

Certifies that the Institution named below

## LIONS EYE BANK of WISCONSIN

## Madison, WI

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

Recovery, Processing, Tissue Storage, Final Distribution, Tissue Evaluation, and Donor Eligibility Determination

## **Effective Dates**

October 10, 2019 – June 30, 2023

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Chair, Board of Directors
Accreditation # 0019214

President & CEO

| DEPARTMENT OF HEALTH AND HUMAN SERVICES<br>PUBLIC HEALTH SERVICE<br>FOOD AND DRUG ADMINISTRATION<br>ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS,<br>TISSUES, AND CELLULAR AND TISSUE-BASED PRODUCTS<br>DESCRIBED IN 21 CFR 1271.10 |               |         | FEI: 3000718534         |   |         |         | Other FDA Registrations:<br>Blood:<br>Devices:<br>Drugs: |       |            |   | Reason For Last Submission: Annual Registration/Listing<br>Last Annual Registration Year: 2023<br>Last Registration Receipt Date: 11/16/2022<br>Summary Report Print Date: 12/01/2022 |                     |  |
|---|---------------|---------|-------------------------|---|---------|---------|--|-------|------------|---|---|---------------------|--|
| Legal Name and Location:<br>Lions Eye Bank of Wisconsin, Inc.<br>5003 Tradewinds Parkway<br>Madison, Wisconsin 53718<br>USA<br>Phone: 608-233-2354 <b>Ext.:</b>   |               |         |                         | Reporting Official:<br>Andreea Bauknecht, Director of Quality Services<br>5003 Tradewinds Parkway<br>Madison, Wisconsin 53718<br>USA<br>Phone: 608-233-2354 Ext.<br>ABauknecht@lebw.org |         |         |  |       |            | Satellite Recovery Establishment:       No         Parent Manufacturing Establishment FEI No.:       No         Testing For Micro-Organisms Only:       No         Note: FDA acceptance of an establishment registration and HCT/P listing does not constitute a determination that an establishment is in compliance with applicable rules and regulations or that the HCT/P is licensed or approved by FDA (21 CFR 1271.27(b)). |   |                     |  |
|   |               |         | Establishment Functions |   |         |         |  |       |            |   |   |                     |  |
| HCT/P(s)  | Donor Type(s) | Recover | Screen                  | Donor Testing   | Package | Process | Store  | Label | Distribute | Date of<br>Discontinuance   | Date of<br>Resumption   | Proprietary Name(s) |  |
| Amniotic Membrane   |               |         |                         |   |         |         |  |       |            |   |   |                     |  |
| Blood Vessel  |               |         |                         |   |         |         |  |       |            |   |   |                     |  |
| Bone  |               |         |                         |   |         |         |  |       |            |   |   |                     |  |
| Cardiac Tissue - non-valved   |               |         |                         |   |         |         |  |       |            |   |   |                     |  |
| Cartilage   |               |         |                         |   |         |         |  |       |            |   |   |                     |  |
| Cornea  |               | x       | х                       |   | х       | х       | х  | х     | х          |   |   |                     |  |
| Dura Mater  |               |         |                         |   |         |         |  |       |            |   |   |                     |  |
| Embryo  |               |         |                         |   |         |         |  |       |            |   |   |                     |  |
| Fascia  |               |         |                         |   |         |         |  |       |            |   |   |                     |  |
| Heart Valve   |               |         |                         |   |         |         |  |       |            |   |   |                     |  |
| HPC Apheresis   |               |         |                         |   |         |         |  |       |            |   |   |                     |  |
| HPC Cord Blood  |               |         |                         |   |         |         |  |       |            |   |   |                     |  |
| Ligament  |               |         |                         |   |         |         |  |       |            |   |   |                     |  |
| Nerve Tissue  |               |         |                         |   |         |         |  |       |            |   |   |                     |  |
| Oocyte  |               |         |                         |   |         |         |  |       |            |   |   |                     |  |
| Ovarian Tissue  |               |         |                         |   |         |         |  |       |            |   |   |                     |  |
| Pancreatic Islet Cells - autologous   |               |         |                         |   |         |         |  |       |            |   |   |                     |  |
| Parathyroid   |               |         |                         |   |         |         |  |       |            |   |   |                     |  |
| Pericardium   |               |         |                         |   |         |         |  |       |            |   |   |                     |  |
| Peripheral Blood Mononuclear Cells  |               |         |                         |   |         |         |  |       |            |   |   |                     |  |
| Peritoneal Membrane   |               |         |                         |   |         |         |  |       |            |   |   |                     |  |
| Sclera  |               | х       | х                       |   | х       | х       | х  | х     | х          |   |   |                     |  |
| Semen   |               |         |                         |   |         |         |  |       |            |   |   |                     |  |
| Skin  |               |         |                         |   |         |         |  |       |            |   |   |                     |  |
| Tendon  |               |         |                         |   |         |         |  |       |            |   |   |                     |  |
| Testicular Tissue   |               |         |                         |   |         |         |  |       |            |   |   |                     |  |
| Tooth Pulp  |               |         |                         |   |         |         |  |       |            |   |   |                     |  |
| Umbilical Cord Tissue   |               |         |                         |   |         |         |  |       |            |   |   |                     |  |

Legal Name:

Additional Information: No additional information provided.

Proprietary Name(s):

FEI: 3000718534

Legal Name:

Lions Eye Bank of Wisconsin, Inc.