Stravix®

Cryopreserved Umbilical Tissue

DESCRIPTION

Stravix (cryopreserved umbilical tissue), is composed of the umbilical amnion and Wharton's Jelly, retaining the extracellular matrix, growth factors, and endogenous neonatal mesenchymal stem cells, fibroblasts and epithelial cells of the native tissue. Stravix HCT/P is white to buff colored and its thickness is approximately 1–3 mm. Stravix is a Human Cells, Tissues, and Cellular and Tissue-Based Product (HCT/P) as defined in 21 CFR Part 1271 and Section 361 of the Public Health Service Act.

Stravix is processed from donated human umbilical tissue that has been generously donated by healthy mothers who have undergone full term pregnancies and delivered healthy infants. Stravix allografts are processed aseptically in a controlled clean room environment using methods designated to prevent contamination and cross-contamination of HCT/P, following rigorous quality assurance standards, and then stored and distributed for use in accordance with the regulations in 21 CFR 1271, the standards of the American Association of Tissue Banks (AATB) and applicable state regulations.

INDICATIONS AND USAGE

Stravix may be used to repair acute and chronic wounds, including but not limited to: diabetic foot ulcers, venous leg ulcers, pressure ulcers, dehisced surgical wounds, burns, acute surgical wounds, pyoderma gangrenosum, and epidermolysis bullosa. The HCT/P is limited to homologous use as a wound cover and may be used for acute and chronic wounds encompassing both upper extremity and lower extremity. Stravix naturally conforms to complex anatomies and may be used over exposed bone, tendon, joint capsule, muscle, and hardware.

Limitations of Use:

- Intended for use in one patient, on a single occasion only.
- The HCT/P is intended for use by qualified healthcare specialists such as physicians, podiatrists, or other appropriate healthcare professionals.

DOSAGE

The quantity and size of the graft used will vary based upon the wound area intended to be covered or wrapped and physician recommendation.

DONOR ELIGIBILITY - SCREENING AND TESTING

All donors have been screened and tissues recovered, processed, stored, tested and distributed in accordance with current U.S. Federal Regulations as disseminated in 21 CFR 1271, current AATB standards, and state/local regulations as required.

Stravix was deemed suitable for transplantation by Osiris Therapeutics, Inc. The Medical Director of Osiris Therapeutics, Inc. or physician designee, has determined that the donor of the tissue contained in this HCT/P is eligible to donate tissue for transplantation based on meeting the following criteria: (1) The results of screening indicated that the donor was free from risk factors for, and clinical evidence of, infection due to relevant communicable disease agents and diseases, and it is neither a xenotransplantation recipient nor a close contact of a xenotransplantation recipient, and (2) the results of donor testing by the following methodologies are negative or non-reactive:

Human Immunodeficiency Virus Type 1 Antibody (HIV)
Human Immunodeficiency Virus Type 2 Antibody (HIV)
Hepatitis C Virus Antibody (HCV)
Hepatitis B Surface Antigen (HBV)
Hepatitis B Core Antibody (HBV)
Syphilis Rapid Plasma Reagin (RPR) or Treponemal Specific Assay
Human T-Cell Lymphotropic Virus Type I Antibody (HTLV)
Human T-Cell Lymphotropic Virus Type II Antibody (HTLV)
HIV/HCV/HBV Nucleic Acid Test (NAT)
West Nile Virus (WNV) Nucleic Acid Test (NAT)

Communicable disease testing was performed by a laboratory registered with FDA to perform donor testing and certified to perform such testing on human specimens in accordance with the Clinical Laboratory Improvement Amendments of 1988 (CLIA) and 42 CFR Part 493, or that has met equivalent requirements as determined by the Centers for Medicare and Medicaid Services (CMS). The testing was conducted using the appropriate FDA-licensed, approved or cleared donor screening tests for living donors following manufacturers' instructions for these tests. The records of this testing are maintained at Osiris at the address on this document.

QUALITY CONTROL TESTING

1. Asepsis – Representative product from each lot undergoes destructive microbiological verification testing per USP <71> Sterility Tests. The results must show "No Growth" after 14 days incubation in growth promoting media.

CONTRAINDICATIONS

There are no known contraindications for this HCT/P.

WARNINGS AND PRECAUTIONS

1. Do not use if package integrity has been compromised. Once the user breaks the seal on the pouch, the HCT/P must be transplanted or discarded.
2. The HCT/P may not be sterilized.
3. The same medical/surgical conditions or complications that apply to any medical/surgical procedure may occur during or following application.
4. The healthcare professional is responsible for informing the patient of the risks associated with his/her treatment and the possibility of complications or adverse reactions.
5. Caution should be exercised for patients with known sensitivities to the following reagents used for processing, disinfection, and storage that may remain on the HCT/P:
   - ***Cryopreservation Solution***: 5% v/v Dimethyl Sulfoxide (DMSO), 1% v/v Human Serum Albumin (25% solution) (HSA), 94% Sodium Chloride (0.9% solution)
   - ***Disinfection Solution*****:** 0.5% v/v Gentamicin Sulfate, 0.1% v/v Vancomycin reconstituted in Water For Injection (WFI), 1% v/v Amphotericin B, 98.4% Dulbecco's Modified Eagle's Medium (DMEM)
   - ***Processing Solution:*** Dulbecco's Phosphate Buffered Saline (DPBS), 11% Anticoagulant Citrate Dextrose Solution in Saline, Formula A (ACD-A)
6. Although the tissue has been tested and screened for human pathogens according to FDA and CDC guidelines, and processed under aseptic conditions, human derived tissue may still transmit infectious agents or diseases of known or unknown etiology including, but not limited to fungi, bacteria, or viruses [e.g. HIV or Zika Virus (ZIKV)].
7. Other complications of HCT/P transplantation may occur, such as immune rejection of transplanted HCT/P or loss of function and/or integrity of HCT/P.
8. The HCT/P is shipped on dry ice. Caution should be exercised when removing the HCT/P from the shipper and when disposing of the dry ice. Please follow your approved Environmental and Health Safety Policy and/or the instruction on the Safety Data Sheet (SDS) for dry ice (solid carbon dioxide).

