



U.S. Patent No. 6,326,019 and Patent Pending  
**PRODUCT INSERT**

**DESCRIPTION**

**CLARIX CORD 1K** is a cryopreserved human amniotic membrane product classified as a 361 ‘Human Cells, Tissues, and Cellular and Tissue-based Product’ (HCT/P). **CLARIX 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).

**INDICATION**

- **CLARIX CORD 1K** can be used for tectonic support as a surgical covering, wrap or barrier.
- **CLARIX CORD 1K** is for single use only in one patient by a qualified medical professional.

**PRECAUTIONS**

- Do not use **CLARIX CORD 1K** if the packaging is damaged - contact Amnioc Medical, Inc. immediately if there is any abnormality observed (e.g. labeling, shipping, missing information, etc.). Refer to the Customer Feedback section for reporting.
- **CLARIX CORD 1K** exposed to controlled room temperature (20°C to 25°C, 68°F to 77°F) for up to 6 hours may be returned to cold temperature storage in accordance with the Storage section as long as the packaging remains unopened and intact.
- Once the outer foil pouch is opened, **CLARIX CORD 1K** shall either be transplanted or otherwise discarded.
- Do not sterilize or autoclave the product before use.

**WARNINGS**

- Do not use on patients with a history of drug reactions to Amphotericin B.
- As with the use of any human tissue, the possibility of infectious agent transmission cannot be completely eliminated although all screening and microbial testing results for this donor were satisfactory for transplantation.
- It is imperative that the graft is stored properly until use. For proper storage instructions, refer to the Storage section.

**STORAGE**

It is the responsibility of the Tissue Dispensing Service, Tissue Distribution Intermediary, and/or End-User Clinician to maintain tissue intended for transplantation in appropriate storage conditions prior to further distribution or transplant.

*Upon receipt, ensure the shipper is within the validated time indicated on the shipper. Remove the tissue and store accordingly until use:*

LOCATION & TEMPERATURE	USE AFTER RECEIPT
-80°C → 4°C (-112°F → 39.2°F) Example: ultra-low temperature freezer, standard freezer, or standard refrigerator	Within the expiration date printed on product packaging (shelf-life is 2 years from date of manufacture)

**INSTRUCTIONS**

1. If frozen, allow **CLARIX CORD 1K** to sit at controlled room temperature (20°C to 25°C) in its original unopened packaging for at least 5 minutes.
2. Open the outer foil peel pouch and present the clear inner pouch to the sterile field using aseptic techniques.
3. Open the clear inner peel pouch to retrieve the **CLARIX CORD 1K**.
4. The product may be rinsed in sterile saline or water prior to application
5. Secure the **CLARIX CORD 1K** in the surgical site.



See Reverse

**DONOR ELIGIBILITY AND SUMMARY OF RECORDS**

- This tissue was procured from a donor determined to be eligible based on the results of screening and testing. HCT/P donor eligibility and placenta suitability, which is based on the results of donor screening at delivery for infectious, malignant, neurological & auto-immune diseases and for other exposures or social habits, has been determined and documented by TissueTech, Inc.
- A blood specimen, drawn within ± 7 days of donation, has undergone serological testing by a laboratory registered with the 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 donor has been tested for the following infectious diseases and results were non-reactive:
 

— HIV-1 & HIV-2 Antibody	— Hepatitis C Antibody (HCVAb)
— HIV-1 (RNA-NAT)	— Hepatitis C Virus (HCV, RNA-NAT)
— Hepatitis B Surface Antigen (HBsAg)	— Syphilis (RPR)
— Hepatitis B Core Antibody (HBcAb)	— HTLV I & II Antibody (HTLV I/II Ab)
— Hepatitis B (HBV, DNA-NAT)	— West Nile Virus (WNV, RNA-NAT)
- Microbial testing has also been performed on the final product to ensure no growth of aerobic, anaerobic or fungal cultures.
- The cell activity in the tissue has been inactivated using our CryoTek® cryopreservation process to reduce the possibility of graft rejection, while retaining the natural biologic properties.
- **CLARIX CORD 1K** is stored in a medium of Dulbecco’s Modified Eagle Medium/ Glycerol (1:1) containing 1.25 µg/ml Amphotericin B.
- This tissue has been deemed eligible for transplantation based on acceptable screening, serological and microbial test results.
- A Certificate of Compliance regarding the manufacturing, storage, shipping and tracking controls for Amnioc Medical products is available upon request.

**RECIPIENT RECORDS**

It is the responsibility of the Tissue Dispensing Service, Tissue Distribution Intermediary, and/or End-User Clinician to maintain records for the purpose of tracing tissue post-transplantation. The transplanting entity should document the disposition (transplanted or discarded) on the Donor and Recipient Information Card (DRI), attach one of the provided product tracking labels to the DRI and mail to Amnioc Medical. Attach the remaining labels in patient and hospital records.

**CUSTOMER FEEDBACK**

**Within the United States:** Report any customer feedback, including complaint, error or accident notification promptly to Amnioc Medical at (888) 709-2140.  
**Outside of the United States:** Report feedback to your local tissue provider.

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**ADVERSE EVENT**

The FDA requires that information be supplied to the product manufacturer for mandatory reporting of adverse events. Possible significant adverse events include microbial infection and transmission of viral disease. **The doctor is responsible for immediately reporting any adverse event potentially attributable to the use of NEOX CORD 1K to Amnioc Medical.**

**For ADVERSE EVENT, complete the following section. Notify via:**

**Phone:** (888) 709-2140  
**Fax:** (305) 675-3262  
**Email:** Customerfeedback@amniocmedical.com

Serial Number: \_\_\_\_\_

Expiration Date: \_\_\_ / \_\_\_ / \_\_\_

Doctor Name: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Transplant Date: \_\_\_ / \_\_\_ / \_\_\_

Diagnosis/Procedure: \_\_\_\_\_

Site of Use: \_\_\_\_\_

Point of Contact’s Name: \_\_\_\_\_

Point of Contact’s Phone Number: \_\_\_ / \_\_\_ / \_\_\_\_\_

Date Adverse Event was Reported: \_\_\_\_\_

Type of Adverse Event:

- Microbial Infection     Transmission of Viral Disease     Other

Describe the Adverse Event: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



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