OneLegacy
saving lives through organ, eye & tissue donation

TEL. (877) 544-OLEB
TEL. (213) 207-4200
FAX (213) 633-1686
OLEB@onelegacy.org

Ocular Tissue Order Form

Section I

SURGERY INFORMATION

Surgeon Name: ____________________

Surgery Date: ____________ Time: ________

Surgical Facility Name: ____________________

Delivery Address: ____________________

TISSUE REQUEST INFORMATION

Order placed by: ____________ P.O. # (if applicable): ________

Order Date: ____________ Time: ________

Telephone #: ____________ Fax #: ________

PATIENT INFORMATION

Patient Name: ____________________

Age: ______ Date of Birth: ____________ ☐ Male ☐ Female

SSN / Patient ID: ____________ ☐ OD ☐ OS

Pre-Operative Diagnosis: ____________________

Surgery Type: ☐ PKP ☐ ALK ☐ DALK ☐ K-Pro ☐ Tectonic (Emergency Patch)

☐ DSAEK: ☐ Pre-cut ☐ Surgeon will cut

☐ DMEK: ☐ Pre-cut ☐ Surgeon will cut

☐ IEK: Eye Bank Coordinator will contact you for specifics

☐ Cornea in Glycerin: Size: ☐ 5x10 ☐ ½ ☐ Whole Thickness: ☐ Split ☐ Full

☐ Sclera: Size: ☐ ¼ ☐ ½ ☐ Whole

Upon completion, please email to OLEB@onelegacy.org OR fax to (213) 633-1686

Section II (OneLegacy Eye Bank Use Only)

Request received by: ____________________ Date: ________

OneLegacy, 221 S. Figueroa St, Suite 500, Los Angeles, CA 90012 (800) 786-4077