



DONOR / RECIPIENT RECORD REVIEW SUMMARY – Page 1 of 2

Name of Eye Bank: _____ Date of Inspection: _____

Name of Team Leader: _____

INSTRUCTIONS:

1. Use this form to total all of the records reviewed by both inspectors. **The team leader is responsible for completion and submission of this form.**
2. Include this data in the Site Visit Inspection Summation Report.
3. **Count the number of missing fields for each item and write the total in the box.**

List total number of records reviewed by both inspectors: _____ From: _____ To: _____	SOURCE: Note totals below Locally procured: _____ Import: _____	USE: Note totals below Transplant: _____ Non-Transplant: _____
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#Times Missing

A. Eye bank identifying information

1. Name, phone number, location/address

B. Donor information

1. Unique donor identifying #, e.g., donor's social security or medical record #
2. Name of source eye bank, if tissue is imported
3. Age or date of birth of donor
4.
 - a. Cause of death and physical inspection of body
 - b. Results of medical record review (completed screening form). Social history interview, if applicable
 - c. Indication of whether an autopsy was performed. Gross results, Medical Examiner/Coroner investigation records, if applicable
5. Date and times of death, enuc., exc., preservation, and add'l processing
6. Date & time of cooling of ocular tissues and/or refrigeration of the body
7. Copy of legal authorization
8. Non-plasma diluted blood sample
9. Documentation of results of all applicable required infectious disease testing
10. Documentation of negative results of all required infectious disease testing prior to tissue shipment
11. Results of infectious disease testing recorded on form to accompany tissue
12. Documentation of results of non-required infectious disease testing
13. Indication of review and sign off by medical director or designee

