



FREEZER CERTIFICATION FORM
Frozen Tissue Storage

Facility	Temperature Freezer Maintained at:
Address	
City, State, Zip Code	
Phone Number / Fax Number	

_____ hereby certifies that all frozen human allograft tissue received from Genesis Biologics, Inc. will be maintained and stored in our facility according to source facility's specifications under the following conditions.

- **Frozen human allograft tissue has been maintained at -40°Celsius or colder (acceptable range) at all times since the date of receipt.**
- **Frozen human allograft tissue has been stored in a monitored freezer.**
- **Frozen human allograft tissue has been stored in freezer equipped with an alarm system that alerts hospital staff should the temperature fall outside the acceptable range.**
- **Frozen human allograft tissue has not been returned to a frozen state after having been thawed or stored outside of the acceptable temperature range.**

_____ understands that it is Genesis Biologics, Inc.'s policy to only credit returned frozen human allograft tissue that has been stored according to specifications listed in the attached Genesis Biologics, Inc's return policy.

_____ understands that it is the facility's responsibility to ensure proper shipment of frozen tissue on dry ice as per Genesis Biologics, Inc. return policy.

_____ certifies that they have reviewed and understand Genesis Biologics, Inc. return policy.

Signature

Name (Please Print)

Title

Date