neox®

Storage, Handling and Application Protocol

EDU-PAG-NX-03 Rev. B

TABLE OF CONTENTS

PRODUCT DESCRIPTION

NEOX® CORD 1K is cryopreserved human amniotic membrane product classified as a 361 'Human Cells, Tissues, and Cellular and Tissue-based Product' (HCT/P). **NEOX CORD 1K** is aseptically processed from tissue obtained from donated human tissue (placentas) according to current Good Tissue Practices (cGTP) and Good Manufacturing Practices (cGMP) regulations established by the US Food & Drug Administration (FDA).

NEOX CORD RT is a sterilized, human Umbilical Cord and Amniotic Membrane product classified as a 361 'Human Cells, Tissues, and Cellular and Tissue-based Product' (HCT/P). The tissue is processed from donated human tissue according to current Good Tissue Practices (cGTP) and Good Manufacturing Practices (cGMP) regulations established by the US Food and Drug Administration (FDA). The tissue is stored in saline (0.9% w/v NaCl) and terminally sterilized by gamma irradiation with a Sterility Assurance Level (SAL) of 10^{-6}.

NEOX® 100 is a cryopreserved human amniotic membrane product classified as a 361 'Human Cells, Tissues, and Cellular and Tissue-based Product' (HCT/P). **NEOX 100** is aseptically processed from tissue obtained from donated human tissue (placentas) according to current Good Tissue Practices (cGTP) and Good Manufacturing Practices (cGMP) regulations established by the US Food & Drug Administration (FDA).

NEOX FLO is a sterile, particulate human placental tissue product. **NEOX FLO** is aseptically processed in compliance with current Good Tissue Practices (cGTP) from Amniotic Membrane and Umbilical Cord tissues obtained from donated human placental tissue after determination of eligibility and placenta/cord suitability. Processing retains key biological characteristics of the tissue. **NEOX FLO** is stored in vials for suspension and packaged in a pouch. **NEOX FLO** is terminally sterilized via gamma sterilization with a Sterility Assurance Level (SAL) of 10^{-6}.

STORAGE FOR NEOX PRODUCTS

Location and Temperature	FOR NEOX CORD 1K and NEOX 100
Unopened Insulated Shipping Container	Within the expiration date printed on the outer shipping box
Standard Refrigerator 1°C→4°C (33.8°F→39.2°F)	Until the expiration date printed on outer product packaging (shelf life is 2 years from date of manufacture). Also see Handling & Storage instructions and Certificate of Analysis provided with each shipment.
Standard Freezer (home or general use) 4°C→ -80°C (-56.2°F→32°F)	
-80°C Freezer -85°C→-50°C (-121°F→-58°F)	
	For NEOX FLO Only
Ambient Room Temperature 0.0°C→38°C (32°F→100.4°F)	Until the expiration date printed on outer product packaging (shelf-life is 2 years from date of manufacture)
	For NEOX CORD RT Only
Controlled Room Temperature 20°C→25°C (68°F→77°F)	Until expiration date printed on outer product packaging (shelf life is 2 years from date of manufacture)

HANDLING STANDARDS

- If NEOX cryopreserved product is stored in a standard refrigerator or freezer, no special gloves are required to remove the product from the appliance. The use of personal protective eqiuipment should be as appropriate for the appliance selected for storage, and it not dependent on our product.

- NEOX CORD 1K, NEOX CORD RT and NEOX 100 are packaged using a double sterile barrier—a poly peel-pouch sealed within a poly/foil outer peel-pouch. Allow cryopreserved products* to thaw at room temperature in their original unopened packaging for at least 5-10 minutes. To open the inner pouch, peel above the seal line, or use sterile scissors to cut below the seal line. Sterile smooth forceps or gloves can be used to remove the inner peel-pouch and introduce it to the sterile field. Remove Matrix using smooth sterile forceps.

- NEOX CORD 1K and NEOX CORD RT are immediately ready for transplantation once removed from the sterile packaging. The CRYOTEK® and STERITEK™ preservation processes allow the tissue to maintain hydration, and the optimized thickness provides easy handling and suturing of the tissue.

- The NEOX 100 Wound Matrix must be removed from the carrier paper. The Quick-Peel backing is split, thereby offering two flaps for optimized handling and controlled delivery. To apply a NEOX 100 Matrix, simply locate the flaps on paper backing, gently peel apart flaps, place with adhesive side towards the defect, and dispose of paper backing.

