

American Association of Tissue Banks

*Herewith certifies
that the Institution named here*

*LifeLink Tissue Bank
Tampa, Florida*

*has met the Association's accreditation requirements and is hereby
accredited for Donor Eligibility Assessment and Authorization;
Recovery, Processing, Release, Storage, and Distribution of
Musculoskeletal Tissue for Transplantation; Recovery of Skin,
Cardiac, and Vascular Tissue for Transplantation; and Processing,
Storage, and Distribution of Autologous Tissue for Transplantation*

April 17, 2017 – April 19, 2020

*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 1st day of May 2017*



Daniel Schott

Chairman

J. S. S. S.

President & Chief Executive Officer

Accreditation # 00039/9



American Association of Tissue Banks®

May 1, 2017

Liz Horn-Brinson
Vice President, Quality Assurance
LifeLink Tissue Bank
9661 Delaney Creek Blvd.
Tampa, FL 33619

Dear Ms. Horn-Brinson:

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

LifeLink Tissue Bank - Orlando

1729 South Orange Avenue
Orlando, FL 32806

LifeLink of Georgia

2875 Northwoods Parkway
Norcross, GA 30071

LifeLink of Puerto Rico

Chrysler Building / Metro Office Park
1 Calle 1
Suite 100
Guaynabo, PR 00968

Refer to: Accreditation #00039/9, Accreditation Date: April 17, 2017

Sincerely,

A handwritten signature in black ink, appearing to read 'Jason E. LoVerdi', is written over a white background.

Jason E. LoVerdi, MHA, CTBS
Vice President of Accreditation

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 (HCT/Ps) (See reverse side for instructions)	1. REGISTRATION NUMBER (FDA Establishment Identifier) FEI: 3007197601	2. REASON FOR SUBMISSION a. <input type="checkbox"/> INITIAL REGISTRATION / LISTING b. <input checked="" type="checkbox"/> ANNUAL REGISTRATION / LISTING c. <input type="checkbox"/> CHANGE IN INFORMATION d. <input type="checkbox"/> INACTIVE	VALIDATION--FOR FDA USE ONLY VALIDATED BY FDA:21-NOV-2017 DISTRICT: Florida PRINTED BY FDA:27-JAN-2018
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PART I - ESTABLISHMENT INFORMATION	PART II - PRODUCT INFORMATION													14. PROPRIETARY NAME(S)		
3. OTHER FDA REGISTRATIONS	10. ESTABLISHMENT FUNCTIONS AND TYPES OF HCT / Ps								11. HCT/Ps DESCRIBED IN 21 CFR 1271.10	12. HCT/Ps REGULATED AS MEDICAL DEVICES	13. HCT/Ps REGULATED AS DRUGS OR BIOLOGICAL DRUGS					
	Types of HCT / Ps		Establishment Functions													
		Recover	Screen	Test	Package	Process	Store	Label	Distribute							
4. PHYSICAL LOCATION (Include legal name, number and street, city, state, country, and post office code) LifeLink Tissue Bank - Orlando 1743 South Orange Ave. Orlando, Florida 32806 a. PHONE 407-218-8783 EXT _____ b. <input type="checkbox"/> SATELLITE RECOVERY ESTABLISHMENT (MANUFACTURING ESTABLISHMENT FEI NO. _____) c. <input type="checkbox"/> TESTING FOR MICRO-ORGANISMS ONLY		a. Bone						X	X	X	X				LifeGraft, TruArc, LifeFlex	
		b. Cartilage						X	X	X	X					
		c. Cornea														
		d. Dura Mater														
		e. Embryo	<input type="checkbox"/> SIP <input type="checkbox"/> Directed <input type="checkbox"/> Anonymous													
		f. Fascia							X	X	X	X				
		g. Heart Valve														
		h. Ligament							X	X	X	X				
		i. Oocyte	<input type="checkbox"/> SIP <input type="checkbox"/> Directed <input type="checkbox"/> Anonymous													
		j. Pericardium														
6. MAILING ADDRESS OF REPORTING OFFICIAL (Include institution name if applicable, number and street, city, state, country, and post office code) LifeLink Tissue Bank Attn: Elizabeth S. Horn-Brinson, BS 9661 Delaney Creek Boulevard Tampa, Florida 33619 a. PHONE 813-804-4325 EXT 4325		k. Peripheral Blood Stem	<input type="checkbox"/> Autologous <input type="checkbox"/> Family Related <input type="checkbox"/> Allogeneic													
		l. Sclera														
		m. Semen	<input type="checkbox"/> SIP <input type="checkbox"/> Directed <input type="checkbox"/> Anonymous													
		n. Skin														
7. ENTER CORRECTIONS TO ITEM 6		o. Somatic Cell Therapy Products	<input type="checkbox"/> Autologous <input type="checkbox"/> Family Related <input type="checkbox"/> Allogeneic													
		p. Tendon						X	X	X	X					
8. U.S. AGENT a. E-MAIL _____		q. Umbilical Cord Blood	<input type="checkbox"/> Autologous <input type="checkbox"/> Family Related <input type="checkbox"/> Allogeneic													
		r. Vascular Graft														
9. REPORTING OFFICIAL'S SIGNATURE a. TYPED NAME Elizabeth S. Horn-Brinson, BS b. E-MAIL liz.brinson@lifeflinkfound.org c. TITLE VP, QA d. DATE 20-NOV-2017		s.														
		t.														
		u.														
		v.														

