Eye Bank 3A
Rev. 5-2006

EYE DONOR HISTORY FORM

2550 Willow Street, Vancouver, B.C. V5Z 3N9
• 604-875-4567 • 1-800-667-2060 • fax: 604-875-5316

DATE _____ NURSING UNIT _____

MR. MISS, MRS _____ UNIT NUMBER _____

SURNAME _____ GIVEN NAME _____

DOCTOR _____ (PLEASE USE BLOCK CAPITALS)

SEX _____ AGE _____

EYE BANK USE ONLY

DONOR #_____

DONOR INFORMATION

DONOR NAME: _____ M ☐ F ☐

HOSPITAL: _____ WARD: _____

BIRTHDATE:_____ (dd/mm/yy) AGE: _____ CARE CARD PHN: _____

FAMILY PHYSICIAN: _____ PHONE: _____

NEXT OF KIN INFORMATION

NEXT OF KIN NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ PHONE NUMBER:

_____ _____

FORM OF CONSENT

Consent Form (signed) ☐ Verbal Consent ☐ Copy to: Chart ☐ EBBC ☐

MULTI-ORGAN DONOR: Yes ☐ No ☐ CORONER'S CASE Yes ☐ No ☐ CORONER: _____

MEDICAL INFORMATION DATE TIME

ADMITTED TO HOSPITAL: _____ _____ DIAGNOSIS: _____

HEART STOPPED: _____ _____ _____

DEATH PRONOUNCED: _____ _____ BY DR. _____

BLOOD SAMPLE TAKEN: _____ _____ IS PRETRANSFUSION SAMPLE AVAILABLE? Yes ☐ No ☐

ENUCLEATION: _____ _____ ENUCLEATION BY: _____

ADMITTED TO MORGUE (cooled) _____ _____

VENTILATOR START: _____ _____ TOTAL #HRS ON VENTILATOR SUPPORT: _____

END: _____ _____ EYE DROPS Yes ☐ No ☐ LIDS CLOSED Yes ☐ No ☐

CHART REVIEW

See reverse for Eye Donation Guidelines and Contraindications: All medical information available has been reviewed and reveals:

1. Evidence of systemic or local infection? ..... Yes ☐ No ☐
2. Progressive CNS disease or systemic disease of unknown etiology ..... Yes ☐ No ☐
3. Lymphoproliferative or Myeloproliferative disorders ..... Yes ☐ No ☐
4. Intrinsic eye disease or ocular condition or previous ocular surgery ..... Yes ☐ No ☐
5. Social history suggests patient high risk group for HIV/HCV/Hep B ..... Yes ☐ No ☐

Autopsy Pending?

Yes ☐ No ☐

Not yet known ☐

PRESS HARD YOU ARE MAKING 3 COPIES

CAUSE OF DEATH: _____

HISTORY/CHART REVIEW COMMENTS: _____

_____

_____

_____

_____

Temp (date)			
WBC (date)			
Culture Source Results Date			

PART 1 - WHITE - EYE BANK OF BRITISH COLUMBIA
PART 2 - CANARY - ACCOMPANIES TISSUE
PART 3 - PINK - PATIENT'S CHART