

Pseudophakic Post-Mortem Eyes
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 eye)

Donor identification number: _____

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 implanted (model, dioptric power, serial number, manufacturer): _____

Summary of donor's general history: _____

Summary of donor's ocular history: _____

Date of death: ___/___/___ (day/month/year)

Cause(s) of death: _____

Date of enucleation: ___/___/___ (day/month/year) Time: _____

Fixative used to submit the specimen: _____

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
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.