

Services Catalog







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This team is very responsive and has been helpful in emergency situations. The tissue quality is phenomenal. I recently received DMEK tissue that was of very high quality - I highly recommend working with Sierra Donor Services Eye Bank.

- Samuel Lee, MD

Company Background

The Sierra Donor Services Eye Bank (Sierra Eye Bank.dcids.org) is a nonprofit donor network coordinating ocular recovery, processing, and distribution in the states of California, Nevada, and Tennessee. We were established in 1975 by the Northern California Lions Sight Association and the University of California Davis Medical Center, Department of Ophthalmology.

The Lions Eye Bank of Middle Tennessee was established in 1990 to serve those in the state of Tennessee. The eye bank merged with DCI Donor Services in 1999 becoming Tennessee Donor Services. Eye bank operations in both regions merged in 2014 when DCI Donor Services created a new division, Sierra Donor Services Eye Bank.

MISSION STATEMENT

Sierra Donor Services Eye Bank believes that our mission, vision and values are summed up through our commitment " to save and enhance lives." We do this by connecting people through organ, eye, and tissue donation and transplantation, as well as leveraging the work of dedicated professionals who share an extraordinary commitment to science, health and hope.

OFFICE LOCATIONS

- · West Sacramento, CA
- Nashville, TN
- · Reno, NV

EYE BANK CERTIFICATIONS / ACCREDITATIONS / MEMBERSHIPS

- Eye Bank Association of America
- California Department of Health
- Maryland Department of Health
- Food and Drug Administration
- Canadian Ministry of Health
- Israel Ministry of Health
- Vision Share



Ocular Facility

STATE OF THE ART PROCESSING CENTER

Advancements in cornea transplantation have revolutionized the modern day eye bank's role in patient care. New corneal transplant procedures such as DSAEK and DMEK have increased collaboration between surgeon and eye bank to provide patients with the best possible outcomes. We take this charge very seriously and as a result, have made an investment in equipment and laboratory facilities that exceed all industry standards.

Our eye bank processing environments are comprised of ISO 5 and ISO 7 clean rooms with a controlled ante-space environment. These laboratories undergo routine disinfection and environmental monitoring to maintain a high quality standard and therefore ensure the safety of tissue being processed. The processing environments and tissue storage within our laboratories are monitored 24/7 and furnished with equipment from some of the most reputable brands, such as Haag-Streit™, Konan™, Leica™, and Optovue™.



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Medical Directors



MARK J. MANNIS, M.D., UC DAVIS PROFESSOR AND CHAIR OF THE DEPARTMENT OF OPHTHALMOLOGY & VISION SCIENCE AND DIRECTOR OF THE UC DAVIS HEALTH SYSTEM EYE CENTER

One of the world's most preeminent and highly respected leaders in eye banking, Dr. Mannis has a broad scope of knowledge and experience in ocular recovery, evaluation and transplantation. A pioneer in developing eye bank standards and practices, Dr. Mannis has written numerous clinical and basic research papers for peer-reviewed publications, authored five books, and served as the Editor-in-Chief of the journal, Cornea. Dr. Mannis is a recipient of the R. Townley Paton Award from EBAA, the most prestigious prize awarded in the eye banking industry.



JENNIFER LI, M.D., UC DAVIS PROFESSOR OF THE DEPARTMENT OF OPHTHALMOLOGY & VISION SCIENCE

Dr. Li graduated cum laude in Molecular Biophysics and Biochemistry from Yale University. She subsequently received her medical degree and residency training at the Baylor College of Medicine in Houston, Texas, and completed a fellowship in Cornea, External Disease, and Refractive Surgery at the University of California, Davis. She is the Director of the Cornea and External Disease Service and the Fellowship Director at UC Davis. She has published numerous scientific papers and book chapters on eye banking and corneal transplantation techniques and outcomes. Dr. Li is an active member of the Eye Bank Association of America and is the immediate past-chair of the EBAA Medical Advisory Board. She serves on the EBAA Accreditation Board and the Scientific Programs Committee, and is the current Chair-Elect for the EBAA. She is the recipient of the EBAA's 2021 R. Townley Paton Award.

Associate Medical Directors



ERICH B. GROOS, JR., M.D. FOUNDING PARTNER OF CORNEA
CONSULTANTS OF NASHVILLE AND MEDICAL DIRECTOR OF THE EYE
SURGERY CENTER OF NASHVILLE

Dr. Groos has been involved with eye banking since his fellowship at UC Davis Medical Center in 1992. He has served at medical director of the Tennessee Donor Services Eye Bank since 1997. He has been selected president of both the Nashville and Tennessee Academies of Ophthalmology and previously sat on the Council of the American Academy of Ophthalmology. Dr. Groos has been selected one of the Best Doctors in America since 2009.



