**AATB Donor Suitability Case Submission Form**

**– Quality/Donor Suitability Workshop 2015**

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| **Case submitted by**(your name and email address) |  |
| **Is the Case….** | **Real or Invented** (delete one) |
| **Your Eye/Tissue Bank’s Name** |  |

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| **Type of donor (living, deceased, heart-beating, autologous, etc.):** |  |
| **Tissues/cells considered for donation** (e.g., ocular, heart for valves, skin, MS, vascular) |  |

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| **Donor’s Age and Sex** |  |
| **Cause of death** (when relevant) |  |
| **Relevant medical hx & behavioural risk assessment history** |  |
| **Relevant test results****(viral, bacteriological or other)** |  |

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| **Describe why this case is challenging** |  |
| **Was the donor accepted for recovery?** (if the case is real) |  |
| **Were the tissues subsequently released for transplantation?** (if the case is real) |  |
| **Is it now considered that the correct decisions were made?** (if the case is real) |  |
| **What were the key learning points or lingering questions surrounding the case?** |  |
| **Did any policies/procedures change as a result of the review of this case?**(describe) |  |

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| **List relevant FEDERAL RULES or GUIDANCE, AATB or EBAA Standards or other requirements** |  |

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| **Are you willing to present this case and its outcome at the session occurring in Atlanta?** Please provide the name and email address of someone from your organization who will present it, or indicate that it should be presented by one of the workshop facilitators and be “anonymous.” |  |
| **We would like to write up these case studies and publish them on the AATB or EBAA website at a future date. Please indicate if you would be amenable to this case being included** (individual banks will not be identified). |  |

**Email completed form to Scott Brubaker** **brubakers@aatb.org**