



A Donate Life Organization

The Receiving Surgeon is responsible for reporting any adverse reaction to the appropriate eye bank facility within 30 days of the occurrence. A reportable adverse reaction is any communicable or other disease reasonably likely or proven to be due to donor eye tissue, including infection (as manifested by endophthalmitis, keratitis, or systemic viral disease) and biologic dysfunction (such as immediate donor endothelial failure, or evidence suggestive of prior refractive surgery donor corneal dystrophy). The Distributing Eye Bank is responsible for verifying completion of all the items below and reporting information to the EBAA.

PLEASE COMPLETE ALL ITEMS. INCOMPLETE ITEMS WILL REQUIRE FOLLOW-UP.

Donor # \_\_\_\_\_

Surgeon Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Office Address: \_\_\_\_\_

Recipient Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Surgery Date: \_\_\_\_\_

Date of Adverse Reaction: \_\_\_\_\_

**Surgical Procedure** (check applicable):

- Penetrating Keratoplasty
- Anterior Lamellar Keratoplasty
- Endothelial Keratoplasty (check one)
  - DSEK
  - DSAEK
  - DLEK
  - DMEK
  - DMAEK
- Keratolimbal Allograft
- Keratoprosthesis (K-Pro)
- Non-Keratoplasty Use of Corneal Tissue
- Scleral graft
- Other \_\_\_\_\_

**Preoperative Diagnosis** (check applicable):

- Post-cataract surgery edema
- Mechanical or Chemical Trauma
- Post-Refractive surgery
- Congenital opacities
- Keratoconus
- Fuchs' Dystrophy
- Repeat Corneal Transplant
- Other degenerations or dystrophies
- Microbial changes
- Pterygium
- Non-infectious ulcerative keratitis or perforation
- Other causes of corneal dysfunction or distortion (non-endothelial)
- Other causes of endothelial dysfunction
- Unknown, unreported, or unspecified

Donor # \_\_\_\_\_

**Type of Adverse Reaction** (Check applicable):

Primary Graft Failure

Did graft ever clear post-operatively? \_\_\_\_\_ Duration of Clarity: \_\_\_\_\_

Did surgical manipulation\* have a role in the graft failure?  no  yes  maybe

If EK, did the lamellar tissue dislocate from the recipient?  no  yes  n/a

If EK, was the tissue rebubbled?  no  yes  n/a

Early Regraft (failed graft surgically repaired before the 8 weeks required to be considered a Primary Graft Failure)

Endophthalmitis

Donor Corneal Dystrophy or Degeneration

Infectious Keratitis

Donor Corneal Refractive surgery

Scleral Graft Infection

Donor-to-Host Transmission of Systemic Infection

Other: \_\_\_\_\_

**Adverse Reaction** (check one):

**NOT** due to **DONOR TISSUE**

Possible – Evidence is indeterminate for attributing adverse reaction either to the quality/safety of donor tissue or to alternate causes

Likely; Probable – Evidence is clearly in favor of attributing the adverse reaction to donor tissue

Definite; Certain – Conclusive evidence beyond reasonable doubt attributing the adverse reaction to donor tissue

**Post-Operative Treatment:** \_\_\_\_\_

**Prognosis:**  Excellent  Very Good  Good  Fair  Poor  Other \_\_\_\_\_

**Regraft Necessary?**  No  Yes: Regraft Surgery Date: \_\_\_\_\_

**Donor Cultures Done?**  No  Yes, if Yes:  Storage Solution  Corneoscleral  Rim

**Results:** \_\_\_\_\_

**Patient Cultures Done?**  No  Yes, if Yes:  Aqueous  Cornea  Vitreous  Other \_\_\_\_\_

**Results:** \_\_\_\_\_

**Signature of Surgeon:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*Examples include Endothelial trauma, chamber collapse, intracameral injection of toxic or preservative containing fluids, TASS, known intraoperative Descemet's trauma, prolonged vitrectomy, tissue manipulation intraoperatively (upside-down), re-bubbling, surgeon experience less than ten cases, poor cut, for posterior lamellar keratoplasty: presence of anterior chamber IOL, incision size, number of folds, insertion/folding technique, use of forceps, dislocation.