Cellentra™ Advanced Allograft

ATTENTION OPERATING SURGEON - READ BEFORE USING

Allografts are provided from DONATED HUMAN TISSUE

CAUTION: ALLOGRAFT IS FOR SINGLE USE ONLY

THIS TISSUE WAS RECOVERED FROM A SINGLE HUMAN DONOR WITH DOCUMENTED PERMISSION FOR DONATION AND RECOVERY. THE TISSUE IS SUPPLIED FROM U.S. TISSUE BANKS ONLY. THE RECOVERY, PROCESSING, AND PACKAGING WAS PERFORMED USING ASEPTIC TECHNIQUES.

CONTENTS

This package contains Human Cellular and Tissue-Based Product (HCT/P) as defined by U.S. Food and Drug Administration (FDA) in 21 CFR Part 1271.

DESCRIPTION

CELLENTRA™ is a human tissue allograft consisting of cryopreserved cancellous bone combined with partially demineralized cortical bone matrix.

INDICATIONS FOR USE

CELLENTRA™ is an allogeneic bone graft substitute containing viable donor cells intended for homologous use in the repair, replacement, reconstruction, or supplementation of the recipient's tissue in musculoskeletal defects. These defects may be surgically created defects or defects created from traumatic injury to bone.

CONTRAINDICATIONS

- Sensitivity or allergies to any of the processing agents listed in the Processing section of this document
- Use in immune compromised patients
- Use as a standalone in load-bearing applications

WARNINGS AND PRECAUTIONS

- As with all allogeneic materials, it is not possible to provide an absolute guarantee that no infectious disease will be transmitted. This risk is greatly reduced by using processing treatments shown to be capable of reducing this risk as well as the use of strict donor screening criteria and laboratory testing.
- Single patient, single use only. Re-use may result in tissue contamination, patient infection, and/or failure to perform as intended.
- Do not sterilize.
- Do not use if the package integrity is damaged or compromised. Return all packages with flaws to the supplier.
- Do not use if expiration date has been exceeded.
- Recommended storage conditions and the maintenance of the tissue for transplantation are the responsibility of the hospital or clinician. Do not use if tissue has not been stored according to the recommended storage instructions.
- Do not use if the labels or identifying barcodes are severely damaged, not legible, or missing.

- Prior to clinical use, the surgeon should thoroughly understand all aspects of the surgical procedure and the limitations of the tissue.
- Although the osteoconductive, osteoinductive and osteogenic characteristics of the native bone have been retained, the bench testing results may not be indicative of clinical outcome.

POSSIBLE ADVERSE EFFECTS

Inherent uncertainty exists in medical and social histories and lab testing which may not detect known or unknown pathogens. Therefore the following complications may occur with tissue transplantation:

- Transmission of diseases of unknown etiology;
- Transmission of known infectious agents including, but not limited to viruses, bacteria and fungi;
- Immune rejection of implanted allograft;
- Loss of function and/or integrity of implanted allograft due to resorption, fragmentation, and/or disintegration

The physician is responsible for promptly reporting any adverse reaction that may be potentially attributable to the allograft. Comments regarding this tissue can be directed to: Attn: Quality Assurance Biomet Spine 310 Interlocken Parkway Suite 120, Broomfield CO 80021 (800) 447-3625.

DONOR SELECTION, SCREENING AND TESTING (SUMMARY OF RECORDS)

Potential donors are screened for high risk behavior and contraindications to transplant through medical/social history interview, review of medical records, assessment of the donor’s body, and review of post-mortem examination results (when applicable).

Individuals with risk factors for, conditions indicating, clinical evidence of, and/or physical evidence of infectious diseases, or communicable disease agents or diseases at the time of death are ineligible for donation. Examples include, but not limited to the following:

- HIV/AIDS, including risk factors such as injectable drugs for non-medical use, or high risk behavior
- Viral hepatitis
- Sepsis/systemic infection
- West Nile Virus
- Human transmissible spongiform encephalopathy (TSE), including Creutzfeldt-Jakob disease (CJD)
- Dementia, or any degenerative or demyelinating disease of the central nervous system or other neurological disease of unknown etiology
- Epstein Barr Virus
- Malaria
- Cytomegalovirus (CMV)
- Chagas disease (American Trypanosomiasis, caused by Trypanosoma cruzi)
- Human T-lymphotropic virus
- Malignancy
- Autoimmune, connective tissue, and collagen diseases
- Communicable disease risks associated with xenotransplantation
- Other infectious diseases or disease of unknown etiology

Donors are also excluded for conditions or behaviors that significantly affect tissue quality.

All donors are subjected to communicable disease marker testing 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), on a hemodilutionally qualified blood sample and found to be negative or non-reactive for a minimum of:

- HIV type 1 and 2 antibody (HIV-1 & 2 Ab)
- HIV type 1 nucleic acid test using PCR and/or TMA format (HIV-1 NAT)
- Hepatitis B surface antigen (HBsAg)
- Hepatitis B core antibody total (HBcAb)
- Hepatitis C virus (HCV Ab and HCV NAT)
- Syphilis by rapid plasma reagin (RPR) or other serological tests

Additional tests, including Human T-lymphotropic virus III, may have been performed at the time of screening, and results were found acceptable for
transplantation. A list of additional test(s), if performed can be provided upon request.

