

ORDERING INFORMATION

TOLL FREE

800. 557. 3587

FAX

720.873.0207

AlloMend® Acellular Dermal Matrix

STERILE	PRODUCT DESCRIPTION		
73583008	2 x 4 cm	(8 cm ²)	0.4 - 1.0 mm (M)
73583016	4 x 4 cm	(16 cm²)	0.4 - 1.0 mm (M)
73583032	4 x 8 cm	(32 cm ²)	0.4 - 1.0 mm (M)
73583128	8 x 16 cm	(128 cm²), 1:1 meshed	0.4 - 1.0 mm (M)
73083008	2 x 4 cm	(8 cm²)	1.0 - 2.0 mm (T)
73083024	2 x 12 cm	(24 cm²)	1.0 - 2.0 mm (T)
73083016	4 x 4 cm	(16 cm²)	1.0 - 2.0 mm (T)
73083032	4 x 8 cm	(32 cm²)	1.0 - 2.0 mm (T)
73083048	4 x 12 cm	(48 cm²)	1.0 - 2.0 mm (T)
73083064	4 x 16 cm	(64 cm²)	1.0 - 2.0 mm (T)
73083072	6 x 12 cm	(72 cm²)	1.0 - 2.0 mm (T)
73083096	6 x 16 cm	(96 cm²)	1.0 - 2.0 mm (T)
73083128	8 x 16 cm	(128 cm²)	1.0 - 2.0 mm (T)
73183016	4 x 4 cm	(16 cm²)	2.0 - 3.3 mm (XT)
73183032	4 x 8 cm	(32 cm²)	2.0 - 3.3 mm (XT)
73183064	4 x 16 cm	(64 cm²)	2.0 - 3.3 mm (XT)
73183128	8 x 16 cm	(128 cm²)	2.0 - 3.3 mm (XT)

(M) Medium, (T) Thick, (XT) Extra-Thick
Other sizes and meshing options may be available on request



6278 S Troy Cir Centennial, CO 80111

For more information, please call 720. 873. 0213 or visit allosource.org

AlloSource, a non-profit organization, offers more than 200 types of precise bone, skin, soft-tissue and custom-machined allografts for use in an array of life-saving and life-enhancing medical procedures. Committed to honoring the gift of donation, the company delivers unparalleled expertise and customer service to its network of surgeons, partners and the country's most reputable Organ Procurement Organizations.

Leader in cellular tissue processing including fresh skin allografts for severe burns, fresh cartilage tissue for joint repair and adult mesenchymal stem cells.



ALLOMEND DOING MORE FOR SOFT TISSUE REPAIR AND RECONSTRUCTION.



ACELLULAR DERMAL MATRIX



INTRODUCING ALLOMEND®

AlloSource, a non-profit supplier of allografts and one of the nation's leading tissue banks, introduces AlloMend Acellular Dermal Matrix (ADM) bringing the benefits of regenerative medicine to more patients.

Human acellular matrices are used in a broad range of surgical procedures including:

- Hernia repair¹
- Abdominal wall reconstruction¹
- Pelvic organ prolapse¹
- Breast reconstruction²
- Tendon augmentation³
- Rotator cuff repair⁴



ACELLULAR REGENERATION

Through a proprietary process, viable cells and cellular elements that are capable of triggering an immunogenic response are removed from donated human dermal tissue, leaving a collagen elastin matrix behind. Upon transplantation, the body's own cells infiltrate and repopulate this three-dimensional scaffold to begin the revascularization and remodeling processes. Acellular allograft matrices, unlike synthetic materials or xenografts, are recognized as human tissue by the body for graft incorporation by the recipient, minimizing the risk of inflammation⁵ or rejection⁶.

Allograft	Minimizes risk of inflammation or rejection	
Sterile	Minimizes risk of infection	
Acellular	Minimizes risk of immunologic response	

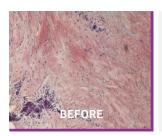


ALLOMEND BASICS

THOROUGH DECELLULARIZATION

AlloMend ADM utilizes a dynamic tissue cleansing process, without the use of detergents or enzymes. The result is thorough decellularization, but with no harmful residuals in the tissue.