UYEN L. TRAN, M.D. PROFESSOR OF OPHTHALMOLOGY, CORNEA DIVISION CHIEF FOR THE DEPARTMENT OF OPHTHALMOLOGY AND VISUAL SCIENCES AT VANDERBILT EYE INSTITUTE

Dr. Tran joined the Vanderbilt Eye Institute as a board certified fellowship-trained corneal and refractive surgeon in July 2002. Dr. Tran received her medical degree from the Medical College of Virginia. She them went on to do her surgical internship at Georgetown University and completed residency in ophthalmology at the Medical College of Virginia. Her specialty fellowship training in Cornea and Refractive surgery was completed at Vanderbilt University. Dr. Tran specializes in the management of corneal and external diseases, corneal transplantation, and cataract surgery. Dr. Tran has extensive skills and experience in the state-of-the-art forms for anterior segment surgery – DSAEK, DMEK, and laser assisted cataract surgery.

Tissues Offered

PKP Full-thickness cornea grafts for penetrating keratoplasty procedures.

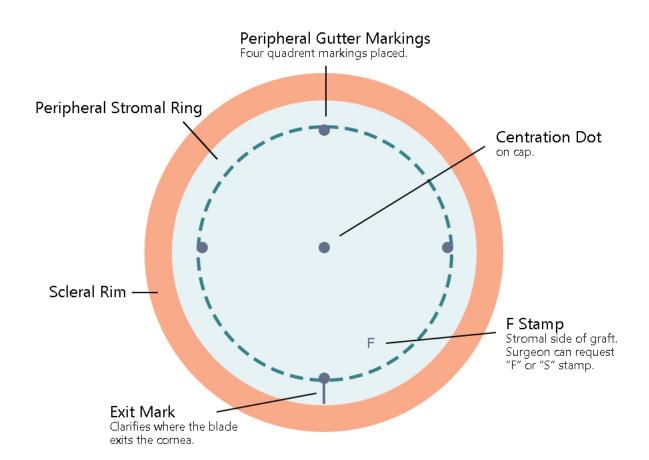


DSAEK

Partial thickness graft for posterior lamellar procedures This tissue is pre-cut to surgeon specifications from 50μ – 140μ . Orientation markings can be made on the graft as requested.



DSAEK MARKINGS



Tissues Offered Continued

DMEK

Partial thickness graft for posterior lamellar procedures. DMEK grafts are peeled with a peripheral hinge attachment and yield a greater than 8mm diameter graft. An "F" or "S" orientation marking can be made on the graft upon request.

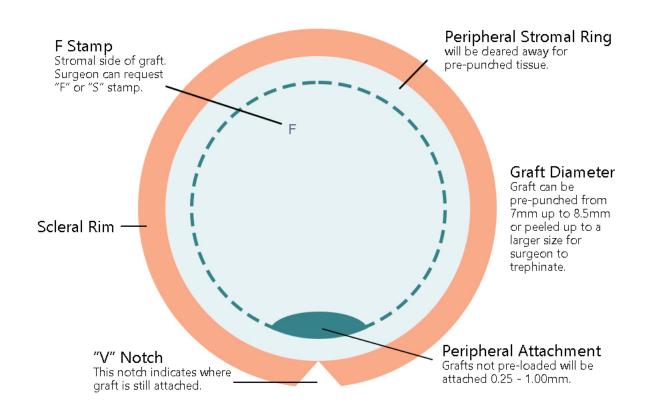


DMEK PRE-LOAD Straiko Modified DMEK Jones tube

The tissue has been prepared in an aseptic manner using the modified scuba technique, "F" or "S" stamped (optional), trephinated with a corneal punch, stained with trypan blue and loaded into a Modified Jones tube. Typical pre-punches are 7.5mm, 7.75mm and 8mm.



DMEK MARKINGS



Tissues Offered Continued

ALK Partial thickness cornea graft for anterior lamellar

procedures. Surgeon can request a full thickness graft and prepare themselves for deep lamellar procedures or can be pre-cut at the eye bank to specifications for

superficial lamellar applications.

KLAL Graft consists of full thickness cornea with an intact 2-4 mm skirt of conjunctiva attached at the limbus.

*Only recovered upon request







Education

For advanced training, we offer wet labs and training sessions to help with your understanding of our services. We also offer one-on-one training to preview and practice with our tissue devices to prepare you for surgery with one of our experienced technicians.



Long Term Preserved Tissue

SCLERA Scleral tissue preserved in ethyl alcohol for various

oculoplastic, glaucoma, and anterior segment surgical applications. This tissue is available in $\frac{1}{4}$, $\frac{1}{2}$, or whole cup

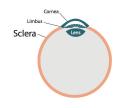
sizes.

Custom sizes can also be made available upon request.

CORNEA Whole or half corneas preserved in glycerol for various

oculoplastic, glaucoma, and anterior segment surgical

applications.





Research and Training

We honor those donors who wish to help cure blindness by providing tissue that can be used fro training and research whenever transplantation is not an option. Please contact us to learn more about how we can support reputable institutions that are conducting groundbreaking vision research and training.



Sierra Donor Services Eye Bank lent their support in providing the corneal tissue needed for my project. The process with smooth and easy – within a couple day's notice, I could order cornea tissue for pick up. The results of this project were presented at the 2021 EBAA Cornea Forum. I am very grateful to SDSEB for their enthusiastic assistance with furthering research in eye banking and corneal transplantation!

