EYE BANK ASSOCIATION OF AMERICA®

EBAA

Medical Advisory Board Agenda Book

October 16, 2025 | Orlando, FL

Medical Advisory Board
October 16, 2025

AGENDA

Welcome and Introductions	Shahzad Mian, MD
Approval of Minutes*	Shahzad Mian, MD
Reports	
Medical Review Subcommittee*	Elmer Tu, MD
• OARRS • MRS Report	
Policy & Position Review Subcommittee	Asim Farooq, MD
Accreditation Board	Marcella Dimond / Amy Lin, MD
Certification Board*	Rachel Peltier
Technician Education Committee*	Ingrid Schunder
Technical Procedures Manual Subcommittee*	Patrick Becker
Old Business	
None	
New Business	
Examination of post preparation endothelium (%Endo Cell Density and %Endo Cell Loss)	Vicky Adler
Medical Standards*	
• G1.100 Quality Control	Brian Philippy
• M1.500 Recipient Follow Up Information	Brian Philippy
• E1.221 Processing via Excision of the CorneoScleral Disc from Enucleated Eyes	Brian Philippy
• F1.300 Matrix	Brian Philippy
• L1.100 Matrix II	Brian Philippy
• F1.200 Endothelial Cell Density and Pachymetry	Brian Philippy
• F1.300 Determination of Surgical Suitability	Brian Philippy

• L1.100 Tissue Report Form	Kristen McCoy
EBAA Statistical Report Calendar Year 2025	Jennifer DeMatteo
UDRAI – Donors greater than 12 – Proposal	Jennifer DeMatteo

Late Additions

For Information

On-Demand Educational Resources for EBAA Members

*Attachment

APPROVAL OF MINUTES

Medical Advisory Board Meeting Minutes
June 27, 2025

Dr. Shahzad Mian called the meeting to order at 2:00pm PST. The following Board members were in attendance:

Shahzad Mian, MD	MAB Chair
Christopher Ketcherside, MD	MAB Vice Chair
Kristen McCoy, CEBT, CTBS	MAB Secretary
Anthony Aldave, MD	
Patrick Becker, CEBT	Technical Procedures Manual Subcommittee Chair
Lisa Brooks, CEBT, CTBS	
Jason Brosious, RN, CEBT, CTBS	
Winston Chamberlain, MD, PhD	
Jamie Collier, MA, CEBT	
Kevin Corcoran, CAE	President & CEO
Maria Cortina, MD	
Andrea Crosson, CEBT	
Jennifer DeMatteo, MCM, CIC	Director of Regulations & Standards, Ex-Officio
Marcella Dimond, CEBT, CTBS	Accreditation Board Co-Chair
Sander Dubovy, MD	
Sean Edelstein, MD	
Asim Farooq, MD	Policy & Position Research Subcommittee Chair, Ex-Officio
Melissa Greenwald, MD	AATB Liaison
Christopher Johns, MBA, CETB, CTBS	
Stephen Kaufman, MD, PHD	
Amy Lin, MD	Accreditation Board Co-Chair
John Lohmeier, CEBT	
Kristin Mathes, MS, MA	
Rachel Peltier, CEBT, PhD	Certification Board Chair
Brian Philippy, CEBT	
Jim Quirk, CEBT	EBAA Chair
Edwin Roberts, MPA, CEBT	
Ingrid Schunder, CEBT	Technician Education Committee Chair
Shannon Schweitzer, MBA, CEBT	
Chris Stoeger, MBA, CEBT, CTBS	
Michael Titus, CEBT	
Michael Tramber, MBA, CEBT, CTBS	
Concetta Triglia, CEBT	
Elmer Tu, MD	Medical Review Subcommittee Chair, Ex-Officio
Woodford Van Meter, MD	
David Verdier, MD	
Jim Wagner, CEBT, CTBS	

Minutes

MOTION: A motion was made and seconded to approve the minutes from the October 2024 meeting.

Discussion:

Correction to the call to order: Dr. ~~Winston Chamberlain~~ Shahzad Mian called the meeting to order at 1:00pm.

All approved, no nays – Motion Passed

Medical Review Subcommittee

Dr. Elmer Tu presented the Medical Review Subcommittee Report.

Dr. Tu reviewed the adverse reaction report as presented in the board packet. Adverse reactions have remained stable for the last several years. The number of adverse events jumped in 2016 and 2017 and the number of early regrafts, and primary failures have remained stable. Of the 3 transplant types DMEK is up slightly and PKP and DSAEK remain stable.

Infections continue to occur however at a low rate, with DMEK sightly higher than DSAEK. Overall, the number of infections, specifically fungal endophthalmitis or keratitis, have gone down significantly and have remained low since 2017.

As a reminder, the FDA is independently contacting eye banks and surgeons following infection-related MedWatch reports. It is important that both surgeons and eye banks provide consistent, accurate information to avoid misinformation.

Amphotericin B Supplementation

Dr. Tu presented data on Amphotericin B supplementation

A large eye bank presented data at ASCRS 2025 on 53,000 grafts (2021–2024). Findings showed a statistically significant increase in primary graft failure (PGF) and early regrafts in PKP tissue with Amphotericin B supplementation. EK tissue showed a similar trend, though not statistically significant. Notably, Amphotericin B supplementation was associated with a statistically significant reduction in post-op infection rates.

Discussion There was discussion about whether the observed graft failure rate is clinically significant, given the small sample size and limited follow-up (8–12 weeks post-transplant). Long-term outcomes, including late regrafts or failures, remain unknown. The infections reported in the study were fungal infections. This data allows surgeons to weigh risks and benefits individually. Additionally, EBAA has added *Candida auris*—a fungus resistant to amphotericin B—to OARRS for tracking.

Rabies Transmission

Dr. Tu presented a recent case of Rabies transmission.

Rabies Transmission Case – CDC Notification (1/28/25):
CDC reported a potential rabies transmission in a kidney recipient who showed acute neurologic

decline and hydrophobia before passing. Rabies was confirmed via PCR on 2/2/25. Kidneys and corneas were recovered from the donor. Cause of death included anoxic brain injury and underlying conditions. Notably, the donor had been scratched by a skunk six weeks prior, with no follow-up or quarantine.

Corneal tissue was used in two DMEK procedures (12/16/24) and one gamma-irradiated CTAK (1/27/25). All grafts were explanted; recipients received post-exposure prophylaxis.

CDC lab analysis confirmed a partial rabies genome in donor corneal cells matching the variant found in the kidney recipient, consistent with silver-haired bat rabies.

Dr. Asim Farooq presented additional information on Rabies and proposed language for the medical standards.

MOTION: A motion was made and seconded to revise the language in the medical standards to:

"Donors with suspected rabies, as well as persons who were bitten or scratched within the last ~~6~~ 12 months by an animal suspected to be infected with rabies, or whose condition is otherwise unknown, should be deferred."

26 approved, 2 nays – Motion Passed

Policy and Position Review Subcommittee

Dr. Asim Farooq presented the Policy and Position Review Subcommittee (PPRS) Report.

The PPRS updated COVID-19 Guidance in March 2025.

- Specific COVID-19 screening questions are no longer required.
- Donors should continue to be screened for active infection and signs of sepsis.
- Ocular tissue from donors with pending COVID-19 results may be released for surgical use at the medical director's discretion, based on clinical assessment.

PPRS has been working on a manuscript, which is close to submission, on positive HTLV, CMV, and EBV. There was some concern about positive HTLV, CMV, and EBV being reported on tissue information forms. The subcommittee performed an extensive literature review which showed no cases of transmission via ocular tissue. Current EBAA guidance states that positive test results for HTLV, CMV, or EBV are not a deferral for ocular tissue. Based on these results the PPRS is not recommending a change to the EBAA medical standards.

Accreditation Board

Marcella Dimond presented the Accreditation Board Report.

During the Spring inspection cycle, 10 banks were inspected. 8 banks received a 3-year accreditation, 1 eye bank received a 1-year accreditation and 1 eye bank was deferred.

Certification Board

Rachel Peltier, PhD presented the Certification Board Report.

Starting Fall 2025, two certification tracks will be available:

Certified Eye Banker – Technical (CEBT): For technical professionals; includes practical performance competency verification.

Certified Eye Banker (CEB): For non-technical professionals; does not require a practical component.

- Candidates may now fulfill the practical requirement with one of three procedures: Corneal Excision, DSAEK, or DMEK.
- A single 250-question exam will be used for both certifications. CEB candidates will not be evaluated on technical proficiency.
- There will be no changes to the recertification process; both CEB and CEBT will follow the same 3-year recertification cycle.
- CEBs may apply to become CEBTs after their first recertification. Early transition requests may be considered after one year under special circumstances.
- There will be no changes to the EBAA Medical Standards; all references to CEBT remain unchanged.

Fall 2025 exam window will be October 11–25. The application deadline is September 3; early rates end August 15.

During the Fall 2024 and Spring 2025 exam cycles 25 new CEBTs were certified.

Technician Education Committee

Ingrid Schunder presented the Technician Education Committee Report.

The Technician Education Seminar (TES) was held virtually in January and February and welcomed 60 attendees from 12 countries. The course featured approximately 30 on-demand presentations and 3 live workshops.

The Committee hosted the following webinars and community chat discussions:

- November: Keratoconus – Overview, Current Treatments and Future Therapies
- December: Community Chat - Corneal Tissue Processing: Ask the Processors
- March: Ocular and Tissue Donation: Working Together to Enhance Lives – hosted with AATB
- April: Community Chat - Corneal Tissue Processing: Ask the Processors Round 2!
- May: Answering the Call: Navigating the Role of the AOC

Upcoming Webinars include:

- July 31: Gender Identification in Decedent Care and Medicolegal Investigation
- August 14: DMEK 2.0 – Beyond the Basics
- September 10: Community Chat: Ocular Tissue Allocation and Distribution

Educational Resources: Ongoing development of technical sessions, skills videos, and procedural content available on eyeLEARN.

Annual Meeting Presentations: Featured interactive sessions and workshops, including DSAEK 2.0, corneal tissue evaluation, and collaborations with medicolegal entities.

Thanks to industry partners (Haag-Streit, Konan, MedLogics, Moria) and eye banks for equipment and tissue donations. Special recognition to donors and families for enabling educational experiences.

Technician Procedures Manual Subcommittee

Patrick Becker gave the Technical Procedures Manual Subcommittee Report.

The procedures manual subcommittee proposed the following changes to the Procedure Manual:

1. Mergers, Acquisitions and Dissolutions – Consider adding to Procedures manual C1.400 or MS C1.400 Change in governance.
    - The addition of the language was tabled. A subcommittee will be formed to discuss and present final verbiage to the MAB at the fall meeting. Language should be compared to existing language in the accreditation and Medical Standards.
2. B1.000 - Accreditation - 3-Year accreditation MS/PM discrepancy –
    - Skipped
3. C2.000, Point 11 in page 7 of Procedures Manual discrepant from page 11 in Medical Standards based on new trainer requirements.
    - a. Update point 11 in C2.000 (page 7) add “or Designated Trainer”

    11. The Medical Director or Designated Trainer must designate in writing all non-EBAA certified technicians who are qualified and authorized to perform eye bank laboratory procedures.

4. C3.100 Eye Bank Laboratory - Glossary, add QPE, Qualified Processing Environment
    - Glossary in Medical standards must have the same definition of QPE in the glossary (Quality Assurance Subcommittee is simultaneously working on this)

    #7: Qualified Processing Environment (QPE) - ISO 5/Class 100 laminar airflow hood, *operating room* or a clean room which meets the eye banks quality control criteria. Refer to EBAA Medical Standards E1.200.

    Discussion: add operating room as a QPE

5. C3.100, point 14 (page 11) - Add Reference

    - EBAA Medical Standards C3.150

6. E1.000 - Recovery, Open-Container Processing and Preservation

    Update Title to: E1.000 Recovery, ~~Open Container~~ Processing, and Preservation

7. E1.120, Enucleation, point 11 (page 61) Gloving
    - a. Add re-gloving rationale to E1.100 point 11

    If the technician compromises their surgical gloves in step 10, or at any other point, either intentionally or unintentionally, they must re-glove or remove outer gloves. If the technician does not compromise their gloves in step 10, they may proceed without re-gloving or removing outer gloves only if doing one of the following:

    a. maintaining sterility of the uncompromised glove, or;
    b. waiting to compromise their gloves and apply the recommended solution until after the second eye is enucleated

8. E1.200, Update title and point 1
    - a. Replace with: Processing shall be performed in a Qualified Processing Environment (QPE)

    E1.200 ~~Open -Container~~ processing

    1. ~~Open container~~ Processing must be performed in: a) a laminar flow hood or biosafety cabinet which meets ISO Class 5 Standards, b) in an accredited operating room, or c) in ~~another~~ a Qualified Processing Environment (QPE) See C3,100: Glossary. ~~documents annually to have less than 25 colony forming units per 90mm settle plate per one hour exposure~~.

9. E1.400 Long Term Preservation - add Ethanol
    - a. Insert Ethanol, between 1. Cryopreservation and 2. Glycerin (will become number 3.)

    Procedure:

    2. Ethanol
        - Tissue preserved in ethanol is to be held for a minimum of 5 days (120 hours) from time of processing before releasing for transplant.
        - Donor tissue may be preserved in ethanol for a period of time validated by the eye bank, not to exceed the expiration date of the medium or container.
        - Ethyl alcohol concentration is to be minimum 70%, by volume.
        - If selecting USP (United States Pharmacopeia) grade, ethanol *concentration* is minimum 95% and a maximum impurity allowance of 0.5% by weight.
        - Another purity / grading option is to subject the ethanol to 0.2 micron filtration, providing ‘filter sterilization’.

    Rationale:

    - If an eye bank elects to use ethanol preservation, a detailed policy and procedure shall be included in the eye bank’s written policies and procedures manual.

    Discussion: in the 4th bullet under procedure add the word concentration after ethanol

10. J1.000, point 4 b - FIN(P)
    - a. Procedures manual J1.000 Point 4 B (page 168)- "if applicable" needs to be deleted to match the new FIN (P) requirement for all processed tissues regardless of the source/distributing eye bank.

      B. ISBT 128 tissue identifiers. ISBT tissue identifiers include Donation Identification Number (DIN), Product Code, and Processing Facility Information Code. ~~(If applicable)~~

Discussion: Change the preservation to storage to be consistent with ISBT

MOTION: A motion was made and seconded to approve the above changes to the procedure manual. Number 1 was excluded, and discussion items were added to the above changes.

All approved, no nays – Motion Passed

The procedures committee will be revising the procedures manual to identify process improvements and opportunities. The revised procedures manual will be presented at the fall meeting.

Discussion: Change preservation to storage to be consistent with ISBT

Old Business

Kristin Mathes presented a Sepsis Work Group update

Sepsis Guidance and Workflow Discussion:

- In 2024, multiple eye banks received FDA 483 citations due to inconsistent interpretation of the 2007 sepsis guidance. Concerns were raised about tissue safety.
- A Sepsis Work Group was formed during the 2024 MAB meeting to develop a consistent evaluation tool for sepsis across eye banks.
- The group reviewed FDA warning letters and infection cases but found no correlation between reported infections and donor records.
- Initial efforts to create a universal tool were paused pending new FDA guidance documents, which were released in January 2025 and then rescinded. Revised versions are now open for public comment (due July 7).
- A workflow tool was developed based on the 2007 guidance, incorporating input from multiple eye banks and reviewed by a physician-led work group. It is intended as a guidance document, not a medical standard.
- The tool outlines steps for evaluating potential sepsis, including:
    - Deferral if sepsis is confirmed with no alternative explanation.
    - Further review and consultation if sepsis is suspected but not confirmed.
    - Use of a treating physician or knowledgeable healthcare professional for additional medical history.

- Additional recommendations include:
    - Work to provide guidance on documentation
    - Providing training on effective communication with hospital staff
    - Sharing language to support efficient physician consults

New Business

Wayne Dietz presented a request from the QA committee to add a nonvoting seat on the MAB.

MOTION: A motion was made and seconded to approve the QA committee to have a nonvoting seat on the MAB.

All approved, no nays

Jennifer DeMatteo presented updates to the Guide for ISBT 128 in North America Eye Banks.

This guide was last updated in 2017 and is part of the procedure's manual. There are several updates which are presented in the board packet.

MOTION: A motion was made and seconded to approve the updates as presented in the MAB Agenda packet to the Guide for ISBT 128 in North American Eye Banks.

All approved, no nays

Late Additions

No late additions

MOTION: A motion was made and seconded to adjourn the Medical Advisory Board Meeting at 1538 PST.

All approved, no nays

REPORTS

MEDICAL REVIEW SUBCOMMITTEE

EYE BANK ASSOCIATION OF AMERICA

OARRS
The Online Adverse Reaction Reporting System

Welcome back, EBAA Admin!

Adverse Reactions Reasonably Likely/ Proven to be Due to Donor Tissue

Report generated 12 Sep 2025 2:08pm EDT

	2020	2021	2022	2023	2024	2025	Mean
Primary Graft Failure	**70**	**87**	**76**	**98**	**99**	**34**	**77.33**
Recipient's Age (mean)	67.18	66.37	64.58	70.87	66.19	71.85	67.46
Donor's Age (mean)	55.12	58.47	58.37	59.95	56.97	60.29	57.97
Donor Cause of Death							
Heart disease	16 (23%)	22 (25%)	21 (28%)	27 (28%)	31 (31%)	7 (21%)	20.67 (27%)
Cancer	19 (27%)	18 (21%)	14 (18%)	16 (16%)	19 (19%)	7 (21%)	15.5 (20%)
Cerebrovascular accident	12 (17%)	13 (15%)	10 (13%)	14 (14%)	13 (13%)	5 (15%)	11.17 (14%)
Respiratory disease	4 (6%)	9 (10%)	5 (7%)	10 (10%)	10 (10%)	7 (21%)	7.5 (10%)
Trauma	6 (9%)	4 (5%)	8 (11%)	4 (4%)	8 (8%)	0 (0%)	5 (6%)
Toxic / Accident	0 (0%)	0 (0%)	1 (1%)	1 (1%)	0 (0%)	1 (3%)	0.5 (1%)
Other	13 (19%)	21 (24%)	17 (22%)	26 (27%)	18 (18%)	7 (21%)	17 (22%)
Mated Cases	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Procedure Type							
Penetrating keratoplasty (includes LAK/IEK)	13 (19%)	18 (21%)	25 (33%)	11 (11%)	20 (20%)	6 (18%)	15.5 (20%)
Anterior lamellar keratoplasty (includes ALK, DALK)	1 (1%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0.17 (0%)
Endothelial keratoplasty: DSEK, DSAEK, DLEK	32 (46%)	41 (47%)	28 (37%)	45 (46%)	34 (34%)	18 (53%)	33 (43%)
Endothelial keratoplasty: DMEK or DMAEK	24 (34%)	28 (32%)	23 (30%)	42 (43%)	44 (44%)	10 (29%)	28.5 (37%)
Keratolimbal allograft	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (1%)	0 (0%)	0.17 (0%)
Source of Lamellar Cut							
N/A	14 (20%)	17 (20%)	26 (34%)	10 (10%)	22 (22%)	6 (18%)	15.83 (20%)
Surgeon	2 (3%)	2 (2%)	0 (0%)	2 (2%)	2 (2%)	0 (0%)	1.33 (2%)
Processing establishment - source eye bank	31 (44%)	38 (44%)	32 (42%)	47 (48%)	37 (37%)	12 (35%)	32.83 (42%)
Other processing establishment	23 (33%)	30 (34%)	18 (24%)	39 (40%)	38 (38%)	16 (47%)	27.33 (35%)
Type of Lamellar Cut							
N/A	15 (21%)	19 (22%)	26 (34%)	11 (11%)	22 (22%)	6 (18%)	16.5 (21%)
Microkeratome	31 (44%)	40 (46%)	24 (32%)	46 (47%)	35 (35%)	17 (50%)	32.17 (42%)
Laser	0 (0%)	1 (1%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0.17 (0%)
Manual Dissection	24 (34%)	27 (31%)	26 (34%)	41 (42%)	42 (42%)	11 (32%)	28.5 (37%)
Tissue Preloaded							
Yes	19 (27%)	21 (24%)	21 (28%)	34 (35%)	38 (38%)	17 (50%)	25 (32%)
No	51 (73%)	66 (76%)	55 (72%)	64 (65%)	61 (62%)	17 (50%)	52.33 (68%)
Location of Tissue Transplant							
United States	48 (69%)	70 (80%)	54 (71%)	69 (70%)	66 (67%)	25 (74%)	55.33 (72%)
International	22 (31%)	17 (20%)	22 (29%)	29 (30%)	33 (33%)	9 (26%)	22 (28%)
Preoperative Diagnosis							

