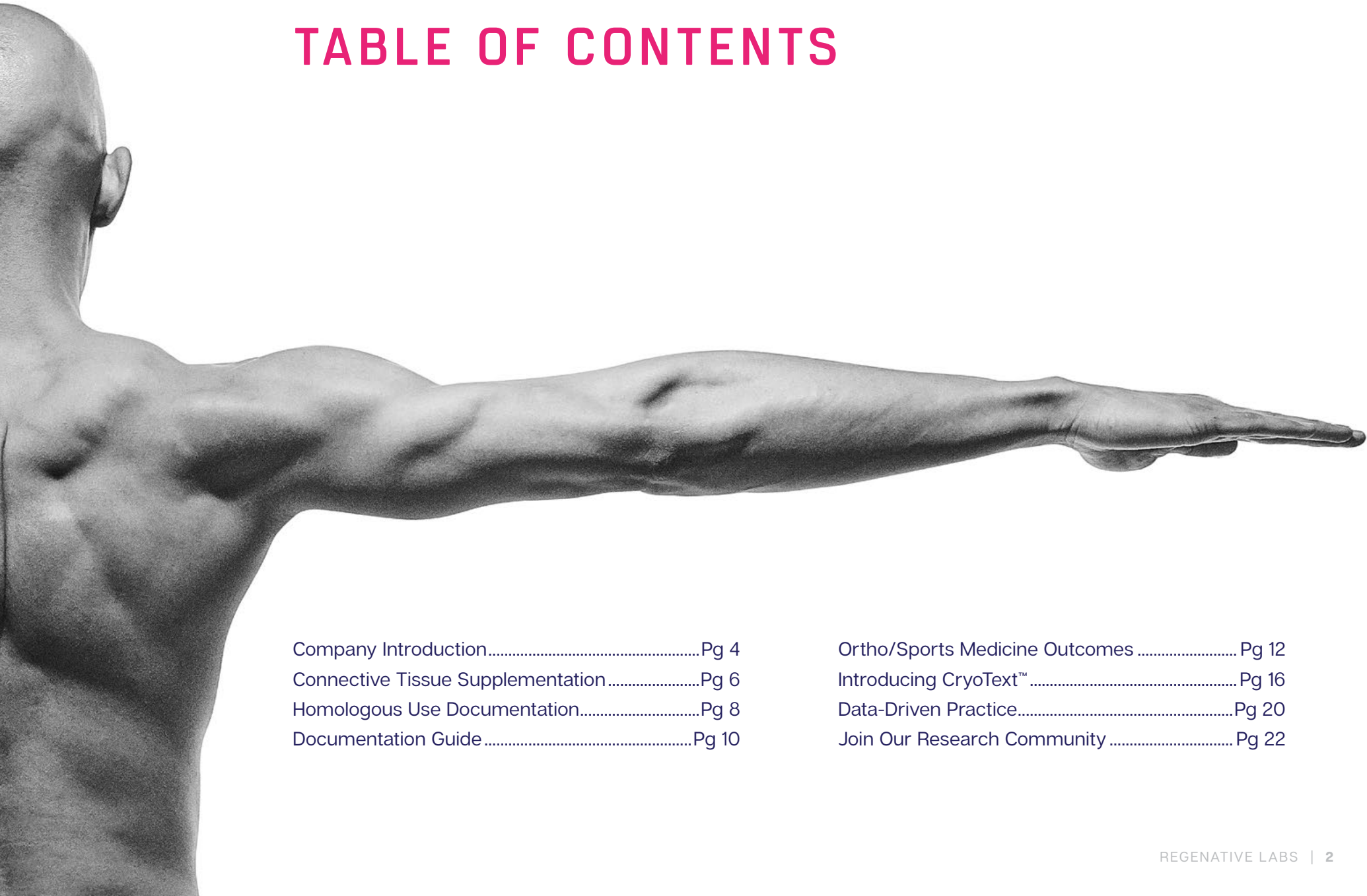


DISCOVER  
CONNECTIVE  
TISSUE  
SUPPLEMENTATION



# TABLE OF CONTENTS



Company Introduction.....Pg 4  
Connective Tissue Supplementation.....Pg 6  
Homologous Use Documentation.....Pg 8  
Documentation Guide.....Pg 10

Ortho/Sports Medicine Outcomes ..... Pg 12  
Introducing CryoText™ ..... Pg 16  
Data-Driven Practice.....Pg 20  
Join Our Research Community ..... Pg 22



# OUR MISSION

Regenerative Labs' mission is to facilitate predictable patient outcomes by providing the highest quality human tissue allografts available. We demonstrate our commitment to quality by collecting data from patient outcomes and analyzing the data for statistical significance, ensuring physicians make the most informed decisions for the health of their patients.

With the goal of addressing the root cause rather than masking the pain, Regenerative Labs' birth tissue allografts provide an effective, non-addictive, non-invasive option for patients in debilitating situations.



## REGENATIVE LABS IS AN FDA-REGISTERED AND INSPECTED HCT/P (HUMAN CELL AND TISSUE PRODUCTS) MANUFACTURER.

We operate under strict compliance with all federal and state regulations.

## THE COMPANY

We manufacture WJ (Wharton's jelly) flowables & DAMA (dehydrated amniotic membrane allografts). We have both coded & non-coded options for DAMA and WJ.

We work with hundreds of passionate physicians representing a wide array of specialties to follow patient outcomes, discover new uses for these products, and release peer-reviewed publications that will propel our field into the future.

We conduct studies through our IRB-backed research program, ensuring credibility by allowing you to enroll with the Institute of Regenerative and Cellular Medicine (IRCM).

## WHO WE WORK WITH

We work with clinicians such as orthopedic surgeons, pain management, podiatrists, family practice, and more to advance the field of regenerative medicine through research and make the highest quality care accessible to patients nationwide.



## CONNECTIVE TISSUE SUPPLEMENTATION

A breakdown of connective tissue is common amongst many patients experiencing joint pain and mobility issues. Often, this breakdown in connective tissue is addressed with opiates or steroids to ease the patient's discomfort.