- Madeline Yung, MD

PRE-LOADED DMEK TISSUE

IMPROVE EFFICIENCIES IN THE OPERATING ROOM AND MINIMIZE TISSUE LOSS

WEISS GLASS CANNULA - LEITR

The tissue has been prepared in an aseptic manner using the modified scuba technique, "F" or "S" stamped (optional), trephinated with a corneal punch, stained with trypan blue and loaded into the glass cannula.

Typical pre-punches are 7.5mm, 7.75mm and 8mm

Approximate Incision Size 2.0-2.2

Glass cannula is packaged ready to attach to a syringe via luer lock connection.

Narrow insertion tip allows for a smaller incision size

Wide body to protect endothelial cells





PRE-LOADED DSAEK TISSUE

IMPROVE EFFICIENCIES BY REDUCING OPERATING TIME

CORONET ENDOGLIDE™ ULTRATHIN

Tissue is prepared to physician specifications Graft thickness: 60 - 140µ Graft diameter: 7.0 - 8.5mm

Incision Size:

Temporal 4.5mm (scleral tunnel) or 4.9mm (clear corneal) primary incision

Additional Instrumentation Needed: Placement forceps*
Anterior chamber maintainer





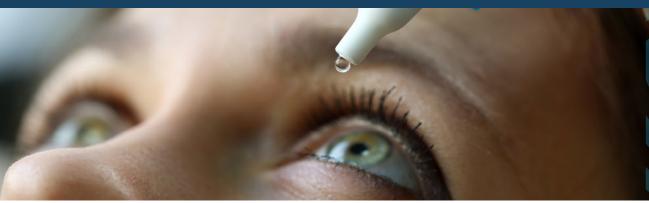




CORONET

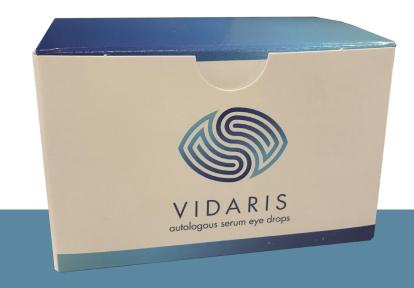














I had cornea abrasions due to dry eyes and they were not responding to traditional treatment. Dry eyes were causing me pain and blurry vision. I tried many different drops, gels, ointments and even an eye pillow. I simply was not getting better. Within two days of beginning using Vidaris, the pain was gone.

— Bonnie D.

Autologous Serum Eye Drops

Synthetic eye drops have been unable to mimic the effectiveness of normal tear film for severe dry eye disease patients. Vidaris autologous serum eye drops (ASED) are derived from the patient's own blood serum and contain many of the same biochemical properties, so they are able to nourish the eye like natural tears. ASED can improve the epithelial surface environment of the eye and provide the corneal surface with the chemotactic factors, nutrients, and growth factors necessary for proliferation and therapeutic effect in ocular surface disorders.



Practical

We can process different concentrations based on your patient's needs. As a non-profit, we make this therapy an economical option for your patient.



Convenient

Our staff will coordinate blood draw, billing and delivery once treatment is prescribed.



Safety

Every batch of eye drops undergoes a 14-day fungal and bacterial culture to ensure sterility prior to distribution to the patient.



Quality

Our processing method underwent rigorous validations to ensure stability and safety under the recommended storage conditions. The eye drops are processed in an ISO 5 environment, meeting or exceeding industry standards.

Humanitarian

At SDSEB, we believe that every person in need deserves the "gift of life." In 2020, there were 12 million corneal disease cases worldwide that resulted in blindness or visual impairment – that can be reversed with corneal transplants. Our nonprofit agency works with physician partners in the US and around the world to fight treatable and preventable blindness by providing tissue for transplant.

Among our many humanitarian projects, we have worked with surgeons who have traveled to the Caribbean, South America, Central America, Asia, and Africa to support some very disadvantaged communities. The impact of these mission trips is substantial as this might be the only opportunity for some to receive any form of ophthalmic care. Many of these missions not only directly impact the patients being treated but involve training local nurses and physician on ophthalmic procedures that can have a lasting impact on the community.

One of the leaders of the international effort to treat those suffering from corneal blindness is Dr.

Mark J. Mannis, Medical Director for SDSEB. Dr. Mannis has traveled on multiple missions around the world as part of the ORBIS Flying Eye Hospital. He has led comprehensive skills exchange programs aimed at strengthening the field of corneal surgery and raising awareness of eye care related conditions.

Another leader of the international effort is

Dr. Patricia Sierra who travels to Honduras to
enhance lives with the gift of sight. Since 2012, more than 600 corneal grafts were processed and
transplanted to bring patients a better quality of life and a light of hope.

We are so thankful for each and every one of our donors and their families in helping make donation possible.



I am extremely grateful to Sierra Donor Services Eye Bank for donating corneal tissue for multiple mission trips to Honduras over the past 12 years. Thanks to their generosity, we have been able to perform PKPs, DALK and DSAEK transplants in patients with the greatest need. SDSEB also donated tissue for teaching and wet labs with Honduran ophthalmology residents. I know I can always count on SDSEB's support locally and internationally!

- Patricia Sierra, MD

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