	2020	2021	2022	2023	2024	2025	Mean
A. Endothelial Dysfunction or Corneal Edema due to Prior Surgery	13 (19%)	16 (18%)	10 (13%)	16 (16%)	24 (24%)	11 (32%)	15 (19%)
B. Ectasias/Thinnings	3 (4%)	1 (1%)	10 (13%)	3 (3%)	5 (5%)	0 (0%)	3.67 (5%)
C. Heritable Endothelial Dystrophies	23 (33%)	33 (38%)	31 (41%)	52 (53%)	35 (35%)	11 (32%)	30.83 (40%)
D. Repeat Corneal Transplant	9 (13%)	11 (13%)	2 (3%)	11 (11%)	9 (9%)	6 (18%)	8 (10%)
E. Anterior and Stromal Non-Ectatic Degenerations or Dystrophies	5 (7%)	1 (1%)	4 (5%)	2 (2%)	3 (3%)	0 (0%)	2.5 (3%)
G. Microbial Keratitis	0 (0%)	0 (0%)	0 (0%)	1 (1%)	1 (1%)	0 (0%)	0.33 (0%)
H. Mechanical (non-surgical) or Chemical Trauma	0 (0%)	1 (1%)	2 (3%)	0 (0%)	2 (2%)	1 (3%)	1 (1%)
I. Congenital Opacities	0 (0%)	1 (1%)	0 (0%)	1 (1%)	1 (1%)	1 (3%)	0.67 (1%)
J. Post-Surgical Non-Edematous Corneal Opacification or Distortion (not due to prior refractive surgery or keratoplasty)	3 (4%)	1 (1%)	2 (3%)	1 (1%)	1 (1%)	1 (3%)	1.5 (2%)
K. Non-infectious Ulcerative Keratitis, Thinning, or Perforation	0 (0%)	2 (2%)	1 (1%)	0 (0%)	3 (3%)	0 (0%)	1 (1%)
L. Secondary Endothelial Dysfunction (other than dystrophy or surgical/non-surgical trauma)	12 (17%)	17 (20%)	11 (14%)	9 (9%)	7 (7%)	2 (6%)	9.67 (13%)
Z. Unknown, Unreported, or Unspecified	2 (3%)	3 (3%)	3 (4%)	2 (2%)	8 (8%)	1 (3%)	3.17 (4%)
Endothelial Density (mean)	2873.9	2847.02	2841.07	2786.91	2741.18	2812.78	2812.67
Death to Cooling (mean hrs)	3.85	4.35	3.8	3.44	4.38	4.23	4.01
Range	0–15	0–19	1–18	0–15	0–22	1–16.25	0–22
Death to Preservation (mean hrs)	11.23	13.07	12.42	13.59	13.49	15.61	13.07
Range	3–23	3–24	3.7–23	2.4–25	2.63–24	1.82–25	1.82–25
Death to Surgery (mean days)	6.61	6.45	6.89	7.46	7.37	7.73	7.05
Range	3–13	2–10.6	2–12	3–13	2–14	2–14	2–14
Preservation Method							
Optisol-GS	63 (90%)	66 (76%)	59 (78%)	88 (90%)	93 (94%)	29 (85%)	66.33 (86%)
Life4C	7 (10%)	21 (24%)	5 (7%)	0 (0%)	0 (0%)	0 (0%)	5.5 (7%)
Eusol-C	0 (0%)	0 (0%)	8 (11%)	9 (9%)	6 (6%)	5 (15%)	4.67 (6%)
Kerasave	0 (0%)	0 (0%)	4 (5%)	1 (1%)	0 (0%)	0 (0%)	0.83 (1%)
Was storage solution changed after processing?							
No	22 (31%)	31 (36%)	32 (42%)	25 (26%)	33 (33%)	6 (18%)	24.83 (32%)
Yes	48 (69%)	56 (64%)	44 (58%)	73 (74%)	66 (67%)	28 (82%)	52.5 (68%)
Post-Processing Preservation Method							
Optisol-GS	40 (83%)	45 (80%)	33 (75%)	55 (75%)	47 (71%)	17 (61%)	39.5 (75%)
Life4C	6 (13%)	8 (14%)	2 (5%)	0 (0%)	0 (0%)	0 (0%)	2.67 (5%)
Eusol-C	0 (0%)	0 (0%)	7 (16%)	13 (18%)	9 (14%)	4 (14%)	5.5 (10%)
Kerasave	0 (0%)	0 (0%)	0 (0%)	0 (0%)	5 (8%)	4 (14%)	1.5 (3%)
Other	2 (4%)	3 (5%)	2 (5%)	5 (7%)	5 (8%)	3 (11%)	3.33 (6%)
Antifungal Supplementation?							
No	55 (79%)	67 (77%)	59 (78%)	76 (78%)	78 (79%)	20 (59%)	59.17 (77%)
Yes	15 (21%)	20 (23%)	17 (22%)	22 (22%)	21 (21%)	14 (41%)	18.17 (23%)
Recovery Procedure							
In-situ corneal excision	67 (96%)	85 (98%)	75 (99%)	92 (94%)	97 (98%)	33 (97%)	74.83 (97%)
In-laboratory corneal and/or scleral excision after enucleation	3 (4%)	2 (2%)	1 (1%)	6 (6%)	2 (2%)	1 (3%)	2.5 (3%)
Donor Site Facility							
Hospital	48 (69%)	50 (57%)	44 (58%)	50 (51%)	55 (56%)	20 (59%)	44.5 (58%)
Medical examiner	4 (6%)	5 (6%)	5 (7%)	8 (8%)	10 (10%)	2 (6%)	5.67 (7%)
Funeral home or mortuary	5 (7%)	8 (9%)	1 (1%)	7 (7%)	7 (7%)	2 (6%)	5 (6%)
Other	13 (19%)	24 (28%)	26 (34%)	33 (34%)	27 (27%)	10 (29%)	22.17 (29%)

	2020	2021	2022	2023	2024	2025	Mean
Early Regraft	**78**	**66**	**89**	**78**	**95**	**53**	**76.5**
Recipient's Age (mean)	66.22	67.32	69.89	70.85	69.94	68.88	68.85
Donor's Age (mean)	59.31	58.58	59.86	61.47	60.2	62.67	60.12
Donor Cause of Death							
Heart disease	20 (26%)	21 (32%)	27 (30%)	32 (41%)	36 (38%)	16 (30%)	25.33 (33%)
Cancer	20 (26%)	13 (20%)	20 (22%)	21 (27%)	29 (31%)	11 (21%)	19 (25%)
Cerebrovascular accident	9 (12%)	7 (11%)	5 (6%)	12 (15%)	7 (7%)	9 (17%)	8.17 (11%)
Respiratory disease	3 (4%)	8 (12%)	9 (10%)	2 (3%)	6 (6%)	3 (6%)	5.17 (7%)
Trauma	5 (6%)	6 (9%)	7 (8%)	3 (4%)	4 (4%)	4 (8%)	4.83 (6%)
Toxic / Accident	1 (1%)	1 (2%)	2 (2%)	0 (0%)	1 (1%)	0 (0%)	0.83 (1%)
Other	20 (26%)	10 (15%)	19 (21%)	8 (10%)	12 (13%)	10 (19%)	13.17 (17%)
Mated Cases	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Procedure Type							
Penetrating keratoplasty (includes LAK/IEK)	13 (17%)	7 (11%)	5 (6%)	1 (1%)	2 (2%)	7 (13%)	5.83 (8%)
Endothelial keratoplasty: DSEK, DSAEK, DLEK	25 (32%)	19 (29%)	20 (22%)	19 (24%)	23 (24%)	19 (36%)	20.83 (27%)
Endothelial keratoplasty: DMEK or DMAEK	40 (51%)	40 (61%)	64 (72%)	58 (74%)	70 (74%)	27 (51%)	49.83 (65%)
Source of Lamellar Cut							
N/A	9 (12%)	9 (14%)	9 (10%)	2 (3%)	3 (3%)	7 (13%)	6.5 (8%)
Surgeon	5 (6%)	1 (2%)	3 (3%)	2 (3%)	8 (8%)	1 (2%)	3.33 (4%)
Processing establishment - source eye bank	47 (60%)	30 (45%)	50 (56%)	53 (68%)	55 (58%)	27 (51%)	43.67 (57%)
Other processing establishment	17 (22%)	26 (39%)	27 (30%)	21 (27%)	29 (31%)	18 (34%)	23 (30%)
Type of Lamellar Cut							
N/A	13 (17%)	9 (14%)	9 (10%)	1 (1%)	3 (3%)	7 (13%)	7 (9%)
Microkeratome	25 (32%)	19 (29%)	18 (20%)	19 (24%)	20 (21%)	19 (36%)	20 (26%)
Laser	0 (0%)	1 (2%)	2 (2%)	0 (0%)	0 (0%)	0 (0%)	0.5 (1%)
Manual Dissection	40 (51%)	37 (56%)	60 (67%)	58 (74%)	72 (76%)	27 (51%)	49 (64%)
Tissue Preloaded							
Yes	28 (36%)	36 (55%)	50 (56%)	57 (73%)	62 (65%)	28 (53%)	43.5 (57%)
No	50 (64%)	30 (45%)	39 (44%)	21 (27%)	33 (35%)	25 (47%)	33 (43%)
Location of Tissue Transplant							
United States	64 (82%)	58 (88%)	82 (92%)	75 (96%)	89 (94%)	36 (68%)	67.33 (88%)
International	14 (18%)	8 (12%)	7 (8%)	3 (4%)	6 (6%)	17 (32%)	9.17 (12%)
Preoperative Diagnosis							
A. Endothelial Dysfunction or Corneal Edema due to Prior Surgery	3 (4%)	5 (8%)	5 (6%)	4 (5%)	16 (17%)	12 (23%)	7.5 (10%)
B. Ectasias/Thinnings	4 (5%)	0 (0%)	2 (2%)	1 (1%)	0 (0%)	2 (4%)	1.5 (2%)
C. Heritable Endothelial Dystrophies	39 (50%)	36 (55%)	63 (71%)	63 (81%)	59 (62%)	30 (57%)	48.33 (63%)
D. Repeat Corneal Transplant	12 (15%)	3 (5%)	4 (4%)	5 (6%)	5 (5%)	4 (8%)	5.5 (7%)
E. Anterior and Stromal Non-Ectatic Degenerations or Dystrophies	9 (12%)	5 (8%)	5 (6%)	2 (3%)	4 (4%)	0 (0%)	4.17 (5%)
G. Microbial Keratitis	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (2%)	0.17 (0%)
H. Mechanical (non-surgical) or Chemical Trauma	1 (1%)	1 (2%)	1 (1%)	0 (0%)	0 (0%)	0 (0%)	0.5 (1%)
J. Post-Surgical Non-Edematous Corneal Opacification or Distortion (not due to prior refractive surgery or keratoplasty)	2 (3%)	2 (3%)	0 (0%)	0 (0%)	1 (1%)	0 (0%)	0.83 (1%)
L. Secondary Endothelial Dysfunction (other than dystrophy or surgical/non-surgical trauma)	5 (6%)	11 (17%)	5 (6%)	1 (1%)	7 (7%)	3 (6%)	5.33 (7%)
Z. Unknown, Unreported, or Unspecified	3 (4%)	3 (5%)	4 (4%)	2 (3%)	3 (3%)	1 (2%)	2.67 (3%)
Endothelial Density (mean)	2783.15	2818.09	2829.56	2818.45	2810.84	2705.44	2800.26

	2020	2021	2022	2023	2024	2025	Mean
Death to Cooling (mean hrs)	3.31	3.63	5.48	3.73	4.23	28.96	6.86
Range	0–10	0–11	0–39	1–17	0–16	1–1000	0–1000
Death to Preservation (mean hrs)	11.53	12.52	11.49	11.41	11.32	62.97	17.54
Range	3.2–23	3.1–24	2.8–23.5	1.28–24	3.35–25	3.9–1723	1.28–1723
Death to Surgery (mean days)	6.22	6.52	6.13	5.99	6.11	6.49	6.21
Range	1–12	3–10	2–11	2–12	2–12	3–13	1–13
Preservation Method							
Optisol-GS	68 (87%)	50 (76%)	65 (73%)	70 (90%)	83 (87%)	51 (96%)	64.5 (84%)
Life4C	10 (13%)	16 (24%)	12 (13%)	0 (0%)	0 (0%)	0 (0%)	6.33 (8%)
Eusol-C	0 (0%)	0 (0%)	10 (11%)	6 (8%)	12 (13%)	2 (4%)	5 (7%)
Kerasave	0 (0%)	0 (0%)	2 (2%)	2 (3%)	0 (0%)	0 (0%)	0.67 (1%)
Was storage solution changed after processing?							
No	18 (23%)	14 (21%)	30 (34%)	14 (18%)	27 (28%)	17 (32%)	20 (26%)
Yes	60 (77%)	52 (79%)	59 (66%)	64 (82%)	68 (72%)	36 (68%)	56.5 (74%)
Post-Processing Preservation Method							
Optisol-GS	50 (83%)	36 (69%)	37 (63%)	45 (70%)	36 (53%)	15 (42%)	36.5 (65%)
Life4C	8 (13%)	10 (19%)	6 (10%)	0 (0%)	0 (0%)	0 (0%)	4 (7%)
Eusol-C	0 (0%)	0 (0%)	3 (5%)	5 (8%)	11 (16%)	7 (19%)	4.33 (8%)
Kerasave	0 (0%)	0 (0%)	0 (0%)	1 (2%)	10 (15%)	3 (8%)	2.33 (4%)
Other	2 (3%)	6 (12%)	13 (22%)	13 (20%)	11 (16%)	11 (31%)	9.33 (17%)
Antifungal Supplementation?							
No	58 (74%)	46 (70%)	57 (64%)	51 (65%)	65 (68%)	36 (68%)	52.17 (68%)
Yes	20 (26%)	20 (30%)	32 (36%)	27 (35%)	30 (32%)	17 (32%)	24.33 (32%)
Recovery Procedure							
In-situ corneal excision	78 (100%)	63 (95%)	87 (98%)	77 (99%)	95 (100%)	53 (100%)	75.5 (99%)
In-laboratory corneal and/or scleral excision after enucleation	0 (0%)	3 (5%)	2 (2%)	0 (0%)	0 (0%)	0 (0%)	0.83 (1%)
In-situ enucleation for whole eye distribution	0 (0%)	0 (0%)	0 (0%)	1 (1%)	0 (0%)	0 (0%)	0.17 (0%)
Donor Site Facility							
Hospital	55 (71%)	37 (56%)	50 (56%)	49 (63%)	58 (61%)	28 (53%)	46.17 (60%)
Medical examiner	6 (8%)	8 (12%)	5 (6%)	3 (4%)	3 (3%)	3 (6%)	4.67 (6%)
Funeral home or mortuary	4 (5%)	5 (8%)	4 (4%)	7 (9%)	5 (5%)	3 (6%)	4.67 (6%)
Other	13 (17%)	16 (24%)	30 (34%)	19 (24%)	29 (31%)	19 (36%)	21 (27%)
Endophthalmitis	**13**	**9**	**11**	**17**	**9**	**7**	**11**
Recipient's Age (mean)	58.54	57.44	62.1	65.27	64.29	61.86	61.66
Donor's Age (mean)	61.69	46	54.8	53.06	57.5	52.71	54.63
Donor Cause of Death							
Heart disease	3 (23%)	1 (11%)	3 (27%)	3 (18%)	1 (11%)	2 (29%)	2.17 (20%)
Cancer	4 (31%)	2 (22%)	2 (18%)	5 (29%)	1 (11%)	1 (14%)	2.5 (23%)
Cerebrovascular accident	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (14%)	0.17 (2%)
Respiratory disease	4 (31%)	1 (11%)	0 (0%)	2 (12%)	0 (0%)	1 (14%)	1.33 (12%)
Trauma	0 (0%)	0 (0%)	1 (9%)	3 (18%)	0 (0%)	2 (29%)	1 (9%)
Toxic / Accident	1 (8%)	0 (0%)	0 (0%)	0 (0%)	1 (11%)	0 (0%)	0.33 (3%)
Other	1 (8%)	5 (56%)	5 (45%)	4 (24%)	6 (67%)	0 (0%)	3.5 (32%)
Mated Cases	0 (0%)	0 (0%)	1 (9%)	0 (0%)	1 (11%)	0 (0%)	0.33 (3%)
Procedure Type							
Penetrating keratoplasty (includes LAK/IEK)	3 (23%)	5 (56%)	3 (27%)	8 (47%)	4 (44%)	1 (14%)	4 (36%)
Anterior lamellar keratoplasty (includes ALK, DALK)	0 (0%)	0 (0%)	0 (0%)	1 (6%)	0 (0%)	0 (0%)	0.17 (2%)

	2020	2021	2022	2023	2024	2025	Mean
Endothelial keratoplasty: DSEK, DSAEK, DLEK	4 (31%)	1 (11%)	5 (45%)	5 (29%)	1 (11%)	2 (29%)	3 (27%)
Endothelial keratoplasty: DMEK or DMAEK	5 (38%)	3 (33%)	3 (27%)	3 (18%)	4 (44%)	3 (43%)	3.5 (32%)
Keratoprosthesis (K-Pro)	1 (8%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (14%)	0.33 (3%)
Source of Lamellar Cut							
N/A	4 (31%)	5 (56%)	3 (27%)	8 (47%)	4 (44%)	2 (29%)	4.33 (39%)
Surgeon	2 (15%)	0 (0%)	1 (9%)	1 (6%)	0 (0%)	1 (14%)	0.83 (8%)
Processing establishment - source eye bank	4 (31%)	4 (44%)	6 (55%)	7 (41%)	2 (22%)	4 (57%)	4.5 (41%)
Other processing establishment	3 (23%)	0 (0%)	1 (9%)	1 (6%)	3 (33%)	0 (0%)	1.33 (12%)
Type of Lamellar Cut							
N/A	4 (31%)	5 (56%)	3 (27%)	10 (59%)	4 (44%)	2 (29%)	4.67 (42%)
Microkeratome	4 (31%)	1 (11%)	5 (45%)	4 (24%)	1 (11%)	1 (14%)	2.67 (24%)
Manual Dissection	5 (38%)	3 (33%)	3 (27%)	3 (18%)	4 (44%)	4 (57%)	3.67 (33%)
Tissue Preloaded							
Yes	4 (31%)	2 (22%)	5 (45%)	4 (24%)	4 (44%)	2 (29%)	3.5 (32%)
No	9 (69%)	7 (78%)	6 (55%)	13 (76%)	5 (56%)	5 (71%)	7.5 (68%)
Location of Tissue Transplant							
United States	12 (92%)	8 (89%)	10 (91%)	15 (88%)	8 (89%)	5 (71%)	9.67 (88%)
International	1 (8%)	1 (11%)	1 (9%)	2 (12%)	1 (11%)	2 (29%)	1.33 (12%)
Concordant Positive Cultures	1 (8%)	1 (11%)	1 (9%)	3 (18%)	1 (11%)	1 (14%)	1.33 (12%)
Recipient Culture Results							
Candida albicans	1 (8%)	1 (13%)	0 (0%)	1 (5%)	1 (13%)	0 (0%)	0.67 (6%)
Candida glabrata	3 (23%)	2 (25%)	0 (0%)	0 (0%)	0 (0%)	1 (17%)	1 (9%)
Candida other	0 (0%)	0 (0%)	1 (8%)	0 (0%)	0 (0%)	0 (0%)	0.17 (2%)
Candida parapsilosis	1 (8%)	1 (13%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0.33 (3%)
Candida tropicalis	0 (0%)	0 (0%)	1 (8%)	0 (0%)	0 (0%)	0 (0%)	0.17 (2%)
Candida unspecified	1 (8%)	0 (0%)	1 (8%)	1 (5%)	0 (0%)	0 (0%)	0.5 (5%)
Cryptococcus spp.	0 (0%)	1 (13%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0.17 (2%)
Cutibacterium acnes	0 (0%)	0 (0%)	1 (8%)	0 (0%)	0 (0%)	0 (0%)	0.17 (2%)
Enterobacter spp.	1 (8%)	0 (0%)	0 (0%)	1 (5%)	0 (0%)	0 (0%)	0.33 (3%)
Enterococcus faecalis	1 (8%)	0 (0%)	1 (8%)	1 (5%)	0 (0%)	0 (0%)	0.5 (5%)
Enterococcus faecium	0 (0%)	0 (0%)	0 (0%)	0 (0%)	2 (25%)	0 (0%)	0.33 (3%)
Escherichia coli	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (13%)	0 (0%)	0.17 (2%)
Microdochium spp.	0 (0%)	0 (0%)	0 (0%)	1 (5%)	0 (0%)	0 (0%)	0.17 (2%)
Propionibacterium spp.	0 (0%)	0 (0%)	0 (0%)	1 (5%)	0 (0%)	0 (0%)	0.17 (2%)
Rhodococcus spp.	0 (0%)	0 (0%)	0 (0%)	1 (5%)	0 (0%)	0 (0%)	0.17 (2%)
Serratia spp.	0 (0%)	0 (0%)	0 (0%)	1 (5%)	1 (13%)	0 (0%)	0.33 (3%)
Staphylococcus aureus	0 (0%)	1 (13%)	1 (8%)	0 (0%)	0 (0%)	0 (0%)	0.33 (3%)
Staphylococcus epidermidis / coagulase negative	0 (0%)	0 (0%)	0 (0%)	1 (5%)	0 (0%)	0 (0%)	0.17 (2%)
Streptococcus agalactiae (Group B Strep)	0 (0%)	0 (0%)	0 (0%)	1 (5%)	0 (0%)	0 (0%)	0.17 (2%)
Streptococcus, viridans group	0 (0%)	0 (0%)	0 (0%)	1 (5%)	0 (0%)	1 (17%)	0.33 (3%)
Yeast - non-specified	1 (8%)	0 (0%)	1 (8%)	0 (0%)	0 (0%)	0 (0%)	0.33 (3%)
Other Organism	0 (0%)	0 (0%)	0 (0%)	1 (5%)	0 (0%)	0 (0%)	0.17 (2%)
Not done	2 (15%)	1 (13%)	2 (17%)	3 (16%)	1 (13%)	2 (33%)	1.83 (17%)
No growth	2 (15%)	1 (13%)	3 (25%)	4 (21%)	2 (25%)	2 (33%)	2.33 (21%)
Death to Cooling (mean hrs)	4.42	4.81	3.66	3.89	4.71	3.45	4.17
Range	1.5–15	1.5–11	1.7–7	0–9	2–15.4	0–16.27	0–16.27
Death to Preservation (mean hrs)	14.23	11.76	14.73	12.7	14.78	14.92	13.73
Range	5–20	6–23	7–21	5–22	6–22	7–23.36	5–23.36
Death to Surgery (mean days)	5.77	7.11	5.91	6.29	7.67	6.43	6.44

