



*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. B.", written over a horizontal line.

*Chair, Board of Directors*

A handwritten signature in black ink, appearing to be "K. P. G.", written over a horizontal line.

*President & CEO*

Accreditation # 0025205