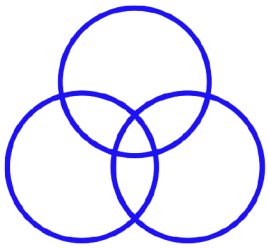
fuse trilogy™

VIABLE BONE MATRIX

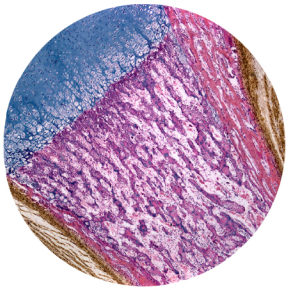
FuseTrilogy™ is the next-generation allograft containing key elements ideal for bone formation. The proprietary process to preserve native bone cells in a DMSO-free (free of dimethyl sulfoxide) cryoprotectant, requires no rinsing or decanting — just thaw the syringe and use!

THREE KEY ELEMENTS IDEAL FOR BONE FORMATION



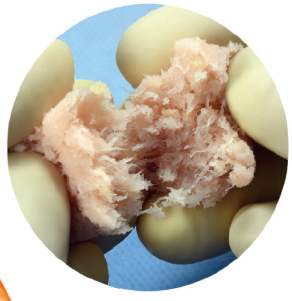
- An **osteoconductive** three-dimensional scaffold with cortical and cancellous components.
- A demineralized cortical bone scaffold (demineralized cortical bone has been identified to have **osteoinductive** potential).[1]
- Viable endogenous bone cells to support **osteogenic** healing processes.

KEY FEATURES AND BENEFITS



- Average cell viability exceeds 92% post-thaw.[2]
- Average of 1.5 million viable cells per cc of allograft.[2]
- No rinsing or decanting steps required (native bone cells preserved in a DMSO-free cryoprotectant).
- Four-hour working window for implantation after thaw without loss of cell viability.
- Packaged in easy-to-use syringe.

OSTEOCONDUCTIVE AND OSTEOINDUCTIVE POTENTIAL



- **FuseTrilogy**™ provides an osteoconductive bone scaffold composed of mineralized cancellous bone and demineralized cortical fibers.
- Bone fibers offer superior osteoconductivity when compared to powder due to the increased ability for cells to migrate along fibers, creating "cellular highways" for bone formation.[3] In contrast, particulate-based demineralized bone matrices (DBMs) have gaps between the particles that osteoblasts cannot always bridge across.[3]
- Demineralized cortical fibers are supplemented with cancellous chips to deliver a 100% human-derived product that mimics the particulate structure of native bone.

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- Thaw and use (preparation time of under 15 minutes)
- Store at or below -65°C
- Up to one-year shelf life
- Easy-to-use syringe

FuseTrilogy™

PRODUCT NUMBER	SIZE
FZTM-0100	1.0 cc
FZTM-0250	2.5 cc
FZTM-0500	5.0 cc
FZTM-1000	10.0 cc

Reasonable efforts have been used to provide accurate and complete information herein, but this information should not be construed as providing clinical advice, dictating reimbursement policy, or as a substitute for the judgment of a health care provider. It is the health care provider's responsibility to determine the appropriate treatment, codes, charges for services, and use of modifiers for services rendered and to submit coverage or reimbursement-related documentation.

1. Gruskin, E. et.al., Demineralized bone matrix in bone repair: history and use. Advanced Drug Delivery Reviews, 2012. 64:1063-1077
2. Data on file at Vivex Biologics, Inc.
3. Martin GJ Jr, Boden SD, Titus L, Scarborough NL, "New formulations of demineralized bone matrix as a more effective graft alternative in experimental posterolateral lumbar spine arthrodesis.", Spine. 1999 Apr 1;24(7):637-45.
4. Best, Benjamin. P. Cryoprotectant Toxicity: Facts, Issues, and Questions. Rejuvenation Research, 2015. Vol. 18, No. 5.
5. Renzi, S., et al., Mesenchymal stromal cell cryopreservation. Biopreservation and Biobanking, 2012. 10(3): p. 276-281. 6. Asghar, W., et al., Preserving human cells for regenerative, reproductive, and transfusion medicine. Biotechnology Journal, 2014. 9: p. 895-903.

Fuse Medical, Inc.
1565 N. Central Expressway, Suite 220
Richardson, TX 75080
469.862.3030

info@fusemedical.com
www.fusemedical.com

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