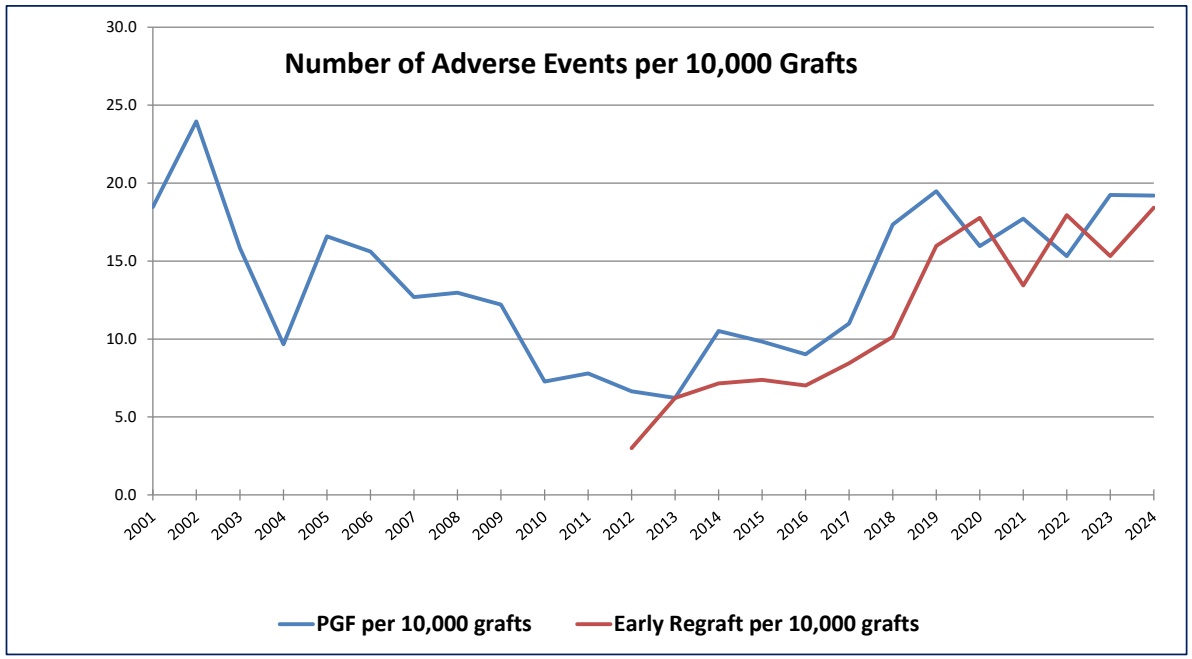
	2020	2021	2022	2023	2024	2025	Mean
Range	4–10	3–13	3–9	3–10	3–13	3–10	3–13
Preservation Method							
Optisol-GS	8 (62%)	5 (56%)	7 (64%)	15 (88%)	9 (100%)	7 (100%)	8.5 (77%)
Life4C	5 (38%)	4 (44%)	1 (9%)	0 (0%)	0 (0%)	0 (0%)	1.67 (15%)
Eusol-C	0 (0%)	0 (0%)	2 (18%)	2 (12%)	0 (0%)	0 (0%)	0.67 (6%)
Kerasave	0 (0%)	0 (0%)	1 (9%)	0 (0%)	0 (0%)	0 (0%)	0.17 (2%)
Was storage solution changed after processing?							
No	4 (31%)	5 (56%)	6 (55%)	10 (59%)	5 (56%)	4 (57%)	5.67 (52%)
Yes	9 (69%)	4 (44%)	5 (45%)	7 (41%)	4 (44%)	3 (43%)	5.33 (48%)
Post-Processing Preservation Method							
Optisol-GS	7 (78%)	3 (75%)	3 (60%)	6 (86%)	3 (75%)	2 (67%)	4 (75%)
Life4C	2 (22%)	1 (25%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0.5 (9%)
Eusol-C	0 (0%)	0 (0%)	1 (20%)	0 (0%)	0 (0%)	1 (33%)	0.33 (6%)
Kerasave	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (25%)	0 (0%)	0.17 (3%)
Other	0 (0%)	0 (0%)	1 (20%)	1 (14%)	0 (0%)	0 (0%)	0.33 (6%)
Antifungal Supplementation?							
No	13 (100%)	9 (100%)	11 (100%)	14 (82%)	7 (78%)	7 (100%)	10.17 (92%)
Yes	0 (0%)	0 (0%)	0 (0%)	3 (18%)	2 (22%)	0 (0%)	0.83 (8%)
Recovery Procedure							
In-situ corneal excision	13 (100%)	9 (100%)	11 (100%)	17 (100%)	9 (100%)	7 (100%)	11 (100%)
Donor Site Facility							
Hospital	6 (46%)	8 (89%)	7 (64%)	9 (53%)	2 (22%)	2 (29%)	5.67 (52%)
Medical examiner	3 (23%)	0 (0%)	1 (9%)	3 (18%)	3 (33%)	2 (29%)	2 (18%)
Funeral home or mortuary	0 (0%)	1 (11%)	0 (0%)	4 (24%)	0 (0%)	0 (0%)	0.83 (8%)
Other	4 (31%)	0 (0%)	3 (27%)	1 (6%)	4 (44%)	3 (43%)	2.5 (23%)
Infectious Keratitis	**8**	**19**	**16**	**14**	**12**	**10**	**13.17**
Recipient's Age (mean)	43.57	61.25	65.13	57.3	65.5	71.14	61.35
Donor's Age (mean)	47.71	54.94	49.87	56.6	63.8	59.67	55.05
Donor Cause of Death							
Heart disease	2 (25%)	4 (21%)	4 (25%)	3 (21%)	3 (25%)	4 (40%)	3.33 (25%)
Cancer	0 (0%)	1 (5%)	1 (6%)	4 (29%)	1 (8%)	2 (20%)	1.5 (11%)
Cerebrovascular accident	0 (0%)	1 (5%)	0 (0%)	1 (7%)	1 (8%)	2 (20%)	0.83 (6%)
Respiratory disease	1 (13%)	5 (26%)	2 (13%)	0 (0%)	2 (17%)	0 (0%)	1.67 (13%)
Trauma	2 (25%)	2 (11%)	4 (25%)	1 (7%)	1 (8%)	1 (10%)	1.83 (14%)
Toxic / Accident	0 (0%)	1 (5%)	0 (0%)	1 (7%)	0 (0%)	0 (0%)	0.33 (3%)
Other	3 (38%)	5 (26%)	5 (31%)	4 (29%)	4 (33%)	1 (10%)	3.67 (28%)
Mated Cases	0 (0%)	1 (5%)	1 (6%)	0 (0%)	0 (0%)	0 (0%)	0.33 (3%)
Procedure Type							
Penetrating keratoplasty (includes LAK/IEK)	2 (25%)	7 (37%)	2 (13%)	3 (21%)	2 (17%)	3 (30%)	3.17 (24%)
Anterior lamellar keratoplasty (includes ALK, DALK)	0 (0%)	2 (11%)	1 (6%)	1 (7%)	0 (0%)	0 (0%)	0.67 (5%)
Endothelial keratoplasty: DSEK, DSAEK, DLEK	6 (75%)	4 (21%)	9 (56%)	6 (43%)	2 (17%)	3 (30%)	5 (38%)
Endothelial keratoplasty: DMEK or DMAEK	0 (0%)	5 (26%)	4 (25%)	4 (29%)	8 (67%)	4 (40%)	4.17 (32%)
Keratoprosthesis (K-Pro)	0 (0%)	1 (5%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0.17 (1%)
Source of Lamellar Cut							
N/A	2 (25%)	9 (47%)	2 (13%)	2 (14%)	2 (17%)	3 (30%)	3.33 (25%)
Surgeon	0 (0%)	0 (0%)	0 (0%)	2 (14%)	0 (0%)	1 (10%)	0.5 (4%)
Processing establishment - source eye bank	5 (63%)	6 (32%)	11 (69%)	6 (43%)	7 (58%)	4 (40%)	6.5 (49%)
Other processing establishment	1 (13%)	4 (21%)	3 (19%)	4 (29%)	3 (25%)	2 (20%)	2.83 (22%)

	2020	2021	2022	2023	2024	2025	Mean
Type of Lamellar Cut							
N/A	2 (25%)	9 (47%)	2 (13%)	3 (21%)	2 (17%)	3 (30%)	3.5 (27%)
Microkeratome	6 (75%)	5 (26%)	8 (50%)	5 (36%)	2 (17%)	3 (30%)	4.83 (37%)
Laser	0 (0%)	0 (0%)	0 (0%)	1 (7%)	0 (0%)	0 (0%)	0.17 (1%)
Manual Dissection	0 (0%)	5 (26%)	6 (38%)	5 (36%)	8 (67%)	4 (40%)	4.67 (35%)
Tissue Preloaded							
Yes	0 (0%)	5 (26%)	4 (25%)	3 (21%)	8 (67%)	4 (40%)	4 (30%)
No	8 (100%)	14 (74%)	12 (75%)	11 (79%)	4 (33%)	6 (60%)	9.17 (70%)
Location of Tissue Transplant							
United States	5 (63%)	17 (89%)	14 (88%)	10 (71%)	10 (83%)	7 (70%)	10.5 (80%)
International	3 (38%)	2 (11%)	2 (13%)	4 (29%)	2 (17%)	3 (30%)	2.67 (20%)
Concordant Positive Cultures	1 (13%)	5 (26%)	1 (6%)	1 (7%)	1 (8%)	0 (0%)	1.5 (11%)
Recipient Culture Results							
Actinomyces spp.	0 (0%)	0 (0%)	0 (0%)	1 (7%)	0 (0%)	0 (0%)	0.17 (1%)
Candida albicans	2 (25%)	3 (15%)	3 (19%)	3 (20%)	1 (8%)	0 (0%)	2 (14%)
Candida glabrata	0 (0%)	3 (15%)	1 (6%)	2 (13%)	4 (31%)	2 (18%)	2 (14%)
Candida other	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (8%)	0 (0%)	0.17 (1%)
Candida tropicalis	0 (0%)	0 (0%)	1 (6%)	1 (7%)	0 (0%)	0 (0%)	0.33 (2%)
Candida unspecified	0 (0%)	3 (15%)	1 (6%)	0 (0%)	0 (0%)	0 (0%)	0.67 (5%)
Enterococcus faecalis	0 (0%)	0 (0%)	1 (6%)	0 (0%)	0 (0%)	0 (0%)	0.17 (1%)
Granulicatella spp.	0 (0%)	0 (0%)	0 (0%)	1 (7%)	0 (0%)	0 (0%)	0.17 (1%)
Moraxella spp.	0 (0%)	1 (5%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0.17 (1%)
Penicillium spp.	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (9%)	0.17 (1%)
Propionibacterium spp.	0 (0%)	1 (5%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0.17 (1%)
Pseudomonas spp.	1 (13%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0.17 (1%)
Stachybotrys spp.	1 (13%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0.17 (1%)
Staphylococcus epidermidis / coagulase negative	0 (0%)	1 (5%)	0 (0%)	0 (0%)	0 (0%)	1 (9%)	0.33 (2%)
Streptococcus unspecified	1 (13%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0.17 (1%)
Streptococcus, viridans group	0 (0%)	2 (10%)	1 (6%)	0 (0%)	0 (0%)	0 (0%)	0.5 (4%)
Not done	2 (25%)	2 (10%)	5 (31%)	6 (40%)	4 (31%)	6 (55%)	4.17 (30%)
No growth	1 (13%)	4 (20%)	3 (19%)	1 (7%)	3 (23%)	1 (9%)	2.17 (16%)
Death to Cooling (mean hrs)	6.94	4.41	3.1	3.33	3.16	4.08	4.04
Range	2–11.51	1–13	1–11.5	1–6	0–9	2–7.4	0–13
Death to Preservation (mean hrs)	17.39	14.02	13.81	13.68	9.43	14.87	13.67
Range	10.75–23	5–21	7.35–22.5	6–23	4–19	6–23	4–23
Death to Surgery (mean days)	7.81	7	5.75	6.79	5.92	7.1	6.64
Range	2–14	2–13.5	2–9	4–11	3–10	3–14	2–14
Preservation Method							
Optisol-GS	6 (75%)	12 (63%)	8 (50%)	10 (71%)	9 (75%)	9 (90%)	9 (68%)
Life4C	2 (25%)	7 (37%)	5 (31%)	0 (0%)	0 (0%)	0 (0%)	2.33 (18%)
Eusol-C	0 (0%)	0 (0%)	2 (13%)	3 (21%)	3 (25%)	1 (10%)	1.5 (11%)
Moist chamber	0 (0%)	0 (0%)	0 (0%)	1 (7%)	0 (0%)	0 (0%)	0.17 (1%)
Kerasave	0 (0%)	0 (0%)	1 (6%)	0 (0%)	0 (0%)	0 (0%)	0.17 (1%)
Was storage solution changed after processing?							
No	6 (75%)	9 (47%)	3 (19%)	5 (36%)	2 (17%)	3 (30%)	4.67 (35%)
Yes	2 (25%)	10 (53%)	13 (81%)	9 (64%)	10 (83%)	7 (70%)	8.5 (65%)
Post-Processing Preservation Method							
Optisol-GS	2 (100%)	7 (70%)	9 (69%)	6 (67%)	7 (70%)	5 (71%)	6 (71%)
Life4C	0 (0%)	3 (30%)	3 (23%)	0 (0%)	0 (0%)	0 (0%)	1 (12%)

	2020	2021	2022	2023	2024	2025	Mean
Eusol-C	0 (0%)	0 (0%)	1 (8%)	3 (33%)	1 (10%)	1 (14%)	1 (12%)
Kerasave	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (10%)	0 (0%)	0.17 (2%)
Other	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (10%)	1 (14%)	0.33 (4%)
Antifungal Supplementation?							
No	8 (100%)	17 (89%)	13 (81%)	13 (93%)	6 (50%)	8 (80%)	10.83 (82%)
Yes	0 (0%)	2 (11%)	3 (19%)	1 (7%)	6 (50%)	2 (20%)	2.33 (18%)
Recovery Procedure							
In-situ corneal excision	8 (100%)	19 (100%)	16 (100%)	13 (93%)	12 (100%)	10 (100%)	13 (99%)
In-situ enucleation for whole eye distribution	0 (0%)	0 (0%)	0 (0%)	1 (7%)	0 (0%)	0 (0%)	0.17 (1%)
Donor Site Facility							
Hospital	2 (25%)	9 (47%)	8 (50%)	5 (36%)	9 (75%)	4 (40%)	6.17 (47%)
Medical examiner	1 (13%)	3 (16%)	5 (31%)	3 (21%)	0 (0%)	0 (0%)	2 (15%)
Funeral home or mortuary	3 (38%)	1 (5%)	0 (0%)	1 (7%)	1 (8%)	1 (10%)	1.17 (9%)
Other	2 (25%)	6 (32%)	3 (19%)	5 (36%)	2 (17%)	5 (50%)	3.83 (29%)
Scleral Graft Infection	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Donor Corneal Dystrophy or Degeneration	**0**	**1**	**2**	**0**	**1**	**1**	**0.83**
Mated Cases	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Donor Corneal Refractive Surgery	**0**	**0**	**0**	**0**	**1**	**1**	**0.33**
Donor-to-host Transmission of Systemic Infection	**1**	**0**	**0**	**0**	**3**	**1**	**0.83**
Malignancy	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Other (or Multiple)	**1**	**0**	**3**	**3**	**1**	**3**	**1.83**

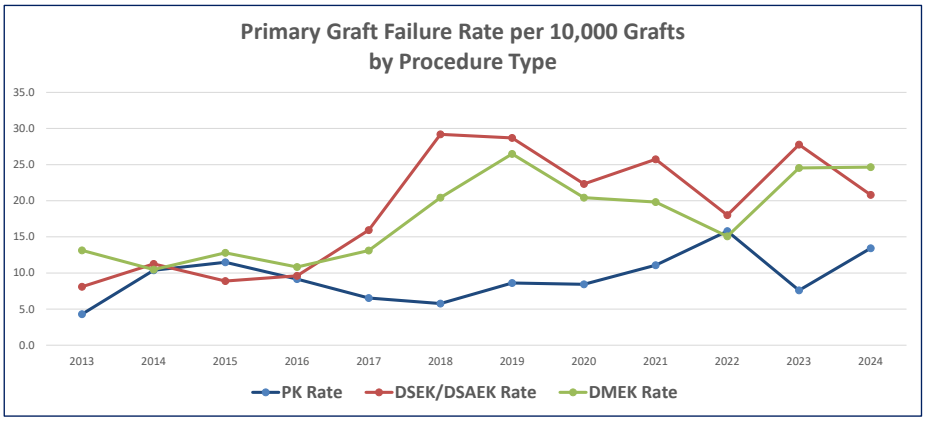
Questions? Contact Jennifer DeMatteo at jennifer@restoresight.org or 202-775-4999 ext. 117.

YEAR	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
PGF	61	78	51	31	53	53	50	54	52	31	36	31	30	50	48	45	56	89	100	70	87	76	98	99
Early Regraft												14	30	34	36	35	43	52	82	78	66	89	78	95
No. Corneal Grafts performed in U.S.	33035	32559	32240	32106	31952	33962	39391	41652	42606	42642	46196	46,684	48,229	47,530	48,792	49,869	50,934	51,294	51,336	43,873	49,110	49,597	50,925	51,559
PGF per 10,000 grafts	18.47	23.96	15.82	9.66	16.59	15.61	12.69	12.96	12.20	7.27	7.79	6.64	6.22	10.52	9.84	9.02	10.99	17.35	19.48	15.96	17.72	15.32	19.24	19.20
Early Regraft per 10,000 grafts												3.00	6.22	7.15	7.38	7.02	8.44	10.14	15.97	17.78	13.44	17.94	15.32	18.43

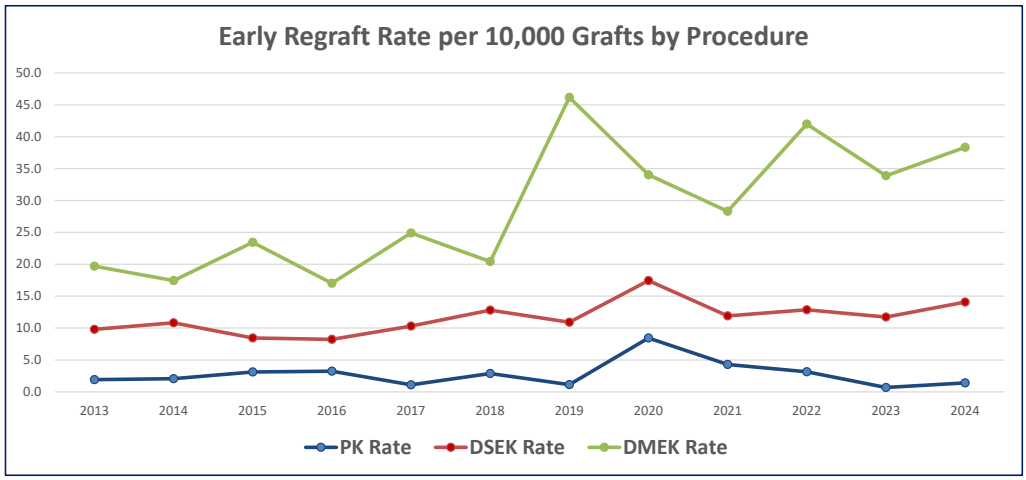


Year	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
PGF following PK	9	20	22	17	12	10	15	13	18	25	11	19
PK Procedures	20,954	19,294	19,160	18,579	18,346	17,347	17,409	15,402	16,269	15,835	14,486	14,143
PGF rate per 10,000 PK	**4.30**	**10.37**	**11.48**	**9.15**	**6.54**	**5.76**	**8.62**	**8.44**	**11.06**	**15.79**	**7.59**	**13.43**
PGF following DSEK	19	26	20	21	34	57	50	32	41	28	45	34
DSEK Procedures	23465	23100	22514	21868	21337	19526	17,428	14,331	15,935	15,544	16,207	16,345
PGF rate per 10,000 DSEK	**8.10**	**11.26**	**8.88**	**9.60**	**15.93**	**29.19**	**28.69**	**22.33**	**25.73**	**18.01**	**27.77**	**20.80**
PGF following DMEK	2	3	6	7	10	22	35	24	28	23	42	45
DMEK Procedures	1522	2865	4694	6459	7628	10773	13,215	11,749	14,128	15,248	17,116	18,256
PGF rate per 10,000 DMEK	**13.14**	**10.47**	**12.78**	**10.84**	**13.11**	**20.42**	**26.49**	**20.43**	**19.82**	**15.08**	**24.54**	**24.65**

Note: 1 KLAL failure in 2024

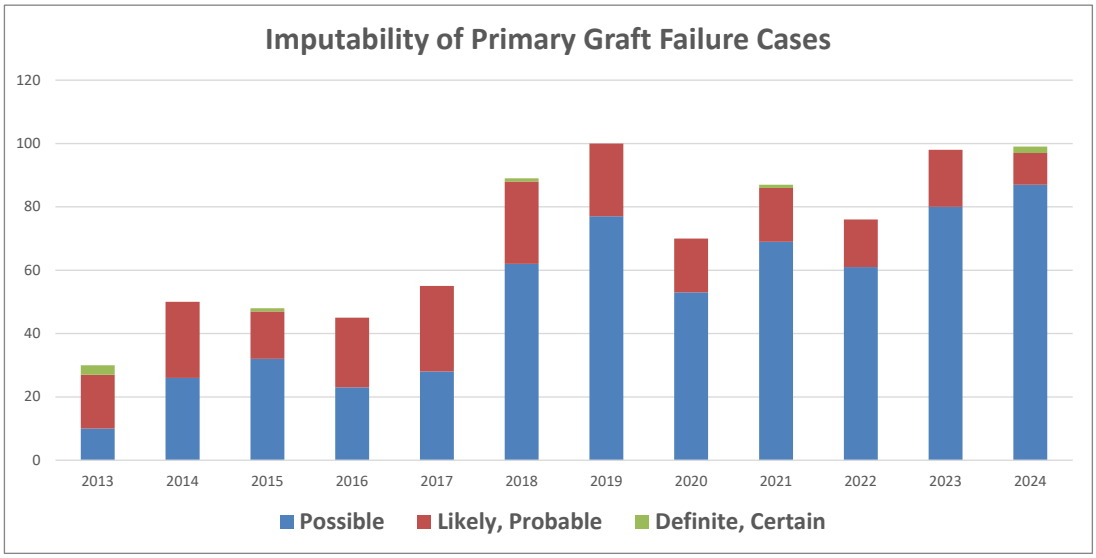


Year	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Early Regraft following PK	4	4	6	6	2	5	2	13	7	5	1	2
PK Procedures	20,954	19,294	19,160	18,579	18,346	17,347	17,409	15,402	16,269	15,835	14,486	14,143
Early regraft rate per 10,000 PK	**1.91**	**2.07**	**3.13**	**3.23**	**1.09**	**2.88**	**1.15**	**8.44**	**4.30**	**3.16**	**0.69**	**1.41**
Early Regraft following DSEK	23	25	19	18	22	25	19	25	19	20	19	23
DSEK Procedures	23465	23100	22514	21868	21337	19526	17,428	14,331	15,935	15,544	16,207	16,345
Early Regraft rate per 10,000 DSEK	**9.80**	**10.82**	**8.44**	**8.23**	**10.31**	**12.80**	**10.90**	**17.44**	**11.92**	**12.87**	**11.72**	**14.07**
Early regraft following DMEK	3	5	11	11	19	22	61	40	40	64	58	70
DMEK Procedures	1522	2865	4694	6459	7628	10773	13,215	11,749	14,128	15,248	17,116	18,256
Early regraft rate per 10,000 DMEK	**19.71**	**17.45**	**23.43**	**17.03**	**24.91**	**20.42**	**46.16**	**34.05**	**28.31**	**41.97**	**33.89**	**38.34**