When we experience pain, our body is sending us a message that something is wrong. Pain is merely a symptom of an underlying condition or injury. Using steroids or opiates alone to address pain caused by injury is akin to putting a picture over a hole in the wall instead of repairing the hole.

With connective tissue supplementation, you have an opportunity to address the problem at its source by inserting new, viable connective tissue ECM directly to the site of the breakdown, or defect (via syringe). The patient's body can use the collagenic superstructure from the newly transplanted Wharton's jelly as building blocks to fill voids or defects in cartilage beds or other soft tissues.

Effectively, you can identify & address the root cause instead of treating symptoms, giving your patients a shot at long-term improvement in their quality of life.





## WHAT DOES THIS LOOK LIKE FOR MY PRACTICE?

How often do you see patients who are experiencing joint mobility issues due to wear and tear?

When a patient presents missing or damaged connective tissue after imaging, this appropriates homologous use for a connective tissue supplement to replace the missing or damaged tissue. You can supplement soft tissue injuries with new, healthy connective tissue!

Tissue supplementation is determined case-by-case but is generally a gradual process. Depending on the case, multiple applications may be necessary to achieve the desired clinical outcome. The next few pages lay out data on connective tissue supplementation and how you can discover this

new option for your patients.

Our products are categorized based on the size and location of the defect in soft connective tissues. For defects in large joints (hips, shoulders, knees), Cryotext™ is preferred because it has a higher concentration of tissue weight and will provide the most resistance to mechanical stress. For smaller defects in the face and scalp, SecreText™ is appropriate because of the lower concentration and smaller particulate size designed to be minimally invasive and flow through a 32-gauge needle.

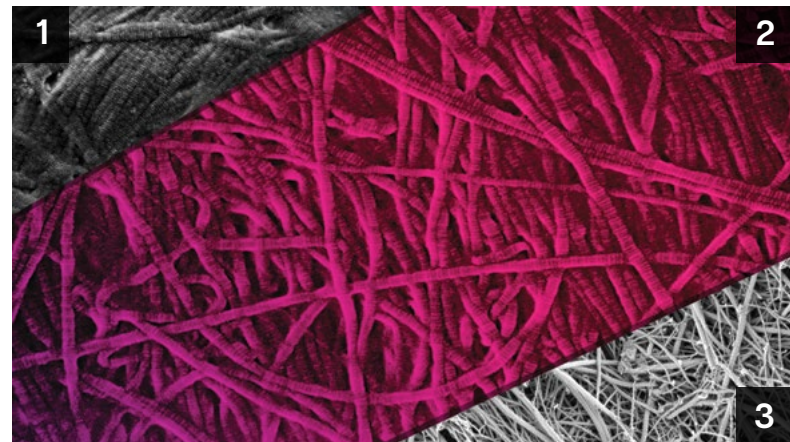




## HOMOLOGOUS USE

Homologous use means the repair, reconstruction, replacement, or supplementation of a recipient's cells or tissues with an HCT/P that performs the same basic function or functions in the recipient as in the donor.

As exhibited below, Regenerative Labs' Wharton's jelly after processing, is shown to be structurally similar, via electron microscopy, for homologous connective tissue supplementation or transplantation.



### THREE-DIMENSIONAL ELECTRON MICROSCOPY OF

- 1 - Post-processed Umbilical Cord Tissue (300nm)
- 2 - Pre-processed Umbilical Cord Tissue (300nm)
- 3 - Image of articular cartilage (500nm) (knee)

The structural similarities of Wharton's jelly are shown to be similar in not only articular cartilage but other connective tissues found throughout the body. - see ICD-10 code list

**FDA TRAINING CONTENTS TO  
BE USED AS A RESOURCE TO  
BOTH YOU AND YOUR STAFF.**



# DOCUMENTING HOMOLOGOUS USE



## 2023 Code Card ORTHO/NEURO/PAIN MGMT.

Patient Name: \_\_\_\_\_  
 DOS: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 MRN: \_\_\_\_\_  
 Provider: \_\_\_\_\_  
 Patient DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Clinic Location: \_\_\_\_\_



