150	
ALIGNMENT INCISIONS																					
Marks (ON/OFF)	<input type="checkbox"/> ON	<input type="checkbox"/> ON	<input type="checkbox"/> ON	<input type="checkbox"/> ON	<input type="checkbox"/> ON	<input type="checkbox"/> ON	<input type="checkbox"/> ON	<input type="checkbox"/> ON	<input type="checkbox"/> ON	<input type="checkbox"/> ON	<input type="checkbox"/> ON	<input type="checkbox"/> ON	<input type="checkbox"/> ON	<input type="checkbox"/> ON	<input type="checkbox"/> ON	<input type="checkbox"/> ON	<input type="checkbox"/> ON	<input type="checkbox"/> ON	OFF (0)	ON (1)	
Anterior Depth (μm)	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	-100	99	
Posterior Depth (μm)	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	0	100	
Length (μm)	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500	2000	
Width (μm)	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	1	50	
Radial Off-set	-2	-2	-2	-2	-2	-2	-2	-2	-2	-2	-2	-2	-2	-2	-2	-2	-2	-2	-2	2	