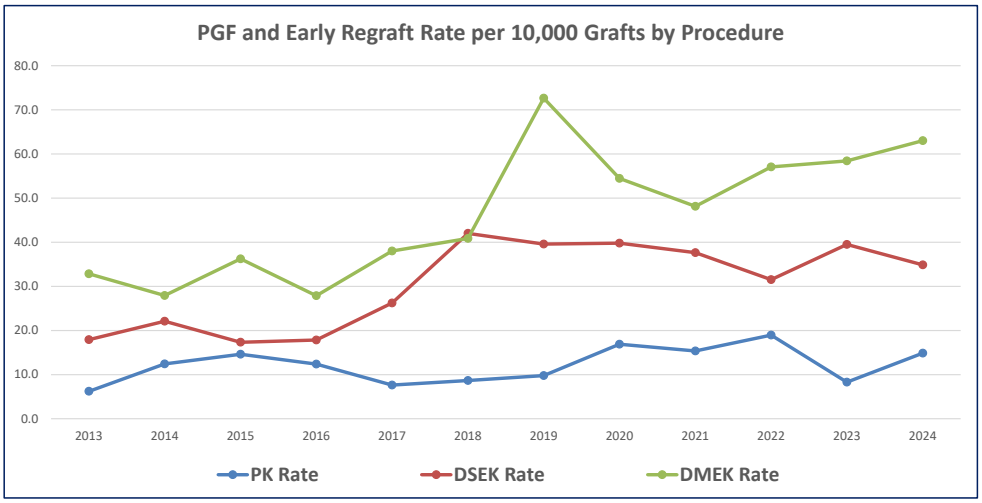


Imputability of PGF

PGF	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Possible	10	26	32	23	28	62	77	53	69	61	80	87
Likely, Probable	17	24	15	22	27	26	23	17	17	15	18	10
Definite, Certain	3	0	1	0	0	1	0	0	1	0	0	2
Total Reported	**30**	**50**	**48**	**45**	**56**	**89**	**100**	**70**	**87**	**76**	**98**	**99**

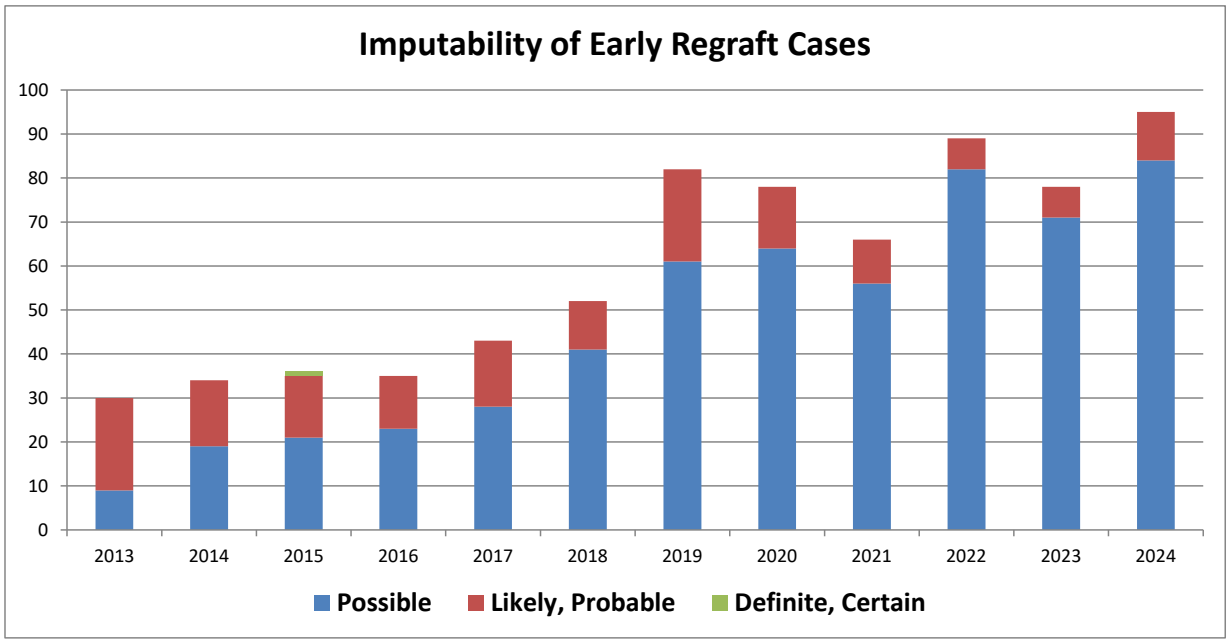


Year	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
PGF + Early Regaft following PK	13	24	28	23	14	15	17	26	25	30	12	21
PK Procedures	20,954	19,294	19,160	18,579	18,346	17,347	17,409	15,402	16,269	15,835	14,486	14,143
PGF + Early Regraft Rate per 10,000 PK	**6.20**	**12.44**	**14.61**	**12.38**	**7.63**	**8.65**	**9.77**	**16.88**	**15.37**	**18.95**	**8.28**	**14.85**
PGF+ Early Regraft following DSEK	42	51	39	39	56	82	69	57	60	49	64	57
DSEK Procedures	23465	23100	22514	21868	21337	19526	17,428	14,331	15,935	15,544	16,207	16,345
PGF+ Early Regraft Rate per 10,000 DSEK	**17.90**	**22.08**	**17.32**	**17.83**	**26.25**	**42.00**	**39.59**	**39.77**	**37.65**	**31.52**	**39.49**	**34.87**
PGF+ Early Regraft following DMEK	5	8	17	18	29	44	96	64	68	87	100	115
DMEK Procedures	1522	2865	4694	6459	7628	10773	13,215	11,749	14,128	15,248	17,116	18,256
PGF+ Early Regraft Rate per 10,000 DMEK	**32.85**	**27.92**	**36.22**	**27.87**	**38.02**	**40.84**	**72.64**	**54.47**	**48.13**	**57.06**	**58.42**	**62.99**



Imputability of Early Regraft

Early Regraft	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Possible	9	19	21	23	28	41	61	64	56	82	71	84
Likely, Probable	21	15	14	12	15	11	21	14	10	7	7	11
Definite, Certain	0	0	1	0	0	0	0	0	0	0	0	0
Total Reported	**30**	**34**	**36**	**35**	**43**	**52**	**82**	**78**	**66**	**89**	**78**	**95**



Graft Failures with Antifungal Supplementation

PGF	2018	2019	2020	2021	2022	2023	2024
PK	0	2	2	4	7	1	2
DSEK	2	5	6	10	5	8	9
DMEK	0	5	7	6	5	11	10
TOTAL	**2**	**12**	**15**	**20**	**17**	**20**	**21**

Early Regraft	2018	2019	2020	2021	2022	2023	2024
PK	0	0	1	2	1	0	0
DSEK	1	0	8	5	8	5	2
DMEK	0	20	11	13	23	22	28
TOTAL	**1**	**20**	**20**	**20**	**32**	**27**	**30**

PGF & Early Regraft Combined with Supplementation	2018	2019	2020	2021	2022	2023	2024
PK	0	2	3	6	8	1	2
DSEK	3	5	14	15	13	13	11
DMEK	0	25	18	19	28	33	38
TOTAL	**3**	**32**	**35**	**40**	**49**	**47**	**51**

Total Reported Graft Failures	2018	2019	2020	2021	2022	2023	2024
PK	15	17	26	25	30	12	22
DSEK	82	69	57	60	48	64	57
DMEK	44	96	64	68	87	100	114
TOTAL	**141**	**182**	**148**	**153**	**165**	**176**	**193**

Percent of Graft Failures with Antifungal Supplementation	2018	2019	2020	2021	2022	2023	2024
PK	0.0%	11.8%	11.5%	24.0%	26.7%	8.3%	9.1%
DSEK	3.7%	7.2%	24.6%	25.0%	26.5%	20.3%	19.3%
DMEK	0.0%	26.0%	28.1%	27.9%	32.2%	33.0%	33.3%
TOTAL	**2.1%**	**17.6%**	**23.6%**	**26.1%**	**29.5%**	**26.7%**	**26.4%**

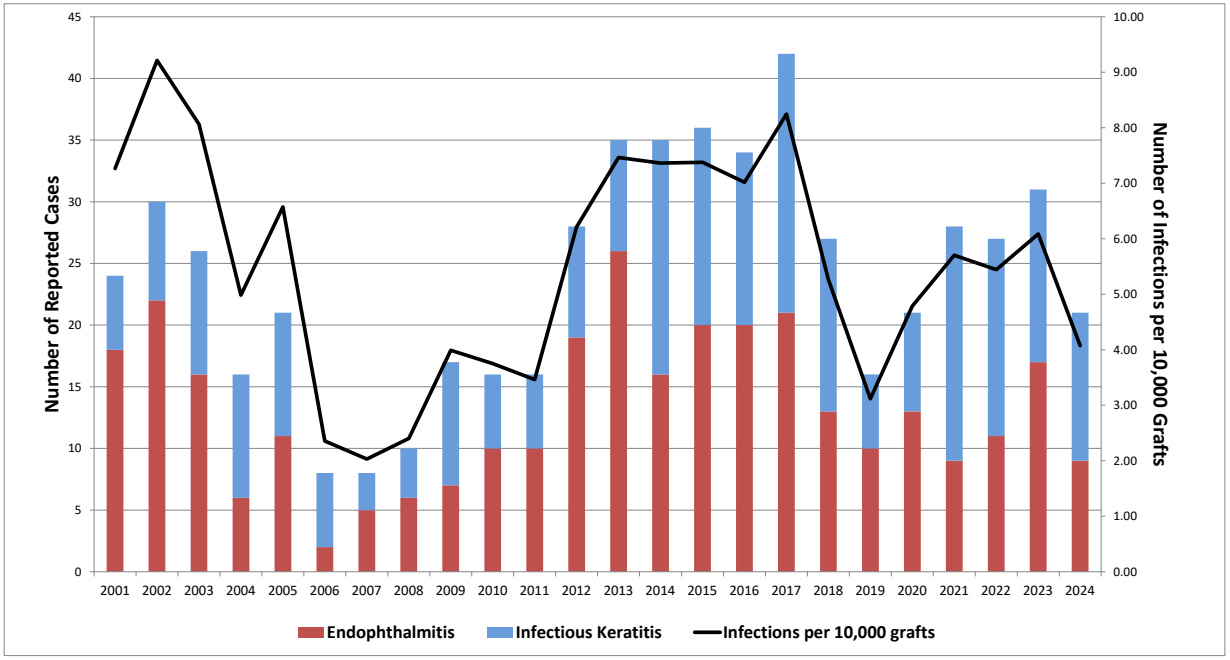
Endophthalmitis & Infectious Keratitis Infections with Antifungal Supplementation

# Infections with Antifungal Supplementation	2018	2019	2020	2021	2022	2023	2024
PK	0	0	0	1	0	1	2
ALK	0	0	0	1	0	0	0
DSEK	1	1	0	0	3	2	0
DMEK	0	1	0	0	0	1	6
TOTAL	**1**	**2**	**0**	**2**	**3**	**4**	**8**

Percent of Infections with Antifungal Supplementation	2018	2019	2020	2021	2022	2023	2024
PK	0.0%	0.0%	0.0%	8.3%	0.0%	9.1%	33.3%
ALK	0.0%	0.0%	0.0%	50.0%	0.0%	0.0%	0.0%
DSEK	6.3%	33.3%	0.0%	0.0%	21.4%	18.2%	0.0%
DMEK	0.0%	11.1%	0.0%	0.0%	0.0%	14.3%	50.0%
TOTAL	**3.7%**	**12.5%**	**0.0%**	**7.4%**	**11.1%**	**12.9%**	**38.1%**

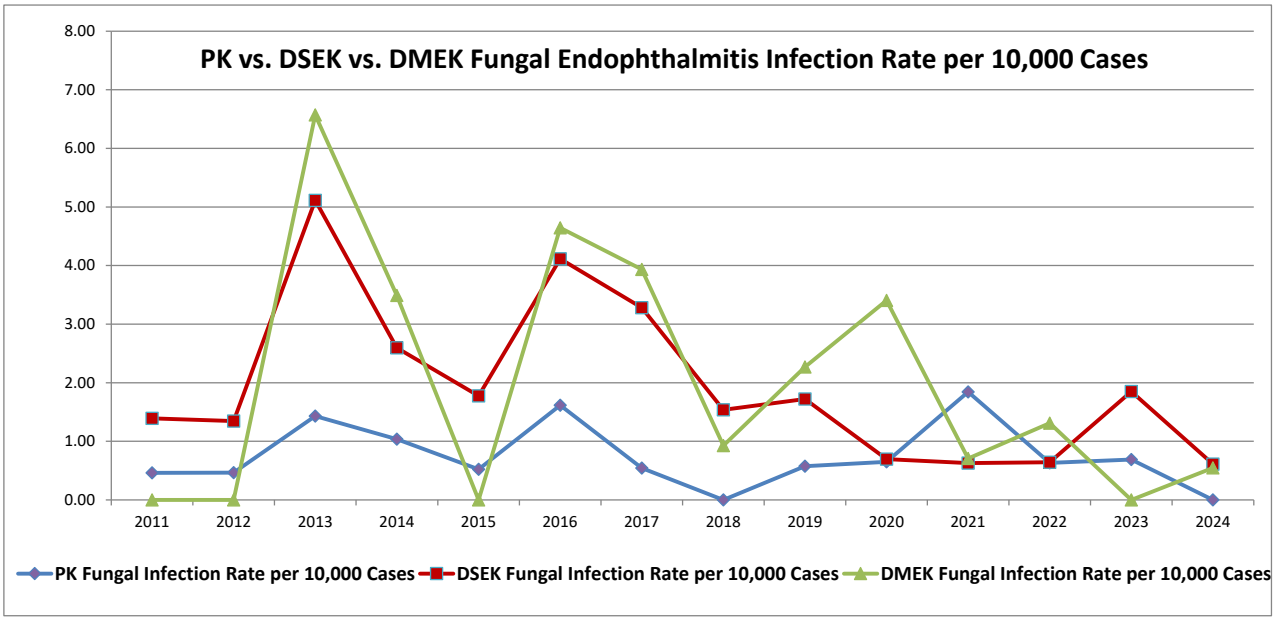
Total Reported Infections	2018	2019	2020	2021	2022	2023	2024
PK	7	4	5	12	5	11	6
ALK	0	0	0	2	1	2	0
DSEK	16	3	10	5	14	11	3
DMEK	4	9	5	8	7	7	12
TOTAL	**27**	**16**	**20**	**27**	**27**	**31**	**21**

YEAR	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Endophthalmitis	18	22	16	6	11	2	5	6	7	10	10	19	26	16	20	20	21	13	10	13	9	11	17	9
Infectious Keratitis	6	8	10	10	10	6	3	4	10	6	6	9	9	19	16	14	21	14	6	8	19	16	14	12
Total Infections*	24	30	26	16	21	8	8	10	17	16	16	29	36	35	36	35	42	27	16	21	28	27	31	21
No. Corneal Grafts performed in U.S.	33035	32559	32240	32106	31952	33962	39391	41652	42606	42642	46196	46,684	48,229	47,530	48792	49,869	50,934	51,294	51,336	43,873	49,110	49,597	50,925	51,559
Infections per 10,000 grafts	7.27	9.21	8.06	4.98	6.57	2.36	2.03	2.40	3.99	3.75	3.46	6.21	7.46	7.36	7.38	7.02	8.25	5.26	3.12	4.79	5.70	5.44	6.09	4.07



Year	Total Endophthalmitis Cases	Fungal Endophthalmitis Cases	PK Fungal Cases	DSEK Fungal Cases	DMEK Fungal Cases	Total Domestic PK Procedures	Total Domestic DSEK Procedures	Total Domestic DMEK Procedures	PK Fungal Infection Rate per 10,000 Cases	DSEK Fungal Infection Rate per 10,000 Cases	DMEK Fungal Infection Rate per 10,000 Cases
2011	10	4	1	3	0	21,620	21,555	344	0.46	1.39	0.00
2012	19	4	1	3	0	21,422	22,301	748	0.47	1.35	0.00
2013	26	16	3	12	1	20,954	23,465	1,522	1.43	5.11	6.57
2014	16	9	2	6	1	19,294	23,100	2,865	1.04	2.60	3.49
2015	20	5	1	4	0	19,160	22,514	4,694	0.52	1.78	0.00
2016	21	15	3	9	3	18,579	21,868	6,459	1.61	4.12	4.64
2017	21	11	1	7	3	18,346	21,337	7,628	0.55	3.28	3.93
2018	13	4	0	3	1	17,347	19,526	10,773	0.00	1.54	0.93
2019	10	7	1	3	3	17,409	17,428	13,215	0.57	1.72	2.27
2020	13	7*	1	1	4	15,402	14,391	11,749	0.65	0.69	3.40
2021	9	5	3	1	1	16,269	15,935	14,128	1.84	0.63	0.71
2022	11	4	1	1	2	15,835	15,544	15,248	0.63	0.64	1.31
2023	17	5**	1	3	0	14,486	16,207	17,116	0.69	1.85	0.00
2024	9	2	0	1	1	14,143	16,345	18,256	0.00	0.61	0.55

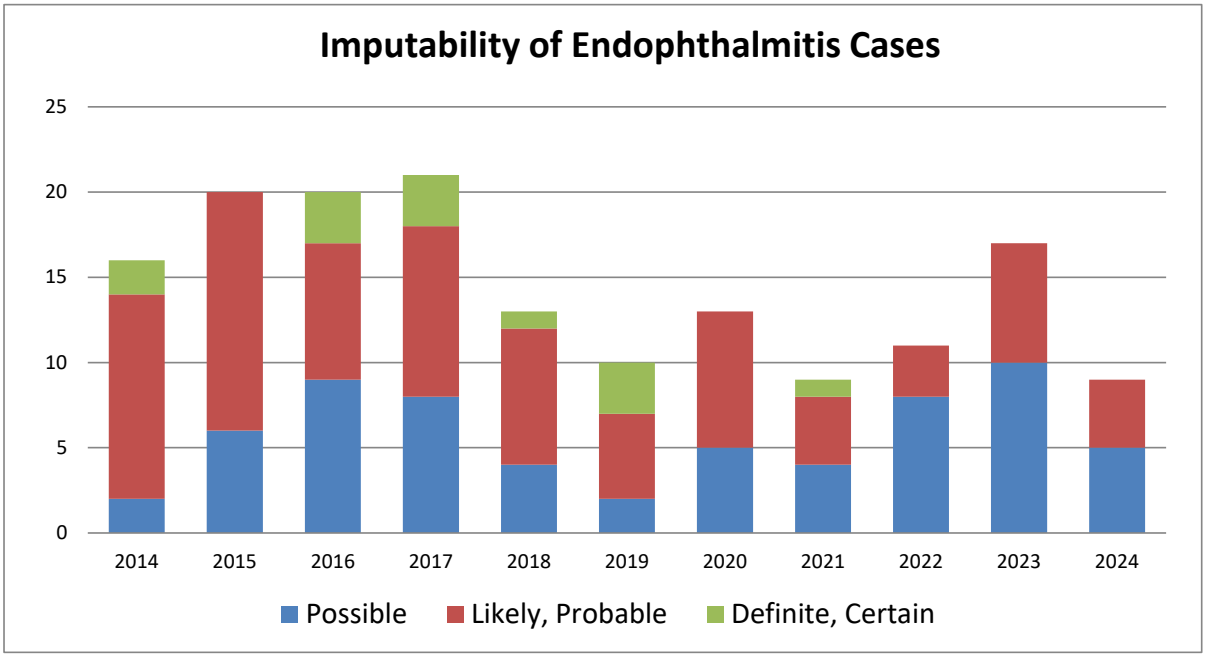
* Includes one fungal KPRO case; ** includes 1 fungal ALK

