

Contraindications (Other)										
Previous organ or tissue transplant		Any recorded IVF treatment		Vasculitis		Any recorded N drug use		Idiopathic Diseases		Further comments
Response	Comments	Response	Comments	Response	Comments	Response	Comments	Response	Comments	

Eye donation request							
Does the record show if the issue of Eye Donation was raised with patient?		Does the record show if the issue of Eye Donation was raised with the deceased family?		Does the record indicate whether the patient was referred for Eye Donation?		Does the record show if the patient was on the Organ Donor Register?	
Response	Comments	Response	Comments	Response	Comments	Response	Comments

Was the patient a potential donor (yes = 1, no =2, 3=Unsure)		What information would make you more 'sure'?
Response	Comments	

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', '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).

RecordID	SiteID	Clinician Completing Details (Initials)	Date

Patient Demographics						
Age	Gender	Ethnicity	Diagnosis at death			Comments
			1a (Disease or condition directly leading to death)	1b (Other disease or condition, if any, leading to 1a)	2 (Other significant conditions contributing to the death but not related to the disease or condition causing it)	

Contraindications (Malignancies)											
Leukaemia		Lymphoma		Myeloma		Brain Malignancy with ocular involvement		Retinoblastoma		Malignant tumours of the anterior segment of the eye	
Response	Comments	Response	Comments	Response	Comments	Response	Comments	Response	Comments	Response	Comments

Contraindications (Intrinsic Eye disease)									
Ocular inflammation		Congenital disease/disorder of the eye		Acquired disorder of the eye		Any ocular surgery (not including corrective laser surgery)		Corrective laser surgery	
Response	Comments	Response	Comments	Response	Comments	Response	Comments	Response	Comments

Contraindications (Neurodegenerative disorders)									
Diagnosed Dementia		Diagnosed Parkinson Disease		Diagnosed Alzheimer Disease		Recent onset of memory loss		Disease of unknown aetiology	
Response	Comments	Response	Comments	Response	Comments	Response	Comments	Response	Comments

Contraindications (Infections)			
Chronic viral hepatitis		HIV infection.	
Response	Comments	Response	Comments

Contraindications (Other)										
Previous organ or tissue transplant		Any reared IVF treatment		Vasculitis		Any reared IV drug use		Idiopathic Diseases		Further comments
Response	Comments	Response	Comments	Response	Comments	Response	Comments	Response	Comments	

Eye donation request							
Does the record show if the issue of Eye Donation was raised with patient?		Does the record show if the issue of Eye Donation was raised with the deceased family?		Does the record indicate whether the patient was referred for Eye Donation?		Does the record show if the patient was on the Organ Donor Register?	
Response	Comments	Response	Comments	Response	Comments	Response	Comments

Was the patient a potential donor (yes = 1, no =2, 3=Unsure)		What information would make you more 'sure'?	Agreement with reviewing clinician?
Response	Comments		