



# Request to Return or Dispose of Tissue

This information is CONFIDENTIAL. If received in error, contact Lions Gift of Sight.

## RETURNED or DISPOSED TISSUE INFORMATION

Complete this form - or - Provide info via phone  
If completing form, send with tissue, fax (612-625-4295), or email ([tissuerequests@umn.edu](mailto:tissuerequests@umn.edu))

**Immediately upon surgery cancellation - CONTACT Lions Gift of Sight (LGS) at 612-624-0433. If LGS determines the tissue is returnable, return as soon as possible by the agreed upon method.**

**Packing instructions: Place tissue in sealed bag, in cooler, with bagged wet ice. Protect from freezing.**

If LGS determines the tissue is not returnable, dispose of the tissue onsite following your facility protocols.

LGS tissue #: \_\_\_\_\_

Name of LGS staff contacted \_\_\_\_\_ Date/Time contacted \_\_\_\_\_

Surgeon \_\_\_\_\_ Facility \_\_\_\_\_

Reason for return \_\_\_\_\_

How was this tissue stored while at your facility? (e.g., time in or out of refrigeration) \_\_\_\_\_

Return/Disposal Date/Time \_\_\_\_\_ Transportation method \_\_\_\_\_

Person completing form (print, first & last) \_\_\_\_\_

Contact phone \_\_\_\_\_ Date/Time completed \_\_\_\_\_

## LGS USE ONLY – Return Tissue Check-In

Received by (initials) \_\_\_\_\_ Date/Time received \_\_\_\_\_

- Yes No Safety seal intact and **not** broken.
- Yes No Container **not** leaking, integrity is **not** compromised.
- Yes No Storage solution color is within acceptable limits.
- Yes No Tissue is cold and appears to have been refrigerated.

If any NO responses are selected, contact Allocation Staff.