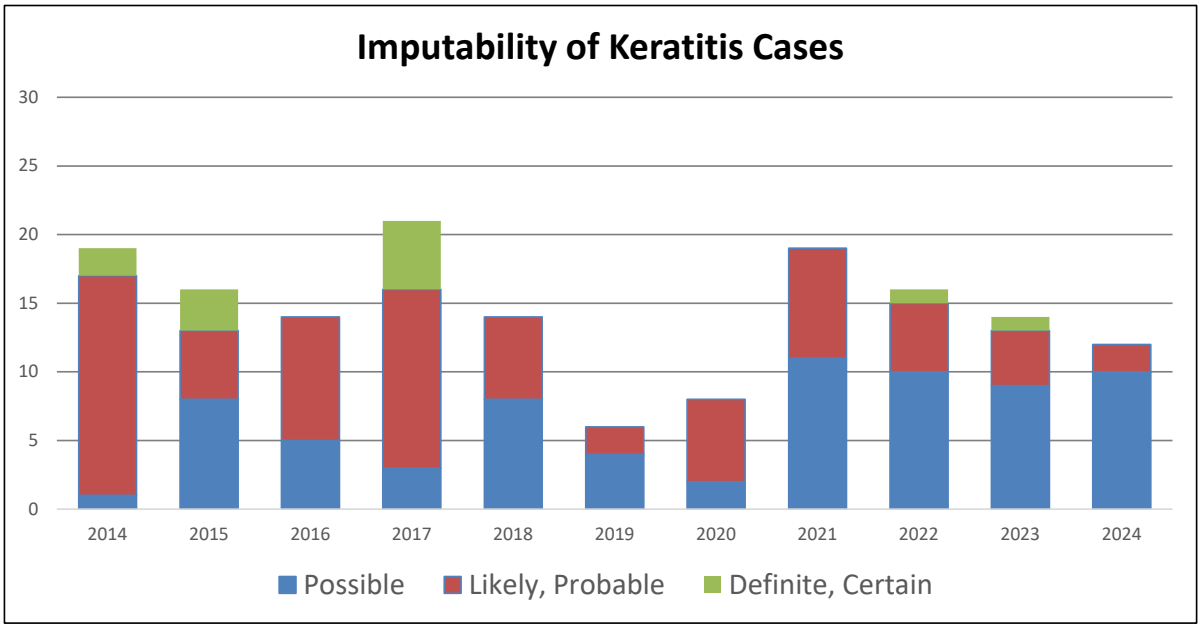


Imputability of Endophthalmitis and Infectious Keratitis

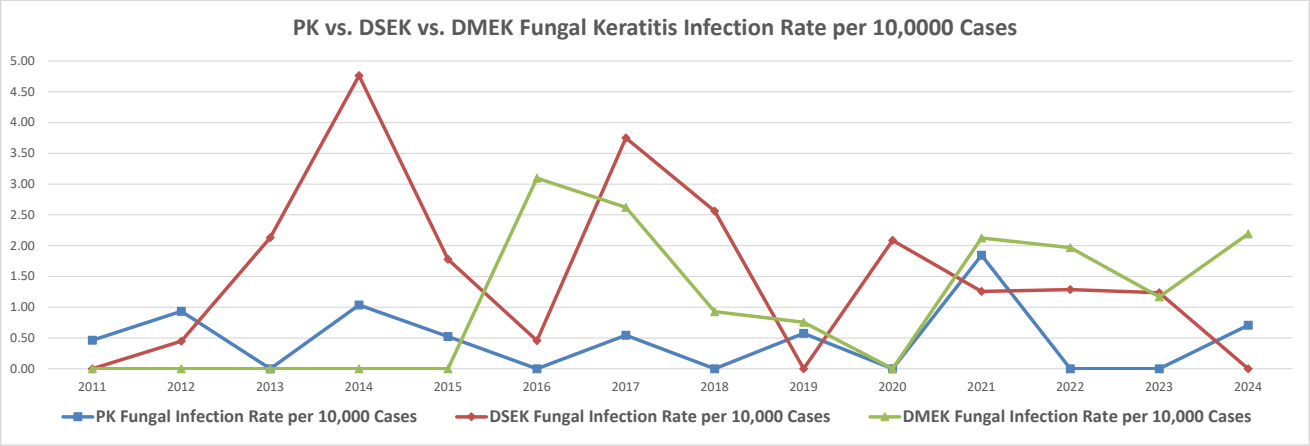
Endophthalmitis	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Possible	2	6	9	8	4	2	5	4	8	10	5
Likely, Probable	12	14	8	10	8	5	8	4	3	7	4
Definite, Certain	2	0	3	3	1	3	0	1	0	0	0
Total Reported	**16**	**20**	**20**	**21**	**13**	**10**	**13**	**9**	**11**	**17**	**9**

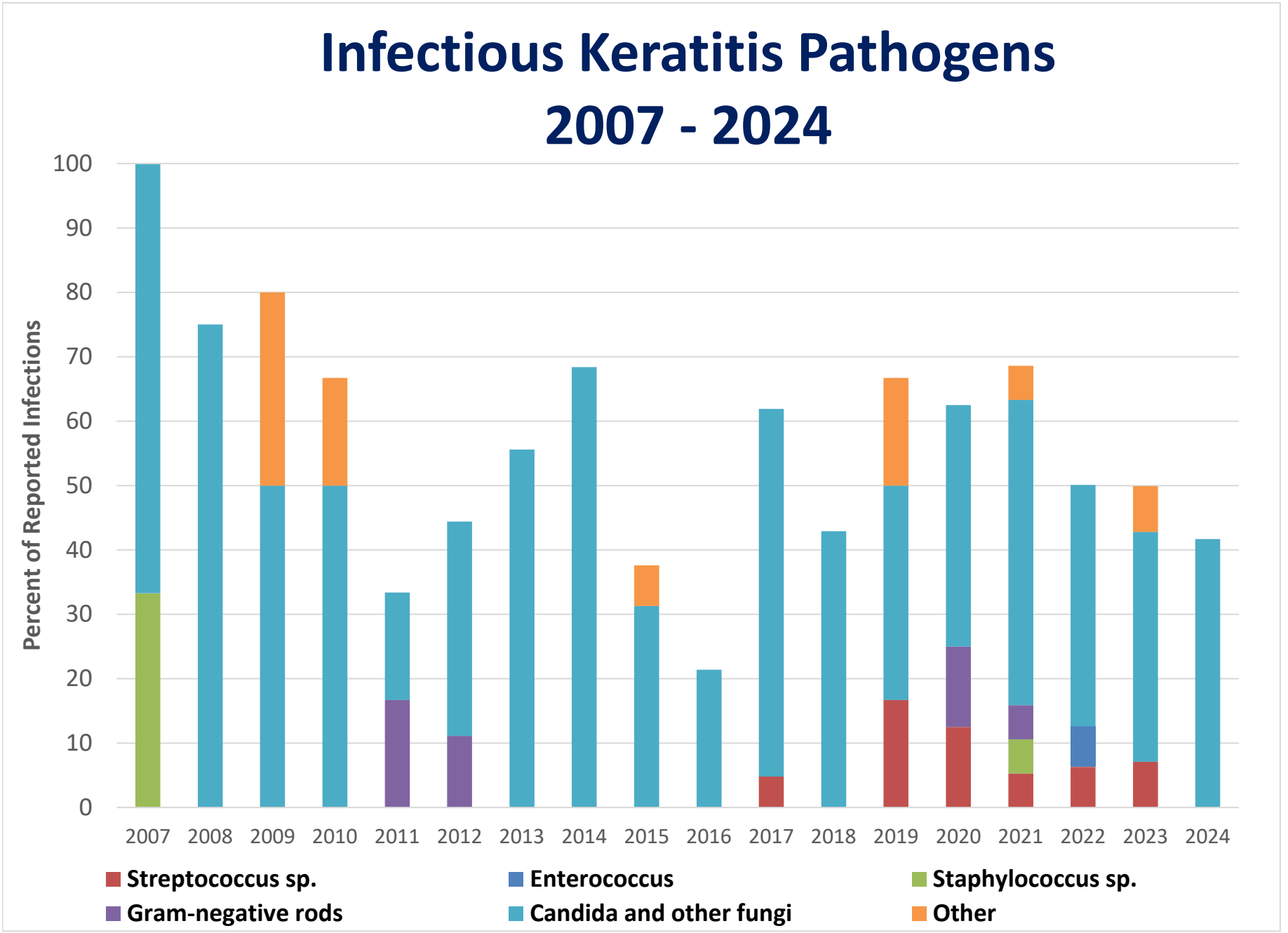
Keratitis	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Possible	1	8	5	3	8	4	2	11	10	9	10
Likely, Probable	16	5	9	13	6	2	6	8	5	4	2
Definite, Certain	2	3	0	5	0	0	0	0	1	1	0
Total Reported	**19**	**16**	**14**	**21**	**14**	**6**	**8**	**19**	**16**	**14**	**12**

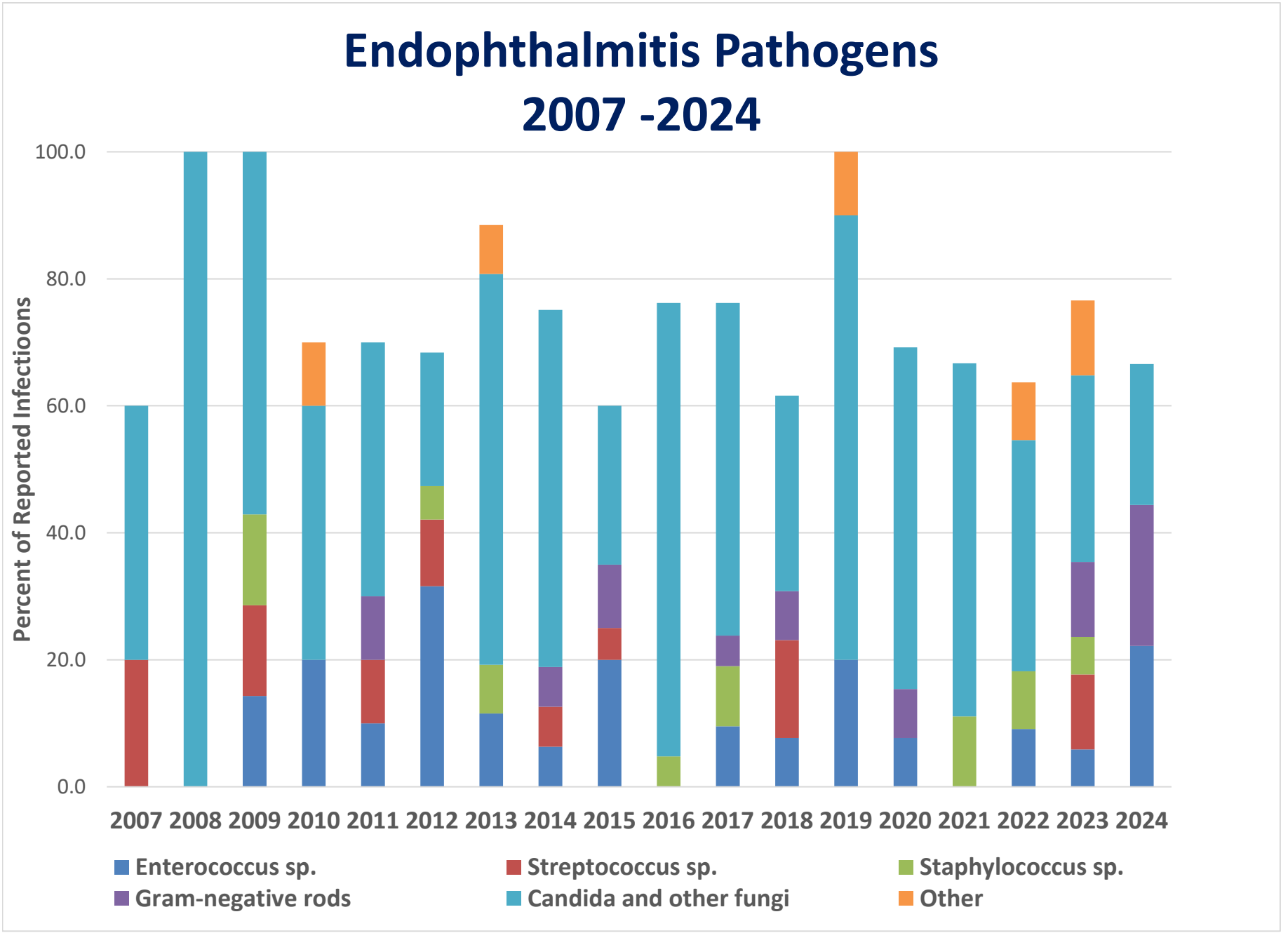




Year	Total Keratitis Cases	Fungal Keratitis Cases	PK Fungal Cases	DSEK Fungal Cases	DMEK Fungal Cases	ALK Fungal Cases	Total Domestic PK Procedures	Total Domestic DSEK Procedures	Total Domestic DMEK Procedures	Total Domestic ALK Procedures	PK Fungal Infection Rate per 10,000 Cases	DSEK Fungal Infection Rate per 10,000 Cases	DMEK Fungal Infection Rate per 10,000 Cases	ALK Fungal Infection Rate per
2011	6	1	1	0	0	0	21,620	21,555	344	932	0.46	0.00	0.00	0.00
2012	9	3	2	1	0	0	21,422	22,301	748	883	0.93	0.45	0.00	0.00
2013	9	5	0	5	0	0	20,954	23,465	1,522	951	0.00	2.13	0.00	0.00
2014	19	13	2	11	0	0	19,294	23,100	2,865	914	1.04	4.76	0.00	0.00
2015	16	5	1	4	0	0	19,160	22,514	4,694	1,115	0.52	1.78	0.00	0.00
2016	14	3	0	1	2	0	18,579	21,868	6,459	1,232	0.00	0.46	3.10	0.00
2017	21	12	1	8	2	1	18,346	21,337	7,628	1,027	0.55	3.75	2.62	9.74
2018	14	6	0	5	1	0	17,347	19,526	10,773	884	0.00	2.56	0.93	0.00
2019	6	2	1	0	1	0	17,409	17,428	13,215	745	0.57	0.00	0.76	0.00
2020	8	3	0	3	0	0	15,402	14,391	11,749	505	0.00	2.08	0.00	0.00
2021	19	9	3	2	3	1	16,269	15,935	14,128	544	1.84	1.26	2.12	18.38
2022	16	6	0	2	3	1	15,835	15,544	15,248	476	0.00	1.29	1.97	21.01
2023	14	5	0	2	2	1	14,486	16,207	17,116	598	0.00	1.23	1.17	16.72
2024	12	5	1	0	4	0	14,143	16,345	18,256	584	0.71	0.00	2.19	0.00




Infectious Keratitis Pathogens
2007 - 2024
Percent of Reported Infections
100
90
80
70
60
50
40
30
20
10
0
2007
2008
2009
2010
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
2023
2024
Streptococcus sp.
Enterococcus
Staphylococcus sp.
Gram-negative rods
Candida and other fungi
Other


Endophthalmitis Pathogens
2007 -2024
Percent of Reported Infectioons
100.0
80.0
60.0
40.0
20.0
0.0
2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024
Enterococcus sp.
Streptococcus sp.
Staphylococcus sp.
Gram-negative rods
Candida and other fungi
Other

YEAR	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Primary Graft Failure	61	78	51	31	53	53	50	54	52	31	36	31	30	50	48	45	56	89	100	70	87	76	98	99
Early Regraft												14	30	34	36	35	43	52	82	78	66	89	78	95
Endophthalmitis	18	22	16	6	11	2	5	6	7	10	10	19	26	16	20	21	21	13	10	13	9	11	17	9
Infectious Keratitis	6	8	10	10	10	6	3	4	10	6	6	9	9	19	16	14	21	14	6	8	19	16	14	12
Total Infections*	24	30	26	16	21	8	8	10	17	16	16	29	36	35	36	35	42	27	16	21	28	27	31	21
No. Corneal Grafts performed in U.S.	33035	32559	32240	32106	31952	33962	39391	41652	42606	42642	46196	46,684	48,229	47,530	48,792	49,869	50,934	51,294	51,336	43,873	49,110	49,597	50,925	51,559
Percent Infections	0.07	0.09	0.08	0.05	0.07	0.02	0.02	0.02	0.04	0.04	0.03	0.06	0.07	0.07	0.07	0.07	0.08	0.05	0.03	0.05	0.06	0.05	0.06	0.04
Infections per 10,000 grafts	7.27	9.21	8.06	4.98	6.57	2.36	2.03	2.40	3.99	3.75	3.46	6.21	7.46	7.36	7.38	7.02	8.25	5.26	3.12	4.79	5.70	5.44	6.09	4.07
PGF per 10,000 grafts	18.47	23.96	15.82	9.66	16.59	15.61	12.69	12.96	12.20	7.27	7.79	6.64	6.22	10.52	9.84	9.02	10.99	17.35	19.48	15.96	17.72	15.32	19.24	19.20
Early Regraft per 10,000 grafts												3.00	6.22	7.15	7.38	7.02	8.44	10.14	15.97	17.78	13.44	17.94	15.32	18.43

Endophthalmitis Pathogens	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Enterococcus sp.							0.0	0.0	14.3	20.0	10.0	31.6	11.5	6.3	20.0	0.0	9.5	7.7	20.0	7.7	0.0	9.1	5.9	22.2
Streptococcus sp.							20.0	0.0	14.3	0.0	10.0	10.5	0.0	6.3	5.0	0.0	0.0	15.4	0.0	0.0	0.0	0.0	11.8	0.0
Staphylococcus sp.							0.0	0.0	14.3	0.0	0.0	5.3	7.7	0.0	0.0	4.8	9.5	0.0	0.0	0.0	11.1	9.1	5.9	0.0
Gram-negative rods							0.0	0.0	0.0	0.0	10.0	0.0	0.0	6.3	10.0	0.0	4.8	7.7	0.0	7.7	0.0	0.0	11.8	22.2
Candida and other fungi							40.0	100.0	57.1	40.0	40.0	21.1	61.5	56.3	25.0	71.4	52.4	30.8	70.0	53.8	55.6	36.4	29.4	22.2
Other							0.0	0.0	0.0	10.0	0.0	0.0	7.7	0.0	0.0	0.0	0.0	0.0	10.0	0.0	0.0	9.1	11.8	0.0
No growth							0.0	0.0	0.0	20.0	10.0	15.8	7.7	12.5	25.0	9.5	4.8	0.0	0.0	15.4	11.1	27.3	23.5	22.2
Not done							40.0	0.0	0.0	10.0	20.0	21.1	3.9	12.5	20.0	14.3	23.8	38.5	10.0	15.4	22.2	18.2	17.6	11.1

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
Fungal	40.0	100.0	57.1	40.0	40.0	21.1	61.5	56.3	25.0	71.4	52.4	30.8	70.0	53.8	55.6	36.4	19.4	22.2
Bacterial	20.0	0.0	42.9	30.0	30.0	47.4	26.9	18.8	35.0	4.8	23.8	30.8	30.0	15.4	11.1	27.3	47.1	44.4

* Note - Includes 1 Iritis case in 2012; 1 scleral graft infection in 2013; and 1 anterior chamber reaction in 2016

Infectious Keratitis	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Streptococcus sp.							0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.8	0.0	16.7	12.5	5.3	6.3	7.1	0.0
Enterococcus							0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	6.3	0.0	0.0
Staphylococcus sp.							33.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	5.3	0.0	0.0	0.0
Gram-negative rods							0.0	0.0	10. 0	0.0	16.7	11.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	12.5	5.3	0.0	0.0	0.0
Candida and other fungi							66.6	75.0	50.0	50.0	16.7	33.3	55.6	68.4	31.3	21.4	57.1	42.9	33.3	37.5	47.4	37.5	35.7	41.7
Other							0.0	0.0	30.0	16.7	0.0	0.0	0.0	0.0	6.3	0.0	0.0	0.0	16.7	0.0	5.3	0.0	7.1	0.0
No growth							0.0	25.0	0.0	16.7	33.3	11.1	11.1	10.5	25.0	7.1	4.8	7.1	33.3	12.5	26.3	18.8	7.1	25.0
Not done							0.0	0.0	10.0	16.7	33.3	44.4	33.3	21.1	37.5	71.4	38.1	50.0	0.0	25.0	5.3	31.3	42.9	33.3

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Fungal	66.6	75.0	50.0	50.0	16.7	33.3	55.6	68.4	31.3	21.4	57.1	42.9	33.3	37.5	47.4	37.5	35.7	41.7
Bacterial	33.3	0.0	20.0	0.0	16.7	11.1	0.0	0.0	0.0	0.0	4.8	0.0	16.7	25.0	21.1	12.5	14.3	0.0

POLICY & POSITION REVIEW SUBCOMMITTEE

ACCREDITATION BOARD

CERTIFICATION BOARD

Certification Board: Fall 2025 MAB Report

Rachel Peltier, PhD, CEBT, *Advancing Sight Network*
Chair, EBAA Certification Board

Certification Program Updates

The Certification Board has implemented changes to the EBAA Certification Program. The certification program now features:

- Two certification opportunities:
  - **Certified Eye Banker – Technical (CEBT)**
    - All CEBTs will now be Certified Eye Banker – Technical (CEBT)
  - **Certified Eye Banker (CEB)**
    - A certification for non-technical eye bank professionals. The CEB does not include a practical performance competency verification component.
- The Practical Performance Competency Verification for the CEBT certification includes three procedure options.
  - To fulfill the requirement, CEBT candidates can choose from the following procedures:
    - Corneal Excision (In situ or laboratory)
    - Laboratory Microkeratome Lamellar Processing (New)
    - DMEK Processing (New)

References in the EBAA Medical Standards to a CEBT or standards requiring a CEBT were not changed.

Certification Exam

The Fall 2025 EBAA Certification Exam takes place October 11- 25, 2025. This is the first opportunity for individuals to become a Certified Eye Banker – Technical (CEBT) or a Certified Eye Banker (CEB). The results will be available approximately 4 weeks after the cycle ends.

The Spring Certification Exam takes place April 4 – 18, 2026. The early bird deadline is March 2. The application will be available in November.

EBAA and members of the Exam Committee and Certification Board are working with the Professional Testing Corporation to update the current Certification Exam item bank and produce an updated exam for the Spring Cycle.

TECHNICIAN EDUCATION COMMITTEE

Technician Education Committee: Fall 2025 MAB Report

Ingrid Schunder, MBA, CEBT, *Miracles In Sight*
Chair, EBAA Technician Education Committee

The Technician Education Committee is halfway through its second year of the committee term and continues to be productive in creating resources and education for the EBAA membership. The committee's updates are listed below.

Technician Education Seminar

The Technician Education Seminar (TES) is open for registration. Early bird registration ends Friday, October 31.

The TES is a comprehensive virtual course featuring 3 live workshops, over 20 on-demand sessions and 30 bonus videos and presentations, providing a detailed overview of eye banking. The virtual seminar takes place January – February, with the course officially beginning on January 7. The on-demand sessions will be available starting on December 15 and the live workshops take place from 12-2:30 pm ET on January 30, February 6 and February 7. Register today!

Webinars/ Community Chats

The Committee hosts webinars and Community Chat discussions throughout the year on different topics of interest to eye bank technicians. All webinars are free to EBAA members on eyeLEARN, and the recordings are posted once available.

Recent:

- **July :** Gender Identification in Decedent Care and Medicolegal Investigation
- **September:** Community Chat: Ocular Tissue Allocation and Distribution

Upcoming:

- **November 6:** DMEK 2.0 – Beyond the Basics
- **November 12:** Thriving in Meaningful Work: Navigating the Unique Challenges of Ocular Tissue Recovery – *90-minute session supported by Saving Sight and the Misko Family*
- **January 15:** Ocular Tissue Evaluation: Practical Approaches and Advanced Techniques

Technical Sessions at the Annual Meeting

The committee is planning several sessions at the 2026 Annual Meeting, more information to come soon!

Video Library and On-Demand Resources

The Committee creates resources for the EBAA members. Visit eyeLEARN for the presentations on technical topics, skills videos, ophthalmic procedures, and even ocular tissue recovery procedures.

Thank you to the committee members for their hard work and their many contributions to the technical education of the EBAA membership.

