

FREEZER CERTIFICATION FORM

Frozen Tissue Storage

Facility		Temperature Freezer	
Address		— Maintained at:	
City, State, Zip Code			
Phone Number / Fax Number			
Genesis Biologics, Inc. will be ma		-	
-	and the control of th	y course rueme, a apacimount	
 Frozen human allograft tissue hadate of receipt. 	as been maintained at -40°Celsius or colder (acce	otable range) at all times since t	h
Frozen human allograft tissue h	as been stored in a monitored freezer.		
		system that alerts hospital staff	f
·		g been thawed or stored outsid	e
of the acceptable temperature i	range.		
	understands that it is Genesis Biologics. In	c.'s policy to only credit	
rned frozen human allograft tissu			
esis Biologics, Inc's return policy.			
		ibility to ensure proper	
ment of frozen tissue on dry ice as		anata and Canada Bialanian Inc.	
rn nolicy	certifies that they have reviewed and undo	erstand Genesis Biologics, inc	
m poncy.			
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ame (Please Print)			
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	Address City, State, Zip Code Phone Number / Fax Number Genesis Biologics, Inc. will be mader the following conditions. Frozen human allograft tissue his date of receipt. Frozen human allograft tissue his should the temperature fall out frozen human allograft tissue his of the acceptable temperature fall out of the acceptable temperature fall out frozen human allograft tissue his force of the acceptable temperature fall out frozen human allograft tissue his force of the acceptable temperature frozen human allograft tissue frozen human	Address City, State, Zip Code Phone Number / Fax Number hereby certifies that all frozen hum Genesis Biologics, Inc. will be maintained and stored in our facility according to er the following conditions. Frozen human allograft tissue has been maintained at -40°Celsius or colder (accept 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 should the temperature fall outside the acceptable range. Frozen human allograft tissue has not been returned to a frozen state after having of the acceptable temperature range. understands that it is Genesis Biologics, Inc. return policy. understands that it is the facility's responsement of frozen tissue on dry ice as per Genesis Biologics, Inc. return policy. certifies that they have reviewed and under the policy. gnature ame (Please Print)	Address City, State, Zip Code Phone Number / Fax Number hereby certifies that all frozen human allograft tissue received and stored in our facility according to source facility's specification et the following conditions. Frozen human allograft tissue has been maintained at -40°Celsius or colder (acceptable range) at all times since to 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 rated frozen human allograft tissue that has been stored according to specifications listed in the attached esis Biologics, Inc.'s return policy. understands that it is the facility's responsibility to ensure proper ment of frozen tissue on dry ice as per Genesis Biologics, Inc. return policy. certifies that they have reviewed and understand Genesis Biologics, Inc. rated proper ment of frozen tissue on dry ice as per Genesis Biologics, Inc. return policy. gneture ame (Please Print)