

*Herewith certifies  
 that the Institution named here  
**Indiana Donor Network**  
**Indianapolis, Indiana**  
 has met the Association's accreditation requirements and  
 is hereby accredited for*

<i>Tissue Type -Deceased Donor</i>	<i>Authorization</i>	<i>Donor Eligibility Assessment</i>	<i>Recovery or Acquisition</i>	<i>Storage</i>
<i>Cardiac Tissue</i>	√	√	√	√
<i>Musculoskeletal Tissue</i>	√	√	√	√
<i>Osteoarticular grafts</i>	√	√	√	√
<i>Vascular Tissue</i>	√	√	√	√
<i>Tissue Type -Living Donor</i>	<i>Informed Consent</i>	<i>Donor Eligibility Assessment</i>	<i>Recovery, Acquisition, or Collection</i>	<i>Storage</i>
<i>Surgical bone</i>	√	√	√	√

*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 12<sup>th</sup> day of January 2023*

*Ronda Horstman*

*Chair, Board of Governors*

*Expiration Date: 03/22/2026*

*Accreditation # 00083/10*