



*Certifies that the Institution named below*

# ***Nevada Donor Network***

## ***Las Vegas, NV***

*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***

June 6, 2024 – June 30, 2027

A handwritten signature in black ink, appearing to be "W. L.", positioned above a horizontal line.

*Chair, Board of Directors*

A handwritten signature in black ink, appearing to be "R. P. Gu", positioned above a horizontal line.

*President & CEO*