

## **ADVERSE REACTION FORM**

PLEASE COMPLETE ALL ITEMS. INCOMPLETE ITEMS WILL REQUIRE FOLLOW UP. PRINT OR TYPE INFORMATION.

THE DOCUMENT IS AN INTEGRAL PART OF DONOR DOCUMENTATION! PLEASE FILL IN AND SEND BACK TO THE EYE BANK TO THE ABOVE CONTACTS! THE SURGEON/FACILITY IS RESPONSIBLE FOR REPORTING ALL ADVERSE REACTIONS POTENTIALLY ATTRIBUTABLE TO DONOR TISSUE TO THE APPROPRIATE EYE BANK FACILITY WITHIN 30 DAYS OF OCCURRENCE. INTERNATIONAL STANDARDS REQUIRES NFORMATION TO BE GATHERED IN THE INTERESTS OF PATIENT SAFETY, QUALITY ASSURANCE, AND CONTAMINATION AND INFECTION CONTROL.

SURGEON	SURGEON		SURGICAL FACILITY
	OFFICE PHONE		ADDRESS
ns 	OFFICE FAX		CITY STATE ZIP
RECIPIENT	NAME		PRE-OPERATIVE DIAGNOSIS
	DATE OF BIRTH	AGE	SURGICAL PROCEDURE  PKP DMEK Scleroplasty
	SEX		DATE OF SURGERY
	RAC CAUCASIAN HISPANIC OTHER OTHER		SOCIAL SECURITY NUMBER —
ADVERSE REACTION	DATE OF DIAGNOSIS		
	ADVERSE REACTION		PROBABLE CAUSE
	PRIMARY GRAFT FAILURE		□ PROBABLY DUE TO DONOR TISSUE
	☐ INTRAOCULAR INFECTION (ENDOPHTHALMITIS)		☐ DUE TO PATIENT'S PRE-OPERATIVE DIAGNOSIS
	☐ CORNEAL INFECTION (KERATITIS)		□ PATIENT NON-COMPLIANT
	☐ TRANSMISSION OF VIRAL DISEASE		UNKNOWN
Ų.	☐ OTHER:		□ OTHER:
ADVERS	CULTURE RESULTS		
	DONOR TISSUE (CHECK IF APPLICABLE)		PATIENT (CHECK IF APPLICABLE)
~	☐ PRESERVATION MEDIUM		☐ AQUEOUS ☐ VITREOUS
	☐ CORNEO-SCLERAL RIM		☐ CORNEA ☐ OTHER:
	RESULTS:		RESULTS:
BANK INFORMATION	EYEBANK PRAGUE VINOHRADY:		TISSUE ID NUMBER/SEC:
	DONOR CAUSE OF DEATH		DONOR AGE: ENDOTHELIAL DENSITY:
	DEATH TO PRESERVATION INTERVAL (hours)		PRESERVATION TO SURGERY INTERVAL (days)
	PRESERVATION METHOD (CHECK ONE)  EUSOL- C		
			OTHER:
	☐ CORNEA COLD  LOT NUMBER:		
	TISSUE SOURCE:	COOPERATING	□ OTHER:
	HOSPITAL		
	STATUS OF TISSUE MATE		
			NOT USED (REASON):
ADVERSE REACTION			
١٣	ETE BANKTHAGGE VINGHIJABT CONTACT. TEE 1420 241 404 043 EN		EMAIL: INFO@EYEBANKPRAGUE.CZ
	SIGNATURE		DATE