

1) For use in the Apple Lab only

Date of specimen receipt: _____.____._____

Specimen number: _____

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

Initials of patient: _____

Gender: Male Female

Year of birth: _____

Date of implantation: _____.____._____ (day/month/year)

Date of explantation: _____.____._____ (day/month/year)

Operated eye: OD OS

Please answer the following questions as detailed as possible:

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

General medical condition at the time of implantation and explantation
(especially endocrinologic disorders):

Ocular history at the time of implantation and explantation:

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

Details on the current condition of the patient.

Has an IOL-exchange been performed?

Is there an IOL in the fellow eye?

Are there similar incidents known to you in other patients who have received the same IOL model?

Are laboratory results available: Yes (please attach) No

Does an IOL document exist, in which the serial number and the manufacturing date of the IOL are documented? Yes (please attach) No

Has this case been reported officially? Yes (please attach a copy of the report) No

The specimen was sent in the following state:

- dry

- immersed in solution (please include details to the solution used, e.g. balanced salt solution)

Name of the surgeon: _____

Address: _____

Phone/Fax/E-mail: _____

Other comments and reason for IOL analysis:

Please send this form to 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.