



# Adverse Reaction Report

formerly Minnesota Lions Eye Bank

This information is CONFIDENTIAL. If you receive it in error, please contact the eye bank at the numbers below.

The Receiving Surgeon is responsible for reporting any adverse reaction to Lions Gift of Sight (LGS) within 30 days of the occurrence. A reportable adverse reaction is any communicable or other disease transmissible by, and attributable to, transplantation of donor eye tissue, including infection (as manifested by endophthalmitis, keratitis, or systemic viral disease) and biologic dysfunction (such as immediate donor endothelial failure or donor corneal dystrophy).

Complete All Items. Incomplete Items Will Require Follow Up.

The distributing Eye Bank is responsible for verifying completion and reporting information to the Eye Bank Association of America.

LGS Tissue ID # \_\_\_\_\_ Surgeon: \_\_\_\_\_

Report Date: \_\_\_\_\_ Surgery Location: \_\_\_\_\_

Type of Surgery:  PK  DSAEK  DMEK  KLAL  Other \_\_\_\_\_

Pre-operative Diagnosis: \_\_\_\_\_ Date of Surgery: \_\_\_\_\_

Post-operative Diagnosis: \_\_\_\_\_ Date of Reaction Diagnosis: \_\_\_\_\_

Endophthalmitis /Keratitis Adverse Reaction:  Intraocular Infection  Corneal Infection

Donor Rim Cultures Performed? Yes  No   
Results with Sensitivities: \_\_\_\_\_

Preservation Media Cultured? Yes  No   
Results with Sensitivities: \_\_\_\_\_

Recipient Rim Cultured? Yes  No   
Results with Sensitivities: \_\_\_\_\_

**Please forward copies of the culture reports, if performed, to the eye bank.**

Primary Graft Failure Adverse Reaction:

For EK, did the lamellar tissue dislocate from the recipient? Yes  No   
For EK, was the tissue re-bubbled? Yes  No  Number of times \_\_\_\_\_  
Did graft ever clear post-operatively? Yes  No  Duration of Clarity \_\_\_\_\_  
Did surgical manipulation\* have a role in the graft failure? Yes  No  Possibly   
Does Surgeon believe failure is donor tissue related? Yes  No

\*Surgical Manipulation: Examples include endothelial trauma, chamber collapse, intracameral injection of toxic or preservative containing fluids, TASS, known intraoperative Descemet's trauma, prolonged vitrectomy, tissue manipulation intraoperatively (upside down), re-bubbling, surgeon experience less than ten cases, poor cut. For posterior lamellar keratoplasty: presence of anterior chamber IOL, incision size, number of folds, insertion/folding technique, use of forceps, dislocation during surgery.

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**Other Adverse Reaction:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Please describe*

## **Recipient Outcome**

Were there any pre-existing / pre-disposing conditions that could affect the outcome? Yes  No

If yes, describe \_\_\_\_\_

\_\_\_\_\_

What medications/ treatment did the patient receive, and what was the clinical progression?

\_\_\_\_\_

Has the surgical staff received notice of an HIV, Hepatitis or Syphilis diagnosis in the recipient? Yes  No

Recipient current vision status: \_\_\_\_\_

Was a re-graft performed? Yes  No

Date of re-graft: \_\_\_\_\_ Outcome of re-graft: \_\_\_\_\_

Report completed by: \_\_\_\_\_

Call-back phone number: \_\_\_\_\_

## **Additional Case Information**

\_\_\_\_\_

\_\_\_\_\_

## **To be completed by the Eye Bank:**

Date of Information Request: \_\_\_\_\_ Source Eye Bank: \_\_\_\_\_

Mate Tissue ID #: \_\_\_\_\_ Transplanting Surgeon: \_\_\_\_\_

Mate Status: Unknown  Clear  Adverse Reaction  Type \_\_\_\_\_

If not used, give reason \_\_\_\_\_

Donor Tissue Death to Preservation (hours): \_\_\_\_\_

Preservation to Surgery (days): \_\_\_\_\_

Tissue returned and redistributed: Yes  No