Dear Materials Manager,

Bioventus LLC, a global leader in orthobiologics, is driven to deliver clinically proven, cost-effective products that help people heal quickly and safely. The Company’s innovative products include market-leading devices and therapies that make it a global leader in active orthopaedic healing. Built on a commitment to high quality standards, evidence-based medicine, and strong ethical behavior, Bioventus is a trusted partner for physicians worldwide.

In keeping with these commitments, we are pleased to introduce the OSTEOAMP® platform of products. OSTEOAMP is a growth factor-rich bone graft substitute that is intended for homologous use for the repair, replacement, or reconstruction of musculoskeletal defects. Through proprietary methods, allograft bone and its native bone marrow are processed to preserve the naturally occurring bone morphogenetic proteins (BMP) and growth factors. The result is an osteoinductive product that fills the gap between traditional demineralized bone matrix (DBM) and recombinant human bone morphogenetic proteins (rhBMP-2). OSTEOAMP contains a wide array of naturally occurring growth factors including BMP-2, BMP-7, aFGF, and TGF-β1, relative to those reported in published literature for other allografts.¹⁻³

We invite you to learn more with the enclosed information or through our websites www.BioventusSurgical.com and www.OSTEOAMP.com.

Sincerely,

Bioventus Surgical

Enclosures

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

BIOVENTUS LLC

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC
☐ C Corporation
☐ S Corporation
☐ Partnership
☐ Trust/state
☐ Limited liability company. Enter the tax classification (C=S corporation, S=S corporation, P=Partnership) - P

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) -

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

☐ Exempt payee code (if any)

☐ Exemption from FATCA reporting code (if any)

(Applicable to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

4721 EMPEROR BLVD STE 100

6 City, state, and ZIP code

DURHAM NC 27703

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to Get a TIN, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and Number To Give the Requester for guidelines on whose number to enter.

Social security number

or Employer identification number

4 5 3 9 3 5 6 2 8

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person -

Date 1/12/2018

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its Instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

• Form 1099-INT (interest earned or paid)
• Form 1099-DIV (dividends, including those from stocks or mutual funds)
• Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
• Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
• Form 1099-S (proceeds from real estate transactions)
• Form 1099-K (merchant card and third party network transactions)
• Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
• Form 1099-C (canceled debt)
• Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.
06 July 2016

To Whom it May Concern:

OSTEOAMP® is a minimally manipulated allograft for homologous use that is compliant to 21 CFR 1271 and is regulated as a 361 HCT/P (i.e., Human Cells, Tissues, and Cellular and Tissue-Based Products regulated solely under Section 361 of PHS Act.). OSTEOAMP is not combined with a drug, medical device, or carrier. As a 361 HCT/P, OSTEOAMP does not require prior FDA approval/clearance for commercial distribution.

Mary Kathryn Kotlke, PhD
Director, Regulatory and Clinical Affairs
Bioventus Surgical
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<td>FL Tissue License</td>
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<td>NY Tissue License</td>
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EXEMPTION FROM FDA TISSUE ESTABLISHMENT LICENSURE

Per the Code of Federal Regulations (CFR) Title 21 Part 1271.1 (b)(1), the FDA requires registration and listing of establishments that manufacture human cells, tissues, and cellular and tissue-based products (HCT/Ps) regulated solely under the authority of section 361 of the Public Health Service Act.

As outlined in 21 CFR Part 1271.3(e) 'manufacture' is defined as: "any or all steps in the recovery, processing, storage, labeling, packaging, or distribution of any human cell or tissue, and the screening or testing of the cell or tissue donor"

Bioventus does not perform any of the aforementioned activities.

All HCT/Ps marketed by Bioventus are manufactured by licensed tissue banks. The fully-manufactured HCT/Ps are supplied to our third-party logistics supplier who manages the storage and distribution of Bioventus' HCT/Ps. Our third-party logistics supplier is also a registered tissue establishment.

Bioventus handles orders for sales of HCT/Ps by hospitals and other medical facilities; however, Bioventus is expressly excluded from the specific regulatory definition of distributor in the context of the regulation, 21 CFR Part 1271.3(bb) which states: "If an entity does not take physical possession of an HCT/P, the entity is not considered a distributor." (Emphasis added.)

Bioventus does not take physical possession of any HCT/Ps at any time. Accordingly, Bioventus is not required to register with the FDA as a tissue establishment.

Establishment registrations for Bioventus suppliers who manufacture or distribute HCT/Ps may be found in the following FDA tissue establishment registration database:


MK Kottke  
Director, Regulatory and Clinical Affairs  
Bioventus Surgical
<table>
<thead>
<tr>
<th>HCT/P(s)</th>
<th>Donor Type(s)</th>
<th>Establishments Functions</th>
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<th>Date of Resumption</th>
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<td>Cardiac Tissue - non-valved</td>
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<td>Cartilage</td>
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<td>Fascia</td>
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<td>Heart Valve</td>
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<td>HPC Apheresis</td>
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<td>HPC Cord Blood</td>
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<td>Pancreatic Islet Cells - autologous</td>
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<td>Pericardium</td>
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<td>Peripheral Blood Mononuclear Cells</td>
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<td>Peritoneal Membrane</td>
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<td>Tooth Pulp</td>
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<td>Umbilical Cord Tissue</td>
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<td>Recover Screen Donor Testing</td>
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***See full text on next page.***
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<tr>
<th>Proprietary Name(s):</th>
<th>Additional Information:</th>
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</thead>
<tbody>
<tr>
<td>Amniotic Membrane</td>
<td>No additional information provided.</td>
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<td>BioFix; Amniofix; CTM Thin; CTM Thick; CTM Flow; CTM Boost; CTM Paste; CTM Powder; Amniliol</td>
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<tr>
<td>Bone</td>
<td>Osteoamp; Purebone; Exponent; Allograft Bone Wedge; SeaSpine Capistrano Cervical Spacer; SeaSpine PLIF Allograft; SeaSpine Compressible Bone Matrix; SeaSpine Cervical Allograft; Laminoplasty Cortical Allograft; LESBiologics; DBMForm; FacetFuse; Allo-Span; Allogenic DBM; Bonus CC Matrix; Bonus II DMB; Cellentra Advanced Allograft; EquivaBone; FiberStack DBM; Fortis ALIF, Composite, Cortical, PLIF, TLIF; Index Cortical or Cancellous; InterGro DBM; PrimaGen Advanced Allograft; Osteostim Composite; Cortical, ALIF, PLIF; StiaGraft Cancellous; StiaGraft DBM; StiaGraft Fiber; Trinnect; Puros; Puros-S; Fortitude; Bonus Triad; Copics; FIBERFORM; FIBER BOAT; FIBER ANCHOR; FIBER BULLETS; FIBERFORM+; FIBERFORM SYRINGE; FIBERFORM, OSTEAMP SELECT Flowable</td>
</tr>
<tr>
<td>Skin</td>
<td>HuMend; DermaSpan; DermaSpan Mesh</td>
</tr>
<tr>
<td>Umbilical Cord Tissue</td>
<td>CTM Thin; CTM Thick; CTM Flow; CTM Boost; CTM Paste; CTM Powder</td>
</tr>
</tbody>
</table>

FEI: 3007499718

Legal Name: Millstone Medical Outsourcing
Dear Tissue Bank Director:

Attached below is your tissue bank license. Your license is void after the expiration date.

