



GEORGIA EYE BANK, INC.

GEORGIA EYE BANK, INC.
5605 Glenridge Drive, NE, Suite 250
Atlanta, Georgia 30342
Phone (404) 264-1900 · FAX (404) 504-2591

Application/Request to Receive Human Ocular Tissue for Non-Surgical Use
(Including medical research, training and education)

- Georgia Eye Bank, Inc. is committed to providing human ocular tissue for sight restoration for surgical and non-surgical use. Under the requirements of the EBAA and the FDA we must track the distribution of human ocular tissue for medical research, training and education. Please provide the following information, for approval to provide you human ocular tissue.
- ALL human ocular tissue should be handled employing CDC Standard Precautions. All human ocular tissue must be disposed of in an appropriate OSHA approved bio-hazardous manner.
- This application will be reviewed by the GEB President/CEO. You will receive notification of approval.

Date: _____ **Applicant's Name** _____

Affiliation: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **FAX:** _____

Email: _____

Title of Research Project(s): _____

Summary: _____

Goals/Objectives: _____

Use one additional page if necessary or attach an abstract.

TO BE COMPLETED BY Georgia Eye Bank, Inc. ONLY

Request approved? Yes No

Comments: _____

President/CEO Signature _____ Date _____

Title: Receivers of Tissue
Document# K1.200

Controlled Form# K1.200-003-05

Attachment III
Revision 12