AlloMend processing results in significant removal of cellular debris, including, DNA, RNA, proteins and antigens, without altering the morphological collagen structure.



Noticeable large number of well-defined cell nuclei (purple)



Absence of identifiable defined nuclei; no viable cells present

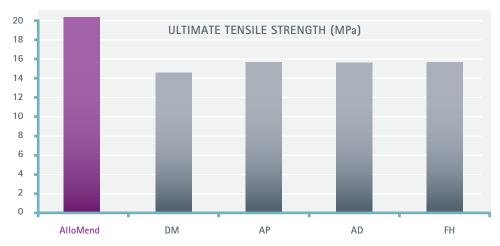
H&E (hematoxylin and eosin) stain review of "before and after" decellurization process.

ALLOSOURCE :: ALLOMEND

HIGH TENSILE STRENGTH

AlloMend ADM exceeds the tensile strength of leading acellular dermal matrices for more assurance in surgical repair of integumental tissue.

Ultimate tensil strength is a standard testing methodology to measure the force needed to stretch and break a biomaterial.



Data on file, versus published competitive product specifications

A CLOSER LOOK AT ALLOMEND

- Flexible and pliable material optimal handling characteristics enable precision placement
- Available in a variety of thicknesses and sizes wide range of surgical applications
- Terminally sterilized to a Sterility Assurance Level (SAL) of 10⁻⁶, with e-beam technology minimizes infection risk, while avoiding damaging tissue
- Two-year shelf life in room-temperature conditions no special handling or storage required
- Dual layer packaging inner sterile pouch enables placement in sterile OR field
- Prehydrated immediately ready to use, no need to wait for product to rehydrate

SAFETY AND QUALITY OF ALLOMEND

AlloSource requires a comprehensive donor physical assessment and a complete medical and social history to identify and eliminate donors that may be at risk of transmitting certain viruses and diseases. Our donor acceptance criteria are based on regulations established by the U.S. Food and Drug Administration (FDA), the American Association of Tissue Banks (AATB) Standards, as well as additional requirements set by the AlloSource Medical Advisory Board.

Donors must test negative or non-reactive in the following assays:

- Antibody to Hepatitis C (HCV)
- Antibody to Human Immunodeficiency Virus 1 & 2 (HIV 1 & 2)
- Hepatitis B Core IgG/IgM Antibody (HBcAb)
- Hepatitis B Surface Antigen (HBsAg)
- Hepatitis C Virus (HCV NAT)
- Human Immunodeficiency Virus Type 1 (HIV-1 NAT)
- Rapid Plasma Reagin or Serologic Test for Syphilis (RPR or STS)

Allograft tissue supplied exclusively by our partner organ procurement organizations (OPOs), located domestically.

- 1. Pappas G et al. Biological mesh in hernia repair, abdominal wall defects reconstruction and treatment of pelvic organ prolapse: A review of the clinical evidence. The American Surgeon. 76(11): 1290-99 (2010).
- 2. Kokac E, et al. Biologic matrices in oncologic breast reconstruction after mastectomy. Expert Review of Medical Devices. 11(1): 65-75 (2014).
- 3. Wilkins, R. Acellular dermal grafts augmentation in quadriceps tendon rupture repair. Current Orthopaedic Practice. 21(3): 315-19 (2010).
- Barber FA, et al. A prospective, randomized evaluation of acellular human dermal matrix augmentation for arthroscopic rotator cuff repair. Arthroscopy. 28(1): 8-15 (2012).
- 5. Richters C, et al. Development of a dermal matrix from glycerol preserved allogenic skin. Cell and Tissue Banking. 9(4): 309-15 (2008).
- 6. Michael TE. Xenograft risks: What you and your patients need to know. American Academy of Orthopaedic Surgeons. www.aaos.org/news/aaosnow/jun09/research3.asp