NOTE: Applications for renewal of license must be filed with the department not less than 30 days prior to its expiration date and shall be accompanied by the annual renewal fee. (CA H&S Code §1639.2)

MILLSTONE MEDICAL OUTSOURCING, LLC
8836 POLK LN STE 100
ATTN: SCOTT JONES, QUALITY DEPT
OLIVE BRANCH MS 38654-7812

FORFEITURE OF LICENSE
A Tissue Bank license shall be forfeited by operation of law prior to its expiration date when one of the following occurs:

(1) The tissue bank is sold or otherwise transferred.
(2) The license is surrendered to the state department.

QUESTIONS AND INFORMATION:
If you have any questions, please write to:

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
Laboratory Field Services, Tissue Bank Section
850 Marina Bay Parkway, Building P, 1st Floor
Richmond, CA 94804-6403
Internet Address: www.cdph.ca.gov/LFS
Thank you for your cooperation.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

TISSUE BANK LICENSE

In accordance with Division 2, Chapter 4.1, of the Health and Safety Code, the entity named below is hereby licensed to engage in the listed tissue bank operation(s) at the indicated facility address.

MILLSTONE MEDICAL OUTSOURCING, LLC
8836 POLK LANE, STE 100
OLIVE BRANCH MS 38654

OWNER(S):
MILLSTONE MEDICAL OUTSOURCING, LLC
SCHOONER PRIVATE EQUITY, LLC

DIRECTOR(S):
MICHAEL SCOTT JONES

TISSUE BANK ID Number: CTB 00080809
Issuance Date: June 30, 2020
Expiration Date: June 29, 2021

Robert J. Thomas, Acting Branch Chief
Laboratory Field Services
STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION

This is your registration certificate for your records. Such registration shall be shown to any properly interested person on request. Do not attempt to make any changes or alter this certificate in any way. This registration is not transferable. Questions regarding this registration can be emailed to the Drug Control Division at dcp.drugwholesalers@ct.gov.

In an effort to be more efficient and Go Green, the department asks that you keep your email information current. The email on your account will be used for all correspondence from this office.

You can update your address and email address or print a duplicate certificate by logging into your account with your User Id and Password at www.elicense.ct.gov. If you need your User Id and/or Password, please email dcp.online@ct.gov.

Mailing address:

MILLSTONE MEDICAL OUTSOURCING LLC
8836 POLK LN STE 100
OLIVE BRANCH, MS  38654-7812

Email on file to be used for receiving all notices from this office:

vhughes@millstonemedical.com
April 5, 2021

Kimyotta Martin
Millstone Medical Outsourcing
8836 Polk Lane, Suite 100
Olive Branch, MS 38654

Dear Kimyotta Martin,

This letter confirms that **Millstone Medical Outsourcing** is registered with the Delaware Tissue Bank until April 30, 2022.

Thank you for notifying the Bureau of Communicable Diseases office in a timely manner of any changes to the information contained in the registration form. Please continue to keep contact information current to ensure timely delivery of updates and notifications.

If you have any questions, please contact me at the number below or via my e-mail.

Best regards,

*Diane Smith*

Diane Smith
Compliance Specialist
Delaware Division of Public Health
Bureau of Infectious Disease Prevention & Control
Ph. 302-744-1226 Fax 302-739-2550
DHSS_DPH_tissuebank@delaware.gov
This is to confirm that Millstone Medical Outsourcing LLC has complied with the rules and regulations adopted by the State of Florida, Agency for Health Care Administration, and authorized in Chapter 765, Florida Statutes, and is authorized to operate the following:

**MILLSTONE MEDICAL OUTSOURCING LLC**

8836 Polk Lane Ste 100
Olive Branch, MS 38654

Authorized Services: distribute tissues
March 24, 2021

Kimyotta Martin, Agency Director
Millstone Medical Outsourcing LLC
8836 Polk Lane Ste 100
Olive Branch, MS 38654

RE: Facility locator at 8836 Polk Lane Ste 100, Olive Branch

Dear Administrator:

The enclosed Organ and Tissue Procurement license with license number 166 and certificate number 1723 is issued for the above provider effective January 26, 2021 through January 25, 2023. The license is being issued for approval of the change during licensure period application.

Review your certificate thoroughly to ensure that all information is correct and consistent with your records. If errors are noted, please contact the Laboratory and In-Home Services Unit.

Please take a short customer satisfaction survey on our website at ahca.myflorida.com/survey/ to let us know how we can serve you better. Additional licensure information can be found at http://ahca.myflorida.com/labs.

If we may be of further assistance, please contact me by phone at (850) 412 - 4372 or by email at Dana.Hines@ahca.myflorida.com.

Sincerely,

Dana Hines

Laboratory and In-Home Services Unit
Division of Health Quality Assurance
Effective Date: May 01, 2021
Expires: May 01, 2022

Scott Jones, Facility Director
Millstone Medical Outsourcing, LLC
8836 Polk Lane, Suite 100
Olive Branch, MS 38654

Registration Number 0110

State of Illinois
2021
Sperm/Tissue Bank Registration

Millstone Medical Outsourcing, LLC

Dear Director:

We are in receipt of your Registration with the State of Illinois. We welcome your cooperation to observe our State laws and you may use this document as proof of registration as required by Title 77 Public Health Chapter 1: Department of Public Health Subchapter D: Laboratories and Blood Bank Part 470 Sperm Bank and Tissue Bank Code Section 470.30 Registration Requirements.

Sincerely,

Brandon Rakowski
Tissue & Sperm Bank
Program Administrator
Illinois Department of Public Health
Health Care Facilities and Programs
Laboratory Regulations

Annual registration deadline is May 1, and renewal reminders are e-mailed on February of each year.
SUB-TYPES:

**Standard Distributor:** Any entity that sells or facilitates the delivery of legend drugs or legend devices to persons other than the consumer or patient; including, but not limited to, manufacturers, repackagers, own-label distributors, jobbers, retail pharmacy warehouses, pharmacies, brokers, agents, freight forwarders, ship chandlers, reverse distributors, compounders/503b, and nuclear pharmacies.