PRODUCT APPLICATION GUIDE

NEOX CORD 1K

NEOX CORD RT

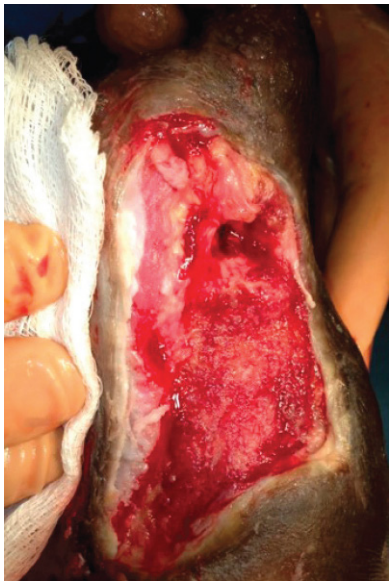
Prior to Application:

- Reduce bacterial burden in the wound bed as appropriate
- Manage excessive exudate in the wound bed to achieve adequate moisture-balance
- Follow current facility's wound bed preparation protocol

Step 1: *Prepare NEOX CORD 1K or NEOX CORD RT*

- For NEOX CORD 1K Only: If frozen, allow NEOX CORD 1K to sit at controlled room temperature (20°C-25°C) in its original unopened packaging for at least 5 minutes.
- Open the outer foil peel pouch and present the clear inner pouch to the sterile field using aseptic techniques
- Open the clear inner peel pouch to retrieve NEOX CORD graft.
- The product may be rinsed in sterile saline or water prior to application if desired.

Step 2: *Debride Wound*

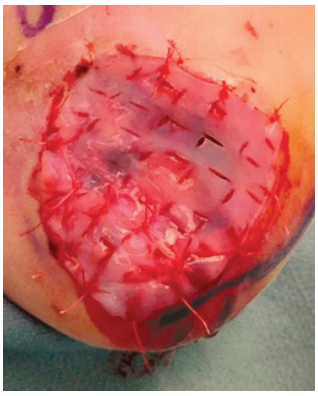


- Aggressive sharp or ultrasonic debridement to achieve removal of hyperkeratotic, callus, macerated, necrotic/ devitalized/non-viable tissue and puralence
- Expose/open wound edges and granulation tissue
- Debridement should be sufcient to expose healthy bleeding wound edge, base and granulation tissue

PRODUCT APPLICATION GUIDE

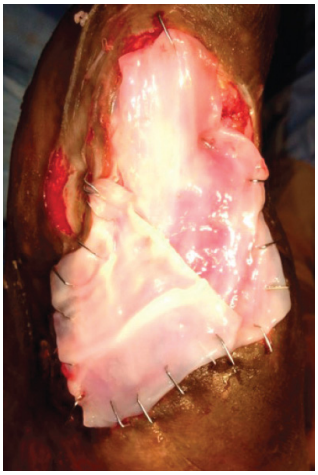
Step 3: *Apply NEOX*

- Place onto wound bed
- Trim NEOX to the wound shape and wound edge
- Multiple pieces may be combined
- Slight overlap of the wound edge is acceptable
- Fenestrate if desired



Step 4: *Fix NEOX*

- NEOX may be fixed/secured according to clinical preference/LCD guidance (Steri-Strips, sutures or staples may be used)



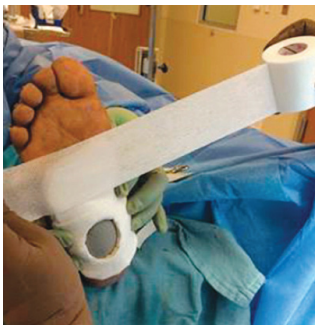
Step 5: *Protect NEOX*

- Select a protective non-adherent wound contact layer of choice (e.g. Wound Veil, Mepitel®)*
- Place non-adherent layer over the entire wound to protect and hold NEOX in place
- Non-adherent dressing should be larger than the wound to cover completely
- Secure the non-adherent wound contact layer

**A petroleum-based non-adherent contact layer is not recommended as it will keep the wound too moist.*

Step 6: *Cover Wound*

- Cover/wrap the protective layer with an absorptive pad or gauze layer to: Absorb any excess wound exudate that may present (e.g. Standard sterile gauze, Kerlix™, non-ionic silver)



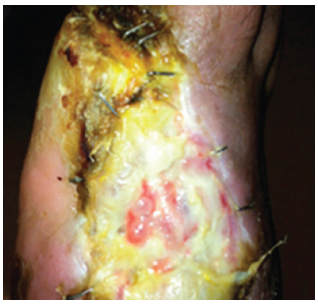
Mepitel is a registered trademark of Molnycke AB Company Sweden