TECHNICAL PROCEDURES MANUAL SUBCOMMITTEE

Procedure Manual Committee

In June 2025, a special subcommittee of the Procedures Manual Committee was formed to address a recent proposal to include language regarding mergers and acquisitions.

The Procedures Manual Committee has no other proposals for fall 2025, except the proposals of this special committee regarding mergers and acquisitions.

Members of this committee are listed here:

Name	Organization	Email
Esther Baker	Iowa Lions Eye Bank	esther-baker@uiowa.edu
Patrick Becker	Lions Gift of Sight	becke742@umn.edu
Edwin Roberts	Eye Bank for Sight Restoration	ehroberts@ebsr.org
Ingrid Schunder	Miracles in Sight	ischunder@miraclesinsight.org
Jerry Burkey	San Diego Eye Bank	jburkey@sdeb.org
Shannon Schweitzer	Lions Eye Bank of West Central Ohio	sschweitzer@lebwcoonline.org
Katrina Capuzzo	Lions World Vision Institute	katrina.capuzzo@lwvi.org

The committee met twice between June and September 2025, and our proposal is as follows:

Committee Proposals - Fall 2025

Addition to Medical Standards C1.400,

> C1.400 Change in Governance
>
> An eye bank that undergoes a change in governance must notify the EBAA office (in writing) within 30 days. Changes in governance include merger of eye banks, affiliation of two or more eye banks, affiliation of an eye bank with another non-eye bank organization (e.g. tissue banks, organ procurement organizations, hospitals, blood banks, etc.), a change in the name of the eye bank, or a change in required personnel, i.e. Director, Medical Director, or a change in processing activity. Entities anticipating or undergoing a change in governance *should* have a plan outlining disposition of tissue, record retention, and associated communications. (Please refer to Accreditation Policies and Procedures E1.500.)

The subcommittee understands the proposed language above does not apply to dissolution or closure and is responsive to the distinct concerns regarding dissolution; a relevant proposal is forthcoming.

Update of Accreditation Board Procedures E1.500

> E1.500 Change in Governance / Mergers & Acquisitions
>
> EBAA Medical Standard C1.400 reads "An eye bank that undergoes a change in governance must notify the EBAA office (in writing) within thirty (30) days. Changes in governance include merger of eye banks, affiliation of two or more eye banks, affiliation of an eye bank with another non-eye bank organization (e.g. tissue banks, organ procurement organizations, hospitals, blood banks, etc.), a change in the name of the eye bank, or a change in required personnel, i.e., Director, Medical Director, or a change in processing activity. Entities anticipating or undergoing a change in governance, should have a plan outlining disposition of tissue, record retention, and associated communications."

The committee recommends:

1. *Updating to the highlighted version*
2. *OR remove and reference MS C1.400 "(Refer to EBAA Medical Standard C1.400)"*

Regarding future work: The committee stands ready to outline a plan for data retention for nonexistent entities, if the EBAA is concerned about its reputation and service of customers. EBAA may be the best stewards of the records of a dissolved entity.

Please feel free to contact me with any questions.

Thank you,
Patrick

OLD BUSINESS

NEW BUSINESS

Sept. 8, 2005.

Eye Bank Association of America
Medical Advisory Board
Washington, DC

To Chairs of Medical Advisory Board,

Re Medical Standards F1.000

I ask the MAB to please consider a revision to the Medical Standard F1.000 to shift the importance of a post preparation evaluation for DMEK, PDEK or similar procedures by specular microscopy, to a more useful analysis assessing percent endothelial cell loss of the entire graft area. Currently, requiring a specular microscopy... I submit that there are a few alternative methods that are more appropriate as they assess the entire area of the graft.

An initial specular microscopy evaluation yields a result cell density, for example 2500 cells per square mm. The value is seldom reported with the actual error which when used in publications is typically +/- 200! The accuracy therefore is rather limited. There is no expectation that the density (ECD) should increase over the few days of storage. In fact, the only potential change would be a decrease in ECD.

Based on discussions, direct observations and I trust the same as observed during accreditation visits, typical ECD determinations are based on counting a contiguous area of at least 100 cells and with current specular microscopy instruments, up to 250 cells or an area of 0.1 square mm. The area of a DMEK graft (8mm diam.) would be approximately 50 square mm. So, a post prep specular exam looks only at 0.1 / 50 or 0.2% in the best-case situation.

The requirement should be to assess the entire graft area (500 x more useful). With specular microscopy: para central, mid peripheral and peripheral stress lines or cell loss (seen with Trypan blue staining) would be missed! Especially where due to the prep there could be some peripheral defects such as tags or bites or tears. On occasion these peripheral defects can actually be intended and used for orientation purposes.

Again, based on observation of practice at some eye banks, an approach to evaluate the entire graft area seems to be the better option and should be strongly encouraged or perhaps even required. I am aware of two approaches: 1) Estimation and 2) Calculation, both based on obtaining an image of the entire graft area, and where trypan blue has been used during the preparation, this offers a visual method to at least observe, capture and

analyze the relative amount of cell loss for the entire graft. Furthermore, the image of the entire graft area post preparation would seem to be a better visual to share with the surgeon. Rather than another specular image of 0.2% of the graft!

I am aware there are at least two methods – software (Fiji / Image J and Kerify) where a calculation is made and the result is "Calculated" percentage of Endothelial cell loss, (%ECL or ECL). So the post prep ECD = Initial ECD - %ECD (calculated).

Similar to the calculated ECL, it can be achieved by Estimation (with some appropriate training and practice). A calculated or an Estimated ECL can then be applied to the initial ECD to yield a more appropriate post prep ECD. In no cases, would there be an increase in ECD post prep which is likely much more appropriate. Most importantly the entire area of a graft will be evaluated. The captured image would show the surgeon where and to what extent the obvious cell loss or cell death would be located which would aid determination for a particular use. Additionally, any minor peripheral defects would be noted and apparent in the post prep image.

From wet lab experience and multiple dmek preps performed, to me, these options present more effective, more appropriate and complete assessment and need to be incorporated into the Medical Standards.

My apologies for not being able to attend this MAB session, however I would be more than happy and willing to participate (as a volunteer) on a subcommittee to work on specific wording that will likely impact MS: for example…

Remove the requirement for post prep specular and add:

F1.100 Matrix, add determination of %ECL,

F1.200 Post preparation assessment of graft area for %ECL,

F1.300 Account for %ECL in reported ECD (Calculated or estimated).

Impact on eye banks: Those banks that process DMEK using an operating microscope may need to upgrade equipment to enable some kind of image capture. Images typically can be easily imported into donor databases and printed out on donor information forms. A few new terms: %ECL and Calculated vs Estimated are a significant distinction.

I am currently working as a Consultant at the Lions Eye Bank Northeast, Albany NY and have support from them for this proposed change. I do not have any financial interest in Kerify (as this program has some cost), Fiji software is available at no cost on NIH website, as previously published. The Estimation method has been used in the DEKS with

categories of cell loss: (0-5, 6-10, 11-15, 16-20 and >20% ECL). Estimated %ECL can be a numeric value or a category. Reference photos with calculated values aid this process.

I will be back at the Eye Bank Nov. 10 and keen to hear your response.

Yours sincerely,

Mark C. Soper, BS, CEBT

EK Training & Consulting

cc. Vicky Adler, LEBNE

/EBAA/MAB/request 9-8-25

Standard Change: G1.100 Quality Control

Dear MAB Chair and Co-Chair,

In EBAA Medical Standard G1.100 Quality Control, the content of the Standard suggests the role of a medical professional capable of ordering tests and monitoring clinical outcomes (e.g., a medical director), not an administrative professional (e.g., an executive director). Please review EBAA Medical Standard G1.100 to determine if a revision is warranted to correct the role responsible for the content of the Standard.

G1.100 Quality Control currently reads:
"The Director shall prescribe tests and procedures for measuring, assaying or monitoring properties of tissues essential to the evaluation of their safety for transplantation, e.g., hepatitis B surface antigen and human immunodeficiency virus (HIV) antibody, and conform with federal requirements as well as individual state laws. Results of all such tests or procedures, together with evaluations based on these findings, shall become part of permanent record of all tissues intended for surgical use."

If warranted, please consider the following revision:
"The Medical Director shall prescribe tests and procedures for measuring, assaying or monitoring properties of tissues essential to the evaluation of their safety for transplantation, e.g., hepatitis B surface antigen and human immunodeficiency virus (HIV) antibody, and conform with federal requirements as well as individual state laws. Results of all such tests or procedures, together with evaluations based on these findings, shall become part of permanent record of all tissues intended for surgical use."

Sincerely,
Brian Philippy, BChE, BS, CEBT
Director of Business Development
Lions Gift of Sight
757-636-5563

Medical Standards Change - M1.500 Recipient Follow-Up Information, Number 3

Dear MAB Chair and Co-Chair,

Given research on a new storage solution that implies the storage solution may be used up to 28 days storage for intermediate-term stored corneas, there is one Medical Standard that may warrant revision.

Item 1 on this topic
Please consider a revision to Medical Standard M1.500 item 3. This item currently reads: "Corneas and scleral tissue that can be used beyond 14 days post-mortem may be stocked at an institution only if it is for single patient use; the distributing eye bank must be able to track the tissue to the consignee."

A reasonable revision to consider would be:
"Corneas and scleral tissue long term preserved may be stocked at an institution only if it is for single patient use; the distributing eye bank must be able to track the tissue to the consignee."

Item 2 on this topic
Please consider a revision to the definition of "Intermediate Term Preservation". This item currently reads:

"**Intermediate Term Preservation**. Cornea or corneal section preserved in a solution that maintains cellular and/or ultrastructure viability for 14 days. Intermediate term preservation is currently utilized at 2-8°C storage temperatures. Some types of intermediate term storage solutions are: Cornisol, Eusol-C, Kerasave, Life4°C, and Optisol GS."

A reasonable revision to consider would be:
"**Intermediate Term Preservation**. Cornea, corneal section, or sclera preserved in a solution that maintains cellular and/or ultrastructure viability for less than 30 days. Intermediate term preservation is currently utilized at 2-8°C storage temperatures. Some types of intermediate term storage solutions are: Cornisol, Eusol-C, Kerasave, Life4°C, and Optisol GS."

Item 3 on this topic
Please consider a revision to the definition of "Long Term Preservation". This item currently reads:
"**Long Term Preservation.** Cornea or corneal section stored in a solution that is designed to maintain tissue ultrastructure for greater than 14 days and up to five years depending on the technique. Viability is not maintained. Examples are ethanol and glycerin preservation. Other media, such as albumin, may be used in conjunction with ionizing radiation to preserve the tissue ultrastructure."

A reasonable revision to consider would be:
"**Long Term Preservation.** Cornea, corneal section, or sclera stored in a solution that is designed to maintain tissue ultrastructure for greater than 30 days and up to five years depending on the technique. Viability is not maintained. Examples are ethanol and glycerin preservation.

Other media, such as albumin, may be used in conjunction with ionizing radiation to preserve the tissue ultrastructure."

Thank you for your consideration.

Sincerely,
Brian Philippy, BChE, BS, CEBT
Director of Business Development
Lions Gift of Sight
757-636-5563

Medical Standards Change – E1.221 Processing via Excision of the Corneoscleral Disc from Enucleated Whole Eyes

Dear MAB Chair and Co-Chair,

During recent review of the Medical Standards, it was noticed that EBAA Medical Standard E1.221 has a section title but is missing its relative content (as follows in E1.222 and E1.223).

Please consider adding the following content under E1.221, phrased to complement items E1.222 and E1.223:

E1.221 Processing via Excision of the Corneoscleral Disc from Enucleated Whole Eyes

"Processing whole eyes into any combination of tissues, including but not limited to corneoscleral disc and/or sclera, may be performed by manual methods."

Sincerely,
Brian Philippy, BChE, BS, CEBT
Director of Business Development
Lions Gift of Sight
757-636-5563

Reference:

E1.222 Lamellar Tissue Processing

Processing of lamellar tissue may be performed using manual or automated methods (e.g., microkeratome).

E1.223 Laser Assisted Processing

Lasers may be used to process lamellar tissue or custom wound architecture (e.g., femtosecond laser).

Medical Standards Change: F1.300 Matrix

Dear MAB Chair and Co-Chair,

F1.300 Matrix I has not been updated in quite some time and is currently in need of revision. I've identified three points requiring consideration for revision. I request that the three points be considered as separate items.

Point 1)
Requirements for tissue evaluation following processing do not include requirements for evaluation of Lamellar Segmental Additive Keratoplasties (LSAK) like CAIRS, CTAK, and DMAK. It is apparent that the spirit of this Standard is to ensure the Quality Control step of inspecting tissue after processing is performed. Therefore, LSAK surgeries should be added to Matrix I. DMAK and CAIRS require their own entries (rows) in the table due to different needs. (Revisions related to point 1 are highlighted in yellow).

Point 2)
Additionally, when assessing DMEK tissue after processing, validated methods of assessing the entire endothelium to represent a percent area of cell damage (visual, WEKA, Kerify) inherently meet the criteria for both slit lamp and specular assessment, requiring an update. (Revisions related to point 2 are highlighted in green).

Point 3)
Finally, there has been confusion about what constitutes "gross examination" in the second footnote. A suggested clarification has been added. (Revisions related to point 3 are highlighted in light blue).

Please consider the following changes to **F1.000 Matrix I:**

	Matrix I: Tissue Evaluation Requirements			
	Suitability for	**Slit Lamp Biomicroscopy**	**Specular Microscopy**	**Pachymetry**
Preserved Ocular Tissue – Not Processed by Eye Bank	PKP	Required	Required	Not required
	DSAEK/DSEK	Required	Required	Not required
	DMEK/DMAEK/ PDEK	Required	Required	Not required
	ALK	Required	Not required	Not required
	Long-term preservation (whole or sectioned cornea or sclera)	Required[2]	Not required	Not required
Eye Bank Processed Ocular Tissue	PKP (laser-processed)	Required	Required[1]	Not required
	DSAEK	Required	Required[1]	Required (graft thickness)
	DMEK/PDEK	Required[1]	Required[1]	Not required
	DMAEK	Required	Required[1]	Required
	ALK	Required	Not required	Required (graft thickness)
	DMAK	Required[2]	Not required	Not required
	CAIRS	Required[2]	Not required	Required[3]
	Long-term preserved (whole or sectioned cornea or sclera)	Required[2]	Not required	Not required

[1] In lieu of specular microscopy, a validated method for assessment of endothelium after processing meets this requirement. Validated methods that assess the entire endothelium for the percent area of cell damage including visual estimation, semi-automated imaging assessment tools (e.g., WEKA segmentation), or automated imaging assessment tools (e.g., Kerify), meet the requirement for both slit lamp and specular evaluation.

[2] In lieu of slit lamp biomicroscopy, gross examination to ensure graft is free of contamination meets this requirement. Gross examination may be performed by operating microscope observation, visual inspection without aid of microscopes, or similar, validated methods.

[3] Pachymetry (thickness) is not the only dimensional measurement required for CAIRS. Graft dimensions required include graft width, graft length (may be represented as portion of ring, like "half" or "whole"), as well as length and angle of any customized, tapered ends.

Sincerely,

Brian Philippy, BChE, BS, CEBT
Director of Business Development
Lions Gift of Sight
757-636-5563

Medical Standards Changes L1.100 Matrix II

Dear MAB Chair and Co-Chair,

If changes are made to F1.300 Matrix I, then L1.100 Matrix II will be affected. The following draft changes to Matrix II are submitted based on the draft changes submitted for Matrix I.

The changes to Matrix II include:

- Adding reference to additional forms generated after processing to which these requirements apply
- Limiting the definition of "processing" in this matrix as it applies to documentation requirements
- Making revisions to pachymetry, slit lamp, and specular rows in this matrix to complement changes made to Matrix I
- Removal of former footnotes to Matrix II that were redundant to other Standard content
- Addition of a statement to Matrix II (what to document) that references Matrix I (what actions to perform)

Matrix II: Reporting Requirements			
Content on Tissue Report Form and supplemental forms (e.g., Processing Report)	**Unprocessed Tissue***	**Processed Tissue***	
	Short or Intermediate-Term Storage	**Intermediate-Term Storage**	**Long-Term Storage**
Donor age	Required	Required	Not Required
Donor cause of death	Required	Required	Not Required
Donor death date and time	Required	Required	Not Required
Preservation date and time	Required	Required	Not Required
Additional processing date and time		Required	Not Required
Date and time that cooling of ocular tissues or body refrigeration began	Required	Required	Not Required
Name/identifier of technician who recovered tissue	Required	Required	Not Required
Name/identifier of technician who initially preserved (stored) tissue	Required	Required	Not Required
Name/identifier of technician(s) who evaluated tissue	Required	Required	Not Required
Name/identifier of technician who processed tissue		Required	Not Required
Morphology and dimensions of processed tissue		Required	Required
Diameter of processed graft		Required	Not Required
Pachymetry (graft thickness) and other dimensional measurements, as indicated	Not Required	Required, if indicated	Required, if indicated
Slit lamp observations (including gross examination observations, as indicated)	Required	Required	Required
Endothelial observations (including endothelial cell density and/or percent area of cell damage measurements, as indicated)	Required (unless whole eye, anterior or tectonic use only)	Required (unless endothelium not used)	Not Required
Suitability for indicated surgical uses	Required	Required	Required
Refer to F1.000 Matrix I for requirements indicating when measurements are required, by surgery type.			
* "Unprocessed" and "Processed" in this matrix refer to Advanced (Level II) Processing only, as defined in C1.410.			

F1.200 Endothelial Cell Density and Pachymetry

Dear MAB Chair and Co-Chair,

There is an error in Medical Standard F1.200 Endothelial Cell Density and Pachymetry. The most common specular microscopes used by eye banks are calibrated by the manufacturer and that calibration is verified by the eye bank. F1.200 errantly requires that eye banks calibrate the specular microscope annually, which would require eye banks to dismantle sensitive equipment, ship to the manufacturer, and request the manufacturer to re-calibrate. Some equipment used for this purpose may require frequent calibration, while the most common equipment should require only verification of calibration (e.g., Konan and HAI Labs).

Please consider the following revision to F1.200:

F1.200 Endothelial Cell Density and Pachymetry

Determination of endothelial cell density via specular microscopy (or quantitative light microscopy for organ cultured corneas) shall be a standard method of corneal tissue evaluation (according to Matrix I) for all member eye banks of the EBAA, effective December 2001. Minimal endothelial cell count limits are left to the discretion of the Medical Director. When it is impossible to obtain an endothelial cell count, this requirement may be waived on a case-by-case basis by the Medical Director. Calibration or verification of calibration of endothelial cell counting equipment shall be done according to manufacturer guidelines, when applicable, and on at least an annual basis. Calibration or verification of calibration procedures shall include specific directions and limits for accuracy.

Sincerely,
Brian Philippy, BChE, BS, CEBT
Director of Business Development
Lions Gift of Sight
757-636-5563

F1.300 Determination of Surgical Suitability

Dear MAB Chair and Co-Chair,

Medical Standard F1.300 does not have minimum suitability established for two newer and now somewhat common procedures: DMAK and CAIRS. Please consider adding the following minimum criteria for these two surgical types.

Suggested minimum suitability for Descemet's membrane anterior keratoplasty (DMAK):

- No infiltrates
- No foreign bodies
- No Descemet's membrane tears within intended graft area
- No Fuchs' dystrophy or guttae

Suggested minimum suitability for corneal allogenic intrastromal ring segments (CAIRS):

- No infiltrates
- No pterygia, neovascularization, foreign bodies, or visually significant stromal scars within intended graft area
- No Down syndrome or evidence of ectatic dystrophy (e.g., keratoconus, keratoglobus, etc.)
- No prior laser or incisional refractive surgery (e.g., radial keratotomy, lamellar inserts, photoablation, etc.)

NOTE: Anterior segment remnants from DSAEK or DMEK in which the stroma was not materially damaged (e.g., during stromal tunneling to stamp tissue) may also be considered suitable for CAIRS.

Sincerely,

Brian Philippy, BChE, BS, CEBT

Director of Business Development

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757-636-5563

L1.100 Tissue Report Form

QUESTION: In reviewing the standards there is a bit of confusion. The L1.100 #7 TRF only references corneal "processing" while the examples given indicate level 2. But the EBAA definition of processing includes any manipulation that involves opening a previously sealed container after recovery. The L1.100 language does not distinguish between level 1 and level 2.

Glossary – Definition of Terms

Processing. Any activity performed on the eye tissue, other than recovery, donor screening, donor testing, storage, labeling, packaging, or distribution, such as: testing for microorganisms; preparation, sterilization, steps to inactivate or remove adventitious agents; preservation for storage; manipulation/sizing and removal from storage. Any manipulation of the ocular tissue intended for transplant that involves opening a previously sealed container after recovery. Specific processing activities are categorized as Basic (Level I) or Advanced (Level II) according to the matrix in C1.410 Processing Activities. processes needing to be included.

L1.000 Documentation to Accompany Donor Tissue

L1.100 Tissue Report Form

In special circumstances, like approved research programs, the Medical Advisory Board may waive certain label and tissue report form requirements. Approval for omissions must be obtained in advance from the MAB and surgeons receiving study tissues must consent in advance to any masking of standard required data.

Tissue distributed for transplant use shall be accompanied by a tissue report form and may include additional forms to address all requirements. The tissue report, together with pertinent additional forms shall contain the following:

<u>All Tissues:</u>

1. Name of (Source) eye bank
2. Location of eye bank
3. Telephone number of eye bank
4. ISBT 128 tissue identifier.
5. Type of storage solution

6. All dates shall be written as YYYY-MM-DD HH:MM to harmonize with the ISO 8601 requirements.

7. If Level 2 processing has occurred, ~~If cornea is processed,~~ clearly indicate the type of processing performed or the indicated use (e.g., endothelial keratoplasty, posterior lamellar keratoplasty, anterior lamellar keratoplasty, laser assisted keratoplasty, etc.). clearly indicate the type of processing performed or the indicated use (e.g., endothelial keratoplasty, posterior lamellar keratoplasty, anterior lamellar keratoplasty, laser assisted keratoplasty, etc.).

8. If the Product Code and Donation Identification Number are not assigned by the same entity, then the label must include the Processing Facility Information Code, which includes the Facility-Defined Product Code (FPC) and Processing Facility Identification Number (FIN(P)).

