PRACTITIONER MEMBERSHIP AGREEMENT FOR TBF TISSUE BANK

According to the 2004/23/CE instruction from the European Parliament and the 31st March 2004 Council, on setting standards of quality and safety for donation, procurement, controling, processing, preservation, storage and distribution of tissues and human cells;

Given the public health regulations, especially article L.1243-6;

Given the 1st February 2018 decree related to good practices for the use of tissues by doctors and dental surgeons aside from healthcare facilities;

Given the Tissue Bank authorisation from TBF, registered under the FR06904T reference on 8 July 2019;

Given the following member's commitments:

- Order PHOENIX[®] and F-PHOENIX^{DBM} bones grafts with the named medical prescription.
- Inform and get a free consent from the patient.
- Inform the TBF Tissue Bank on possible surgical cancellations or adjournments that cannot proceed the surgery on the initially planned date. I undertake to return all products to the TBF Tissue Bank.
- No storage of PHOENIX[®] and F-PHOENIX^{DBM} bones grafts and not longer than the planned surgery date.
- On the surgery day, complete and send back the PHOENIX[®] and F-PHOENIX^{DBM} bones grafts implantation form (traceability) to the TBF Tissue Bank.
- Keep the bones grafts distribution/confirmation form, in the patient's file for 30 years.
- Report all biovigilance cases to the TBF Tissue Bank.

As a surgeon prescriber, I declare joining my office to the TBF Tissue Bank to provide PHOENIX[®] and F-PHOENIX^{DBM} human bones grafts.

I hereby declare agreeing with the conditions mentioned in this membership agreement.

OFFICE STAMP

ON

PRESCRIBER SIGNATURE:

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