Please promptly report adverse outcomes to Osiris at the address on page 2 of this document.

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TRACEABILITY

It is the responsibility of the tissue distribution intermediary, and/or end-user clinician to maintain HCT/Ps intended for transplantation in appropriate storage conditions prior to further distribution or transplant and that recipient records must be maintained for the purpose of tracing tissue post-transplantation. Please record the distinct HCT/P identification code in your records and in the patient's files. As a courtesy to the end-user clinician or facility, Osiris has enclosed an Tissue Tracking Form to help facilitate proper tracking of this tissue; when completed and returned, this Form gives Osiris the ability to maintain records for the purpose of tracing the tissue post-transplant. Please complete the enclosed Tissue Tracking Form and fax to Osiris at 443.552.4960 according to 21 CFR 1271.290(b) and Joint Commission Standards TS.03.02.01 and EP 7.

ADVERSE EVENTS, COMPLAINTS, AND RETURNS

To report an adverse event or complaint, please contact your sales representative, authorized distributor, or Osiris Customer Service at 888.674.9551. Adverse outcomes potentially attributed to the HCT/P must be reported promptly to Osiris.

Please contact your local sales representative, authorized distributor, or Osiris Customer Service for more information on returns.

HOW SUPPLIED

Stravix is supplied frozen (cryopreserved) and packaged in a sterile polycarbonate jar with a screw cap contained within a heat-sealed pouch contained within a tertiary box. This packaging configuration allows for the introduction of the HCT/P graft into the sterile field.

STORAGE CONDITIONS

The intermediary, end-user and/or clinician or facility is responsible for storing Stravix under the appropriate conditions prior to further distribution or application. Stravix must be stored as listed in the table below.

Preservation Method	Cryopreservation
Storage Temperature	Store frozen at -75° C to -85° C (-103° F to -121° F) until ready for use. If onsite storage is not available, the HCT/P may be stored in the validated sealed shipper within the labeled validated shipper expiry. Product quality is not impacted by short term freezer excursions [temperatures up to -65° 3C (-85° F) for a maximum of 15 minutes] due to cycling or opening and closing of freezer doors.
Special Conditions	Single Use Do Not X-RAY Do Not Refreeze Do Not Refrigerate Do Not Irradiate/Sterilize Any unused product must be discarded in biohazard waste.

EXPIRATION DATING

Shelf-Life	Refer to expiry date on labeled package.
Following Preparation	The graft should be used within 2 hours of thawing.

Except as otherwise expressly provided herein, Osiris Therapeutics, Inc. and its affiliates make no warranties or representations, express or implied, and to the extent permitted by law. The implied warranties or fitness for a particular purpose and merchantability are specifically disclaimed.

FDA Registration Number 3006638648
Patent pending

INSTRUCTIONS FOR USE

WARNING: Once the product is removed from the -75° C to -85° C storage, the application protocol below must be followed or the HCT/P must be discarded. The product cannot be refrozen.

Always review and follow your facility's policy regarding sterile/aseptic technique. Sterile materials and reagents do not necessarily need to be used when thawing the graft but can be utilized. Proper aseptic technique should be followed when applying the graft.

APPLICATION PROTOCOL

Prior to application, follow the preparation steps below.

1. Remove the graft from the box.
2. The graft is packaged in a polycarbonate jar with a screw cap contained in a chevron-type pouch. The inside of the pouch and the jar containing the graft are sterile. The outside of the pouch is not sterile.
3. Create a clean procedure field. Gather room temperature sterile saline solution and a sterile bowl in the field.
4. Grasp the chevron end of the pouch and pull the layers apart, taking care not to touch the jar.
5. Gently drop the jar into a sterile basin OR present the opened pouch to a second, sterile-gloved person who will remove the jar using aseptic technique and place the jar into the sterile basin.
6. Using aseptic technique, unscrew the cap of the jar and pour sterile saline into the jar so that the saline is just below the lid of the jar.

WARNING: **Do Not Use Saline at a Temperature Greater Than 39°C (102°F).**

7. Thaw the graft until it moves freely in the jar (approximately 3-10 minutes).
8. Stravix is now ready for use and should be applied within 2 hours of thawing.
9. Remove the jar from the thaw basin and transfer the graft to the surgical site using gloved hands or forceps.

ORIENTATION

The graft has two distinct sides, the amnion side and the Wharton's Jelly side. The amniotic side is smooth and shiny. The Wharton's Jelly side contains grooves resulting from removing the vessels.

The graft can be folded, trimmed, or cut as required to fit the surgical site using aseptic technique, ensuring allowance for overlap.

When applied as a wound cover or surgical wrap, the Wharton's Jelly side of the graft should be placed in contact with the tissue being wrapped or covered.

Osiris THERAPEUTICS, INC.

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