

Request to Return or Dispose of Tissue

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

RETURNED or DISPOSED TISSUE INFORMATION

Attention Surgeon or Surgical Facility: If tissue will not be used for transplant due to surgery cancellation, CONTACT the eye bank at 612-624-0433 as soon as the surgery is cancelled for instructions from the Lions Gift of Sight. If Lions Gift of Sight determines that the tissue is returnable, <u>return tissue the SAME DAY as the cancelled surgery with this form by the method agreed upon</u> . If Lions Gift of Sight determines that the tissue is not returnable, dispose of the tissue onsite following biological specimen disposal processes at your facility. Return this form by fax to 612-625-4295 or email to <u>tissuerequests@umn.edu</u> . Thank you.		
Name of eye bank personnel you spoke with	Date/Time	
LGS Tissue Number:		
Reason for return		
Surgeon Facility _		
How was this tissue stored while at your facility? (e.g., time in or out of refrigeration)		
Return/Disposal Date Time Type of	transportation	
Full Name of Person Completing this form (please print)		
Date completed Time	Phone Number	

For LGS Use Only – Check In Returned Tissue

□Yes □Yes	□No □No	The tissue storage container safety seal intact and not broken. The tissue storage container is not leaking, integrity is not compromised. The color of the storage media is within acceptable limits. Tissue is cold and appears to have been refrigerated.

If you answered NO to any of these questions, please contact the on-call LGS supervisor for consult.

K1.900 Attachment I
Related Policies / Procedures
Lions Gift of Sight

Implemented 7-20-20 K1.000 1000 Westgate Drive, Suite 260, St. Paul, MN 55114 Page 1 of 1

612-624-3900 / FAX 612-626-1192