



Laan op Zuid 88
 3071 AA Rotterdam
 The Netherlands
 tel.: +31 10 2974444
 fax: +31 10 2974440
 info@amnitrans.nl
 www.amnitrans.nl



Patient card imprint
 Name, gender, date of birth

Tissue Order Form

Name patient	Male / Female
Date of birth	
Indication for surgery	
Date of Surgery	
<input type="checkbox"/> Amniotic membrane <input type="checkbox"/> Ø 9.0 mm <input type="checkbox"/> 1x1 cm <input type="checkbox"/> 2x1 cm <input type="checkbox"/> 2x2 cm <input type="checkbox"/> 2x3 cm <input type="checkbox"/> 3x3cm <input type="checkbox"/> 3x4 cm <input type="checkbox"/> 4x4 cm <input type="checkbox"/> 4x5 cm (please tick right size)	
<input type="checkbox"/> HLA-matched donor cornea for penetrating keratoplasty (PK) <input type="checkbox"/> Random donor cornea for penetrating keratoplasty (PK) <input type="checkbox"/> High Urgency donor cornea for penetrating keratoplasty (PK) <input type="checkbox"/> Donor cornea for deep anterior lamellar keratoplasty (DALK) <input type="checkbox"/> Donor cornea & wide scleral rim for Descemet stripping automated endothelial keratoplasty (DSAEK) <input type="checkbox"/> Manually pre-dissected donor cornea for Descemet stripping endothelial keratoplasty (DSEK) <input type="checkbox"/> Femtosecond pre-dissected donor cornea for Descemet stripping endothelial keratoplasty (FS-DSEK) <input type="checkbox"/> Bio-implant for Descemet membrane endothelial keratoplasty (DMEK)	
Ophthalmologist	
Organisation	
Shipment address	
Area code / City	
Phone	
Fax	<i>Please indicate response fax no. for form receipt confirmation</i>
E-mail	
Comments / Order number	
Signature	

Please fax this form to +31 10 297 4440

or send by postal mail to Amnitrans EyeBank, Laan Op Zuid 88, 3071 AA Rotterdam, The Netherlands