<b>Adhesions</b>			
Knee, Joint (R/L)	M23.8X2		
Ankylosis, NOS	M24.60		
Ankle (R/L)	M24.67		
Elbow (R/L)	M24.62		
Foot (R/L)	M24.67		
Hip (R/L)	M24.64		
Knee (R/L)	M24.66		
Lumbosacral (joint)	M43.27		
Sacroiliac (joint)	M43.28		
Shoulder (R/L)	M24.61		
Specified site NEC	M24.69		
Wrist (R/L)	M24.63		
<b>Creaking joint</b>	M24.60		
<b>Deepening acetabulum (Rt/Lt)</b>	M24.8512		
<b>Degeneration</b>			
Articular cartilage, NOS	M24.10		
Ankle (R/L)	M24.17		
Elbow (R/L)	M24.12		
Foot (R/L)	M24.17		
Hand (R/L)	M24.14		
Hip (R/L)	M24.15		
Knee (R/L)	M23.92		
Shoulder (R/L)	M24.13		
Wrist (R/L)	M24.13		
Other	M24.19		
<b>Derangement, Joint (internal) NOS</b>	M24.10		
Articular cartilage, NOS	M24.10		
Ankle (R/L)	M24.17		
Elbow (R/L)	M24.12		
Foot (R/L)	M24.17		
Hand (R/L)	M24.14		
Hip (R/L)	M24.15		
Knee (R/L)	M23.92		
Shoulder (R/L)	M24.13		
Wrist (R/L)	M24.13		
Other	M24.19		
Specified type, NEC	M24.80		
Ankle (R/L)	M24.87		
Elbow (R/L)	M24.82		
Foot joint (R/L)	M24.87		
Hand joint (R/L)	M24.84		
Hip (R/L)	M24.85		
Shoulder (R/L)	M24.81		
Wrist (R/L)	M24.83		
Other	M24.89		
Temporomandibular	M26.69		
<b>Derangement, knee, NOS (Rt/Lt)</b>	M23.912		
Loose body (R/L)	M23.44		
Meniscus, NOS (R/L)	M23.306		
Cystic, NOS	M23.006		
Lateral, NOS (R/L)	M23.008		
Anterior horn (R/L)	M23.042		
Posterior horn (R/L)	M23.052		
Other (R/L)	M23.061		
Medial, NOS (R/L)	M23.008		
Anterior horn (R/L)	M23.012		
Posterior horn (R/L)	M23.022		
Other (R/L)	M23.032		
Due to old tear or injury, NOS (R/L)	M23.206		
Lateral, NOS (R/L)	M23.208		
Anterior horn (R/L)	M23.242		
Posterior horn (R/L)	M23.252		
Medial, NOS (R/L)	M23.203		
Anterior horn (R/L)	M23.211		
Posterior horn (R/L)	M23.221		
Other (R/L)	M23.231		
Other			
Lateral, NOS (R/L)	M23.302		
Anterior horn (R/L)	M23.342		
Posterior horn (R/L)	M23.352		
Medial, NOS (R/L)	M23.303		
Anterior horn (R/L)	M23.311		
Posterior horn (R/L)	M23.321		
Other (R/L)	M23.331		
Old, Other (R/L)	M23.8X1		
<b>Destruction</b>			
Articular facet, knee (R/L)	M23.8X1		
<b>Degeneration</b>			
Cervical	M50.31		
C2-C3	M50.31		
C3-C4	M50.31		
C4-C5	M50.321		
C5-C6	M50.322		
C6-C7	M50.323		
C7-T1	M50.33		
Cervicothoracic	M50.33		
High cervical	M50.31		
Mid-cervical	M50.320		
Lumbar	M51.36		
w/Myelopathy	M51.06		
Lumbosacral	M51.37		
Sacrocoyugal	M51.38		
Thoracic	M51.34		
w/Myelopathy	M51.04		
Thoracolumbar	M51.35		
w/Myelopathy	M51.05		
<b>Dist. Disorder, NOS</b>	M73.9		
w/Myelopathy	M50.00		
Cervical, NOS	M50.00		
C2-C3	M50.01		
C3-C4	M50.01		
C4-C5	M50.021		
C5-C6	M50.022		
C6-C7	M50.023		
C7-T1	M50.03		
Cervicothoracic	M50.03		
High cervical	M50.01		
Lumbar	M51.06		
Mid-cervical	M50.020		
Sacrocoyugal	M53.3		
Thoracic	M51.04		
Thoracolumbar	M51.05		
w/ Radiculopathy	M50.10		
Cervical	M50.13		
Cervicothoracic	M50.11		
High cervical	M51.16		
Lumbar	M51.17		
Lumbosacral	M50.120		
Sacrocoyugal	M53.3		
Thoracic	M51.14		
Thoracolumbar	M51.15		
Cervical, NOS	M50.90		
C2-C3	M50.91		
C3-C4	M50.91		

