Barcelona Tissue Bank
Banc de Sang i Teixits

# REQUEST FOR **CORNEAL TISSUE FOR TRANSPLANTATION**

Sent by email to **bt@bst.cat**

## 1. DETAILS OF THE REQUESTING HOSPITAL OR CENTRE

Requesting Dr. (full name)

Department **Implanting centre**

Address

Postcode Town/City

Phone no. Email address

Address of delivery

Postcode Town/City

**Billing centre**

Phone no. Correu-e

CIF (Tax ID code) Contact person

Policyholder/Policy no.

**Authorization** Order no./Purchase order

## 2. RECIPIENT DETAILS

Full name **Medical history no.**

Age Informed consent ☐ Yes ☐ No

Is it a retransplantation? ☐ Yes ☐ No Urgent request ☐ Yes ☐ No

## 3. INTERVENTION

Date Time Place/Operating theatre

## 4. INDICATION FOR TRANSPLANTATION

- ☐ Corneal oedema
  - ☐ Post cataract surgery
  - ☐ Other type of post surgery (specify)
  - ☐ Non post-surgical oedema
- ☐ Corneal dystrophies
  - ☐ Endothelial
  - ☐ Stromal
  - ☐ Ectatic
- ☐ Congenital opacities
- ☐ Viral infections
- ☐ Microbial infections (bacteria, protozoa, chlamydia and spirochaeta) Comments:
- ☐ Non-infectious ulcerative keratitis
- ☐ Corneal degenerations
- ☐ Trauma. Corrosion due to caustics
- ☐ Retransplantation due to immunological rejection
- ☐ Retransplantation for other reasons (specify)
- ☐ Alteration secondary to refractive surgery
- ☐ Other reasons (specify)

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## 5. TISSUE SPECIFICATIONS

- ☐ **BT7034 / BT7003** Whole cornea, must be specified:
  - ☐ PK criterion
  - ☐ DALK criterion
  - ☐ DSAEK criterion
  - ☐ DMEK criterion
- ☐ **BT7028** Limbal corneal transplant
- ☐ **BT7005 / BT7023 / BT7029** Tectonic cornea

**Cornea prepared by Tissue Bank**

- ☐ **BT7035 / BT7024** DALK / SALK _____ microns
- ☐ **BT7020 / BT7036** DSAEK
- ☐ **BT7019 / BT7027** DMEK

In accordance with the recommendations of the Servei Català de la Salut (Catalan Health Service) Corneal Transplantation Advisory Committee, Government of Catalonia Official Gazette no. 2337.

**1.** I hereby state that I know and meet all the stipulations of Royal Decree Law 9/2014 on the use of human tissues for transplantation. I furthermore state that before the transplantation, the serology test for HIV will have been conducted on the recipient for whom the corneal transplantation is planned, pursuant to the Order of the Ministry of Health and Consumer Affairs of 24 June 1987 (Spanish Official State Gazette (BOE) 14 July 1987).

**2.** I agree to provide information to the bank issuing the tissue on incidents related to the transplantation and its course.

Transplanting physician's medical licence no.

Signature

Date

The cost of transportation shall always be borne by the applicant.

Salut/ Banc de Sang i Teixits

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