9. Tissue evaluation reporting requirements according to Matrix II.

10. Name and EBAA Accreditation Status of each establishment that performs any of the following steps in the preparation of tissue: recovery, processing, storage, evaluation, donor eligibility determination and distribution. Steps performed after release of whole cornea for transplant use (e.g., processing, distribution) may be documented on additional forms (e.g., "processing form", "disclosure of eye banking functions form", importing eye bank revised/supplemental Tissue Report Form, or other documents).

11. A summary of records reviewed regarding the eligibility of tissue for transplant

EBAA Statistical Report Ledger for Calendar Year 2025

	Jan - Jun 2025	Jan - Jun 2024	Jan - Jun 2023
I. Death Referrals			
A. Total death referrals received by eye bank or entity on behalf of eye bank	396,094	388,545	412,561
B. Death referrals determined eligible to donate for transplant intent	101,191	100,860	96,800
II. Tissue Recoveries			
A. Total donors	36,401	36,694	34,078
1. Donors recovered not found on a donor registry, nor known to have first-person consent documentation	12,098	13,083	12,489
2. Donors recovered found on a donor registry or known to have first-person consent documentation	24,303	23,611	21,589
B. Eyes and/or corneas recovered with intent for surgical use	67,228	66,819	62,275
C. Eyes and/or corneas recovered for other uses	4,982	5,644	5,268
CALCULATION A: Total eyes and/or corneas recovered	72,210	72,463	67,543
Validation A: This cell should be less than or equal to 2.	1.98	1.97	1.98
D. Recovery by			
1. Eyes and/or corneas recovered by this reporting eye bank	63,417	64,043	61,419
2. Eyes and/or corneas recovered by an EBAA-accredited partner agency	3,861	3,656	2,265
3. Eyes and/or corneas recovered by a partner agency, not accredited by EBAA	4,932	4,764	3,859
Validation A2: This value should be equal to zero.	0	0	0
E. Donor Type (Shared donor status)			
1. Organ/Tissue/Eye donors (O/T/E)	4,935		
2. Organ/Eye donors (O/E)	825		
3. Tissue/Eye donors (T/E)	13,174		
4. Eye-only donors (E)	17,467		
Validation A3: This value should be equal to zero.	0		
III. Donor Profiles			
A. Age Profile			
1. Donors aged under one year	3	3	3
2. Donors aged 1 to 10	97	117	105
3. Donors aged 11 to 20	541	534	601
4. Donors aged 21 to 30	1,079	1,228	1,263
5. Donors aged 31 to 40	1,956	2,151	2,104
6. Donors aged 41 to 50	3,434	3,761	3,569
7. Donors aged 51 to 60	6,868	7,692	7,289
8. Donors aged 61 to 70	12,756	13,215	12,167
9. Donors aged 71 to 80	8,880	7,257	6,312
10. Donors aged over 80	787	736	665
CALCULATION B: Total donors by age	36,401	36,694	34,078
Validation B: This value should equal zero.	0	0	0
B. Sex Profile			
1. Male	22,076	21,954	20,689
2. Female	14,325	14,740	13,389
CALCULATION C: Total donors by sex	36,401	36,694	34,078
Validation C: This number should be zero.	0	0	0
C. Cause of Death Profile			
1. Heart Disease	12,460	11,977	11,258
2. Cancer	6,133	6,144	5,621
3. Cerebral Vascular Accident	3,384	3,483	3,196
4. Respiratory Disease	3,850	3,857	3,498
5. Trauma	3,105	3,173	3,051
6. Other	7,469	8,060	7,454
CALCULATION D: Total donors by primary cause of death	36,401	36,694	34,078
Validation D: This value should be zero.	0	0	0
IV. Eligibility and suitability for tissues recovered with intent for surgical use			
A. Reasons tissues were not released (more than one reason per tissue may apply):			
1. Donor eligibility:			
a. Positive or reactive test for communicable disease agent or disease (Tests run by donation agency)	6,169	5,982	5,704
i. HIV Antibody (HIV I/II Ab)	327	265	258
ii. HIV Nucleic Acid Test (HIV NAT)	71	34	86
iii. Hepatitis B Surface Antigen (HBsAg)	1,453	1,445	1,498
iv. Hepatitis B Core Antibody (HBcAb)	2,273	2,236	2,010
v. Hepatitis B Nucleic Acid Test (HBV NAT)	378	311	281
vi. Hepatitis C Antibody (HCV Ab)	934	957	915
vii. Hepatitis C Nucleic Acid Test (HCV NAT)	354	327	358
viii. Syphilis (RPR, VDRL, FTA, etc.)	157	132	121
ix. HTLV Antibody (HTLV I/II Ab)	79	108	36
x. West Nile Virus Nucleic Acid Test (WNV NAT)	4	2	0
xi. Other positive or reactive test for communicable disease	139	165	141
b. Other communicable disease testing issue	403	447	330
c. Medical record or autopsy findings	6,920	4,986	3,583
i. Dementia/Neurological Issues	547	512	386
ii. Sepsis (determined by positive blood cultures)	907	918	792
iii. Sepsis (determined by other indicators)	2,988	1,348	934
iv. Plasma dilution	150	137	105
v. Unknown cause of death	45	75	29

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vi. Other	2,283	1,996	1,337
d. Medical/social history interview:	1,548	1,174	1,122
i. Travel	272	272	185
ii. Dementia/Neurological Issues	126	72	84
iii. Other	1,150	830	853
e. Body Exam	129	140	105
2. Tissue suitability	7,165	8,141	6,157
a. Epithelium	71	57	48
b. Stroma	4,701	4,829	4,053
i. Prior refractive surgery	173	151	139
ii. Scar	710	817	605
iii. Infiltrate	2,246	2,269	1,943
iv. Foreign body	90	95	66
v. Other	1,482	1,497	1,300
c. Descemet's membrane	108	104	58
d. Endothelium	2,285	3,151	1,998
3. Quality issue	936	609	434
a. Storage	183	208	243
b. Labeling	6	13	16
c. Processing	189	150	121
d. Supply or reagent	486	216	25
e. Environmental control	72	22	29
4. Other reason prior to tissue release	485	478	713
B. Total eyes and/or corneas intended for transplant but not released for transplant	20,250	17,485	14,768
CALCULATION E: Total eyes and/or corneas released for transplant	46,978	49,334	47,507
Validation E1: This cell should read, "Valid." The value is valid when the number of reasons for not releasing tissue is greater than or equal to the number of corneas not released for transplant.	Valid	Valid	Valid
C. Reasons released tissues were not transplanted (more than one reason per tissue may apply):			
1. Transportation issue	166	123	98
2. Surgeon issue	36	64	37
3. Recipient issue	11	19	17
4. Returned and unable to place again	278	270	281
5. Donor information not available at time of tissue release	17	41	7
6. Expired or unable to place tissue	2,365	3,170	2,065
7. Tissue damaged during processing (tissue was released for transplant prior to cut)	1,033	829	1,015
8. Other reason after release of tissue	1,363	2,645	2,221
D. Total eyes and/or corneas released for transplant but not used for transplant	4,036	5,309	4,133
Validation E2: This cell should read, "Valid." The value is valid when the number of reasons for released tissue is not transplanted is greater than or equal to the number of corneas released but not transplanted.	Valid	Valid	Valid
V. Intermediate-Term Tissue Distribution of Source Eye Bank Corneas			
A. Intermediate-term preserved corneas processed into corneal segments (into separate containers for use in multiple recipients)	193	110	105
B. Number of corneal segments produced from whole, intermediate-term preserved corneas processed into segments (into separate containers for use in multiple recipients)	310	219	210
C. Intermediate-term preserved corneas, cornea segments or whole eyes, transplanted domestically for:	26,358	26,038	25,465
1. PK	7,490	7,196	7,378
2. EK	17,391	17,459	16,412
a. DSEK, DSAEK, DLEK	8,076	8,279	7,863
b. DMEK or DMAEK	9,312	9,112	8,334
c. Other EK	3	68	215
3. ALK	231	265	266
a. DALK (Deep Anterior Lamellar Keratoplasty)	184	142	148
b. SALK (Superficial Anterior Lamellar Keratoplasty)	14	8	6
c. Other ALK (e.g., peripheral, eccentric, etc.)	33	115	112
4. KLA	51	47	48
5. Keratoprosthesis (K-Pro)	71	73	84
6. Glaucoma shunt patch or other non-keratoplasty use	505	535	534
7. Lamellar/Segmental Additive Keratoplasty (LSAK)	240	0	0
a. Refractive (e.g., CAIRS)	122		
b. Descemet's Membrane Anterior Keratoplasty (DMAK)	102		
c. Cell therapy (e.g., cultured endothelial cell injection, cell-on-scaffold addition)	16		
d. Other LSAK	0		
8. Other Keratoplasty (e.g., experimental surgery type)	12	17	6
9. Unknown or Unspecified	367	446	737
D. Intermediate-term preserved corneas, cornea segments or whole eyes, transplanted internationally for:	12,925	13,781	13,235
1. PK	7,794	8,700	8,198
2. EK	3,860	3,386	3,111
a. DSEK, DSAEK, DLEK	2,141	1,952	1,798
b. DMEK or DMAEK	1,709	1,373	1,307
c. Other EK	10	61	6

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3. ALK	542	525	412
a. DALK (Deep Anterior Lamellar Keratoplasty)	412	367	315
b. SALK (Superficial Anterior Lamellar Keratoplasty)	31	31	9
c. Other ALK (e.g., peripheral, eccentric, etc.)	99	127	88
4. KLA	6	12	15
5. Keratoprosthesis (K-Pro)	2	7	2
6. Glaucoma shunt patch or other non-keratoplasty use	45	24	26
7. Lamellar/Segmental Additive Keratoplasty (LSAK)	11	0	0
a. Refractive (e.g., CAIRS)	0		
b. Descemet's Membrane Anterior Keratoplasty (DMAK)	2		
c. Cell therapy (e.g., cultured endothelial cell injection, cell-on-scaffold addition)	9		
d. Other LSAK	0		
8. Other Keratoplasty (e.g., experimental surgery type)	2	7	5
9. Unknown or Unspecified	663	1,120	1,466
CALCULATION K: Total intermediate-term preserved corneas, cornea segments, and whole eyes used for KERATOPLASTY	38,733	39,260	38,140
CALCULATION L: Total intermediate-term preserved eyes and/or corneas used for TRANSPLANT	39,166	39,710	38,595
VI. Long-Term Preserved Tissue Preservation and Distribution of Source Eye Bank Tissue			
A. Long-term preserved corneas or whole eyes PRESERVED for transplant	3,776	4,315	4,779
B. Long-term preserved corneas, cornea segments, or whole eyes DISTRIBUTED for:	5,014	3,370	2,684
1. Keratoplasty	65	623	110
2. Glaucoma shunt patching	4,125	2,746	2,570
3. Lamellar/Segmental Additive Keratoplasty (LSAK)	817		
4. Other surgical uses	7	1	4
C. Long-term preserved corneas, cornea segments, or whole eyes FORWARDED to another entity for final distribution	158	146	154
D. Sclera or sclera segments PRESERVED for transplantation	4,243	4,386	3,973
E. Sclera or sclera segments DISTRIBUTED for:	3,035	1,806	1,076
1. Prosthesis following enucleation	144	128	127
2. Glaucoma shunt patching	2,627	1,458	753
3. Other surgical uses	264	220	196
F. Sclera or sclera segments FORWARDED to another entity for final distribution	176	22	99
CALCULATION M: Total eyes and/or corneas transplanted and long-term preserved for transplant	42,942	44,025	43,374
Validation M: This cell should be zero.	0	0	0
VII. Tissue Provided for Non-Surgical Uses			
A. Tissues provided for research (all tissue types)	6,988	6,829	7,321
B. Tissues provided for physician or technician training (all tissue types)	4,758	4,712	3,984
VIII. Tissue Processing for Transplant by My Eye Bank			
A. Eye Processing (does not include in situ excision)	1,062	1,156	1,472
1. Processed for cornea preservation (corneas only)	131	138	202
2. Processed for sclera preservation (incl. cornea/sclera preservation, sclera preservation from poles removed after in situ excision, etc.)	867	869	1,251
3. Processed for other ocular materials (regardless of cornea or sclera preservation)	64	149	19
B. Cornea Processing	32,510	26,590	25,118
1. Processed by microkeratome	11,047	9,971	9,608
a. Preloaded into a device following processing by microkeratome	1,092	1,176	799
2. Processed by laser	136	155	20
3. Processed by manual dissection (e.g. DMEK, DMAEK, cornea dissection for long-term preservation)	11,131	8,692	8,686
a. Preloaded into a device following processing by manual dissection	8,916	7,868	7,070
4. Processed by transfer into long-term preservation (incl. sectioned tissue only once)	3,564	3,082	3,937
5. Processing included use of an antifungal in the storage media	5,648	4,077	2,577
6. Processed by other methods	984	613	290
IX. Countries of Destination			
Country: United States	26,358	26,038	25,465
Country: Afghanistan	1	6	10
Country: Albania			3
Country: Algeria	75	134	179
Country: Antigua and Barbuda			2
Country: Argentina	236	244	271
Country: Armenia	50	37	51
Country: Australia			1
Country: Azerbaijan	41	47	57
Country: Bahamas			1
Country: Bahrain	25	31	9
Country: Bangladesh	78	146	228
Country: Barbados	14	12	12
Country: Bolivia	29	37	37
Country: Brazil	15	35	14
Country: Bulgaria	28	18	14
Country: Canada	391	326	323
Country: Cayman Islands	1	2	
Country: Central African Republic	4		

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Country: Chile	192	235	284
Country: China	19	5	42
Country: Colombia	1	3	3
Country: Costa Rica	62	44	72
Country: Cyprus	49	41	52
Country: Djibouti		739	737
Country: Dominican Republic	346	240	202
Country: Ecuador	144	139	154
Country: Egypt	1,659	1,657	1,791
Country: El Salvador	47	96	48
Country: Equatorial Guinea		1	
Country: Eritrea	7	7	
Country: Ethiopia		6	12
Country: France			1
Country: Georgia	18	30	21
Country: Germany	352	443	433
Country: Ghana	28	63	25
Country: Greece	123	106	114
Country: Guatemala	47	32	2
Country: Guinea			19
Country: Honduras	135	150	107
Country: Hong Kong	26	29	29
Country: Iceland	22		
Country: India		8	1
Country: Indonesia	17	68	52
Country: Iran	1		
Country: Iraq	216	615	281
Country: Ireland	79	66	58
Country: Israel	173	139	204
Country: Jamaica	6	6	17
Country: Japan	1,097	1,081	1,159
Country: Jordan	14	48	32
Country: Kazakhstan	73	52	
Country: Kenya	85	130	18
Country: Kiribati			140
Country: Korea, South	553	356	466
Country: Kuwait	16	14	62
Country: Kyrgyzstan	12	5	3
Country: Latvia	3	9	4
Country: Lebanon	66	38	37
Country: Liberia	3	7	
Country: Libya	85	2	48
Country: Macedonia		3	
Country: Malaysia	67	77	98
Country: Mali			3
Country: Marshall Islands		2	
Country: Mauritius		16	
Country: Mexico	464	446	539
Country: Micronesia			1
Country: Mongolia	12	6	8
Country: Morocco	135	141	131
Country: Mozambique	6		6
Country: Namibia	16	9	13
Country: New Zealand	40	46	28
Country: Nicaragua			2
Country: Nigeria	22	55	18
Country: Norway	27	19	22
Country: Oman	47	35	10
Country: Pakistan	839	1,534	1,069
Country: Palestine	8	17	17
Country: Panama	25	20	9
Country: Paraguay			12
Country: Peru	157	109	137
Country: Philippines		7	
Country: Qatar	4	17	17
Country: Romania	57	33	20
Country: Rwanda	134	160	116
Country: Saint Vincent	5	7	9
Country: Sao Tome and Principe		1	
Country: Saudi Arabia	1,021	789	672
Country: Senegal	11		
Country: Serbia	64	78	40
Country: Sierra Leone	24	10	9

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Country: Singapore	262	217	269
Country: South Africa	327	361	484
Country: South Georgia & South Sandwich Islands	12		
Country: Sudan	12		33
Country: Suriname	6	4	4
Country: Swaziland	7	12	11
Country: Switzerland	294	115	38
Country: Syrian Arab Republic	49	103	147
Country: Taiwan	167	130	101
Country: Tajikistan		10	8
Country: Tanzania	10	34	7
Country: Thailand	42	105	118
Country: Trinidad and Tobago	24	23	28
Country: Tunisia	336	350	388
Country: Turkey	89	178	213
Country: Uganda	15	31	38
Country: Ukraine	8		
Country: United Arab Emirates	162	148	124
Country: United Kingdom	973	349	113
Country: Uruguay	14	18	14
Country: Uzbekistan	58	41	60
Country: Venezuela	51	78	56
Country: Vietnam	45	29	23
Country: Western Sahara			1
Country: Yemen			9
Country: Zambia	10	17	
Country: Zimbabwe	3	6	
Validation X (Domestic count): This cell should be zero.	0	0	0
Validation Y (International count): This cell should be zero.	0	0	0
X. Indications for Penetrating Keratoplasty			
A. Endothelial Dysfunction or Corneal Edema due to Prior Surgery	1,000	1,001	0
1. Domestic	792	650	
2. International	208	351	
B. Ectasias/Thinnings	1,386	1,331	0
1. Domestic	876	869	
2. International	510	462	
C. Heritable Endothelial Dystrophies	816	753	0
1. Domestic	495	363	
2. International	321	390	
D. Repeat Corneal Transplant	2,018	1,890	0
1. Domestic	1,698	1,528	
2. International	320	362	
E. Anterior and Stromal Non-Ectatic Degenerations or Dystrophies	299	387	0
1. Domestic	217	283	
2. International	82	104	
F. Complications of Prior Refractive Surgery	47	73	0
1. Domestic	39	51	
2. International	8	22	
G. Microbial Keratitis	387	263	0
1. Domestic	249	169	
2. International	138	94	
H. Mechanical (non-surgical) or Chemical Trauma	546	379	0
1. Domestic	412	275	
2. International	134	104	
I. Congenital Opacities	387	329	0
1. Domestic	208	166	
2. International	179	163	
J. Post-Surgical Non-Edematous Corneal Opacification or Distortion (not due to prior refractive surgery or keratoplasty)	270	197	0
1. Domestic	205	133	
2. International	65	64	
K. Non-infectious Ulcerative Keratitis, Thinning, or Perforation	765	618	0
1. Domestic	670	536	
2. International	95	82	
L. Secondary Endothelial Dysfunction (other than dystrophy or surgical/non-surgical trauma)	573	685	0
1. Domestic	468	534	
2. International	105	151	
Z. Unknown, unreported, or unspecified	6,790	7,990	0
1. Domestic	1,161	1,639	
2. International	5,629	6,351	
CALCULATION N: Total indications for penetrating keratoplasty	15,284	15,896	0
Validation N1 (Domestic indications): This value should be zero.	0	0	7,378
Validation N2 (International indications): This value should be zero.	0	0	8,198

EBAA Statistical Report Ledger for Calendar Year 2025	Jan - Jun 2025	Jan - Jun 2024	Jan - Jun 2023
XI. Indications for Anterior Lamellar Keratoplasty			
B. Ectasias/Thinnings	122	147	0
1. Domestic	73	80	
2. International	49	67	
D. Repeat Corneal Transplant	17	20	0
1. Domestic	16	14	
2. International	1	6	
E. Anterior and Stromal Non-Ectatic Degenerations or Dystrophies	33	45	0
1. Domestic	25	32	
2. International	8	13	
F. Complications of Prior Refractive Surgery	3	0	0
1. Domestic	2	0	
2. International	1	0	
G. Microbial Keratitis	18	17	0
1. Domestic	11	13	
2. International	7	4	
H. Mechanical (non-surgical) or Chemical Trauma	22	15	0
1. Domestic	12	11	
2. International	10	4	
I. Congenital opacities	18	28	0
1. Domestic	15	23	
2. International	3	5	
J. Post-Surgical Non-Edematous Corneal Opacification or Distortion (not due to prior refractive surgery or keratoplasty)	9	14	0
1. Domestic	5	7	
2. International	4	7	
K. Non-infectious ulcerative keratitis, thinning, or perforation	25	34	0
1. Domestic	19	23	
2. International	6	11	
Z. Unknown, Unreported, or Unspecified	506	470	0
1. Domestic	53	62	
2. International	453	408	
CALCULATION O: Total indications for anterior lamellar keratoplasty	773	790	0
Validation O (Domestic Indications): This value should be zero.	0	0	266
Validation O (International Indications): This value should be zero.	0	0	412
XII. Indications for Endothelial Keratoplasty			
A. Endothelial Dysfunction or Corneal Edema due to Prior Surgery	3,988	2,665	0
1. Domestic	3,564	2,293	
2. International	424	372	
C. Heritable Endothelial Dystrophies	8,174	8,478	0
1. Domestic	7,675	8,103	
2. International	499	375	
D. Repeat Corneal Transplant	2,494	2,199	0
1. Domestic	2,256	1,998	
2. International	238	201	
L. Secondary Endothelial Dysfunction (other than dystrophy or surgical/non-surgical trauma)	4,038	3,488	0
1. Domestic	2,948	2,649	
2. International	1,090	839	
Z. Unknown, Unreported, or Unspecified	2,557	4,015	0
1. Domestic	948	2,416	
2. International	1,609	1,599	
CALCULATION P: Total indications for endothelial keratoplasty	21,251	20,845	0
Validation P (Domestic Indications): This value should be zero.	0	0	16,412
Validation P (International Indications): This value should be zero.	0	0	3,111
XIII. Preservation Time			
A. Preservation Time for domestic PK Surgeries			
1. 1-7 days	6,128	5,741	6,145
2. 8-11 days	1,230	1,233	1,162
3. 12-14 days	132	222	71
CALCULATION Q: Total Domestic PK Surgeries	7,490	7,196	7,378
Validation Q: This value should be zero.	0	0	0
B. Preservation Time for Domestic DSEK, DSAEK, DLEK Surgeries			
1. 1-7 days	6,778	6,878	6,782
2. 8-11 days	1,213	1,171	1,056
3. 12-14 days	85	230	25
CALCULATION R: Total Domestic DSEK, DSAEK, DLEK Surgeries	8,076	8,279	7,863
Validation R: This value should be zero.	0	0	0
C. Preservation Time for Domestic DMEK or DMAEK Surgeries			
1. 1-7 days	7,795	7,670	7,177
2. 8-11 days	1,487	1,290	1,126
3. 12-14 days	30	152	31
CALCULATION S: Total Domestic DMEK, DMAEK Surgeries	9,312	9,112	8,334
Validation S: This value should be zero.	0	0	0

EBAA Statistical Report Ledger for Calendar Year 2025

	Jan - Jun 2025	Jan - Jun 2024	Jan - Jun 2023
Transplant Rate	63.9%	65.9%	69.6%
Conversion Rate	33.5%	33.5%	32.5%
% Unknown Domestic Indications	8.6%	16.5%	
Eye Bank Efficiency Index (EBEI)	1.14	1.12	1.12
Number of Countries (including origin country)	96	98	101

Your logo

Uniform Donor Risk Assessment Interview (Donor >12 years old)

Your address

Donor Name: _____
First Middle Last

Person Interviewed: _____
Name Relationship

Contact Information: __(____)_____
Phone Address City State Zip

The interview was conducted: by telephone ❑ in person ❑

Person Interviewed: _____
Name Relationship

Contact Information: __(____)_____
Phone Address City State Zip

The interview was conducted: by telephone ❑ in person ❑

Person conducting interview and completing this form:

_____
Print Name Signature Date/Time

(The interviewer may consider asking how they should refer to the potential donor.)