C4-C5	M50.921	Lower leg (R/L)	M70.861	Occipito-atlanto-axial	M43.21	Lumbosacral	M47.27
C5-C6	M50.922	Multiple sites	M70.89	Sacrocoyugal	M43.28	Occipito-atlanto-axial	M47.21
C6-C7	M50.923	Pelvic region (R/L)	M70.851	Thoracic	M43.24	Sacrocoyugal	M47.28
C7-T1	M50.92	Shoulder region (R/L)	M70.811	Thoracolumbar	M43.25	Thoracic	M47.24
Cervicothoracic	M50.93	Specified site NEC	M70.88	<b>Joint Crepitus</b>	M24.80	Thoracolumbar	M47.25
High cervical	M50.91	Thigh (R/L)	M70.851	<b>Loose Body</b>		w/ Myelopathy OR radiculopathy	M47.819
Mid-cervical	M50.920	Upper arm (R/L)	M70.821	joint	M24.00	Cervical	M47.812
Specified type NEC	M50.80	Specified type NEC	M79.89	Ankle (R/L)	M24.077	Cervicothoracic	M47.813
C2-C3	M50.81	<b>Disorder, Tendon</b>	M6790	Elbow (R/L)	M24.022	Lumbar	M47.816
C3-C4	M50.821	Acromioclavicular (R/L)	M67911	Hand (R/L)	M24.042	Lumbosacral	M47.817
C4-C5	M50.822	Ankle (R/L)	M67971	Hip (R/L)	M24.052	Occipito-atlanto-axial	M47.811
C5-C6	M50.823	Elbow (R/L)	M67921	Knee (R/L)	M24.051	Sacrocoyugal	M47.818
C6-C7	M50.823	Foot (R/L)	M67972	Shoulder (region) (R/L)	M24.011	Thoracic	M47.814
C7-T1	M50.83	Forearm (R/L)	M67932	Toe (R/L)	M24.074	Other	M47.899
Cervicothoracic	M50.83	Hand (R/L)	M67942	Wrist (R/L)	M24.037	Cervical	M47.892
High cervical	M50.81	Hip (R/L)	M67952	Vertebra (R/L)	M24.08	Cervicothoracic	M47.893
Mid-cervical	M50.820	Knee (R/L)	M67962	Other	M24.08	Facet joint (see also Spondylosis)	M47.819
Other		Multiple sites	M6799	Knee	M23.41	Lumbar	M47.896
Lumbar	M51.86	Shoulder (R/L)	M67912	<b>Overuse, Muscle NEC</b>	M70.80	Lumbosacral	M47.897
Lumbosacral	M51.87	Specified type NEC	M67.80	Ankle (R/L)	M70.871	Occipito-atlanto-axial	M47.891
Sacrocoyugal	M53.3	Acromioclavicular (R/L)	M67.811	Foot (R/L)	M70.872	Sacrocoyugal	M47.898
Thoracic	M51.84	Ankle (R/L)	M67.871	Forearm (R/L)	M70.831	Thoracic	M47.894
Thoracolumbar	M51.85	Elbow (R/L)	M67.821	Hand (R/L)	M70.842	Thoracolumbar	M47.895
<b>Disc Displacement</b>	M50.20	Foot (R/L)	M67.871	Lower leg (R/L)	M70.862	Thoracolumbar	M47.815
Cervical	M50.21	Hand (R/L)	M67.841	Multiple sites	M70.89	<b>Syndrome</b>	
C2-C3	M50.21	Hip (R/L)	M67.851	Pelvic region (R/L)	M70.852	Patella Clunk	M25.86
C3-C4	M50.21	Knee (R/L)	M67.861	Shoulder region (R/L)	M70.812	Facet joint	M47.819
C4-C5	M50.221	Trunk	M67.88	Specified site NEC	M70.88	<b>Tear</b>	
C5-C6	M50.222	Upper arm (R/L)	M67.921	Thigh (R/L)	M70.852	knee, OLD, NOS (R/L)	M23.206
C6-C7	M50.223	Wrist (R/L)	M67.831	Upper arm (R/L)	M70.821	Lateral, NOS (R/L)	M23.200
C7-T1	M50.23	High cervical	M50.21	<b>Disorder, Synovium</b>	M67.90	Anterior Horn (R/L)	M23.241
High cervical	M50.220	Cervicothoracic	M50.23	Acromioclavicular (R/L)	M67.911	Posterior Horn (R/L)	M23.251
Cervicothoracic	M50.23	Lumbar	M51.26	Ankle (R/L)	M67.912	Specified NEC (R/L)	M23.261
Lumbar	M51.26	Lumbosacral	M51.27	Forearm (R/L)	M67.921	Medial, NOS (R/L)	M23.203
Lumbosacral	M51.27	Sacrocoyugal	M53.3	Foot (R/L)	M67.971	Anterior Horn (R/L)	M23.211
Sacrocoyugal	M53.3	Thoracic	M51.24	Forearm (R/L)	M67.931	Posterior Horn (R/L)	M23.221
Thoracic	M51.24	Thoracolumbar	M51.25	Hand (R/L)	M67.972	Other (R/L)	M23.231
Thoracolumbar	M51.25	<b>Disorder, Joint</b>	M25.7	Forearm (R/L)	M67.931	Rotator cuff, NONTRAUMATIC, NOS (R/L)	M75.101
Specified type NEC	M25.80	Specified type NEC	M25.80	Hip (R/L)	M67.951	Complete (R/L)	M75.121
Ankle (R/L)	M25.871	Ankle (R/L)	M25.871	Knee (R/L)	M67.961	Incomplete (R/L)	M75.111
Elbow (R/L)	M25.821	Elbow (R/L)	M25.821	Multiple sites	M67.99	<b>Rupture</b>	
Foot joint (R/L)	M25.871	Foot joint (R/L)	M25.871	Shoulder (R/L)	M67.911	Rotator cuff, nontraumatic, (R/L) NOS.	
Hand joint (R/L)	M25.841	Hand joint (R/L)	M25.841	Specified type NEC	M67.80	Complete (R/L)	M75.102
Hip (R/L)	M25.851	Hip (R/L)	M25.851	Acromioclavicular (R/L)	M67.811	Incomplete (R/L)	M75.111
Knee (R/L)	M25.861	Knee (R/L)	M25.861	Ankle (R/L)	M67.871	<b>Rupture, synovium (cyst)</b>	M66.10
Shoulder (R/L)	M25.811	Shoulder (R/L)	M25.811	Elbow (R/L)	M67.821	Ankle (R/L)	M66.171
Wrist (R/L)	M25.831	Wrist (R/L)	M25.831	Foot (R/L)	M67.871	Elbow (R/L)	M66.121
<b>Disorder, Patella, NOS (Rt/Lt)</b>	M22.972	<b>Disorder, Patella, NOS (Rt/Lt)</b>	M22.972	Hand (R/L)	M67.941	Finger (R/L)	M66.141
Derangement NEC (R/L)	M22.3X1	Derangement NEC (R/L)	M22.3X1	Hip (R/L)	M67.851	Foot (R/L)	M66.171
Specified NEC (R/L)	M22.8X1	Specified NEC (R/L)	M22.8X1	Knee (R/L)	M67.861	Hand (R/L)	M66.141
<b>Disorder, Peripheral Nervous System</b>	M52.0	<b>Disorder, Peripheral Nervous System</b>	M52.0	Multiple sites	M67.89	Hand (R/L)	M66.141
<b>Disorder, Soft tissue</b>		<b>Disorder, Soft tissue</b>		Wrist (R/L)	M67.831	Pelvic region (R/L)	M66.151
Due to Use, Overuse, Pressure NOS	M70.90	Due to Use, Overuse, Pressure NOS	M70.90	Upper arm (R/L)	M67.921	Shoulder region (R/L)	M66.111
Unspecified		Unspecified		Wrist (R/L)	M67.931	Specified site NEC	M66.18
Ankle (R/L)	M70.971	Ankle (R/L)	M70.971	<b>Fatula, Joint NOS</b>	M25.10	Thigh (R/L)	M66.151
Elbow (R/L)	M70.972	Elbow (R/L)	M70.972	Ankle (R/L)	M25.171	Toe (R/L)	M66.177
Forearm (R/L)	M70.931	Forearm (R/L)	M70.931	Elbow (R/L)	M25.121	Upper arm (R/L)	M66.121
Hand (R/L)	M70.941	Hand (R/L)	M70.941	Foot joint (R/L)	M25.174	Wrist (R/L)	M66.131
Lower leg (R/L)	M70.961	Lower leg (R/L)	M70.961	Hand joint (R/L)	M25.141	<b>Spondylosis</b>	M479
Multiple sites (R/L)	M70.99	Multiple sites (R/L)	M70.99	Hip (R/L)	M25.151	w/ Myelopathy NEC	M47.10
Pelvic region (R/L)	M70.951	Pelvic region (R/L)	M70.951	Knee (R/L)	M25.161	Cervical	M47.12
Shoulder region (R/L)	M70.911	Shoulder region (R/L)	M70.911	Shoulder (R/L)	M25.111	Cervicothoracic	M47.13
Thigh (R/L)	M70.951	Thigh (R/L)	M70.951	Specified joint NEC	M25.18	Lumbar	M47.16
Upper arm (R/L)	M70.921	Upper arm (R/L)	M70.921	Vertebrae	M25.18	Occipito-atlanto-axial	M47.11
Other site NEC	M70.98	Other site NEC	M70.98	Wrist (R/L)	M25.131	Thoracic	M47.14
Other type NEC	M70.80	Other type NEC	M70.80	<b>Fusion</b>		Thoracolumbar	M47.15
Ankle (R/L)	M70.871	Ankle (R/L)	M70.871	Spine NEC	M43.20	w/ Radiculopathy	M47.20
Elbow (R/L)	M70.872	Elbow (R/L)	M70.872	Cervical	M43.22	Cervical	M47.22
Forearm (R/L)	M70.871	Forearm (R/L)	M70.871	Cervicothoracic	M43.23	Cervicothoracic	M47.23
Foot (R/L)	M70.872	Foot (R/L)	M70.872	Lumbar	M43.26	Lumbar	M47.26
Forearm (R/L)	M70.871	Forearm (R/L)	M70.871	Lumbosacral	M43.27		
Hand (R/L)	M70.841	Hand (R/L)	M70.841				