**Wholesale Distributor:** Any entity that sells or facilitates the delivery of drug product (as defined by FDA) to persons other than the consumer or patient; not to include (not limited to) manufacturers, repackagers, third-party logistic providers, distributors of devices, medical gases, intravenous drugs for replenishment or irrigation, blood or blood components; radioactive drugs or biologicals, imaging drugs, homeopathic drugs, and compounded drugs.

**Third-party Logistics Provider:** Any entity that provides or coordinates warehousing, facilitates the delivery of, or other logistic services for a legend drug or legend device interstate and intrastate commerce on behalf of a manufacturer, distributor, or dispenser of a legend drug or legend device but does not take ownership of the legend drug or legend device nor have responsibility to direct the sale or disposition of the legend drug or legend device.
MARYLAND
DEPARTMENT OF HEALTH
OFFICE OF HEALTH CARE QUALITY

LABORATORIES AND TISSUE BANKS
55 WADE AVE BLAND BRYANT BLDG
CATONSVILLE, MD 21228-4663

TISSUE BANK PERMIT
NON - EXPIRING

NUMBER: TB1858  EFFECTIVE DATE: 07/01/2018

Pursuant to the provisions of TITLE 17, subtitle 3, Health-General Article § 17-301 et seq.,
Annotated Code of Maryland, this permit is issued to:

MILLSTONE MEDICAL OUTSOURCING LLC
8836 POLK LANE STE 100
OLIVE BRANCH, MS 38654

Director: Dr MICHAEL BAGWELL
Owner: SCHOONER PRIVATE EQUITY, LLC

For operating, representing or servicing the following Tissue Bank Classes:

Musculoskeletal Tissue Bank:
Bone, Demineralized Bone Matrix, Ligament, Musculoskeletal Tissue, Tendons

Reproductive Tissue Bank:
Embryo, Epididymal Aspirates, Ovarian Tissue, Preimplantation Genetic Testing, Reproductive Tissue, Sperm, Testicular Tissue

CONTROL: 74813

Director

Falsification of a license shall subject the perpetrator to criminal prosecution and the impostition of civil fines.
NEW YORK STATE DEPARTMENT OF HEALTH

PROVISIONAL LICENSE FOR TISSUE BANK OPERATION
Issued in accordance with and pursuant to section 4364 Public Health Law of New York State

Tissue Bank ID No.: 1607

Tissue Bank Director:
Michael Scott Jones
Director of Quality

Medical Director:
Michael B. Bagwell, D.O.

Millstone Medical Outsourcing, L.L.C.
8836 Polk Lane, Suite 100
Olive Branch, MS 38654

is hereby APPROVED as a Tissue Bank for the following categories of service:

Tissue Processing Facility
Musculoskeletal tissue
Tissue Storage Facility
Musculoskeletal tissue
Amniotic membrane

Issued: April 17, 2020
Expires: May 1, 2022

Owner: Millstone Medical Outsourcing, L.L.C.

Property of the New York State Department of Health. Valid only at the address shown. Must be conspicuously posted.

DOH-3908 (04/2001)
Health Care Regulation and Quality Improvement
800 NE Oregon Street, Suite 465
Portland, Oregon 97232
971-673-0540
971-673-0556 (Fax)

January 14, 2019

Ms. Kimyotta Fernanders
Millstone Medical Outsourcing, LLC
8836 Polk Lane, Suite 100
Olive Branch, MS  38654

Dear Ms. Fernanders:

This letter is to notify you that Millstone Medical Outsourcing, LLC has been placed on the Oregon Procurement Organizations/Tissue Bank Registry. This registration is in effect for three years ending on January 26, 2022.

Thank you for your patience in processing your renewal. Should you have any questions, please call (971) 673-0540 or email to mailbox.hclc@state.or.us.

Sincerely,

Catherine B. Cook
Licensing Specialist
Oregon Health Authority
Public Health Division
Health Care Regulation and Quality Improvement

If you need this information in an alternate format, please call our office at (971) 673-0540 or TTY 711
441.079 Eye, organ and tissue transplants. (1) As used in this section and ORS 441.082:
   (a) "Entity" means an individual, corporation, business trust, partnership, limited liability company, association, joint venture or an instrumentality of an entity.
   (b) "Eye bank" means an entity that is licensed or regulated under federal or state law to engage in the recovery, screening, testing, processing, storage or distribution of human eyes or parts of human eyes.
   (c) "Health care facility" has the meaning given that term in ORS 442.015.
   (d) "Organ procurement organization" means an entity designated by the United States Secretary of Health and Human Services as an organ procurement organization.
   (e) "Tissue bank" means an entity that is licensed or regulated under federal or state law to engage in the recovery, screening, testing, processing, storage or distribution of tissue for transplants.
   (2) Tissue banks and eye banks must be registered with and regulated by the United States Food and Drug Administration.
   (3) A health care facility that performs organ transplants must:
      (a) Be a member of the Organ Procurement and Transplantation Network established by the National Organ Transplant Act of 1984;
      (b) Be regulated by the United States Department of Health and Human Services; and
      (c) Use an organ procurement organization to obtain organs for transplants.
   (4) A health care facility that performs tissue or corneal transplants must obtain the tissue or corneas from a tissue bank or an eye bank that is registered with and regulated by the United States Food and Drug Administration. [2007 c.334 §1]

Note: 441.079 and 441.082 were enacted into law by the Legislative Assembly but were not added to or made a part of ORS chapter 441 or any series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.

441.080 [Repealed by 1971 c.730 §25]

441.081 [1979 c.680 §2; repealed by 1981 c.784 §38]

441.082 Registration of organ procurement organization, tissue bank
and eye bank; rules; penalties. (1) The Department of Human Services shall adopt by rule standards and a system of registration for every organ procurement organization, tissue bank and eye bank doing business in this state.

(2) An organ procurement organization, tissue bank or eye bank may not do business in this state unless it has registered with the department.

(3) Each organ procurement organization, tissue bank and eye bank shall provide to the department at least every three years current documentation of designation, certification and inspection as evidence of compliance with national standards and requirements under federal law.

(4) The department may impose a civil penalty not to exceed $1,000 against an organ procurement organization, tissue bank or eye bank doing business in this state for failure to:

(a) Register with the department;

(b) Report loss of designation, accreditation or certification within 60 days of the loss; or

(c) Supply the department with requested current documentation of designation, certification and inspection.

(5) Civil penalties under this section shall be imposed in the manner provided under ORS 183.745. [2007 c.334 §2]


Note: See note under 441.079.

