This form may be completed online, or printed and completed by hand. Completed forms should be sent by email to richard.lomas@nhs.net or by post to:Serum Eyedrop Follow Up, Tissue Services, NHSBT Liverpool, 14 Estuary Banks, Liverpool L24 8RB.

If you are returning forms by email, **please only send them from an ‘nhs.net’ email address**, to ensure the security of confidential patient data. Please call 0845 607 6820 if you have any queries

|  |  |
| --- | --- |
| Patient Reference Number: *(NHSBT Use Only)* |  |

**PART 1: PATIENT DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Recipient Surname |       | Recipient Forename: |       |
| Date of birth (DD/MM/YYYY) |        | Male  | [ ]  | Female  | [ ]  |
| NHS No. |       | Date of treatment start (DD/MM/YYYY) |       |
| Ethnicity | White  | [ ]  |
|  | Asian or Asian British  | [ ]  |
|  | Black or Black British  | [ ]  |
|  | Chinese or Oriental  | [ ]  |
|  | Mixed (please specify)  | [ ]  |
|  | Other (please specify)  | [ ]  |
| If selecting ‘Mixed’ or ‘Other’ ethnicity, please give further details |       |
| First half of postcode |       |

**PART 2: CENTRE DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Hospital name |       | Hospital No. |       |
| Consultant |       | Form completed by |       |
| Date of completion (DD/MM/YYYY) |       |

**PART 3: CONFIDENTIALITY STATEMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| Consent for use of patient data | Full [ ]  | Partial [ ]  | Refused(1) [ ]  |
| If selecting ‘partial’, please specify data for which consent is NOT given |       |

(1) If consent for use of data is refused, please complete this form up to and including Part 5 and return to NHSBT. No further follow up will be requested for the patient.

**PART 4: TREATMENT**

|  |  |  |
| --- | --- | --- |
| Type of serum prescribed | Autologous [ ]  | Allogeneic [ ]  |

**PART 5: INDICATION(S)**

|  |  |
| --- | --- |
| Please specify the **one** clinical indication for which serum eyedrops have been prescribed, using the codes in Annex 1 |  |
| If the precise indication is not specified, or you have selected an ‘other’ category, please give further details |  |

**PART 6: CLINICAL OUTCOME MEASURES AND SCORES**

*Please conduct all tests in the order specified*

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Right eye | Left eye |
| **1** | Visual acuity (Snellen) – Best corrected |       |       |
| **2** | Visual acuity (Snellen) – Near vision |       |       |
| **3** | Meniscus | Normal | [ ]  | Normal | [ ]  |
| Reduced | [ ]  | Reduced | [ ]  |
| **4** | Filaments | None | [ ]  | None | [ ]  |
| Present | [ ]  | Present | [ ]  |
| **5** | If available – Tear film osmolality (mOsm/L) |       |       |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Right eye | Left eye |
| **6** | Tear film break up time (s) – use DEWS standardised methodology as per Annex 2 |       |       |
| **7** | Exposed Ocular Surface Staining (Oxford Schema) – use DEWS standardised methodology as per Annex 3 |       |       |

|  |  |
| --- | --- |
| **8** | Persistent corneal epithelial defect measurement |
| Right eye | None | [ ]  | Left eye | None | [ ]  |
| Present | [ ]  | Present | [ ]  |
| Size (mm) | Min: |       | Size(mm) | Min: |       |
| Max: |       | Max: |       |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Right eye | Left eye |
| **9** | Schirmer Test 1 without anaesthetic (mm) – use DEWS standardised methodology as per Annex 4 |  |  |

