



# Lone Star Lions Eye Bank

P.O. Box 347, 102 E. Wheeler, Manor, Texas 78653  
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## Tissue Request Form

### Surgeon Information

Requesting Surgeon: \_\_\_\_\_ Date/Time of Surgery: \_\_\_\_\_

Surgery Location: \_\_\_\_\_ P.O.: \_\_\_\_\_

Surgery Location Address: \_\_\_\_\_  
*Street Address* *Unit #*

\_\_\_\_\_ \_\_\_\_\_  
*City* *State* *ZIP Code*

Request Submitted By: \_\_\_\_\_ Date/Time Submitted: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

### Recipient Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ \_\_\_\_\_  
*City* *State* *ZIP Code*

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN/MRN \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Recipient Eye:  OD  OS

### Tissue Information

**Surgery Type:**  PKP  
 DSAEK  
 DMEK  
 Other: \_\_\_\_\_

**If EK Prep Needed:**  
Preferred Thickness (microns): \_\_\_\_\_  
Markings:  "S" Stamp  
 Other: \_\_\_\_\_

**Tectonic:**  Cornea in Glycerin  ½  Whole  
 Cornea in Optisol G.S.

**Sclera:**  ¼  ½  Whole

**Research:**  Cornea  Whole Globe

### Eye Bank Use Only

Tissue Unique Identification Number: \_\_\_\_\_