I want to advise you of the sensitive and personal nature of some of these questions. They are similar to those asked when someone donates blood. We ask these questions for the health of those who may receive her/his* gift of donation. I will read each question and you will need to answer to the best of your knowledge with a "Yes" or "No."

1. Where was she/he* born?		
2. What was her/his* occupation?		
3. Did she/he* have any health problems due to exposure to toxic substances such as pesticides, lead, mercury, gold, asbestos, agent orange, etc.?	❑No ❑Yes	3a. Describe toxic substance and treatment.
4a. Did she/he* have a family physician or a specialist?	❑No ❑Yes	4a(i). When was her/his* last visit? 4a(ii). Why? 4a(iii). Provide any contact information (e.g., name, group, facility, phone number, etc.):

Commented [MS1]: Reflecting current practice, this addition is a cue to the interviewer to seek input from interviewee on how to address decedent. As it is not intended to be read, it is included parenthetically.

Uniform Donor Risk Assessment Interview (Donor >12 yrs old)

4b. Did she/he* use a medical facility such as a clinic or urgent care center?	❑No ❑Yes	4b(i). When was her/his* last visit? 4b(ii). Why? 4b(iii). Provide any contact information (e.g., name, group, facility, phone number, etc.):
5a. Did she/he* take any prescription medication recently or on a regular basis?	❑No ❑Yes	5a(i). What was it and/or what was it used for? *If a steroid, such as prednisone, ask:* 5a(ii). How long? 5a(iii). What was the dose?
5b. Did she/he* take any non-prescribed medication or dietary supplements?	❑No ❑Yes	5b(i). What was it and/or what was it used for?
6. Did she/he* recently have any symptoms such as:		*If any answer in question 6. is "yes,"* ask "when" *this occurred <u>and</u>* "describe symptoms and reasons," *if known.*
6a. a fever?	❑No ❑Yes	6a(i). When? 6a(ii). Describe the fever and reasons.
6b. cough?	❑No ❑Yes	6b(i). When? 6b(ii). Describe the cough and reasons.
6c. diarrhea?	❑No ❑Yes	6c(i). When? 6c(ii). Describe diarrhea and reasons.

Uniform Donor Risk Assessment Interview (Donor >12 yrs old)

6d. swollen lymph nodes or glands in the neck, armpits or groin?	❑No ❑Yes	6d(i). When? 6d(ii). Describe swollen lymph nodes or glands and reasons.
6e. weight loss?	❑No ❑Yes	6e(i). When? 6e(ii). Describe how much weight loss and reason(s).
6f. a rash?	❑No ❑Yes	6f(i). When? 6f(ii). Describe the rash and reasons.
6g. sores in the mouth or on the skin?	❑No ❑Yes	6g(i). When? 6g(ii). Describe the sores and reasons.
6h. night sweats?	❑No ❑Yes	6h(i). When? 6h(ii). Describe night sweats and reasons.
6i. severe headache?	❑No ❑Yes	6i(i). When? 6i(ii). Describe the severe headache and reasons.
6j. rapid decline in mental ability?	❑No ❑Yes	6j(i). When? 6j(ii). Describe rapid decline in mental ability and reasons.
6k. seizures?	❑No ❑Yes	6k(i). When? 6k(ii). Describe seizures and reasons.
6l. tremors?	❑No ❑Yes	6l(i). When? 6l(ii). Describe tremors and reasons.
6m. difficulty walking?	❑No ❑Yes	6m(i). When? 6m(ii). Describe difficulty walking and reasons.

Uniform Donor Risk Assessment Interview (Donor >12 yrs old)

7. Did she/he* have any allergies?	❑No ❑Yes	7a. What was she/he* allergic to? 7b. Describe reaction:
8. Did she/he* know anyone who had a smallpox vaccination within the past two months?	❑No ❑Yes	8a. ~~Was **that person** vaccinated within the past two months?~~ ~~❑No~~ ~~❑Yes~~ ~~*If yes,*~~ ~~8a(i).~~ Did she/he* have contact with this person which includes touching the vaccination site, handling bandages that cover it, or handling bedding, clothing, or any other material that came in contact with the vaccination site? ❑No ❑Yes *If yes,* 8a(i)~~a~~. Did she/he* experience any symptoms or complications such as a rash, fever, muscle aches, headaches, nausea, or eye involvement? ❑No ❑Yes *If yes,* 8a(i)a~~(i)~~. Explain:
9. In the past **12 months** was she/he* bitten or scratched by any pet, stray, farm, or wild animal?	❑No ❑Yes	9a. What kind of animal? 9b. When? 9c. Was the animal's rabies vaccination known to be up to date? ❑Yes ❑No ❑Unknown 9d. Did she/he* receive any medical treatment? ❑No ❑Yes *If yes,* 9c(i)a. By whom?

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Commented [MS2]: Proposal is to move the timeframe to the primary question for clarity and simplification. This is consistent with the approach in the blood DHQ.

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Commented [MS3]: Proposal is to add question about potential vaccination of the animal, as a vaccinated domestic animal would present a lower risk for transmission of rabies.

Uniform Donor Risk Assessment Interview (Donor >12 yrs old)

		9~~d~~e. Was the animal suspected of having rabies? ❑No ❑Yes 9~~e~~f. Was the animal quarantined or tested? ❑No ❑Yes 9~~e~~f(i). Which one? *If yes to tested,* 9fe(~~i~~i)a. What was the result?
10. In the past **12 months** was she/he* told by a healthcare professional that they had, or was suspected of having, a West Nile virus infection?	❑No ❑Yes	10a. When was she/he* diagnosed? *If this occurred within the past 4 months ask:* 10a(i). What was the name of the doctor/clinic?
11. In the past **12 months** did she/he* have any shots or immunizations, such as for the flu, COVID-19, MMR, yellow fever, hepatitis B, smallpox, etc.?	❑No ❑Yes	11a. When? 11b. What kind was it? *If smallpox/vaccinia is named, ask these questions:* 11b(i). Did she/he* experience any symptoms or complications such as a rash, fever, muscle aches, headaches, nausea, or eye involvement? ❑No ❑Yes *If yes,* 11b(i)a. When did these symptoms resolve? 11b(ii). Did the scab fall off or was it picked off? 11b(ii)a. When?
This is a reminder these are standard questions we ask in every interview. Answer to the best of your knowledge with a "Yes" or "No."		
12. In the past **12 months** did she/he* get a tattoo, touch up of an old tattoo, or permanent makeup?	❑No ❑Yes	12a. Were shared or non-sterile instruments, needles or ink used? ❑No ❑Yes

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Uniform Donor Risk Assessment Interview (Donor >12 yrs old)

		12b. Was the procedure performed outside of the United States or Canada? ❑No ❑Yes *If yes,* 12b(i). Where?
13. In the past **12 months** did she/he* have acupuncture, ear or body piercing?	❑No ❑Yes	13a. Were shared or non-sterile instruments or needles used? ❑No ❑Yes 13b. Was the procedure performed outside of the United States or Canada? ❑No ❑Yes *If yes,* 13b(i). Where?
14. In the past **12 months** did she/he* live with a person who has hepatitis?	❑No ❑Yes	14a. What type of hepatitis did **that person** have? 14b. Was that person sick from the virus during that time, such as having abdominal pain, joint pain, exhaustion, fever, nausea, vomiting, diarrhea, or yellowing of the eyes or skin? ❑No ❑Yes
15. In the past **12 months** did she/he* come into contact with someone else's blood?	❑No ❑Yes	15a. Describe what happened and when: 15b. Was the other person involved known to have had, or suspected of having, HIV or hepatitis? ❑No ❑Yes
16. In the past **12 months** did she/he* have an accidental needle-stick?	❑No ❑Yes	16a. Describe what happened and when: 16b. Was the needle contaminated with blood from someone known to have had, or suspected of having, HIV or hepatitis? ❑No ❑Yes
As I described before, I want to remind you of the sensitive and personal nature of some of these questions. ~~For medical and health reasons~~To ensure the safety of those who may receive her/his* gift of donation, we are required to ask these questions about all potential donors. Next, I will ask you about her/his* sexual history.		

Commented [MS4]: Proposal is to be more specific about the rationale for asking very personal questions.

Uniform Donor Risk Assessment Interview (Donor >12 yrs old)

17. In the past **12 months** did she/he* have a sexually transmitted infection such as syphilis, gonorrhea, chlamydia, genital ulcers, herpes, or genital warts?	❑No ❑Yes	17a. What was it?
For the next part, sexual activity and sex refer to any method of sexual contact including vaginal, anal, and oral. I will read each question and you should answer to the best of your knowledge with a "Yes" or "No."		
18. In the past **5 years** was she/he* sexually active, even once?	❑No ❑Yes	*If yes, complete the following questions (18a. to 18f.)* **For the following set of questions, think about the past 5 years:** 18a. Did she/he* have sex in exchange for money or drugs? ❑No ❑Yes *If yes,* 18a(i). When? 18b. **MALE DONOR only:** Did he have sex with another male? ❑ (N/A) Donor is Female ❑No ❑Yes *If yes,* 18b(i). When? 18c. Did she/he* have sex with a person who has had sex in exchange for money or drugs? ❑No ❑Yes *If yes,* 18c(i). When? 18d. **FEMALE DONOR only:** Did she have sex with a male who had sex with another male? ❑ (N/A) Donor is Male ❑No ❑Yes *If yes,* 18d(i). When? 18e. Did she/he* have sex with a person who used a needle to inject drugs that were not prescribed by their own doctor? ❑No ❑Yes *If yes,* 18e(i). When?

		18f. Did she/he* have sex with a person who had a positive test for, or was suspected of having, Hepatitis B, Hepatitis C, or HIV? ❑No ❑Yes *If yes,* 18f(i). Which virus and when? 18f(ii). Was that person sick from the virus during that time, such as having abdominal pain, joint pain, exhaustion, fever, nausea, vomiting, diarrhea, or yellowing of the eyes or skin? ❑No ❑Yes
19. Did she/he* **EVER** use or take drugs, such as steroids, cocaine, heroin, amphetamines, or anything **NOT** prescribed by her/his* doctor?	❑No ❑Yes	19a. What was it? 19b. How often and how long was it used? 19c. When was it last used? 19d. Were needles used? ❑No ❑Yes *If no,* 19d(i). How was it taken?
20a. Did she/he* **EVER** have a transplant or medical procedure that involved being exposed to live cells, tissues or organs from an animal?	❑No ❑Yes	20a(i). Explain:
20b. Did she/he* live with, or have sex with, a person who had a transplant or medical procedure that involved being exposed to live cells, tissues, or organs from an animal?	❑No ❑Yes	20b(i). Explain:
21. Was she/he* **EVER** told by a physician that she/he* had a disease of the brain or a neurological disease such as Alzheimer's, Parkinson's, multiple sclerosis, or epilepsy?	❑No ❑Yes	21a. What was she/he* told by a physician?

Commented [MS5]: Proposal is to copy inserted text from the previous question for clarity.

Uniform Donor Risk Assessment Interview (Donor >12 yrs old)

22. Was she/he* **EVER** refused as a blood donor or told not to donate?	❑No ❑Yes	22a. What was the reason?
23. Did she/he* **EVER** have any kind of surgery?	❑No ❑Yes	23a. What kind? 23b. Where? 23c. When?
24. Did she/he* **EVER** travel or live outside of the United States or Canada?	❑No ❑Yes	24a. Where? 24b. When and for how long? 24c. Did she/he* **EVER** receive a blood transfusion or other medical treatment outside of the United States or Canada? ❑No ❑Yes *If yes,* 24c(i). What occurred (which one)? 24c(ii). Describe where and when:

Uniform Donor Risk Assessment Interview (Donor >12 yrs old)

		If international travel or residency is extensive, be aware of query regarding vaccinations or other shots (within the past 12 months) at question #11.
25. Was she/he* **EVER** a U.S. military member, a civilian military employee, or a dependent of either?	❑No ❑Yes	25a. Did she/he* ever live or work on a U.S. military base outside the United States? ❑No ❑Yes *If yes,* 25a(i). In which country or countries? 25a(ii). When? *If this occurred between 1980 and 1996 in Europe:* 25a(ii)a. ~~H~~For how long? *(estimate total time)* *If in the military in the past 12 months, be aware of query regarding vaccinations or other shots at question #~~8~~11.*
26. Did she/he* **EVER** use or take growth hormone?	❑No ❑Yes	26a. When was it used? 26b. What kind was it?
27. Did she/he* **EVER** have a positive or reactive test for:		
27a. the HIV/AIDS virus?	❑No ❑Yes	27a(i). Explain:
27b. hepatitis?	❑No ❑Yes	27b(i). Explain:
27c. Human T-lymphotropic virus or HTLV-I or HTLV-II?	❑No ❑Yes	27c(i). Explain:

Commented [MS6]: Proposal is to change "How long" to "For how long" for consistency here and elsewhere. Subgroup does not believe any of the revisions change the intended meaning.

Commented [MS7]: Proposal is to include the full name of HTLV for clarity.

27d. *T. cruzi* or told she/he* has Chagas' disease?	❑No ❑Yes	27d(i). Explain:
28. Did she/he* **EVER** have liver disease or hepatitis?	❑No ❑Yes	28a. What kind? 28b. When?
29. Did she/he* **EVER** have malaria?	❑No ❑Yes	29a. When? 29b. Where was she/he* treated?
30. Was she/he* **EVER** told by a healthcare professional she/he* was infected with the Ebola Virus?	❑No ❑Yes	30a. When was she/he* diagnosed?
31. Did she/he* **EVER** have cancer?	❑No ❑Yes	31a. What type? *If skin cancer:* 31a(i). What kind? 31b. When was it diagnosed? 31c. Describe when and where surgery, radiation, or chemotherapy occurred: 31d. Was the cancer considered cured or in remission? ❑No ❑Yes *If yes,* 31d(i). When?
32. Did she/he* **EVER** smoke?	❑No ❑Yes	32a. What was it? *If cigarettes:* 32a(i). How many packs per day? 32b. How many years?

Commented [MS8]: Proposal is to add text given the possibility that cancer was the cause of death, in which case asking whether it was cured may be insensitive.

Uniform Donor Risk Assessment Interview (Donor >12 yrs old)

		32c. Did she/he* quit? ❑No ❑Yes *If yes,* 32c(i). When?
33a. Did she/he* **EVER** have lung disease such as asthma, COPD, or emphysema?	❑No ❑Yes	33a(i). Explain:
33b. Did she/he* **EVER** have tuberculosis?	❑No ❑Yes	33b(i). When was she/he* diagnosed? 33b(ii) Did she/he* receive treatment? ❑No ❑Yes 33b(ii)a *If yes, when, and for how long?*
33c. Did she/he* **EVER** have a positive skin or blood test for tuberculosis?	❑No ❑Yes	33c(i). Whichat test was positive and when? 33c(ii). Did she/he* receive treatment? ❑No ❑Yes 33c(ii)a *If yes*, when, and for how long?
33d. Did she/he* **EVER** live with or spend time with a person who had tuberculosis?	❑No ❑Yes	33d(i) Describe the circumstances 33d(ii) When?
34. Did she/he* **EVER** drink alcohol?	❑No ❑Yes	34a. What type? 34b. How often? 34c. How much? 34d. HFor how long?
35. Did she/he* **EVER** have diabetes?	❑No ❑Yes	35a. For how many years?

Commented [MS9]: See above

Commented [MS10]: Proposal is to change to "which" to more likely elicit a response of "skin" or "blood."

Commented [MS11]: See above

Commented [MS12]: See above

Uniform Donor Risk Assessment Interview (Donor >12 yrs old)

		35b. Was it treated? ❑No ❑Yes *If yes,* 35b(i). How?
36a. Did she/he* **EVER** have kidney disease, kidney stones, or frequent kidney infections?	❑No ❑Yes	36a(i). What did she/he* have? 36a(ii). When?
36b. Was she/he* **EVER** treated with dialysis?	❑No ❑Yes	*If yes to dialysis:* 36b(i). ~~If treated with dialysis, w~~Was it peritoneal dialysis or hemodialysis? 36b(ii). Since when?
37. Did he/she* **EVER** have high blood pressure or high cholesterol?	❑No ❑Yes	37a. Which one (or both)? 37b. For how many years?
38. Did she/he* **EVER** have a heart attack or heart disease, such as a weak heart, a heart valve problem or an infection involving the heart?	❑No ❑Yes	38a. Explain: 38b. How was it treated?
39. Did she/he* **EVER** have circulation problems of the legs, such as varicose veins, blood clots, leg ulcers, or skin discoloration of the feet or ankles?	❑No ❑Yes	39a. Explain:
40. Did she/he* **EVER** have an autoimmune disease such as systemic lupus erythematos~~u~~s, rheumatoid arthritis, sarcoidosis, etc.?	❑No ❑Yes	40a. What was it? 40b. Did she/he* take steroids? ❑No ❑Yes *If yes, complete 5a(ii) and 5a(iii).*

Commented [MS13]: Proposed for consistency with formatting of other questions (e.g., 41).

Uniform Donor Risk Assessment Interview (Donor >12 yrs old)

41. Did she/he* **EVER** have any eye problems, procedures, or surgery?	❑No ❑Yes	*If yes to eye problems:* 41a. What kind of eye problems? *If yes to eye surgery or procedures:* 41b. What kind of surgery or procedure was performed and why? 41c. Which eye(s)? ❑ left ❑ right ❑ unknown 41d. What is the name and/or phone number of her/his* eye doctor or eye clinic?
42. Did she/he* or **any** of her/his* relatives have Creutzfeldt-Jakob disease, which is also called CJD or variant CJD?	❑No ❑Yes	42a. Who did? *If a relative,* 42a(i). Is this person a blood relative? *(Note: The definition of blood relative is a person who is related through a common ancestor and not by marriage or adoption)* ❑No ❑Yes *If yes,* 42a(i)a. Which blood relative? 42b. Is there a physician, relative, or other person who can provide more information*? (document discussion)*
43a. Did her/his* family have a history of diabetes?	❑No ❑Yes	43a(i). Describe type of relative, such as mother, father, sister, brother, etc.:
43b. Did her/his* family have a history of coronary artery disease, which is a buildup of plaque in the heart's arteries?	❑No ❑Yes	43b(i). Describe type of relative, such as mother, father, sister, brother, etc.:
44. Did she/he* **EVER** live in a homeless shelter?	❑No ❑Yes	44a. When? 44b. Describe the situation

Uniform Donor Risk Assessment Interview (Donor >12 yrs old)

		44c. ~~H~~For how long?
45. Was she/he* **EVER** in lockup, jail, prison, or any juvenile correctional facility?	❑No ❑Yes	45a. When? 45b. Where? 45c. For how long?
Final Questions		
46. Are there other medical conditions you are aware of that we have not discussed?	❑No ❑Yes	46a. Describe:
47. Do you now have any concerns that her/his* donation should not proceed?	❑No ❑Yes	47a. Can you share your concerns?
48. ~~Regarding these questions, a~~Are there other people, including healthcare professionals, who may provide additional information?	❑No ❑Yes	48a. Name(s) and contact information: 48b. What additional information can they provide?
49. Do you have any questions about these questions?	❑No ❑Yes	49a. Document:
*Note to interviewer: Question 50, the HIV-1 Group O Risk Question, must be asked if the test kit being used for HIV-1 **Ab** testing is not labeled to include HIV-1 Group O. Check here if question skipped* ❑.		
50. Did she/he* **EVER** have sex with a person who was born in or lived in any country in Africa?	❑No ❑Yes	50a. When was the person born, or when did the person live, in Africa? *If since 1977:* 50a(i). What country in Africa were they from?

Commented [MS14]: See above

Commented [MS15]: Proposal is to remove clause to avoid confusion

Commented [MS16]: Proposal is to add question that elicits detail about the utility of contacts.

Commented [MS17]: Proposal is to add qualifier for clarity/

Uniform Donor Risk Assessment Interview (Donor >12 yrs old)

Additional Notes

Uniform Donor Risk Assessment Interview (Donor >12 yrs old)

Donor ID # _____

LATE ADDITIONS

On-Demand Educational Resources for EBAA Members

EBAA has released two on-demand courses on eyeLEARN that are available for free to EBAA members and Paton Society Members. Both courses feature the presentation, ***Eye Banking: Introduction and Overview*****,** as well as other presentations that provide information for new eye bank professionals and new Medical Directors.

Introduction to Eye Banking Course

The EBAA Introduction to Eye Banking Course provides learners with information about eye banking and the EBAA through a collection of presentations, previously recorded webinars, and skills videos. This course is recommended for new eye bank professionals or anyone interested in learning more about eye banking. Access this course today!

Eye Bank Medical Director Course

The EBAA Medical Director Course provides Medical Directors, and physicians interested in becoming medical directors, with information about eye banking and the roles and responsibilities of the Medical Director. The course is a collection of on-demand presentations, skills videos, and resources on various topics related to eye banking and the responsibilities of the Medical Director.

Eye banks are encouraged to share this course with their Medical Directors and offer as a resource when onboarding a new Medical Director. Access the course today!

Stacey Gardner, CAE
Eye Bank Association of America