**PART 7: ADDITIONAL NOTES**

|  |
| --- |
|       |

**ANNEX 1 – CLINICAL INDICATION CODE**

**PLEASE SELECT ONE INDICATION**

|  |  |  |
| --- | --- | --- |
| **Main Category** | **Subcategory** | **Code** |
| Sjogren’s related dry eye |  | **A** |
| Other immune related dry eye | Ocular Mucous Membrane Pemphigoid | **B1** |
| Stevens Johnson-Syndrome/Toxic Epidermal Necrolysis | **B2** |
| Graft-versus-Host Disease | **B3** |
| Other immune related dry eye | **B4** |
| Non-immune dry eye | Meibomian Gland Disease | **C1** |
| Other non-immune dry eye | **C2** |
| Neurotrophic disease | Diabetic Cornea | **D1** |
| Herpetic aetiology | **D2** |
| Other neurotrophic disease | **D3** |
| Injury/Trauma | Ocular Surface Toxicity | **E1** |
| Chemical | **E2** |
| Thermal | **E3** |
| Mechanical | **E4** |
| Radiation | **E5** |
| Surgical (e.g. LASIK) | **E6** |
| Other injury/trauma | **E7** |
| Exposure Keratopathy | ITU/HDU Patient | **F1** |
| Thyroid Associated Ophthalmopathy | **F2** |
| Non-Thyroid Proptosis | **F3** |
| Other exposure keratopathy | **F4** |
| Supportive | Ocular Surface Reconstruction | **G1** |
| Corneal Transplant | **G2** |
| Other Supportive | **G3** |
| Inherited Ocular Surface Disease | Aniridia | **H1** |
| Ectodermal Dysplasia | **H2** |
| Epidermolysis Bullosa | **H3** |
| Other Inherited Ocular Disease | **H4** |

 **ANNEX 2: TEAR FILM BREAK UP TIME**

**CONDUCT OF TEST**

1. Instill 1 to 5 micro-litres of non-preserved, 2% sodium flourescein onto the bulbar conjuctiva, without inducing reflex tearing, by using a micro-pipette or D.E.T strip.

2. Instruct the patient to blink naturally, without squeezing, several times to distribute the flourescein.

3. Within 10-30 seconds of the flourescein instillation, ask the patient to stare straight ahead without blinking, until told otherwise

4. Set slit-lamp magnification at 10x, keep the background illumination intensity constant (cobalt blue light) and use a Wratten 12 yellow filter to enhance observation of the tear film over the entire cornea.

5. Use a timer to record the time between the last complete blink and the first appearance of a growing micelle.

6. Once TFBUT is observed, instruct the patient to blink freely.

**ITEMS REQUIRED**

* Non-preserved, 2% sodium flourescein
* Micro-pipette or D.E.T strip
* Slit lamp
* Timer
* Kodak Wratten filter 12

**NOTES**

1. It is important to standardise the following criteria as closely as possible:

* Time day
* Temperature
* Humidity
* Air speed
* Illumination
* Patient instruction
* Slit-lamp magnification
* Barrier filter

2. Instillation of flourescein must be done carefully so that reflex tearing is not induced. Alterations in tear volume may artificially lengthen TFBUT.

3. Proper patient instruction is critical. If patients are not told to blink freely after TFBUT occurs, reflex tearing may occur and skew subsequent measurements.

4. Large, uncontrolled volumes of flourescein may also artificially lengthen TFBUT

**ANNEX 3: EXPOSED OCULAR SURFACE SCORE (OXFORD SCHEMA)**

**CONDUCT OF TEST**

1. Instill the dye

2. Set the slit lamp

3. Lift the upper eyelid slightly to grade the whole corneal surface

4. Ask to patient to look nasally to grade the temporal zone, and temporally to grade the nasal zone

**ITEMS REQUIRED**

* Oxford grading panel (Figure 1 below)
* Slit-lamp
* Selected dye

**FIGURE 1 – OXFORD GRADING SCHEME**

****

Staining is represented by punctuate dots on a series of panels (A-E). Staining ranges from 0-5 for each panel and 0-15 for the total exposed inter-palpebral conjunctiva and cornea. The dots are ordered on a log scale.

**NOTES ON DYE SELECTION**

This test can be performed with flourescein, rose bengal or lissamine green. With flourescein, staining must be graded as quickly as possible after installation, since the dye then diffuses rapidly into the tissue and it’s high luminosity blurs the staining margin. After staining with rose bengal or lissamine green, the stain persists at high contrast and may therefore be observed for a considerable period. This is convenient for both grading and photography.

**ANNEX 4: SCHIRMER TEST 1 – WITHOUT ANAESTHETIC**

**CONDUCT OF TEST**

1. Insert the paper strip over the lower eyelid margin, midway between the middle and outer third

2. Instruct the patient to close the eye

3. Read the strip after 5 minutes

**ITEMS REQUIRED**

* Schirmer papers (5x35mm Whatman No. 1)

**NOTES**

1. It is important to standardise the following criteria as closely as possible:

* Time day
* Temperature
* Humidity
* Air speed
* Illumination