Note: Section 3, chapter 334, Oregon Laws 2007, provides:

Sec. 3. Each organ procurement organization, tissue bank and eye bank doing business in this state must register with the Department of Human Services within 30 days after the operative date [July 1, 2008] of section 2 of this 2007 Act [441.082]. [2007 c.334 §3]
American Association of Tissue Banks

Herewith certifies that the Institution named here

Community Tissue Services
Dayton, OH

has met the Association's accreditation requirements and is hereby accredited for

<table>
<thead>
<tr>
<th>Tissue Type</th>
<th>Donor Eligibility Assessment</th>
<th>Authorization</th>
<th>Recovery, Collection, or Acquisition</th>
<th>Processing</th>
<th>Release or Transfer</th>
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In witness whereof the undersigned officers, being duly authorized, have caused this Certificate to be issued and the Corporate Seal of this Association to be affixed heron this the 2nd Day of April 2020

Chair, AATB Board of Governors

Expiration Date: 11/09/2023
Accreditation # 00035/10
Date: 04.03.2020  
Via E-mail: dsmith@cbcts.org

Dear Mr. Smith,

On behalf of the Board of Governors, I am pleased to inform you that the American Association of Tissue Banks (AATB) has approved Community Tissue Services - Dayton for accreditation. Obtaining accreditation by the Association is a most important accomplishment, and we congratulate you and your staff.

The mission of the AATB is to improve and save lives by promoting the safety, quality, and availability of donated human tissue. Our Accreditation Program helps to realize this goal by checking that tissue-banking activities are being performed in an ethical and professional manner consistent with the AATB’s Standards.

In addition to the special recognition attendant to AATB Accreditation, additional benefits include the following:

- Staff members may attend AATB meetings and workshops at reduced rates;
- Your tissue bank will receive a complimentary copy of future AATB Standards for Tissue Banking, when available;
- You may also purchase publications at the membership rate and;
- You may use the AATB Accredited Institution Logo (contact Beverly Bliss at blissb@aatb.org for logo and information).

Visit our web site at www.aatb.org to see how you can become involved in the various activities of the AATB.

Your accreditation will expire on 11/09/2023. It will be your responsibility to note this date and re-apply in a manner consistent with the current version of AATB’s Accreditation Policies. You should request the accreditation application approximately 12 months prior to the expiration of your accreditation and you must submit the completed application no later than nine months prior to the accreditation expiration date.

Please accept our sincerest congratulations on your accreditation. We look forward to your participation in and support of the Association’s activities. If there is ever any way in which we can assist you, I hope that you will not hesitate to contact us.

Sincerely,

Chair, AATB Board of Governors

Chair-Elect, AATB Board of Governors

Accreditation # 00035/10; Accreditation Date: 04.02.2020
Attached: Certificate
July 25, 2017

Patty Malone  
Director, Quality/Regulatory Affairs  
Community Tissue Services - Dayton  
349 South Main Street  
Dayton, OH 45402  

Dear Ms. Malone:

On behalf of the Board of Governors, I am pleased to inform you that the American Association of Tissue Banks (AATB) has approved Community Tissue Services - Dayton for accreditation after you had successfully addressed the nonconformities resulting from the inspection. The accreditation covers Donor Eligibility Assessment and Authorization; Recovery, Processing, Release, Storage and Distribution of Skin and Musculoskeletal Tissue for Transplantation; Recovery of Cardiac and Vascular Tissue for Transplantation; and Storage and Distribution of Autologous Tissue for Transplantation. Obtaining accreditation by the Association is a most important accomplishment, and we congratulate you and your staff.

The mission of the AATB is to improve and save lives by promoting the safety, quality, and availability of donated human tissue. Our Accreditation Program helps to realize this goal by checking that tissue-banking activities are being performed in an ethical and professional manner consistent with the AATB’s Standards.

In addition to the special recognition attendant to AATB Accreditation, additional benefits include the following:
- Staff members may attend AATB meetings and workshops at reduced rates;
- Your tissue bank will receive a complimentary copy of future AATB Standards for Tissue Banking, when available;
- You may also purchase publications at the membership rate and;
- You may use the AATB Accredited Institution Logo (contact Jason LoVerdi at loverdij@aatb.org for logo and information).

Visit our website at www.aatb.org to see how you can become involved in the various activities of the AATB.

Your accreditation will expire on November 9, 2019. It will be your responsibility to note this date and re-apply in a manner consistent with the current version of AATB’s Accreditation Policies for Transplant Tissue Banks. You should request the accreditation application approximately 12 months prior to the expiration of your accreditation and you must submit the completed application no later than nine months prior to the accreditation expiration date.

Please accept our sincerest congratulations on your accreditation. We look forward to your participation in and support of the Association’s activities. If there is ever any way in which we can assist you, I hope that you will not hesitate to contact us.

Sincerely,

Frank S. Wilton  
President & Chief Executive Officer

Accreditation #00035/9; Accreditation Date: November 9, 2016 (REVISED)  
Attached: Certificate

8200 Greensboro Drive, Suite 320, McLean, VA, 22102  
Phone: (703) 827-6682 | Fax: (703) 356-2198 | aatb@aatb.org
November 23, 2016

Patty Malone
Director, Quality/Regulatory Affairs
Community Tissue Services - Dayton
349 South Main Street
Dayton, OH 45402

Dear Ms. Malone:

This letter accompanies the accreditation certificate for Community Tissue Services - Dayton to include the accreditation of the following satellite facilities:

Center for Tissue Innovation and Research
2900 College Drive
Kettering, OH 45420

Community Tissue Services – California
7100 New Financial Drive, Suite 105
Fresno, CA 93720

Community Tissue Services – Mid-South
1790 Kirby Parkway, Suite 130
Memphis, TN 38138

Community Tissue Services – Pennsylvania
6573 Bristol Pike, Suite 201
Bensalem, PA 19020

Community Tissue Services – Texas
328 South Adams Street
Fort Worth, TX 76104

Refer to: Accreditation #00035/9, Accreditation Date: November 9, 2016

Sincerely,

[Signature]

Jason E. LoVerdi, MHA, CTBS
Accreditation Manager
**Legal Name and Location:**
Community Blood Center dba Community Tissue Services
2900 College Drive
Kettering, Ohio 45420
USA
Phone: 937-461-3450

**FEI:** 3008808182

**Reason For Last Submission:** Annual Registration/Listing
**Last Annual Registration Year:** 2021
**Last Registration Receipt Date:** 12/16/2020
**Summary Report Print Date:** 12/28/2020

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</table>

**Satellite Recovery Establishment:** No

**Parent Manufacturing Establishment FEI No.:** 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)).
Additional Information: Proprietary Names - Maxxeus, DermaPure, Stravix, Bio4, Cartiform, CREOS Allogain, Glenojet, SpeedSpiral, SpiralUp, BioXclude

Proprietary Name(s):

FEI: 3008808182

Legal Name: Community Blood Center dba Community Tissue Services
Dear Tissue Bank Director:

Attached below is your tissue bank license. Your license is void after the expiration date.