## AAPC ICD-10 CODE SHEET

VIA IMAGING, YOU CAN DOCUMENT THE STRUCTURAL TISSUE DEFECTS THAT YOU ARE ADDRESSING WITH CONNECTIVE TISSUE SUPPLEMENTATION OR TRANSPLANTATION.



A microscopic image showing a dense network of connective tissue fibers. The fibers are stained in shades of purple and pink, creating a complex, interwoven pattern. The fibers vary in thickness and orientation, some appearing as straight lines while others are curved or branched. The overall appearance is that of a highly organized, fibrous structure.

**DOCUMENTING  
& IDENTIFYING  
CONNECTIVE TISSUE  
DEFECTS**



## PRACTICE WORKFLOW

1

A PATIENT COMES IN AFTER EXPERIENCING SYMPTOMS

2

SCHEDULE INITIAL IMAGING APPOINTMENT

3

USE IMAGING TO IDENTIFY THE CONNECTIVE TISSUE DEFECT

4

FIND CORRESPONDING ICD-10 CODE

5

SUPPLEMENT TISSUE

6

DOCUMENT PROPER USE WITH ICD-10 CODE

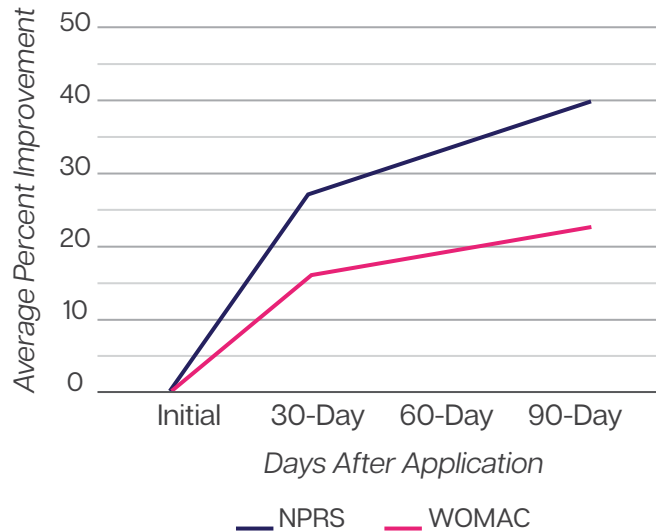


### PROPER DOCUMENTATION SUPPORTS YOUR PRACTICE IN MULTIPLE WAYS:

- Supports Good Documentation Practices
- Proves compliance with FDA regulations
- Doubles as data collection for future publications

# ORTHOPEDIC & SPORTS MEDICINE

## HIPS IMPROVEMENTS IN NPRS AND WOMAC



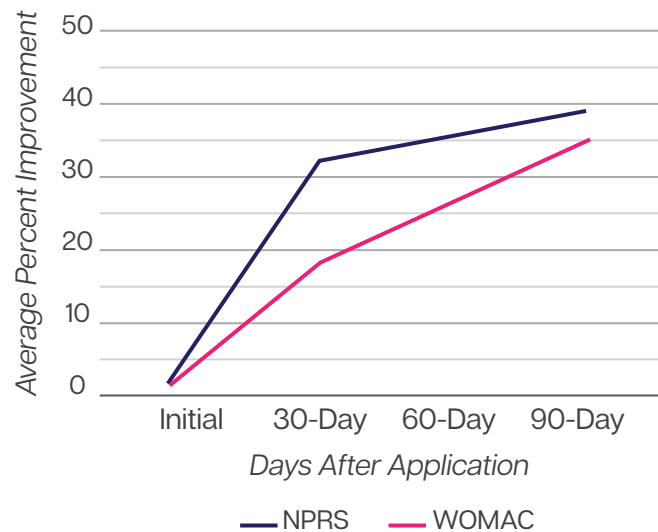
	Initial	30-Day	60-Day	90-Day
NPRS	0	27%	33%	40%
WOMAC	0	16%	19%	23%
Age Range	M	F	Total	# Clinics
30-91	45	33	78	19

This data is based on a sample of 78 patients with structural hip defects from 19 different clinics enrolled in our observational study. There are 45 males and 33 females, aged 30 to 91. Ninety days after the Wharton's jelly application, patients reported a 40% improvement in NPRS (current pain) and a 23% overall WOMAC improvement (pain/stiffness/function). The progress shown is from only one application, although most care providers apply two Wharton's jelly allografts for this area.



