

DONOR / RECIPIENT RECORD REVIEW SUMMARY - Page 1 of 2

Name of Eye Bank:				Date of Inspection:		
Name of T	eam Lea	der:				
INS	STRUCTI	ONS:				
1.				the records reviewed by both insp		
2				etion and submission of this for Visit Inspection Summation Repo		
				sing fields for each item and wi		
List total number of records reviewed by				SOURCE: Note totals below	USE: Note totals below	
both inspectors:				Locally procured:	Transplant:	
From:		_ To:		Import:	Non-Transplant:	
#Times						
Missing	A.	Eye b	ank identif	ying information		
		1.	Name, ph	none number, location/address		
	В.	Dono	r informatio	on		
		1.	Unique do	onor identifying #, e.g., donor's social	I security or medical	
		2.	Name of	source eye bank, if tissue is imported	l	
		3.	Age or da	ate of birth of donor		
		4.	a. C	cause of death and physical inspectio	n of body	
				Results of medical record review (com nterview, if applicable	pleted screening form). Social history	
				ndication of whether an autopsy was examiner/Coroner investigation record		
		5.	Date and	times of death, enuc., exc., preserva	tion, and add'l processing	
		6.	Date & tir	ne of cooling of ocular tissues and/or	refrigeration of the body	
		7.	Copy of le	egal authorization		
		8.	Non-plas	ma diluted blood sample		
		9.	Documen	tation of results of all applicable requ	ired infectious disease testing	
		10.	Documer tissue shi	itation of negative results of all requir	ed infectious disease testing prior to	
		11.	Results o	f infectious disease testing recorded	on form to accompany tissue	
		12.	Documen	tation of results of non-required infec	ctious disease testing	
		13.	Indication	of review and sign off by medical dir	rector or designee	

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	C.	Tissue Information				
		1.	Unique ISBT 128 Tissue Identifier for each tissue graft			
		2.	Slit lamp evaluation results			
			a. Evidence of penlight exam of whole eyes prior to enucleation or in situ excision			
			b. Post-excision / post-lamellar preparation slit lamp examination results			
		3.	Post-excision / post-lamellar preparation specular microscopy results			
		4.	Pachymetry results, if applicable			
		5.	Results of donor cultures, if performed			
		6.	Type of storage solution and lot #			
		7.	Transportation and storage information for tissue that is returned and redistributed			
		8.	Date, time, and method of transportation			
		9.	Name(s) of persons performing tissue recovery, preservation, add'l processing and evaluation			
		10.	Utilization of tissue: i.e. surgical, research, training			
		11.	Name of surgeon / consignee receiving tissue			
		12.	Evidence of traceability from donor to consignee for each ISBT 128 Tissue Identifier			
	D.	Tissu	Tissue utilization information			
		1.	Recipient Information Sought			
		2.	Post-Operative Outcome Information Sought			
		3.	Adverse reactions, if reported			
Comments:						