

# SightLife

## Eye Bank Development

### Self Assessment Form

#### Contact Information

Name:

Organization:

Contact Address:

Email Address:

Phone Number:

Dear Prospective SightLife Eye Bank Partner,

Thank you for your interest in SightLife and our global eye bank development work. Below are some initial questions that allow us to get a better understanding of the opportunity to establish, or help grow, an eye bank with you and your community. This initial assessment will help determine the feasibility of the opportunity whether we proceed with further discussions and requesting a formal proposal.

**Please feel free to send additional information that you feel would be helpful.**

1. What is your and your organization's history with eye banking? Please provide an overview of the region you are supporting and the history of the current eye bank or plans to create an eye bank.

2. Which other eye banks exist currently in your service area and together, to what extent you are able to meet the community need?

3. If you currently are operating an eye bank, please provide the following data.

	<b>Voluntary &amp; Collection Center Corneas Collected</b>	<b>Hospital Cornea Recovery Program Corneas Collected</b>	<b>Total Corneas Distributed for Transplant</b>
<b>2011</b>			
<b>2012</b>			
<b>2013</b>			
<b>2014</b>			
<b>2015 YTD</b>			

4. What is the estimate (number or %) of Corneal Blindness in your service area?

**No epidemiological data available from our area.**

Category	Number or Percent
Unilateral	
Bilateral	
Total Corneal Blindness	

5. What is the number of current Cataract Surgeries/million population?

6. What is the surgical capacity for corneal transplantation that this eye bank will serve?

Corneal Surgeon Name	Training (Fellowship)	Practice Location	Future potential transplants/year

7. What current challenges are you facing with your community, government and/or surgeons to develop a successful eye bank? Please be specific.

8. How many deaths (approximately) occur in large hospitals in your community? What % of those deaths do you believe can become potential donors to your eye bank, through gaining approval from the hospital to approach the families for consent, a Hospital Cornea Recovery Program (HCRP)?

Name of the Hospital & Specialty	Total Deaths in Hospitals/year	Percent of total that can be approached

9. What are the current/planned sources of funding and/or revenue (processing fees, donations, etc.)? How will the costs of the eye bank be recovered?

- Revenue Sources

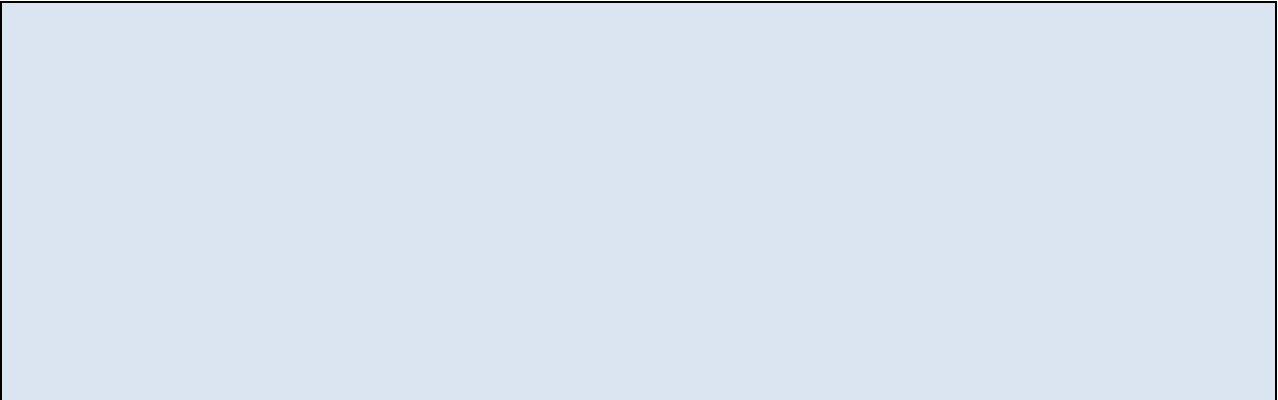
- Operational costs, including start-up costs, if new

