



**THAI RED CROSS SOCIETY EYE BANK
DONOR INFORMATION FORM**

Name: _____ Age: _____ Sex: _____
Comea # _____

Date: _____

Time: _____

Death: _____/_____/_____

Enucleation: _____/_____/_____

Moist Chamber Preservation: _____/_____/_____

Storage Media Preservation: _____/_____/_____

Cause of Death: _____

Death Location: _____

Enucleation Location: _____

Enucleator: _____ Technician: _____

Examiner: _____ Consented by: _____

Medical History: _____

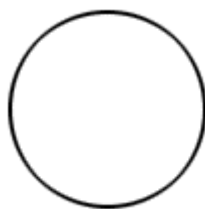
Ocular History: _____

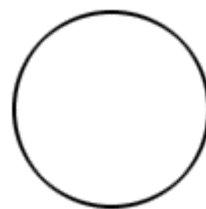
Medication: _____

Time between Death and Storage Media Preservation: _____

Storage Media Used: OPTISOL Lot # _____

Cornea Status





Cell Count _____ /mm²

Laboratory Test: HIV Test _____

HCV Test _____

HbsAg Test _____