Tissue from this donor has passed bacteriological testing by a CLIA Certified Laboratory. Based on the results of screening and testing this donor has been determined to be eligible for transplant by one of the following establishments:

Community Tissue Services | TBI/Tissue Banks International
349 S. Main Street | 880 Harbour Way South
Dayton OH 45402 | Richmond CA 94804
Phone: 1-800-684-7783 | Phone: 1-800-526-2579

Donor eligibility determination has been made by Community Tissue Services or TBI/Tissue Banks International staff in compliance with FDA regulations (21 CFR 1270 and 1271) and American Association of Tissue Banks (AATB) Standards. Community Tissue Services’ or TBI/Tissue Banks International’s Medical Director further determines final eligibility and acceptability for transplantation after review of donor screening and testing records.

PACKAGING

CELLENTRA™ is supplied within a single-patient use container contained within a double sealed pouch. The lot number (donor ID), expiration date, product code, size, and additional information are listed on the package label.

TRANSPORTATION AND STORAGE

CELLENTRA™ is shipped frozen and must be stored in its original packaging at or below -70°C (-94°F) until ready for use. The allograft should be implanted or transferred to a -70°C freezer the same day. Short term storage at or below -40°C (-40°F) for up to 2 weeks is acceptable. Tissue stored at or below -40°C for up to 2 weeks may be placed back into the recommended storage temperature (at or below -70°C) at any time during that period. This short-term storage temperature would also allow for any internal temperature fluctuations down to -40°C that may occur during long-term storage at or below -70°C due to shipping conditions, and cycling or opening of freezer doors. It is the responsibility of the end user to document the maintenance of the HCT/P at these storage conditions.

RETURN OF FROZEN ALLOGRAFT TISSUE

Returns of CELLENTRA™ frozen allograft tissue will only be accepted if the original, unopened shipping container is received by Biomet within the validated shipping time stated on the box.

STERILITY CONTROL

This tissue has been processed under aseptic conditions. Do not sterilize. Representative samples from each lot are sacrificed for destructive microbiological verification testing per USP <71> Sterility Test. The results must show “No Growth” after 14 days incubation in growth promoting media.

INSTRUCTIONS FOR USE

Follow the preparation steps described below prior to implantation. For use by a licensed physician only.

1. To introduce the vial onto the sterile field, grasp the chevron end of the outer pouch and pull the layers apart.
2. Using aseptic technique transfer the inner pouch and jar to the sterile field.
3. Grasp the chevron end of the pouch and pull the layers apart. Remove the vial.
4. Prepare either a warmer with sterile drape or sterile thermos.
5. For Thermos use: Add a solution of sterile water or sterile saline that is 37°C ± 2.
6. For Warmer Use: Warm the water/saline to 37°C ± 2.
7. Warning: Do not use water/saline at a temperature greater than 39°C.
8. Place the vial into the sterile warmer/thermos.
9. Continue to warm the tissue until the material within the vial flows freely upon inversion.
10. Decant as much of the preservation solution as possible being careful not to dispose of the tissue. Empty preservation solution into a medical waste container for disposal. Add saline to the vial to cover the allograft prior to implantation. The tissue is now ready for use and should be used within 4 hours of material thaw.

NOTE: Should preservation solution not be replaced with saline immediately after the tissue thaws, the tissue will retain stability for approximately 2 hours at room temperature. Saline cannot be added to extend post thaw stability if left in preservation solution.

NOTE: Once the inner pouch containing CELLENTRA™ has been opened, the allograft must be transplanted during that surgical procedure; otherwise the allograft must be discarded and not used.

PROCESSING

CELLENTRA™ is processed by an AATB-accredited tissue bank in controlled environments using methods designed to prevent contamination and cross-contamination of the tissue. The following reagents used for processing, preservation and storage may remain on the tissue:

- Cryopreservation Solution - Aqueous serum-free and protein-free electrolyte/mineral combination, 10% Dimethyl sulfoxide (DMSO)
- Antibiotic Solution - Gentamicin Sulfate, Vancomycin, Ampicillin B, Dubecco’s Modified Eagle’s Medium (DME)
- Processing - Hydrochloric Acid, Acetic Acid, Phosphate Buffered Saline (PBS), Water

Caution should be exercised if the recipient is allergic to any of these above agents.

TISSUE TRACING

The clinic or hospital is responsible for maintaining recipient records for the purpose of tracing allograft tissue post-implantation. Ensure that the following information is recorded in the patient’s medical record and the hospital implant records (1-3 are required and 4-10 are suggested):

1. Description of Tissue
2. Donor Identification Number
3. Product Code
4. Expiration Date
5. Quantity Implanted
6. Antibiotics Used
7. Description of Procedure
8. Date and Time of Procedure
9. Surgeon Name
10. Any Other Pertinent Information

As a convenience, a Graft Tracing Record has been included to be completed at the time of the surgical procedure. A completed original is to be retained in the patient record and the copy sent back to Biomet Interpore Cross as indicated on the enclosed Graft Tracing Record. If the entire tissue product was discarded, return the Graft Tracing Record and explain the reason for discard.

Once completed, return the bottom copy of the form using either the self-mailer, fax, or e-mail to the address given on the form, to Biomet Interpore Cross for our permanent records. File the top copy in the patient chart.

PROVIDED BY

CELLENTRA™ is provided by Biomet and prepared by Community Tissue Services (CTS) and TBI/Tissue Banks International. CTS and TBI San Francisco are accredited by the American Association of Tissue Banks (AATB).