附件4

**经评估符合眼库管理规范的眼库名单以及人体器官获取组织和眼库对应关系表**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **序号** | **眼库名称** | **所属医院名称** | **公立/民营** | **营利/非营利性医疗机构** | **医院等级** | **对应人体器官获取组织** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |