

**Explanted Intraocular Lenses  
Or Other Explanted Ocular Devices  
Berlin Eye Research Institute  
Berlin, Germany**



**A) For BERI internal use only**

Date specimen received: \_\_\_/\_\_\_/\_\_\_ (day/month/year)

Specimen #: 200\_ - \_\_\_

**B) To be completed by the surgeon (please use one form per explant)**

Name of patient and/or initials: \_\_\_\_\_

Gender: Male  Female

Race: Caucasian  Asian  African  Other  (Specify: \_\_\_\_\_)

Date of birth: \_\_\_/\_\_\_/\_\_\_ (day/month/year)

Date of implantation: \_\_\_/\_\_\_/\_\_\_ (day/month/year)

Eye implanted: OD  OS

**For the following, please provide as much information as possible:**

Type of intraocular lens/implant (model, dioptric power, serial number, manufacturer): \_\_\_\_\_

Summary of patient's general history: \_\_\_\_\_

Summary of patient's ocular history: \_\_\_\_\_

Reasons for explantation of the intraocular lens/implant: \_\_\_\_\_

Date of explantation: \_\_\_/\_\_\_/\_\_\_ (day/month/year)

The specimen was submitted: -in the dry state   
-immersed in solution (fixative, balanced salt solution... please specify)  \_\_\_\_\_

**Please send any organic tissue in fixative, unless otherwise agreed upon beforehand!**

Surgeon's name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/FAX/E-mail: \_\_\_\_\_

**-Please, send form to BERI, preferably by e-mail, at [info@b-e-r-i.de](mailto:info@b-e-r-i.de) or FAX it to +49 30 3980 19199. Specimens should be send by mail to Berlin Eye Research Institute (BERI), Alt Moabit 98/99, D-10559 Berlin, Germany; Tel: +49 30 398 09875.**