NOTE: Applications for renewal of license must be filed with the department not less than 30 days prior to its expiration date and shall be accompanied by the annual renewal fee. (CA H&S Code §1639.2)

COMMUNITY TISSUE SERVICES - OHIO
2900 COLLEGE DR
ATTN: PATTY MALONE
KETTERING OH 45420-2972

FORFEITURE OF LICENSE
A Tissue Bank license shall be forfeited by operation of law prior to its expiration date when one of the following occurs:
(1) The tissue bank is sold or otherwise transferred.
(2) The license is surrendered to the state department.

QUESTIONS AND INFORMATION:
If you have any questions, please write to:
CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
Laboratory Field Services, Tissue Bank Section
850 Marina Bay Parkway, Building P, 1st Floor
Richmond, CA 94804-6403
Internet Address: www.cdph.ca.gov/LFS
Thank you for your cooperation.

STATE OF CALIFORNIA - DEPARTMENT OF PUBLIC HEALTH
TISSUE BANK LICENSE

In accordance with Division 2, Chapter 4.1, of the Health and Safety Code, the entity named below is hereby licensed to engage in the listed tissue bank operation(s) at the indicated facility address.

COMMUNITY TISSUE SERVICES - OHIO
2900 COLLEGE DRIVE
KETTERING OH 45420

OWNER(S):
COMMUNITY TISSUE SERVICES

DIRECTOR(S):
DIANE WILSON

TISSUE BANK ID Number: CTB 00080312
Issuance Date: June 24, 2020
Expiration Date: June 23, 2021

Robert J. Thomas, Acting Branch Chief
Laboratory Field Services
January 14, 2021

Lori McClain
Community Tissue Services-Dayton
349 S. Main St.
Dayton, OH 45402

Dear Lori McClain,

This letter confirms that **Community Tissue Services-Dayton** is registered with the Delaware Tissue Bank until April 30, 2022.

Thank you for notifying the Bureau of Communicable Diseases office in a timely manner of any changes to the information contained in the registration form. Please continue to keep contact information current to ensure timely delivery of updates and notifications.

If you have any questions, please contact me at the number below or via my e-mail.

Best regards,

*Diane Smith*

Diane Smith
Compliance Specialist
Delaware Division of Public Health
Bureau of Infectious Disease Prevention & Control
Ph. 302-744-1226 Fax 302-739-2550
DHSS_DPH_tissuebank@delaware.gov
State of Florida  
AGENCY FOR HEALTH CARE ADMINISTRATION  
DIVISION OF HEALTH QUALITY ASSURANCE  

Tissue Bank  
Licensed  

This is to confirm that Community Blood Center has complied with the rules and regulations adopted by the State of Florida, Agency for Health Care Administration, and authorized in Chapter 765, Florida Statutes, and is authorized to operate the following:  

COMMUNITY TISSUE SERVICES  
2900 College Dr  
Kettering, OH 45420  

Authorized Services: distribute tissues  

EFFECTIVE DATE: 02/01/2021  
EXPIRATION DATE: 01/31/2023  

Deputy Secretary, Division of Health Quality Assurance
Effective Date: May 1, 2021
Expires: May 01, 2022

Diane Wilson, Facility Director
Community Blood Center
D/B/A Community Tissue Services
2900 College Drive
Kettering, OH 45420

Registration Number 0911

State of Illinois
2021
Sperm/Tissue Bank Registration

Community Blood Center  D/B/A Community Tissue Services

Dear Director,

We are in receipt of your Registration with the State of Illinois. We welcome your cooperation to observe our State laws and you may use this document as proof of registration as required by Title 77 Public Health Chapter I: Department of Public Health Subchapter D: Laboratories and Blood Bank Part 470 Sperm Bank and Tissue Bank Code Section 470.30 Registration Requirements.

Sincerely,

Brandon Rakowski
Tissue & Sperm Bank
Program Administrator
Illinois Department of Public Health
Health Care Facilities and Programs
Laboratory Regulations

Annual registration deadline is May 1, and renewal reminders are e-mailed on February of each year.

PROTECTING HEALTH, IMPROVING LIVES
MARYLAND
DEPARTMENT OF HEALTH
OFFICE OF HEALTH CARE QUALITY

LABORATORIES AND TISSUE BANKS
7120 SAMUEL MORSE DRIVE FL 2
COLUMBIA, MARYLAND 21046-3422

TISSUE BANK PERMIT
NON - EXPIRING

NUMBER: TB1145    EFFECTIVE DATE: 07/18/2019

Pursuant to the provisions of TITLE 17, subtitle 3, Health-General Article § 17-301 et seq.,
Annotated Code of Maryland, this permit is issued to:

Community Tissue Services
2900 COLLEGE DRIVE
KETTERING, OH 45420

Director: Dr DAVID SMITH
Owner: DAVID SMITH, MD

For operating, representing or servicing the following Tissue Bank Classes:

Musculoskeletal Tissue Bank:
Musculoskeletal Tissue

Reproductive Tissue Bank:
Reproductive Tissue

Skin Bank:
Skin

CONTROL: 76826

Director

Falsification of a license shall subject the perpetrator to criminal prosecution and the imposition of civil fines.
NEW YORK STATE DEPARTMENT OF HEALTH

LICENSE FOR TISSUE BANK OPERATION

Issued in accordance with and pursuant to section 4364 Public Health Law of New York State

Tissue Bank ID No.: CP151

Tissue Bank Director:
Diane L. Wilson, RN, CTBS
Chief Operating Officer

Medical Director:
James L. Alexander, M.D.

Community Tissue Services - Dayton
349 S. Main Street
Dayton, OH 45402

is hereby APPROVED as a Tissue Bank for the following categories of service:

- Comprehensive Tissue Procurement Service
- Musculoskeletal Tissue
  - Skin Tissue
  - Pericardium

Issued: August 4, 2017
Expires: September 1, 2021

Owner: Community Blood Center

Property of the New York State Department of Health. Valid only at the address shown. Must be conspicuously posted.
July 22, 2020

Ms. Diane Wilson,
Community Tissue Services
349 S Main St
Dayton, OH 45402

Dear Ms. Wilson:

This letter is to notify you that Community Tissue Services - Dayton has been placed on the Oregon Procurement Organizations/Tissue Bank Registry. This registration is in effect for three years ending on September 29, 2023.

Thank you for your cooperation. Should you have any questions, please call me at the above phone number.

Sincerely,

[Signature]

Lisa Humphries
Administrative Specialist
Oregon Health Authority
Public Health Division
Health Care Regulation and Quality Improvement

If you need this information in an alternate format, please call our office at (971) 673-0540 or TTY 711
March 25, 2021

Via Email: ccrocker@dcids.org
Carrie Crocker
DCI Donor Services Tissue Bank
1714 Hayes Street
Nashville, TN 37202

Dear Ms. Crocker,

This letter serves to confirm an accreditation extension for DCI Donor Services Tissue Bank, which will have continued AATB accreditation until 06/10/2021.

