



Certifies that the Institution named below:

***SIERRA DONOR
SERVICES EYE BANK
Nashville, TN***

*has met the association's Medical Standards and
accreditation requirements and is hereby accredited for
the following eye bank functions:*

**Recovery, Level I and II Processing, Tissue Storage,
Final Distribution, Tissue Evaluation, and Donor Eligibility
Determination.**

Effective Dates

October 16, 2025 – October 30, 2028

A handwritten signature in black ink, appearing to be "A. C. [unclear]".

Chair, Board of Directors

A handwritten signature in black ink, appearing to be "K. P. [unclear]".

President & CEO

Accreditation # 0025205