midwire MATCH

REQUEST TISSUE ONLINE
CALL 800-816-9263 x2
FOR MORE INFORMATION

Saving Sight®

10100 N. Ambassador Drive
Suite 200
Kansas City, MO 64153
Phone: 800-816-9263 x2
Fax: 816-255-1398
saving-sight.org

REQUEST FOR OCULAR TISSUE

The Eye Bank Association of America requires Saving Sight to obtain accurate information on all transplant recipients. Please complete the following information and return via email to distribution@saving-sight.org or fax to 816-255-1398. Thank you.

SURGEON INFORMATION	
SURGEON NAME:	PHONE:

SURGERY INFORMATION	
SURGERY LOCATION:	CITY:
SURGERY DATE:	SURGERY TIME:

PATIENT INFORMATION			
FIRST NAME:		LAST NAME:	
DATE OF BIRTH:		DIAGNOSIS:	
IDENTIFICATION NUMBER (SSN, MRN, ETC.):			
ADDRESS:			
CITY:		STATE:	ZIP:
HOME PHONE:		CELL PHONE:	

CORNEA			LONG-TERM PRESERVED CORNEA	SCLERA
☐ PKP ☐ K-Pro ☐ KLAL ☐ TECTONIC ☐ DALK	☐ ALK ☐ DSAEK ☐ DMEK ***PREPARED BY:*** ☐ SAVING SIGHT ☐ SURGEON	Optional ***DMEK*** processing: ☐ Pre-punched ☐ Pre-loaded Graft Size (check one): ☐ 7.25 ☐ 7.5 ☐ 7.75 ☐ 8.0 ☐ 8.5	IN ETHYL ALCOHOL ☐ WHOLE CORNEA ☐ HALF CORNEA	☐ WHOLE ☐ HALF ☐ QUARTER

PLEASE INDICATE ANY SPECIAL TISSUE SPECIFICATIONS

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We change lives by saving sight.®