

Contact Information For Tissue Offers

Name _____

Phone _____ Email: _____

Shipping Address _____

Brief statement on how the tissues will be utilized in the study (attach additional documents, if necessary):

Tissue Criteria and Preservation Information

Tissue type (check all that apply): Corneas Whole globes Posterior globes

Other _____

Amount desired, frequency of offers, duration of study (e.g., 2 eyes/week until 50 obtained)

Donor age criteria _____

Death to recovery / preservation time criteria _____

Does sterile technique need to be maintained? Yes No

Are serologies required? Yes No

Other criteria _____

Preservation method _____

Note: All preservation solutions and materials must be provided by the researcher. If provided by Lions Gift of Sight, additional charges may apply.

Lions Gift of Sight

1000 Westgate Drive, Suite 260 • Saint Paul, MN 55114

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