



Supporting Instruction # & Title: LR.05.011.01.07 Eye and Tissue Bank, Required Referral to
Procedure # & Title: LR.05.011.01 Organ and Tissue Donation
Effective Date: 12/31/2003

See following page

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Effective Date: 12/31/2003



Patient label

REQUIRED REFERRAL TO EYE AND TISSUE BANK

- Call Donor Hotline 1-800-774-2729

- Documentation of Call

- Date _____
- Time _____
- Operator _____
- Referral number _____
- Comments _____

Signature and title of caller