



Recovered Ocular Tissue Package Insert - NOT SUITABLE FOR TRANSPLANT IN CURRENT FORM

This box contains quarantine donated human tissue for transplant. Donor eligibility has not been completed.

Recovery Information	
TGLN Donor ID# _____	Receiving Tissue Bank Donor ID#: _____
Donor Name: _____	DOB: _____/_____/_____
Surname	First Name
	DD MM YYYY
Source Establishment (Relevant Tissue Bank) Name/Address/Tel: Eye Bank of Canada 340 College Street Suite B100, Toronto, Ontario M5T 3A9 (416) 978-7355	
Retrieval Establishment (Recovery Location) Name/Address/Tel: _____ _____	
Death (<input type="checkbox"/> Asystole/ <input type="checkbox"/> Aortic Clamping/ <input type="checkbox"/> LSA): Date (dd/mm/yy) _____ Time: _____ ET	
Blood Draw: Date (dd/mm/yy) _____ Time: _____ ET If postmortem, collection: <input type="checkbox"/> ≤ 21.5hrs or <input type="checkbox"/> >21.5hrs	
Eye Recovery Completed: Date (dd/mm/yy) _____ Time: _____ ET Qualifies <input type="checkbox"/> Does Not Qualify <input type="checkbox"/>	
Right Side Recovered By: _____	
Left Side Recovered By (if different than right): _____	

Tissue Shipped	Shipped (v)	Tissue Bank Use Received (v)	Shipping Information (TGLN Use)
Right, Whole Globe	<input type="checkbox"/>	<input type="checkbox"/>	I hereby verify that I packaged the donor tissue according to TGLN CPIs for consent, screening and recovery of deceased donor tissue. Print Name: _____ Packaged Date (DD/MM/YY): _____ Packaged Time: _____ ET Weight of Wet Ice: _____ lb Courier: _____
Left, Whole Globe	<input type="checkbox"/>	<input type="checkbox"/>	
Right Cornea	<input type="checkbox"/>	<input type="checkbox"/>	
Left Cornea	<input type="checkbox"/>	<input type="checkbox"/>	
Storage Solution <input type="checkbox"/> Saline <input type="checkbox"/> Optisol <input type="checkbox"/> Other _____			
Comments: _____ _____ _____ _____ _____			