V08_07_14 Eye Donors	Attachment 3: TODFS D	ONOR/DONATION DATA REQUESTED F
Eye Donor and Donation		OMB: XXXX-XXX
nformation	_	
Donor ID		
Eye ID		
Date of death		ASSAY RESULTS -list below applies
Sex		to all donors and qualified referrals.
Age at death: years		Include all of the following assay
Age at death: months		results. Include IgG, IgM, and Total Ig
1st person donor		results if performed, as well as any
designation		and all repeat test results for each
NOK or other		assay.
authorization (verbal or		
ArBistenscreening Test		
ABSAG COAMA AGE ON SUP	lemental Test	
anti-foreseveenthy it est		
anterneticov tconsplanato////si	upplemental Test	
Rational 19/2000000000000000000000000000000000000	st	
danionaria/212/Continuatory	/Supplemental Test	
plisaag/adovoradiwatton a	ssay	
anteinelbe (total) lacted i Ma	Test	
antian Besoontisewetory/Su	pplemental Test	
NanTo(1H)Valt)   Sastemiag Te	st	
kissTuteHEVØsereelnvintenTest		
haan (Havita Algova Streening	g Test	
Rindin alian Kivi) Norreiana ing Lest	-	
skate (al vategoves by)	eening Test Cerebrovascular/Stroke	
pull-down menu as	Head Trauma	
shown to the right	CNS Tumor	
Sample collection time re	lative to time of death or last time kno	<u>wn alive</u> – (RTI will calculate).
Date of deatind tast triple co	CNS Tumor CNS Tumor Iative to time of death or last time kno Other (specify) Other (specify)	
known a <b>Pirævidets</b> ample co	ollection time	
Date of death/last time		
known alive: time		
	4	
IN ADDITION, provide		
eye disposition code for		
each ocular tissue recovered.		