10. How can SightLife help you in achieving your short and long-term goals?

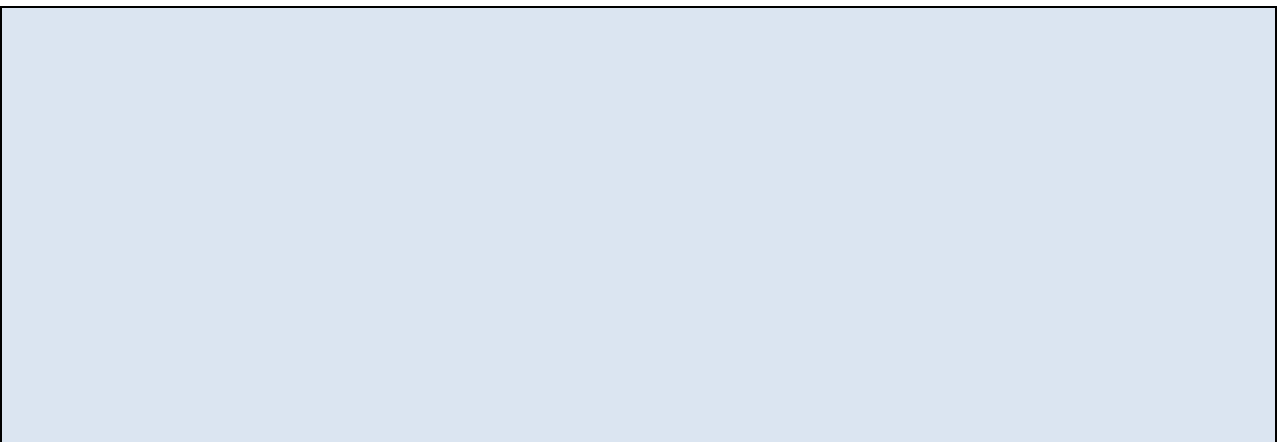
11. Which organizations are you currently working with to develop the eye bank?



12. What is the current organizational structure of your organization- please mention different responsibilities and number of people etc.



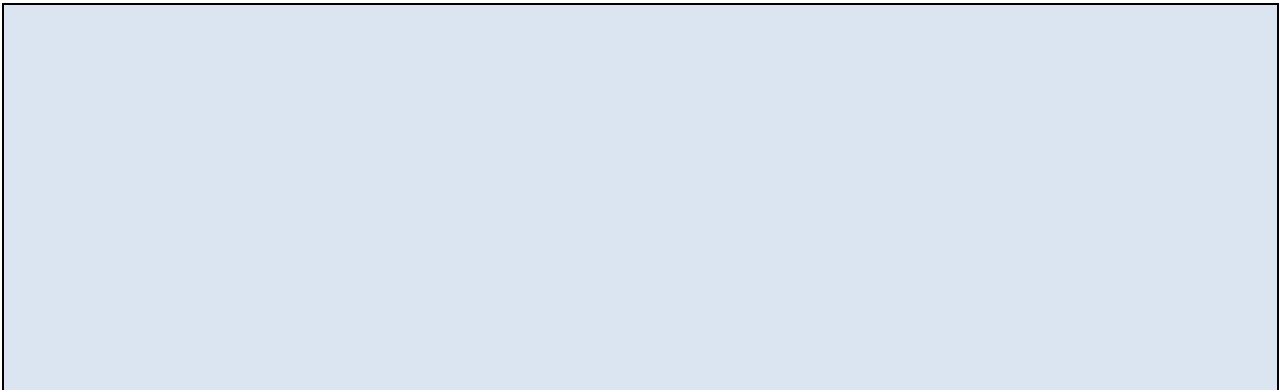
13. Who manages day to day operations of your eye bank? What is his/her background and responsibilities?



14. Do you send corneas out of your affiliated hospital and city- what % of transplantable?



15. Do you send corneas out of your city- what % of transplantable?



16. What else would be helpful for us to know as we learn more about you and a potential partnership?

