

**1) For use in the Apple Lab only/仅限Apple 实验室内部使用**

Date of specimen receipt/标本收到日期 \_\_\_\_\_.\_\_\_\_\_.\_\_\_\_\_

Specimen number/标本编号: \_\_\_\_\_

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

/由医生填写 (每张表格仅供填写一只人工晶体)

Initials of patient/病人姓名首字母缩写 \_\_\_\_\_

Gender/性别 Male/男[ ] Female/女[ ]

Year of birth/出生年份 \_\_\_\_\_

Date of implantation/晶体植入日期 \_\_\_\_\_.\_\_\_\_\_.\_\_\_\_\_ (day/month/year)/(日/月/年)

Date of explantation/晶体取出日期 \_\_\_\_\_.\_\_\_\_\_.\_\_\_\_\_ (day/month/year)/(日/月/年)

Operated eye/手术眼 OD/右眼[ ] OS/左眼[ ]

**Please answer the following questions as detailed as possible:**

/请尽可能详细的回答以下问题:

Information about the IOL (model, serial number, LOT number, dioptric power, manufacturer, date of implantation, surgeon, complications during the surgery)/

晶体详情 (型号, 序列号, 产品批号, 度数, 生产商, 植入日期, 手术医生, 术中并发症):

General medical condition at the time of implantation and explantation

(especially endocrinologic disorders)/晶体植入时的身体是否有其他病史 (如内分泌疾病):

Ocular history at the time of implantation and explantation/晶体植入时的眼部病史

Reason for explantation of the IOL, visual acuity before and after the explantation of the IOL/

晶体取出的原因 晶体取出前后的视力

Details on the current condition of the patient/病人现状简介  
Has an IOL-exchange been performed/是否已经进行晶体置换?  
Is there an IOL in the fellow eye/非手术眼是否装有人工晶体?

Are there similar incidents known to you in other patients who have received the same IOL model/  
对您所知其他装有同样型号人工晶体的病人, 是否有类似情况发生?

Are laboratory results available/是否附有实验室检查结果  
Yes /是 (请附上结果) (please attach)  No/否

Does an IOL document exist, in which the serial number and the manufacturing date of the IOL are documented? /是否有包含人工晶体序列号以及生产日期的相关文件?  
Yes (please attach) /是 (请附上结果)  No/否

Has this case been reported officially/此病例是否上报官方?  
Yes (please attach a copy of the report) /是 (请附上报告复印件)  No /否

The specimen was sent in the following state/人工晶体送达实验室时的状态  
- dry/干燥   
- immersed in solution (please include details to the solution used, e.g. balanced salt solution)/浸泡在溶液 (请说明所使用的具体溶液, 例如平衡盐溶液)

Name of the surgeon/手术医生姓名

\_\_\_\_\_

Address/地址

\_\_\_\_\_

\_\_\_\_\_

Phone电话/Fax传真/E-mail电子邮件

\_\_\_\_\_

Other comments and reason for IOL analysis/其他关于取出人工晶体的分析和意见

\_\_\_\_\_

Please send this form to [germany.office@djapplelab.com](mailto:germany.office@djapplelab.com) by e-mail, fax it to +49 6221 568229 or send it by mail to: The David J Apple Center for Vision Research, University Eye Clinic Heidelberg, INF 400, 69120 Heidelberg, Germany

请将表格发送至电子邮件 [germany.office@djapplelab.com](mailto:germany.office@djapplelab.com), 或发送传真至 +49 6221 568229, 或者通过邮寄的方式发送至以下地址: The David J Apple Center for Vision Research, University Eye Clinic Heidelberg, INF 400, 69120 Heidelberg, Germany

