

Certifies that the Institution named below

## CONNECTLIFE Williamsville, NY

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** 

November 10, 2020 - November 30, 2023

noil mich 2

Chair, Board of Directors

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President & CEO

Accreditation # 0020203

## DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION

ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS, TISSUES, AND CELLULAR AND TISSUE-BASED PRODUCTS DESCRIBED IN 21 CFR 1271,10

Ext.:

FEI: 3000718051

Other FDA Registrations: Blood:

Devices: Drugs: Reason For Last Submission: Annual Registration/Listing

Last Annual Registration Year: 2022 Last Registration Receipt Date: 12/08/2021 Summary Report Print Date: 12/15/2021

Legal Name and Location:

Williamsville, New York 14221

Phone: 716-529-4300

USA

Upstate New York Transplant Services, Inc. 4444 Bryant and Stratton Way

Reporting Official:

James Bridges, Vice President of Quality

4444 Bryant and Stratton Way Williamsville, New York 14221

USA

Phone: 716-529-4321 Ext. jbridges@connectlife.org

Satellite Recovery Establishment:

No

Parent Manufacturing Establishment FEI 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)).

| HCT/P(s)                            | Donor Type(s) |         | Establishment Functions |               |         |         |       |       |            |                           |                       |                     |
|-------------------------------------|---------------|---------|-------------------------|---------------|---------|---------|-------|-------|------------|---------------------------|-----------------------|---------------------|
|                                     |               | Recover | Screen                  | Donor Testing | Package | Process | Store | Label | Distribute | Date of<br>Discontinuance | Date of<br>Resumption | Proprietary Name(s) |
| Amniotic Membrane                   |               | х       | х                       |               |         |         | x     |       |            |                           |                       |                     |
| Blood Vessel                        |               | X       | х                       |               |         |         | х     |       |            |                           |                       |                     |
| Bone                                |               | х       | х                       |               |         |         | х     |       |            |                           |                       |                     |
| Cardiac Tissue - non-valved         |               |         |                         |               |         |         |       |       |            |                           |                       |                     |
| Cartilage                           |               | X       | х                       |               |         |         |       |       |            |                           |                       |                     |
| Cornea                              |               | X       | Х                       |               | x       | х       | х     | x     | х          |                           |                       |                     |
| Dura Mater                          |               |         |                         |               |         |         |       |       |            |                           |                       |                     |
| Embryo                              |               |         |                         |               |         |         |       |       |            |                           |                       |                     |
| Fascia                              |               | x       | х                       |               |         |         | х     |       |            |                           |                       |                     |
| Heart Valve                         |               | x       | х                       |               |         |         | х     |       |            |                           |                       |                     |
| HPC Apheresis                       |               |         |                         |               |         |         |       |       |            |                           |                       |                     |
| HPC Cord Blood                      |               |         |                         |               |         |         |       |       |            |                           |                       |                     |
| Ligament                            |               | х       | х                       |               |         |         | х     |       |            |                           |                       |                     |
| Nerve Tissue                        |               | х       | х                       |               |         |         | х     |       |            |                           |                       |                     |
| Oocyte                              |               |         |                         |               |         |         |       |       |            |                           |                       |                     |
| Ovarian Tissue                      |               |         |                         |               |         |         |       |       |            |                           |                       |                     |
| Pancreatic Islet Cells - autologous |               |         |                         |               |         |         |       |       |            |                           |                       |                     |
| Parathyroid                         |               |         |                         |               |         |         |       |       |            |                           |                       |                     |
| Pericardium                         |               | х       | х                       |               |         |         | х     |       |            |                           |                       |                     |
| Peripheral Blood Mononuclear Cells  |               |         |                         |               |         |         |       |       |            |                           |                       |                     |
| Peritoneal Membrane                 |               |         |                         |               |         |         |       |       |            |                           |                       |                     |
| Sclera                              |               | ×       | х                       |               | x       | х       | х     | ×     | х          |                           |                       |                     |
| Semen                               |               |         |                         |               |         |         |       |       |            |                           |                       |                     |
| Skin                                |               | х       | х                       |               |         |         | х     |       |            |                           |                       |                     |
| Tendon                              |               | ×       | ×                       |               |         |         | х     |       |            |                           |                       |                     |
| Testicular Tissue                   |               |         |                         |               |         |         |       |       |            |                           |                       |                     |
| Tooth Pulp                          |               |         |                         |               |         |         |       |       |            |                           |                       |                     |
| Umbilical Cord Tissue               |               | Х       | Х                       |               |         |         | х     |       |            |                           |                       |                     |