This letter also serves to confirm that it is best practice to verify a tissue bank’s current accreditation status by accessing the AATB website to perform a relevant, real-time, accredited tissue bank search by using the “Accredited Bank Search” function.

We appreciate your participation in this important program of the Association.

If you have any questions or need additional information, please feel free to contact me.

Sincerely,

[Signature]

President and Chief Executive Officer
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<tr>
<th>HCT/P(s)</th>
<th>Donor Type(s)</th>
<th>Recover</th>
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Legal Name and Location:
DCI Donor Services Tissue Bank
1714 Hayes Street
Nashville, Tennessee 37203
USA
Phone: 615-234-5200 Ext.: 2600
Fax: 615-234-5264
Email: donorgs@dcids.org

FEI: 1000307504
Legal Name: DCI Donor Services Tissue Bank

Reason For Last Submission: Annual Registration/Listing
Last Annual Registration Year: 2021
Last Registration Receipt Date: 11/24/2020
Summary Report Print Date: 11/30/2020

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)).
Additional Information: No additional information provided.

Proprietary Name(s): 

FEI: 1000307504

Legal Name: DCI Donor Services Tissue Bank
Dear Tissue Bank Director:

Attached below is your tissue bank license. Your license is void after the expiration date.

NOTE: Applications for renewal of license must be filed with the department not less than 30 days prior to its expiration date and shall be accompanied by the annual renewal fee. (CA H&S Code §1639.2)

DCI DONOR SERVICES, INC.
1714 HAYES ST
ATTN: JOSHUA WHITTINGTON
NASHVILLE TN 37203-3013

FORFEITURE OF LICENSE
A Tissue Bank license shall be forfeited by operation of law prior to its expiration date when one of the following occurs:
(1) The tissue bank is sold or otherwise transferred.
(2) The license is surrendered to the state department.

QUESTIONS AND INFORMATION:
If you have any questions, please write to:
CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
Laboratory Field Services, Tissue Bank Section
850 Marina Bay Parkway, Building P, 1st Floor
Richmond, CA 94804-6403
Internet Address: www.cdph.ca.gov/LFS
Thank you for your cooperation.

TB 100 TBLIC 4-16
Tear Here

STATE OF CALIFORNIA - DEPARTMENT OF PUBLIC HEALTH

TISSUE BANK LICENSE

In accordance with Division 2, Chapter 4.1, of the Health and Safety Code, the entity named below is hereby licensed to engage in the listed tissue bank operation(s) at the indicated facility address.

DCI DONOR SERVICES, INC.
308 15TH AVENUE NORTH
NASHVILLE TN 37203

OWNER(S):
DCI DONOR SERVICES, INC.

DIRECTOR(S):
CARRIE CROCKER

TISSUE BANK ID Number: CTB 00080539
Issuance Date: September 4, 2020
Expiration Date: September 3, 2021

Robert J. Thomas, Acting Branch Chief
Laboratory Field Services
Dear Tissue Bank Director:

Attached below is your tissue bank license. Your license is void after the expiration date.

NOTE: Applications for renewal of license must be filed with the department not less than 30 days prior to its expiration date and shall be accompanied by the annual renewal fee. (CA H&S Code §1639.2)

DCI DONOR SERVICES, INC.
1714 HAYES ST
ATTN: JOSHUA WHITTINGTON
NASHVILLE TN 37203-3013

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Laboratory Field Services, Tissue Bank Section
850 Marina Bay Parkway, Building P, 1st Floor
Richmond, CA 94804-6403

Internet Address: www.cdph.ca.gov/LFS
Thank you for your cooperation.

Tear Here

STATE OF CALIFORNIA - DEPARTMENT OF PUBLIC HEALTH
TISSUE BANK LICENSE

In accordance with Division 2, Chapter 4.1, of the Health and Safety Code, the entity named below is hereby licensed to engage in the listed tissue bank operation(s) at the indicated facility address.

DCI DONOR SERVICES, INC.
1714 HAYES STREET
NASHVILLE TN 37203

OWNER(S):
DCI DONOR SERVICES, INC.

DIRECTOR(S):
CARRIE CROCKER

TISSUE BANK ID Number: CTB 00080538
Issuance Date: September 4, 2020
Expiration Date: September 3, 2021

Robert J. Thomas, Acting Branch Chief
Laboratory Field Services
State of Florida
AGENCY FOR HEALTH CARE ADMINISTRATION
DIVISION OF HEALTH QUALITY ASSURANCE

Tissue Bank
Licensed

This is to confirm that DCI Donor Services has complied with the requirements of the State of Florida, Agency for Health Care Administration, for certification as authorized by Florida Statutes 765.542 and is to operate the following:

DCI DONOR SERVICES
1714 Hayes Street
Nashville, TN 37203

Authorized Services: distribute tissues

EFFECTIVE DATE: 10/26/2019
EXPIRATION DATE: 10/25/2021

Deputy Secretary, Division of Health Quality Assurance
MARYLAND
DEPARTMENT OF HEALTH
OFFICE OF HEALTH CARE QUALITY

LABORATORIES AND TISSUE BANKS
55 WADE AVE BLAND BRYANT BLDG
CATONSVILLE, MD 21228-4663

TISSUE BANK PERMIT
NON - EXPIRING

NUMBER: TB1640    EFFECTIVE DATE: 07/01/2018

Pursuant to the provisions of TITLE 17, subtitle 3, Health-General Article § 17-301 et seq., Annotated Code of Maryland, this permit is issued to:

DCI DONOR SERVICES
1714 HAYES STREET
NASHVILLE, TN 37203

Director: HARRISON SHULL JR MD
Owner: DCI DONOR SERVICES, INC.

For operating, representing or servicing the following Tissue Bank Classes:

Musculoskeletal Tissue Bank:
Bone, Cartilage, Cultured Tissue, Demineralized Bone Matrix, Fascia Lata, Ligament, Musculoskeletal Tissue, Tendons

Skin Bank:
Skin

CONTROL: 74703

Falsification of a license shall subject the perpetrator to criminal prosecution and the imposition of civil fines.
NEW YORK STATE DEPARTMENT OF HEALTH

LICENSE FOR TISSUE BANK OPERATION
Issued in accordance with and pursuant to section 4364 Public Health Law of New York State

Tissue Bank ID No.: 987

Tissue Bank Director:
Kelly R. Scott, M.S., C.T.B.S.

Medical Director:
Harrison J. Shull, Jr., M.D.

DCI Donor Services
1714 Hayes Street
Nashville, TN 37203

is hereby APPROVED as a Tissue Bank for the following categories of service:

- Comprehensive Tissue Procurement Service
  - Musculoskeletal tissue
  - Skin tissue
  - Pericardium
  - Placentas/amniotic membrane
  - Musculoskeletal tissue
  - Skin tissue
  - Pericardium
  - Amniotic membrane

- Tissue Processing Facility

Issued: February 7, 2020
Expires: March 1, 2022

Owner: DCI Donor Services, Inc.