# ORTHOPEDIC & SPORTS MEDICINE

## SHOULDER IMPROVEMENTS IN NPRS AND WOMAC

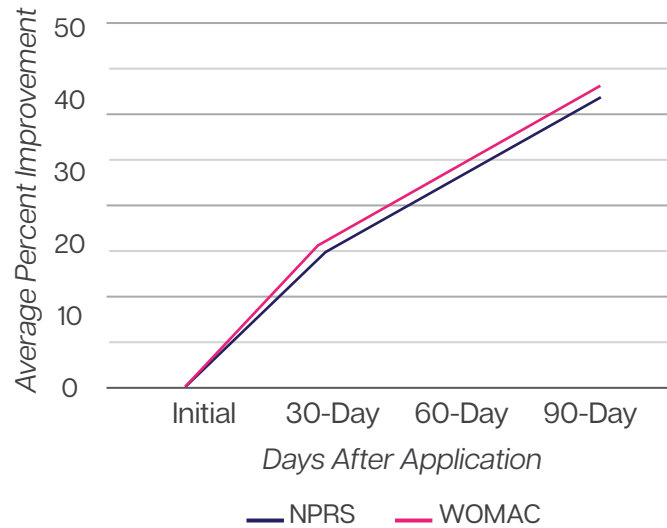


	Initial	30-Day	60-Day	90-Day
NPRS	0	32%	35%	39%
WOMAC	0	17%	26%	35%
Age Range 36-89	M	F	Total	# Clinics
	80	63	143	38

This data is based on a sample of 143 patients with structural shoulder defects from 38 different clinics enrolled in our observational study. There are 80 males and 63 females, aged 36 to 89. Ninety days after the Wharton's jelly application, patients reported a 39% improvement in NPRS (current pain) and a 35% overall WOMAC improvement (pain/stiffness/function). The progress shown is from only one application, although most care providers apply two Wharton's jelly allografts for this area.

# ORTHOPEDIC & SPORTS MEDICINE

## ARMS, WRIST, HANDS IMPROVEMENTS IN NPRS AND WOMAC

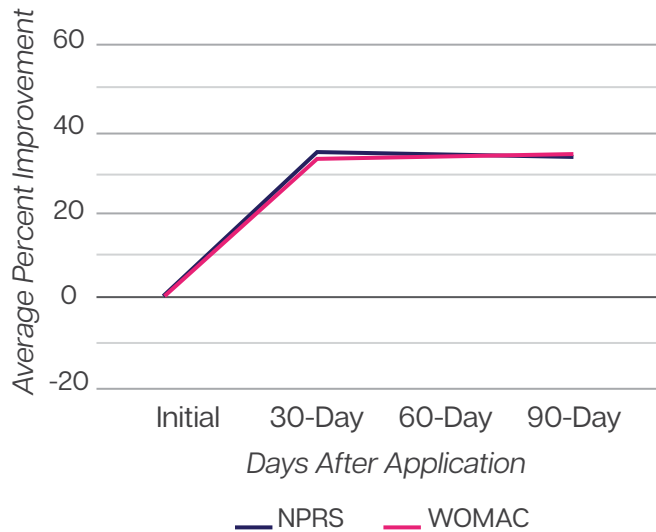


	Initial	30-Day	60-Day	90-Day
NPRS	0	18%	29%	40%
WOMAC	0	20%	31%	42%
Age Range	M	F	Total	# Clinics
61-88	22	25	47	14

This data is based on a sample of 47 patients with structural Arm, Wrist, and Hand defects from 14 different clinics enrolled in our observational study. There are 22 males and 25 females, aged 61 to 88. Ninety days after the Wharton's jelly application, patients reported a 40% improvement in NPRS (current pain) and a 42% overall WOMAC improvement (pain/ stiffness/function).

# ORTHOPEDIC & SPORTS MEDICINE

## KNEE IMPROVEMENTS IN NPRS AND WOMAC



	Initial	30-Day	60-Day	90-Day
NPRS	0	35%	33%	32%
WOMAC	0	32%	32%	33%
Age Range	M	F	Total	# Clinics
54-92	82	96	178	29

This data is based on a sample of 178 patients with structural knee defects from 29 clinics enrolled in our observational study. There are 82 males and 96 females, aged 54 to 92. Ninety days after the Wharton's jelly application, patients reported a 32% improvement in NPRS (current pain) and a 33% overall WOMAC improvement (pain/stiffness/function). The progress shown is from only one application, although most care providers apply two Wharton's jelly allografts for this area.





“

THE PROCEDURE WAS  
FAST, PAINLESS AND  
VERY EASY. IT ONLY TOOK  
ABOUT 15 MINUTES AND  
NOW I'M ON MY WAY TO  
HELPING MY LIFE AND  
THE WAY I LIVE.

”

**JAKE BALLARD**  
Former New York Giants  
Tight End

## CRYOTEXT™

CRYOTEXT™ IS A MINIMALLY MANIPULATED WHARTON'S JELLY DERIVED HUMAN TISSUE ALLOGRAFT. RICH IN CYTOKINES, GROWTH FACTORS, AND PROTEINS.

### ADVANTAGES OF CRYOTEXT™

CryoText™ is a viable Connective Tissue ECM derived from Wharton's jelly, a component of the umbilical cord. It is a cryopreserved matrix that acts as a supportive scaffold for connective tissue repair. The matrix contains biologically active substances such as cytokines, growth factors, and proteins that aid in tissue repair. It is utilized to provide a structured framework and support for connective tissue augmentation.

CryoText™ does not use any material obtained directly from the embryo or fetus and is processed from human tissue, donated following full-term, c-section deliveries, in accordance with the FDA.

### HOW IT IS APPLIED

This is a connective tissue supplement intended for homologous use only, as described in 21CFR

1271.10(a). Structural connective tissue that is missing or damaged severely may require new or additional tissue to create conditions that encourage the stability of anatomic infrastructure. CryoText™ does not use any material obtained from the embryo or fetus. CryoText™ has high concentrations of hyaluronic acid and growth factors and is processed from human tissue, donated following full term, c-section deliveries, in accordance with the FDA.



