**Attachment 3: TODES DONOR/DONATION DATA REQUESTED FROM EYE BANKS**

**OMB: XXXX-XXXX**

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| **Eye Donors** |  |
| Eye Donor and Donation Information | COD –   * Anoxia * Cerebrovascular/Stroke * Head Trauma * CNS Tumor * Other (specify) |
| Donor ID |
| Eye ID |
| Date of death |
| Sex |
| Age at death: years |
| Age at death: months |
| 1st person donor designation |
| NOK or other authorization (verbal or written) |
| One or more ocular tissues recovered with intent to transplant. Y/N |
| Donor also an organ donor or at least one organ recovered with intent to transplant. Y/N |
| Donor also a tissue donor or at least one tissue recovered with intent to transplant. Y/N |
| Primary COD – per general categories from pull-down menu as shown to the right |
| Date of death/last time known alive: date |
| Date of death/last time known alive: time |  |
| IN ADDITION, provide eye disposition code for *each* ocular tissue recovered. |
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| **ASSAY RESULTS –**list below applies to all donors and qualified referrals. Include all of the following assay results. Include IgG, IgM, and Total Ig results if performed, as well as any and all repeat test results for each assay. |

HBsAg Screening Test

HBsAg Confirmatory/Supplemental Test

Anti-HCV Screening Test

Anti-HCV Confirmatory/Supplemental Test

Anti-HIV1/2 Screening Test

Anti-HIV1/2 Confirmatory/Supplemental Test

HIV Ag/Ab combination assay

Anti-HBc (total) Screening Test

Anti-HBc Confirmatory/Supplemental Test

NAT (HIV-1) Screening Test

NAT (HCV) Screening Test

NAT (HIV-1/HCV) Screening Test

NAT (HBV) Screening Test

NAT (HIV-1/HCV/HBV) Screening Test

Sample collection time relative to time of death or last time known alive – (RTI will calculate).

* Provide sample collection date
* Provide sample collection time