Property of the New York State Department of Health. Valid only at the address shown. Must be conspicuously posted.
NEW YORK STATE DEPARTMENT OF HEALTH

LICENSE FOR TISSUE BANK OPERATION

Issued in accordance with and pursuant to section 4364 Public Health Law of New York State

Tissue Bank ID No.: 1020

Tissue Bank Director:
Kelly R. Scott, M.S., C.T.B.S.

Medical Director:
Harrison J. Shull, Jr., M.D.

DCI Donor Services
308 15th Avenue North
Nashville, TN 37203

is hereby APPROVED as a Tissue Bank for the following categories of service:

<table>
<thead>
<tr>
<th>Comprehensive Tissue Procurement Service</th>
<th>Musculoskeletal tissue</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Skin tissue</td>
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<tr>
<td></td>
<td>Amniotic membrane</td>
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<tr>
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<td>Pericardium</td>
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<table>
<thead>
<tr>
<th>Tissue Processing Facility</th>
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<tbody>
<tr>
<td>Musculoskeletal tissue</td>
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<tr>
<td>Skin tissue</td>
</tr>
<tr>
<td>Amniotic membrane</td>
</tr>
<tr>
<td>Pericardium</td>
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</tbody>
</table>

Issued: August 14, 2020
Expires: September 1, 2022

Property of the New York State Department of Health. Valid only at the address shown. Must be conspicuously posted.
March 10, 2020

Ms. Carrie Crocker,
DCI Donor Services
1714 Hayes Street
Nashville, TN 37203

Dear Ms. Crocker:

This letter is to notify you that DCI Donor Services has been placed on the Oregon Procurement Organizations/Tissue Bank Registry. This registration is in effect for three years ending on April 14, 2023.

Thank you for your cooperation. Should you have any questions, please call me at the above phone number.

Sincerely,

Lisa Humphries
Administrative Specialist
Oregon Health Authority
Public Health Division
Health Care Regulation and Quality Improvement

If you need this information in an alternate format, please call our office at (971) 673-0540 or TTY 711
OREGON REVISED STATUTES
2007

441.079 Eye, organ and tissue transplants. (1) As used in this section and ORS 441.082:
(a) “Entity” means an individual, corporation, business trust, partnership, limited liability company, association, joint venture or an instrumentality of an entity.
(b) “Eye bank” means an entity that is licensed or regulated under federal or state law to engage in the recovery, screening, testing, processing, storage or distribution of human eyes or parts of human eyes.
(c) “Health care facility” has the meaning given that term in ORS 442.015.
(d) “Organ procurement organization” means an entity designated by the United States Secretary of Health and Human Services as an organ procurement organization.
(e) “Tissue bank” means an entity that is licensed or regulated under federal or state law to engage in the recovery, screening, testing, processing, storage or distribution of tissue for transplants.
(2) Tissue banks and eye banks must be registered with and regulated by the United States Food and Drug Administration.
(3) A health care facility that performs organ transplants must:
(a) Be a member of the Organ Procurement and Transplantation Network established by the National Organ Transplant Act of 1984;
(b) Be regulated by the United States Department of Health and Human Services; and
(c) Use an organ procurement organization to obtain organs for transplants.
(4) A health care facility that performs tissue or corneal transplants must obtain the tissue or corneas from a tissue bank or an eye bank that is registered with and regulated by the United States Food and Drug Administration. [2007 c.334 §1]

Note: 441.079 and 441.082 were enacted into law by the Legislative Assembly but were not added to or made a part of ORS chapter 441 or any series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.

441.080 [Repealed by 1971 c.730 §25]

441.081 [1979 c.680 §2; repealed by 1981 c.784 §38]

441.082 Registration of organ procurement organization, tissue bank
and eye bank; rules; penalties. (1) The Department of Human Services shall adopt by rule standards and a system of registration for every organ procurement organization, tissue bank and eye bank doing business in this state.

(2) An organ procurement organization, tissue bank or eye bank may not do business in this state unless it has registered with the department.

(3) Each organ procurement organization, tissue bank and eye bank shall provide to the department at least every three years current documentation of designation, certification and inspection as evidence of compliance with national standards and requirements under federal law.

(4) The department may impose a civil penalty not to exceed $1,000 against an organ procurement organization, tissue bank or eye bank doing business in this state for failure to:
   (a) Register with the department;
   (b) Report loss of designation, accreditation or certification within 60 days of the loss; or
   (c) Supply the department with requested current documentation of designation, certification and inspection.

(5) Civil penalties under this section shall be imposed in the manner provided under ORS 183.745. [2007 c.334 §2]


Note: See note under 441.079.

Note: Section 3, chapter 334, Oregon Laws 2007, provides:

Sec. 3. Each organ procurement organization, tissue bank and eye bank doing business in this state must register with the Department of Human Services within 30 days after the operative date [July 1, 2008] of section 2 of this 2007 Act [441.082]. [2007 c.334 §3]
American Association of Tissue Banks

Hereewith certifies that the Institution named here

LifeLink Tissue Bank
Tampa, Florida

has met the Association's accreditation requirements and is hereby accredited for

<table>
<thead>
<tr>
<th>Tissue Type</th>
<th>Donor Eligibility Assessment</th>
<th>Authorization</th>
<th>Informed Consent</th>
<th>Recovery, Collection, And Acquisition</th>
<th>Processing</th>
<th>Release</th>
<th>Storage</th>
<th>Distribution</th>
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In witness whereof the undersigned officers, being duly authorized, have caused this Certificate to be issued and the Corporate Seal of this Association to be affixed hereon this the 14th day of May 2020

Diana N. Buck
Chair, AATB Board of Governors

Expiration Date: 04/19/2023
Accreditation # 00039/10

Ronda Herbstman
Chair-Elect, AATB Board of Governors
Name: Mark Strong  
Address:  
LifeLink Tissue Bank  
9661 Delaney Creek Rd.  
Tampa, FL 33619

Dear Mr. Strong,

This letter accompanies the accreditation certificate for LifeLink Tissue Bank to include the accreditation of the following satellite facilities:

LifeLink Tissue Bank  
of Puerto Rico  
1 Calle 1, Suite 100  
Guaynabo, PR 00968

LifeLink Tissue Bank  
of Orlando  
1743 S. Orange Ave.  
Orlando, FL 32806

LifeLink Tissue Bank  
of Georgia  
2875 Northwoods Parkway  
Norcross, GA 30071

Refer to: Accreditation #00039/10, Accreditation Date: 05.14.2020

Sincerely,

Chair, AATB Board of Governors  

Chair-Elect, AATB Board of Governors

8200 Greensboro Drive, Suite 320, McLean, VA, 22102  
Telephone: (703) 827-9582  
Fax: (703) 356-2198  
aatb@aatb.org
**Legal Name and Location:**
LifeLink Foundation, Inc. d/b/a LifeLink Tissue Bank
9661 Delaney Creek Boulevard
Tampa, Florida 33619
USA
Phone: 813-886-8111 Ext. 4325
liz.brinson@lifelinkfound.org