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 (HCT/Ps) (See reverse side for instructions)	1. REGISTRATION NUMBER (FDA Establishment Identifier) FEI: 3001238470	2. REASON FOR SUBMISSION a. <input type="checkbox"/> INITIAL REGISTRATION / LISTING b. <input checked="" type="checkbox"/> ANNUAL REGISTRATION / LISTING c. <input type="checkbox"/> CHANGE IN INFORMATION d. <input type="checkbox"/> INACTIVE	VALIDATION--FOR FDA USE ONLY VALIDATED BY FDA:21-NOV-2017 DISTRICT: San Juan PRINTED BY FDA:27-JAN-2018
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PART I - ESTABLISHMENT INFORMATION	PART II - PRODUCT INFORMATION								11. HCT/Ps DESCRIBED IN 21 CFR 1271.10	12. HCT/Ps REGULATED AS MEDICAL DEVICES	13. HCT/Ps REGULATED AS DRUGS OR BIOLOGICAL DRUGS	14. PROPRIETARY NAME(S)
3. OTHER FDA REGISTRATIONS	10. ESTABLISHMENT FUNCTIONS AND TYPES OF HCT / Ps											
	Types of HCT / Ps	Establishment Functions										
		Recover	Screen	Test	Package	Process	Store	Label	Distribute			
4. PHYSICAL LOCATION (Include legal name, number and street, city, state, country, and post office code) Lifelink of Puerto Rico Daimler-Chrysler Bldg./Metro Office Park 1 Calle 1 , Suite 100 Guaynabo, Puerto Rico 00968-1711 a. PHONE 800-558-0977 EXT _____ b. <input type="checkbox"/> SATELLITE RECOVERY ESTABLISHMENT (MANUFACTURING ESTABLISHMENT FEI NO. _____) c. <input type="checkbox"/> TESTING FOR MICRO-ORGANISMS ONLY	a. Bone	X	X							X		
	b. Cartilage	X	X							X		
	c. Cornea											
5. ENTER CORRECTIONS TO ITEM 4	d. Dura Mater											
	e. Embryo <input type="checkbox"/> SIP <input type="checkbox"/> Directed <input type="checkbox"/> Anonymous											
	f. Fascia	X	X							X		
	g. Heart Valve	X	X							X		
6. MAILING ADDRESS OF REPORTING OFFICIAL (Include institution name if applicable, number and street, city, state, country, and post office code) LifeLink Tissue Bank Attn: Elizabeth S. Horn-Brinson 9661 Delaney Creek Boulevard Tampa, Florida 33619 a. PHONE 813-804-4325 EXT 4325	h. Ligament	X	X							X		
	i. Oocyte <input type="checkbox"/> SIP <input type="checkbox"/> Directed <input type="checkbox"/> Anonymous											
	j. Pericardium	X	X							X		
	k. Peripheral Blood Stem <input type="checkbox"/> Autologous <input type="checkbox"/> Family Related <input type="checkbox"/> Allogeneic											
	l. Sclera											
7. ENTER CORRECTIONS TO ITEM 6 b. PHONE _____	m. Semen <input type="checkbox"/> SIP <input type="checkbox"/> Directed <input type="checkbox"/> Anonymous											
	n. Skin											
	o. Somatic Cell Therapy Products <input type="checkbox"/> Autologous <input type="checkbox"/> Family Related <input type="checkbox"/> Allogeneic											
8. U.S. AGENT a. E-MAIL _____	p. Tendon	X	X							X		
	q. Umbilical Cord Blood <input type="checkbox"/> Autologous <input type="checkbox"/> Family Related <input type="checkbox"/> Allogeneic											
9. REPORTING OFFICIAL'S SIGNATURE a. TYPED NAME Elizabeth S. Horn-Brinson b. E-MAIL liz.brinson@lifelinkfound.org c. TITLE VP, QA d. DATE 20-NOV-2017	r. Vascular Graft	X	X							X		
	s.											
	t.											
	u.											
	v.											