Legacy of Sight Program - Eye Bank of British Columbia

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EYE BANK OF BRITISH COLUMBIA

STANDARD INFORMATION USED BY THE EYE BANK OF BC TO DETERMINE POTENTIAL DONOR SUITABILITY

In order to speed up the referral process, you may wish to have the following information ready **prior** to calling the **Donor Referral Line at 1-877-366-6722**:

1. Your telephone number and local: _____

2. Name of hospital and unit: _____

3. Contact name and title: _____

4. Does patient have heartbeat? **YES** **NO**

5. Was patient vented/ventilated? **YES** **NO**

6. Patient age: _____

7. Sex: **MALE** **FEMALE**

8. Time of death: _____

9. Admission date and time: _____

10. Cause of death: _____

_____

11. Medical history: _____

_____

If the potential donor **has not been ruled out** at this pre-screening stage, the Donor Referral Line will pass this information on to the Eye Bank of BC. The EBBC will then call the hospital / unit, ask for the contact person, confirm the information, and obtain this **additional** information:

1. Patient name: _____

2. **Most recent** total WBC count, temperatures, and blood culture results (if applicable):

WBC: _____ Date: _____ Time: _____

Temperature: _____ Date: _____ Time: _____

Blood cultures: **POS NEG** Date: _____ Time: _____

At this point, if the potential donor is suitable for eye donation, the consent process is initiated and if consent is given, the retrieval process begins.

PLEASE BE AWARE THAT THIS IS ONLY A GENERAL TEMPLATE – THE EYE BANK OF BC MAY REQUIRE ADDITIONAL INFORMATION TO DETERMINE DONOR SUITABILITY.