17/49/42 supp material3: Blank review proforma incorporating assessment criteria for eye donation eligibility specified by NHS Blood and Transplant Tissue Services Division.

(n.b. for the 'Contraindications' and 'Was the patient a potential donor' sections, fields under the 'Response' heading allow reviewers to select 'Yes', 'No', or 'Uncertain' as response options, with fields under 'Comments' allowing further information to be provided in written (free-text) form; for the 'Eye Donation Request' section, fields under the 'Response' heading allow participants to select 'Recorded' or 'Not Recorded', with fields under 'Comments' allowing further written information to be provided)

								R	atient Demograp	hics	
										Diagnosis at death	
RecordID	SiteID	Clinician Completing Details (Initials)	Date		Age at death	Gender	Ethnicity	1a (Disease or condition directly leading to death)		1c (Other disease or condition, if any, leading to 1b)	Comments
				-							

Contraindications (Malignancies) Leukaemia Lymphoma Myeloma Myeloma Response Comments Response Comments												
Leukaemia Lymphoma Myeloma Brán Malignancy with ocular involvement Retinoblastoma the eye of the eye					Cor	traindication	s (Malignan	cies)				
Response Comments Response Comments Response Comments Response Comments Response Comments Response Comments	Leuk	aemia	Lymp	homa	Mye	loma			Retinok	olastoma	the anteri	or segment
	Response	Comments	Response	Comments	Response	Comments	Response	Comments	Response	Comments	Response	Comments

Ocular infl	lammation	disease/dis	Contrai enital order of the ye	Acquired	disorder of	Any ocular induding	surgery (not corrective urgery)	Corrective laser surgery			
Response	Comments	Response	Comments	Response	Comments	Response	Comments	Response	Comments		

Diagnose	d Dementia		l Parkinson ease		Alzheimer		onset of ony loss	Disease of unknown aetiology			
Response	Comments	Resporse	Comments	Response	Comments	Response	Comments	Response	Comments		

C	ont raindicatio	ons (Infections)								
Chronicvi	al hepatitis	HIV infection.								
Response	Comments	Response	Comments							

				Contra	aindications (Other)									Eye donatio	n request						
	Previous organ or tissue transplant treatment				Any recorded IV drug		Idiopathic Diseases				if the is: Donation	ecord show ue of Eye was raised atient?	the issue o	record show if of Eye Donation and with the and family?	indicate w	e record hether the as referred conation?	if the pati the Org	record show ient was on an Donor ister?		patient a potential = 1, no =2, 3=Unsure)		
Response	Comments	Response	Comments	Response	Comments	Response	Comments	Response	Comments	Further comments		Response	Comments	Response	Comments	Response	Comments	Response	Comments	Response	Comments	What information would make you more 'sure'?
	_	_									1											
	+-	_		_	_	_				_	1											

17/49/42 supp material 4: Blank evaluation proforma.

(n.b. for the 'Contraindications' and 'Eye Donation Request'' sections, fields under the 'Response' heading allow PEs to select "Completed with issues', or 'Not completed' as response options, with fields under 'Comments' allowing further information to be provided in written (free-text) form; for the 'Agreement with reviewing clinician section', fields under this allowed with 'Yes' or 'No' responses, with a further comment box to allow written (free-text responses).

								Patient D	emographics									Contrain	dications	(Maligna	ncies)							
									Diag	nosis at death	,			Leukaemia		Lymphoma		Myeloma			gnancy with volvement		blastoma	Malignant the anteri				
RecordID	SiteID	Clinidar Completi Details (Initials)	ng	te	Age (Gender Et	or	a (Disease condition directly leading to death)	1b (Other disease or condition, if any, leading to 1a)	to the dea	2 (Other significant conditions contributing to the death but not elated to the disease or condition causing it)		onditions contributing to the death but not elated to the disease or		s Respo	onse Comments Respo		onse Comm	nse Comments Respo		nments l	Response	Comments	Response	Comments	Response	Commi	
																			_						—			
			_	— -	-		-					-			-	_	+	-	\rightarrow			_	-	-	-			
Ocular infl	ammation.	Congr disease/d the	isorder of		d disorder o	(not	lar surgery induding tive laser	Correc	tive laser	Disense	d Dementia	Diagnosed	Parkinson ease		Alzheimer	Recent			of unkno		Chronic vira	d henatitis	HIV info	ection	İ			
								s Response								Response							Response	Comments	ĺ			
																									1			