**Reporting Official:**
Elizabeth S Horn-Brinson, VP, Regulatory Affairs
9661 Delaney Creek Boulevard
Tampa, Florida 33619
USA
Phone: 813-886-8111 Ext. 4325
liz.brinson@lifelinkfound.org

**FEI:** 3008286876

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**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**

**Reason For Last Submission:** Annual Registration/Listing
**Last Annual Registration Year:** 2021
**Last Registration Receipt Date:** 12/08/2020
**Summary Report Print Date:** 12/14/2020

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)).
### Additional Information:
LifeLink of Florida OPO formerly FEI#:3003453640 is also located at this location and has been consolidated into FEI#:3008286876. LifeLink Foundation, Inc. d/b/a LifeLink Tissue Bank, Delaney Creek.

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<tr>
<th>Proprietary Name(s):</th>
<th>Bone</th>
<th>AltoPure, Hero, Indux, LifeFlex, LifeGraft, NuFix, OsteoAmp, Osteocel Plus, Osteocel Pro, Primagraft, Purebone, SiJoin, Vikos, Vesuvius, SiFix, NuGraf</th>
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FEI: 3008286876

Legal Name: LifeLink Foundation, Inc. d/b/a LifeLink Tissue Bank
STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

TISSUE BANK LICENSE

In accordance with Division 2, Chapter 4.1, of the Health and Safety Code, the entity named below is hereby licensed to engage in the listed tissue bank operation(s) at the indicated facility address.

LIFELINK TISSUE BANK
9661 DELANEY CREEK BLVD.
TAMPA FL 33619

OWNER(S):
LIFELINK FOUNDATION, INC

DIRECTOR(S):
MARK STRONG

TISSUE BANK ID Number: CTB 00080225
Issuance Date: December 29, 2019
Expiration Date: December 27, 2020

Robert J. Thomas, Acting Branch Chief
Laboratory Field Services
March 17, 2021

Elizabeth Horn-Brinson
LifeLink Tissue Bank
9661 Delaney Creek Blvd
Tampa, FL 33619

Dear Elizabeth Horn-Brinson,

This letter confirms that **LifeLink Tissue Bank** is registered with the Delaware Tissue Bank until April 30, 2022.

Thank you for notifying the Bureau of Communicable Diseases office in a timely manner of any changes to the information contained in the registration form. Please continue to keep contact information current to ensure timely delivery of updates and notifications.

If you have any questions, please contact me at the number below or via my e-mail.

Best regards,

*Diane Smith*

Diane Smith
Compliance Specialist
Delaware Division of Public Health
Bureau of Infectious Disease Prevention & Control
Ph. 302-744-1226 Fax 302-739-2550
DHSS_DPH_tissuebank@delaware.gov
State of Florida

AGENCY FOR HEALTH CARE ADMINISTRATION
DIVISION OF HEALTH QUALITY ASSURANCE

Tissue Bank
Licensed

This is to confirm that Lifelink Foundation Inc has complied with the rules and regulations adopted by the State of Florida, Agency for Health Care Administration, and authorized in Chapter 765, Florida Statutes, and is authorized to operate the following:

LIFELINK TISSUE BANK
9661 Delaney Creek Blvd
Tampa, FL 33619

Authorized Services: recover, process, distribute and storage tissues

EFFECTIVE DATE: 11/15/2020
EXPIRATION DATE: 11/14/2022

Mary L. Mayhew
Secretary, Agency for Health Care Administration
This is to confirm that Lifelink Foundation Inc has complied with the rules and regulations adopted by the State of Florida, Agency for Health Care Administration, and authorized in Chapter 765, Florida Statutes, and is authorized to operate the following:

LIFELINK TISSUE BANK - ORLANDO
1743 S Orange Ave
Orlando, FL 32806

Authorized Services: tissue storage and distribution
MARYLAND
DEPARTMENT OF HEALTH
OFFICE OF HEALTH CARE QUALITY
LABORATORIES AND TISSUE BANKS
7120 SAMUEL MORSE DRIVE FL 2
COLUMBIA, MARYLAND 21046-3422

TISSUE BANK PERMIT
NON - EXPIRING

NUMBER: TB1375   EFFECTIVE DATE: 03/31/2020

Pursuant to the provisions of TITLE 17, subtitle 3, Health-General Article § 17-301 et seq.,
Annotated Code of Maryland, this permit is issued to:

LIFELINK FOUNDATION TISSUE BANK
9661 DELANEY CREEK
TAMPA, FL 33619

Director: Dr SALLY ALRABAA
Owner: LIFELINK FOUNDATION

For operating, representing or servicing the following Tissue Bank Classes:

Musculoskeletal Tissue Bank:
Bone, Cartilage, Demineralized Bone Matrix, Fascia Lata, Ligament, Musculoskeletal Tissue, Tendons

CONTROL: 87795

Falsification of a license shall subject the perpetrator to criminal prosecution and the imposition of civil fines.
NEW YORK STATE DEPARTMENT OF HEALTH

LICENSE FOR TISSUE BANK OPERATION
Issued in accordance with and pursuant to section 4364 Public Health Law of New York State

Tissue Bank ID No.: CP147TP112

Tissue Bank Director: Daniel L. Schultz, M.D.
Medical Director: Daniel L. Schultz, M.D.

LifeLink Tissue Bank
9661 Delaney Creek Boulevard
Tampa, FL 33619

is hereby APPROVED as a Tissue Bank for the following categories of service:

- Comprehensive Tissue Procurement Service
  - Cardiovascular tissue
  - Musculoskeletal tissue
  - Skin tissue

- Tissue Processing Facility
  - Cardiovascular tissue
  - Musculoskeletal tissue

Issued: May 10, 2019
Expires: June 1, 2021

Property of the New York State Department of Health. Valid only at the address shown. Must be conspicuously posted.
December 28, 2020

Ms. Elizabeth Horn-Brinson
Lifelink Tissue Bank
9661 Delaney Creek Blvd
Tampa, FL 33619

Dear Ms. Horn-Brinson:

This letter is to notify you that Lifelink Tissue Bank has been placed on the Oregon Procurement Organizations/Tissue Bank Registry. This registration is in effect for three years ending on January 11, 2024.

Thank you for your cooperation. Should you have any questions, please call me at the above phone number.

Sincerely,

Liana Walta
Licensing Specialist
Oregon Health Authority
Public Health Division
Health Care Regulation and Quality Improvement

If you need this information in an alternate format, please call our office at (971) 673-0540 or TTY 711