## CRYOTEXT™ REPOSITORY YIELDS POSITIVE INDICATORS IN KEY DATA FOR:

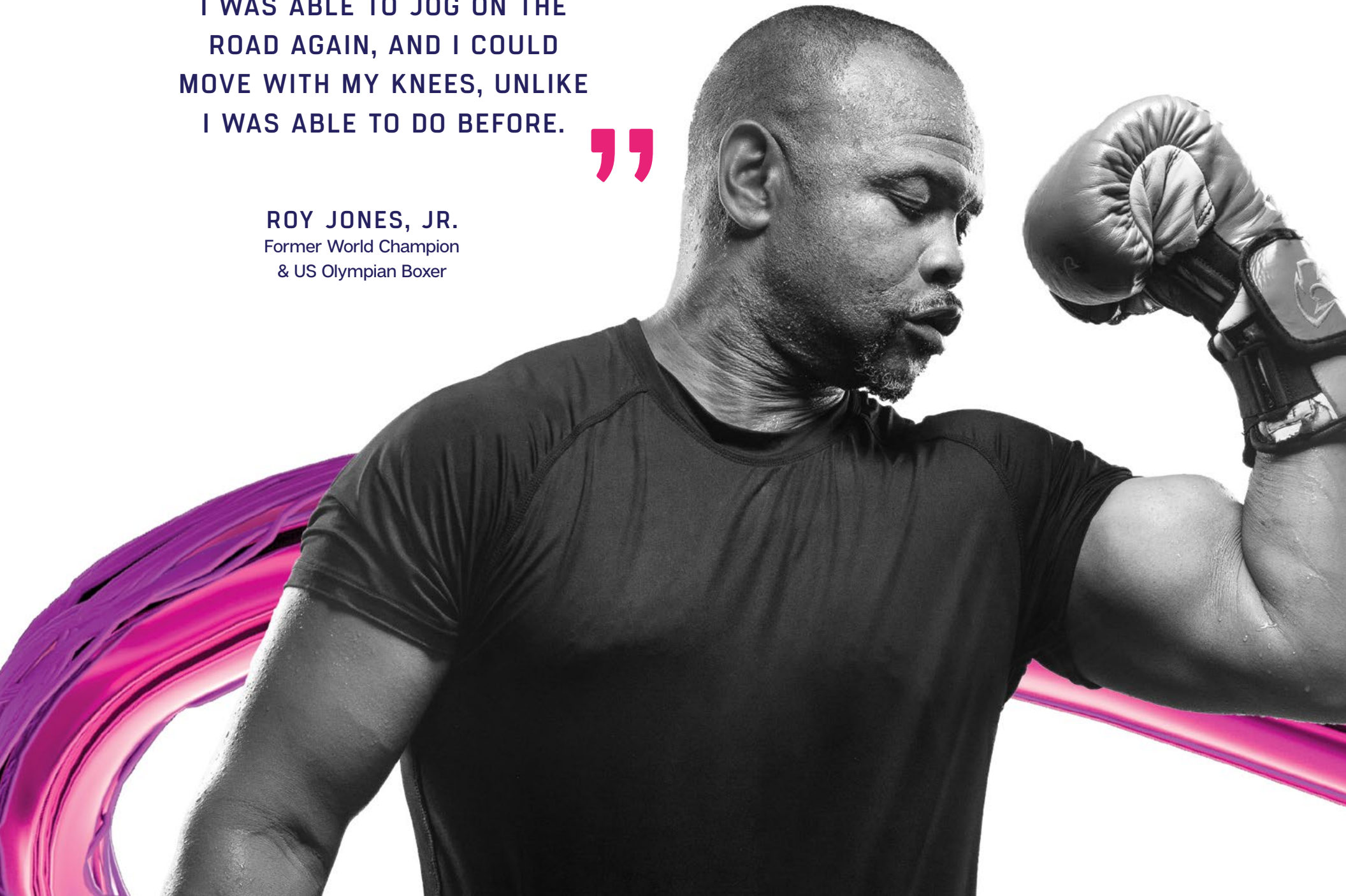
- Muscular Tears
- Intervertebral Disc Spinal Facet Joints
- Plantar Fascia Tears
- Rotator Cuff Tears
- Persistent Partial Tendon Tears
- Quadriceps and Patellar Tendon Tears
- Meniscus and Cartilage Tears
- Radicular and Sacroiliac Nerves and Pinched Nerves
- Large Joints Such As The Hip, Shoulder, Knee

“

I WAS ABLE TO JOG ON THE  
ROAD AGAIN, AND I COULD  
MOVE WITH MY KNEES, UNLIKE  
I WAS ABLE TO DO BEFORE.

”

