



*Certifies that the Institution named below*

# ***Vision Gift East***

## ***Boston, MA***

*has met the association's Medical Standards and accreditation requirements and is hereby accredited for the following eye bank functions:*

**Processing, Tissue Storage, Final Distribution, and Tissue Evaluation**

### ***Effective Dates***

June 6, 2024 – June 30, 2027

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

*Chair, Board of Directors*

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

*President & CEO*

Accreditation # 0024104