

Donor Information
Surgeon Feedback Report



Please use this form as a Customer Service tool and complete it only as needed. If there is missing recipient information, please complete and return to us.

The eye bank will pursue 3-6 month postoperative information separately.

RECIPIENT INFORMATION

Patient Name: _____ Surgeon: _____
Age / Date fo Birth: _____ / _____ Date of Surgery: _____
Patient ID# _____ Surgery Site: _____
Pre-Op Diag. _____ Surgery Type: _____

SERVICE COMPLAINT OR SUGGESTIONS

Please tell us about any problems you've had with the service you received. You can also use this area to make suggestions.

- Tissue arrived late. *(comments, if any)*
- Tissue was not as described in offer. *(please explain)*
- Other:

ADVERSE REACTION OBSERVED

Please complete this section if you observed an adverse reaction immediately after surgery. Note this is not intended for non-attached grafts from EK procedures unless a regrant is necessary. The eye bank will pursue 3-6 month postoperative information separately.

Indicate type of Adverse Reaction observed:

- Graft Failure
- Infectious keratitis
- Endophthalmitis
- Other (e.g. systemic viral infection)

Indicate what cultures were performed:

- Recipient cultures
- Donor tissue cultures
- Tissue media cultures
- No cultures performed

Comments _____

WHO SHOULD WE CONTACT REGARDING THIS ISSUE?

Name: _____
Role / Position: _____
Contact Info: _____

PLEASE RETURN TO:

Lions VisionGift Quality Assurance Department
email: quality@visiongift.org
fax: 503.808.7055
phone: 503.808.7026

For LVG use:

DI27.Surgeon Feedback Report.4.pdf

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Ocular Tissue is
from an
E.B.A.A.
Accredited
Eye Bank

DIN:
PC:

Lions VisionGift
2201 SE 11th Ave.
Portland OR 97214

503.808.7070
800.843.7793 *Voice*

503.808.7071
800.798.9040 *Fax*