

Hospital Referral:

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	0483 988 463
Email	eyebank@cera.org.au

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			
Alzheimer's, Parkinson's disease			
CJD or family history			
Drug abuse/lifestyle risk factors			
*Cancer			
*Autoimmune disease			
*Connective tissue disease			
*Eye disease			
*Previous eye surgery			
*not necessarily a contraindication – check with eyebank coordinator			

Date of admission		
Evidence of infection?		
Blood tests or cultures taken?		
Transfusion of blood, plasma or other fluid? [If so, what, when]		

Senior available Next of Kin Details (person giving consent):

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

Lions Eye Donation Service. eyebank@cera.org.au 0483 988 463 (7am – 6pm M-F; 7am - 3pm S-S)

Return form via email or fax: 8677 9093