MONITORING EXPECTED PROGRESSION

Yellow

Incorporation into the wound:

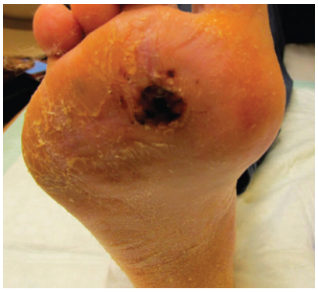
- NEOX color may change from white to a yellow color during absorption into the wound



Black

Incorporation into the wound:

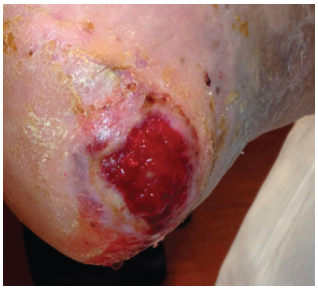
- Black eschar should be left in place in the wound bed as NEOX incorporates into the wound
- Debridement is not recommended to remove eschar in the wound
- However, eschar must be trimmed from wound edges to leave them open/free



Red

Proliferation - Healthy granulation tissue:

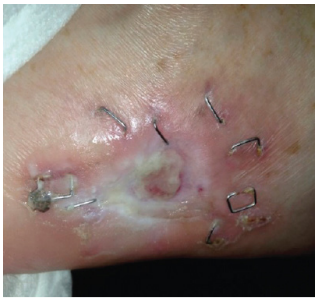
- Uneven in texture
- Pink and/or red colored tissue



White

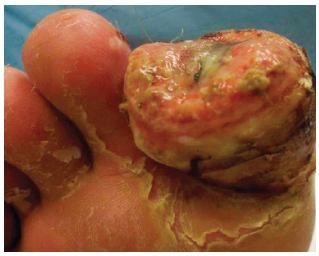
Remodeling - Deposition of collagen into the wound:

- Contraction of wound edges
- Closure of wound



EVALUATE PROGRESSION AND DETERMINE CLINICAL ACTION NEEDED

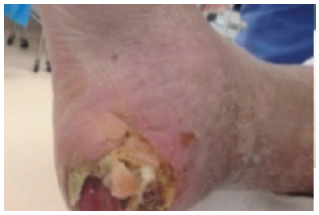
Green



Assess the need to:

- Treat for increased bacterial burden, infection/ biolm per facility protocol
- Debride and reapply NEOX as needed

Hyperkeratotic - *Disrupted wound healing - Pearly-grey appearance around wound margins*



Assess the need to:

- Debride the wound edges

Post-application

Avoid manipulation of NEOX if still visibly present in the wound. Graft may remain in the wound for up to 3-4 weeks.

- Secondary dressing should be changed at least weekly and as needed needed per edema/wound exudate
- Observe wound for edema: Provide compression therapy, as needed

Dressing Changes

Dressing changes are recommended at 1 week intervals.

- Dressings can be changed more frequently based upon clinical need. (e.g. absorptive cover is lled to capacity)

During dressing changes:

- Ensure NEOX remains securely in the wound bed
- Carefully remove dressing without disrupting or removing NEOX and/or newly epithelialized tissue
- Take steps to minimize adherence (e.g. light irrigation, sterile instrument etc.)

Wound Healing

Wound progression should be conrmed by measuring at each follow-up visit or per facility protocol.

As the wound heals, assess for:

- Growth of granulation tissue
- Decrease in the wound area and depth
- New epithelium formation

During weekly assessments and per facility protocol, if there is lack of wound progression:

- Re-apply NEOX per product application guide

INDICATIONS, CONTRAINDICATIONS, PRECAUTIONS AND WARNINGS

Indications

- NEOX CORD 1K, NEOX CORD RT, NEOX 100 and NEOX FLO can be used as a wound covering for dermal ulcers or defects
- NEOX CORD 1K, NEOX CORD RT, NEOX 100 and NEOX FLO are for single use only in one patient by a licensed physician or qualified medical professional (e.g. PA, NP)

Contraindications

- NEOX CORD 1K, NEOX CORD RT and NEOX 100 should not be used on wounds that are actively infected

Precautions

- Do not use NEOX CORD 1K, NEOX CORD RT or NEOX FLO if the packaging is damaged-contact Amniox Medical immediately if there is any abnormality observed in any area (e.g. labeling, packaging, shipping, missing information, etc.).
- Once the outer foil pouch is opened, NEOX CORD 1K, NEOX CORD RT, NEOX 100 or NEOX FLO shall either be transplanted or otherwise discarded
- Do not sterilize or autoclave NEOX CORD 1K, NEOX CORD RT, NEOX 100 or NEOX FLO before use
- NEOX CORD 1K and NEOX 100 exposed to controlled room temperature storage (20-25C, 68-77F) for up to 6 hours may be returned to cold storage in accordance with the Storage requirements on page 3 or in the package insert as long as the packaging remains unopened and intact.

