



Date	
Hospital / Facility	
Ward / Unit	
Contact Person	
Contact phone	
Contact fax	
Treating Doctor (if different from contact)	

Lions Eye Donation Service Coordinator contacted:

Name	
Contact phone	0408 370 148

Donor Details:

Donor Name			
Date of Birth			
Age			
Sex			
Hospital No. (if applicable)			
Coroner's Case?		Case Number	
Cause of Death			
Other morbidities			
Date of Death		Time of Death	
GP contact details			

Medical and Social History: *Check the following specifically*

History of:	✓✗	Comments (elaborate if applicable)
Infectious disease		
Neurodegenerative or CNS disease		
Dementia, recent or unexplained neurological symptoms		
Alzheimers, Parkinson's disease		
CJD or family history		
Drug abuse/lifestyle risk factors		
*Cancer		
*Autoimmune disease		
*Connective tissue disease		
*Eye disease		
*Previous eye surgery		
Date of admission		
Evidence of infection?		
Blood tests or cultures taken?		
Transfusion of blood, plasma or other fluid? <i>[If so, what, when]</i>		

* not necessarily contraindications - check with Eye Coordinator

Next-of-Kin Details: *person giving consent*

Name of NOK	
Contact phone no(s)	
Postal Address	
Relationship to deceased	