

**DONOR ELIGIBILITY DETERMINATION RECORD**

TBI DONOR NUMBER

**DONOR INFORMATION REVIEW / SIGN-OFF**

Place initials in the TECHNICIAN INITIALS section next to the listed DONOR INFORMATION, after each item of donor information has been reviewed and determined to be acceptable for transplant suitability. Circle NA if the section is not applicable to the case.

INFORMATION	INITIALS	INFORMATION	INITIALS
DONOR CHART FORM		MEDICAL RECORDS	NA
PHYSICAL EXAMINATION		HEMODILUTION	
CORNEA RECOVERY RECORD		CORNEA EVALUATIONS	
CONSENT FORM		SEROLOGIES	
MEDICAL - SOCIAL HISTORY		PMD INTERVIEW	NA
CAUSE OF DEATH		PRELIMINARY AUTOPSY RESULTS	NA
CORNEA VIAL LABELS <small>( VERIFIED AND COPY PLACED IN CHART )</small>		DONOR INFORMATION FORM <small>( VERIFIED AND COPY PLACED IN CHART )</small>	

**CONSENT REVIEW**

<input type="checkbox"/> TRANSPLANT / RESEARCH / EDUCATION	<input type="checkbox"/> NO RESTRICTIONS
<input type="checkbox"/> TRANSPLANT / RESEARCH	<input type="checkbox"/> NO INTERNATIONAL USE
<input type="checkbox"/> TRANSPLANT ONLY	<input type="checkbox"/> NO PROFIT USE
	<input type="checkbox"/> NO COSMETICS USE

**DONOR ELIGIBILITY**

LEFT CORNEA ( OS )			NA	RIGHT CORNEA ( OD )			NA
<input type="checkbox"/> TRANSPLANT	<input type="checkbox"/> ALK ONLY	<input type="checkbox"/> PLK ONLY		<input type="checkbox"/> TRANSPLANT	<input type="checkbox"/> ALK ONLY	<input type="checkbox"/> PLK ONLY	
<input type="checkbox"/> RESEARCH				<input type="checkbox"/> RESEARCH			
<input type="checkbox"/> EDUCATION				<input type="checkbox"/> EDUCATION			
<input type="checkbox"/> DISCARD				<input type="checkbox"/> DISCARD			
REASON FOR RESEARCH / EDUCATION / DISCARD				REASON FOR RESEARCH / EDUCATION / DISCARD			

MEDICAL DIRECTOR DESIGNEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

FINAL AUTOPSY REPORT REVIEWED BY \_\_\_\_\_ NA \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

LEFT SCLERA / POSTERIOR POLES ( OS )			NA	RIGHT SCLERA / POSTERIOR POLES ( OD )			NA
<input type="checkbox"/> NO CANCER DIAGNOSIS				<input type="checkbox"/> FINAL AUTOPSY RESULTS REVIEWED			NA
<input type="checkbox"/> TRANSPLANT				<input type="checkbox"/> TRANSPLANT			
<input type="checkbox"/> RESEARCH				<input type="checkbox"/> RESEARCH			
<input type="checkbox"/> EDUCATION				<input type="checkbox"/> EDUCATION			
<input type="checkbox"/> DISCARD				<input type="checkbox"/> DISCARD			
REASON FOR RESEARCH / EDUCATION / DISCARD				REASON FOR RESEARCH / EDUCATION / DISCARD			

MEDICAL DIRECTOR DESIGNEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_