Warnings

- As with the use of any human tissue, the possibility of infectious agent transmission cannot be completely eliminated although all screening and microbial tests for this donor were satisfactory for transplantation.
- For NEOX CORD 1K , NEOX 100 and NEOX CORD RT, it is imperative that the graft is stored properly until use. For proper storage instructions, refer to the Storage requirements on page 3 or in the package insert.
- Do not use NEOX CORD 1K or NEOX 100 on patients with a history of drug reactions to Amphotericin B.

NEOX® CORD 1K Cryopreserved Umbilical Cord/Amniotic Membrane Wound Allograft		
Catalog #	**Dimensions**	**Wound Size**
NX-10-2010	2.0 x 1.0 cm	2.0 sq. cm
NX-10-2020	2.0 x 2.0 cm	4.0 sq. cm
NX-10-3020	3.0 x 2.0 cm	6.0 sq. cm
NX-10-3030	3.0 x 3.0 cm	9.0 sq. cm
NX-10-4030	4.0 x 3.0 cm	12.0 sq. cm
NX-10-6030	6.0 x 3.0 cm	18.0 sq. cm
NX-10-8030	8.0 x 3.0 cm	24.0 sq. cm

NEOX® CORD RT Terminally Sterilized Umbilical Cord/Amniotic Membrane Wound Allograft		
Catalog #	**Dimension**	**Wound Size**
NX-UR-2010	2.0 x 1.0 cm	2.0 sq. cm
NX-UR-2020	2.0 x 2.0 cm	4.0 sq. cm
NX-UR-3020	3.0 x 2.0 cm	6.0 sq. cm
NX-UR-3030	3.0 x 3.0 cm	9.0 sq. cm
NX-UR-4030	4.0 x 3.0 cm	12.0 sq. cm
NX-UR-6030	6.0 x 3.0 cm	18.0 sq. cm
NX-UR-8030	8.0 x 3.0 cm	24.0 sq. cm

NEOX® 100 Cryopreserved Amniotic Membrane Wound Allograft		
Catalog #	**Dimensions**	**Wound Size**
NX-02-2020	2.0 x 2.0 cm	4.0 sq. cm
NX-02-3030	3.0 x 3.0 cm	9.0 sq. cm
NX-02-4040	4.0 x 4.0 cm	16.0 sq. cm
NX-02-7070	7.0 x 7.0 cm	49.0 sq. cm

NEOX® FLO Particulate Umbilical Cord/Amniotic Membrane Wound Allograft		
Catalog #	**Size**	**Wound Size**
NX-FL-25MG	25 mg	5.0 sq. cm
NX-FL-50MG	50 mg	10.0 sq. cm
NX-FL-100MG	100 mg	20.0 sq. cm
NX-FL-150MG	150 mg	30.0 sq. cm

The products offered by Amniox Medical are processed and cryopreserved human Amniotic Membrane and Umbilical Cord. They are designated (and thus regulated) as a Human Cell, Tissue, and Cellular and Tissue-Based Product (HCT/P) by the U.S. Food and Drug Administration (FDA), are minimally manipulated and are produced in accordance with the FDA regulations for Good Tissue Practices (21CFR 1270,1271). The tissue procured by Amniox Medical is collected during live birth via Cesarean section. Amniox Medical procures all tissue through voluntary donation within the United States. Donor mothers are informed and consent to the procedure in advance of giving birth. The tissue is collected after the placenta has been removed from the mother's body, so there are no risks to the patient or baby as a result of the collection process. Our procurement process, including donor suitability, selection, and testing, meets the stringent requirements established by the FDA and and American Association of Tissue Banks (AATB). Donor mothers are screened at delivery for infectious, malignant, neurological and auto-immune diseases and other exposures or social habits to determine the suitability for human transplantation. Serological blood tests are performed to rule out the potential for infectious disease transmission. All tissue is processed aseptically and is tested for bacterial and fungal organisms by an independent laboratory.

amniox® MEDICAL

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EDU-PAG-NX-03 Rev. A