



*Certifies that the Institution named below*

***DONOR NETWORK  
of ARIZONA  
Phoenix, AZ***

*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 25, 2018 – June 30, 2022

A handwritten signature in black ink, appearing to read "Woodford St. Aubert", written over a horizontal line.

*Chair, Board of Directors*

A handwritten signature in black ink, appearing to read "R. P. Gu", written over a horizontal line.

*President & CEO*