

THE EYE BANK ASSOCIATION OF AMERICA

CERTIFIES THAT

**ILLINOIS EYE BANK -  
MIDWEST EYE BANK**

**Chicago, IL**

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**

confirmed by the signatures herewith inscribed.



*Chairman*



*President*

**Fall 2009**

*Date Granted*

**Fall 2012**

*Date Expired*

THE EYE BANK ASSOCIATION OF AMERICA

CERTIFIES THAT

***ILLINOIS EYE BANK—WATSON  
GAILEY, MIDWEST EYE BANKS***

***Bloomington, IL***

*has met the requirements for  
EYE BANK ACCREDITATION  
as prescribed by the Eye Bank Association of America  
in accordance with its Medical Standards,  
confirmed by the signatures herewith inscribed.*



Chairman

***Spring 2008***

Date Granted



President

***Spring 2011***

Date Expired

