



### 1. DETAILS OF THE REQUESTING HOSPITAL OR CENTRE

**Implanting centre**

Requesting Dr. (full name)  Department

Address

Postcode  Town/City

Phone no.  Email address

Address of delivery

Postcode  Town/City

**Billing centre**

Phone no.  Email

CIF (Tax ID code)  Contact person

Policyholder/Policy no.

**Authorization**

Order no./Purchase order

### 2. RECIPIENT DETAILS

Full name  **Medical history no.**

Age  CIP/ID card  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: **Cornea prepared by Tissue Bank**
  - PK criterion
  - DALK criterion
  - DSAEK criterion
  - DMEK criterion
- BT7035 / BT7024** DALK / SALK  microns
- BT7020 / BT7036** DSAEK
- BT7019 / BT7027** DMEK
- BT7028** Limbal corneal transplant
- BT7005 / BT7023 / BT7029** Tectonic cornea

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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.

Date

Signature

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