



DONOR NAME: _____ DONOR NUMBER: _____

CORNEAL EXCISION

NOT COLLECTED

COLLECTED (complete below)

Laboratory Excision

In Situ Excision

Excision Kit:

Lot Number: _____
Processed
Date: _____

**PLACE STEAM
STERILIZATION INDICATOR
HERE**

Viewing Chamber(s):

Lot Number: _____ Expiry: _____

Lot Number: _____ Expiry: _____

Eye Stream® (or other irrigating solution):

Lot Number: _____ Expiry: _____

Optimyxin Plus® (or other antibiotic solution): (X _____)

Lot Number: _____ Expiry: _____

5% Povidone-Iodine Solution

Lot Number: _____ Expiry: _____

Eye Jar(s)

(X _____) Lot Number: _____ Processed Date: _____

Lot Number: _____ Processed Date: _____

Optisol™ GS: ----- SEE EYE EVALUATION FORM -----

SCLERA

NOT COLLECTED

COLLECTED (complete below)

Excision Kit:

Lot Number: _____
Processed
Date: _____

**PLACE STEAM
STERILIZATION INDICATOR
HERE**

Optimyxin Plus® (or other antibiotic solution): (X _____)

Lot Number: _____ Expiry: _____

Sclera Jar(s):

Lot Number: _____ Processed Date: _____

Lot Number: _____ Processed Date: _____

Lot Number: _____ Processed Date: _____