



ALABAMA EYE BANK®
A NON-PROFIT EYE BANKING NETWORK

CONSENT FOR EYE DONATION

I, _____, being the _____ of
Print Name of Next-of-Kin Relationship

_____, do hereby permit the Alabama Eye Bank,
Print Name of Donor

or persons authorized by the Eye Bank, to remove the corneas, or eyes, from the donor to be used to help restore sight via transplantation, and/or for research and education. I permit the Alabama Eye Bank, or persons authorized by the Eye Bank, to access and copy medical records, the results of serologic tests performed on the donor's blood, and all other known medical information regarding the donor. I permit the Alabama Eye Bank, or persons authorized by the Eye Bank, to take or have access to a blood sample from the donor to test for communicable diseases, including but not limited to Hepatitis, HIV and syphilis. I permit recipient professionals to perform additional tests for purposes they deem of merit.

I know of no opposition by a member of my class, or a prior class, to the granting of permission as stated above. Classes in order of priority: 1) spouse, 2) adult son or daughter, 3) either parent, 4) adult brother or sister, 5) guardian of the person of the deceased at the time of his/her death, 6) any other person authorized or under obligation to dispose of the body. My answers to the following questions concerning the donor are considered confidential:

I have had the opportunity to ask questions concerning donation and recovery of the corneas, or eyes, and my questions have been answered. By signing this document I affirm that I have read it and understand it.

It is necessary that you answer questions on the back of this form about the donor's medical and social history.

Witness

Signature of Next-of-Kin

Witness

Address of Next-of-Kin

Date / Time

City / State / Zip

Telephone Number / Alternate Number

**Please notify the Alabama Eye Bank by calling 1-800-423-7811 before making arrangements with a funeral home.
Thank you.**

MEDICAL/SOCIAL HISTORY QUESTIONNAIRE

Donor Name _____

Next of Kin Name _____

In order that we may assure that this humanitarian gift provides the maximum benefit, it is necessary that the following medical and social history questions about the donor be answered. These questions are intended to reduce the risk of disease transmission from donor to recipient through transplantation. By answering these questions to the best of your knowledge, you hereby grant that you have sufficient knowledge of the donor to do so. Your responses are confidential.

- YES NO 1. Has the donor experienced any weight loss, night sweats, skin rashes or purple spots, swollen lymph nodes, or yellow jaundice coloration due to an unknown cause? If YES, please elaborate in the space provided below for Explanations.
- YES NO 2. Has the donor had any known close contact, sexual contact or blood exposure via needlestick, open wound or nonintact mucous membrane, with hemophiliacs, IV drug abusers, male homosexuals, prostitutes, penitentiary inmates, or with any person known or suspected to have HIV, Hepatitis B or C infection? If YES, please elaborate in the space provided below for Explanations.
- YES NO 3. Has the donor received any human-derived clotting factors for bleeding disorders or non-medical drug injections? If YES, please elaborate in the space provided below for Explanations.
- YES NO 4. Has the donor experienced any unexplained nausea, persistent cough, diarrhea, shortness of breath, or temperature greater than 100 degrees Fahrenheit lasting more than ten (10) days? If YES, please elaborate in the space provided below for Explanations.
- YES NO 5. Within the last twelve (12) months, has the donor been incarcerated in a correctional institution or received any tattoos, body piercing or acupuncture in which shared needles are known to have been used. If YES, please elaborate in the space provided below for Explanations.
- YES NO 6. Has the donor or any family member been diagnosed with Creutzfeldt-Jacob disease, received a dura mater transplant, been injected with bovine insulin, or traveled outside the United States for a *cumulative* period of greater than three (3) months since 1980? If YES, please elaborate in the space provided below for Explanations.
- YES NO 7. Within the last three weeks, has the donor had a smallpox vaccination or been in close contact with someone who has? If YES, please elaborate in the space provided below for Explanations.
- YES NO 8. Has the donor ever been diagnosed with West Nile Virus infection, or has the donor experienced a *simultaneous* headache and fever within the last seven days? If YES, please elaborate in the space provided below for Explanations.
- YES NO 9. Within the last four weeks, has the donor been suspected or known to have Sudden Acute Respiratory Syndrome (SARS), been treated for SARS, been in close contact with someone known or suspected to have SARS, or traveled to or resided in a SARS affected area? If YES, please elaborate in the space provided below for Explanations.
- YES NO 10. Has the donor, any sexual partner, or any member of their household ever had a transplant or other medical procedure involving live cells, tissues, or organs from an animal (does not include porcine insulin or porcine heart valves)? If YES, please elaborate in the space provided below for Explanations.
- YES NO 11. Does the donor have any ocular history such as conjunctivitis (pinkeye), refractive surgery (radial keratotomy or LASIK), glaucoma, or macular degeneration? If YES, please elaborate in the space provided below for Explanations. Remember to include the ophthalmologist's name, if known.
- YES NO 12. Has the donor experienced an animal bite within the last four weeks? If YES, please elaborate in the space provided below for Explanations.
- YES NO 13. Is there any other information that you feel would be relevant to your loved one's donation? If YES, please elaborate in the space provided below for Explanations.

Explanations: _____

On behalf of those waiting in darkness, the staff of the **Alabama Eye Bank** would like to thank you for your generosity and patience.