



formerly Minnesota Lions Eye Bank

# Request to Schedule, Reschedule, or Cancel a Patient for Ocular Tissue

This information is CONFIDENTIAL. If you receive it in error, please contact the eye bank at the numbers below.

Email the completed PDF form to [tissuerequests@umn.edu](mailto:tissuerequests@umn.edu) or fax this form to Lions Gift of Sight at 612-626-1192.

Emergency tissue is available at any time; call the eye bank immediately at 612-624-0433 or 612-624-3900.

TODAY'S DATE: \_\_\_\_\_

TO: Lions Gift of Sight, Distribution Coordinator

EMAIL: [tissuerequests@umn.edu](mailto:tissuerequests@umn.edu)

FAX NUMBER: 612-626-1192

PERSON COMPLETING THIS FORM: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS or FAX NUMBER: \_\_\_\_\_

PO#: \_\_\_\_\_

**Surgery Date:** \_\_\_\_\_ **Ocular Tissue Type:**      Cornea      Whole Sclera      1/4 Sclera

**Type of Surgery (please check):**      PK      DSAEK      DMEK      KLAL      other \_\_\_\_\_

Surgeon's Name \_\_\_\_\_

Location of Surgery \_\_\_\_\_

Patient First and Last Name \_\_\_\_\_

ID# \_\_\_\_\_      Date of Birth \_\_\_\_\_

Diagnosis \_\_\_\_\_

Special Instructions \_\_\_\_\_

**IF SURGERY NEEDS TO BE CANCELLED OR RESCHEDULED**

RESCHEDULE:      Current Date \_\_\_\_\_      Reschedule to \_\_\_\_\_

CANCEL:      **Do not reschedule** at this time.

Within 2 business days of receipt of this form, a Lions Gift of Sight Distribution or Donor Coordinator will schedule the surgery, sign this form, and email or fax it to the address or number provided above. Surgeons are contacted one day prior to surgery date with ocular tissue offer information unless other arrangements are made.

*LGS Staff Use Only – Receipt Verification*

Eye Bank Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_