**ROY JONES, JR.**  
Former World Champion  
& US Olympian Boxer

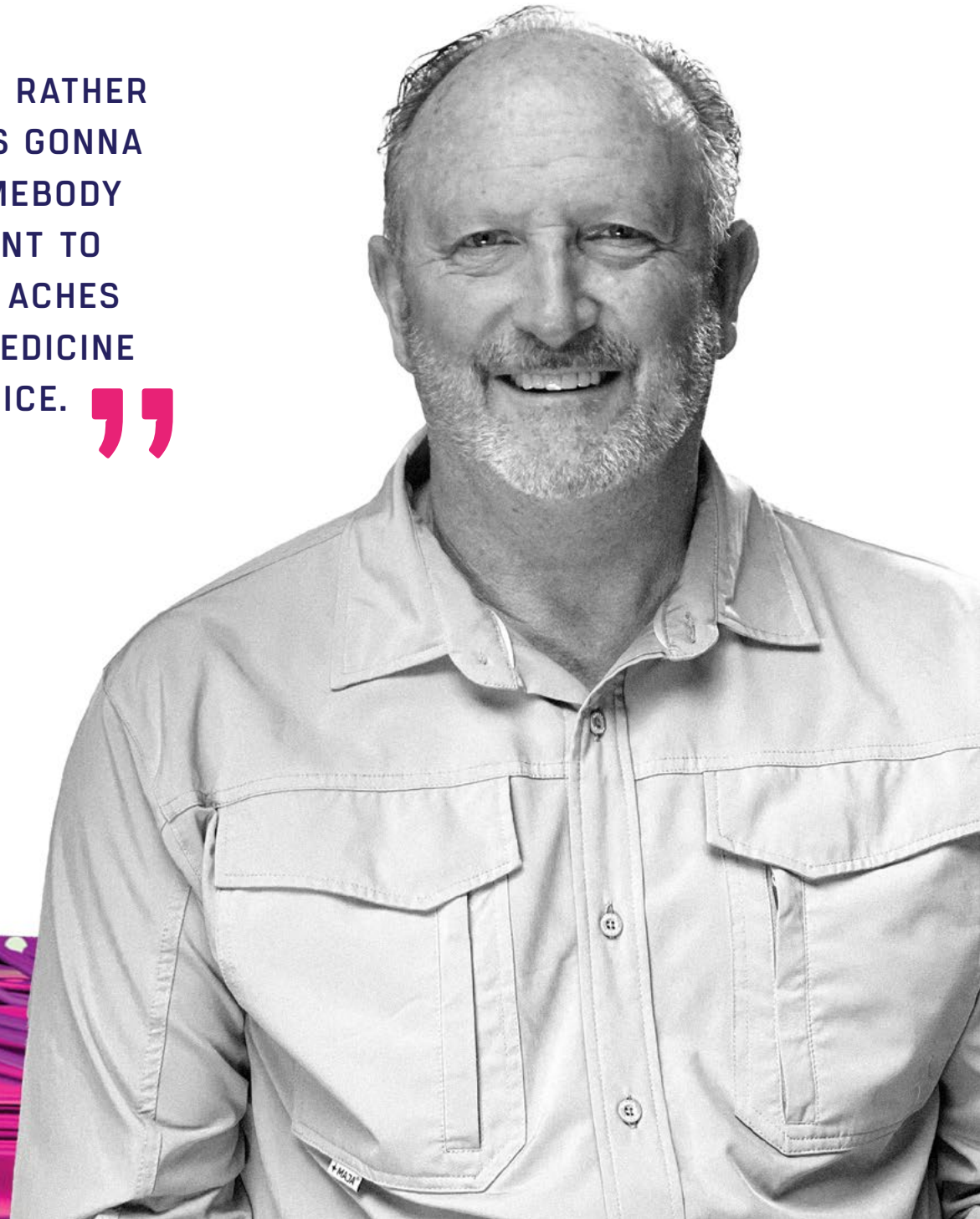




“ IT'S A GREAT OPTION TO HAVE RATHER THAN HAVING SURGERIES. IT'S GONNA HELP ANY ATHLETE AND SOMEBODY THAT IS ACTIVE. IF YOU WANT TO STAY ACTIVE AND YOU HAVE ACHES AND PAINS, REGENERATIVE MEDICINE WOULD BE MY FIRST CHOICE. ”

**BRET SABERHAGEN**

3x All-Star, World Series  
Champion Professional  
Baseball Pitcher



# BECOME AN OUTCOMES-BASED, DATA-DRIVEN PRACTICE

## ROADMAP TO PUBLICATION

We have created a road map for you to reach the elusive career milestone of publication. We start at square one - giving you access to the resources needed to market effectively and compliantly to generate patient traffic in your clinic. A plethora of 3rd party resources to meet your specific business needs are available. Our technical writers will work with you to highlight what it is that you do for your patients.

## BACKGROUND

Our Research Community is on the front lines of medical research. Through collaboration, we have published multiple peer-reviewed studies in 2022. We have many more in progress and are actively seeking to join forces with new physicians to bring clarity to Regenerative Medicine in pursuit of better patient outcomes.

Our retrospective data repository represents over 20,000 individual data submissions on patients who have received our grafts. As you have seen here, the outcomes have been clear and astonishing. We want you to join our outcomes-based initiative and bring the highest quality of care to patients worldwide.

## MARKETING SUPPORT

We have a variety of pre-made marketing materials (print & digital ads) designed to help you drive patient traffic in your clinic. The content for each ad has been carefully analyzed for compliance by one of our certified tissue bank auditors (CTBAs).

## CLINICAL SUPPORT

- You will have a team of CRCs (Clinical Research Coordinators) dedicated to your success. They will assist you with onboarding, data submission, publication, and more. Our CRC team provides support every step of the way.
- Development to review IFU & protocols
- Collaborative practice onboarding with our research, finance, and marketing teams

## AAPC ICD-10 CODING SHEET

We have collaborated with AAPC (American Academy of Professional Coders) to provide you with a worksheet of ICD-10 codes that are appropriate to use in conjunction with our WJ products.





JOIN OUR  
**RESEARCH  
COMMUNITY**



## BETTER OUTCOMES THROUGH COMMUNICATION AND COLLABORATION

Our physician community represents the innovative force that fuels our data-driven, outcomes-based mission. Pooled clinical research data is not only the single fastest path to determine statistical significance of allograft applications but is also the quickest path to improving patients' quality of life.

### HAVE YOU EVER THOUGHT ABOUT ENROLLING IN AN IRB STUDY?

Join our research community backed by the Medicare-certified IRB, the Institute of Regenerative and Cellular Medicine (IRCM).

### PHYSICIAN COMMUNITY BENEFITS

Champion the field of Regenerative Medicine in your community:

- Multiple pathways to publication
- Nationwide press releases for all publications
- Contribute to the advancement of the field of regenerative medicine by publishing your patient outcomes

### PATIENT OUTCOME METRICS

Practice specific Regression Analysis on your own outcomes to build more accurate treatment protocols.

## JOIN US TO ADVANCE THE FIELD OF REGENERATIVE MEDICINE!

SCAN TO ENROLL IN AN IRB STUDY >>



**HOW DO I ENROLL?** Registration is simple. We have created a step-by-step onboarding program to enroll your clinic site. **Visit [regenerativelabs.com/lets-work-together-to-get-started](https://regenerativelabs.com/lets-work-together-to-get-started).** You will be assigned your own CRC (clinical research coordinator), who will guide you through every step of the process, from onboarding to publication.

## HELP TO SERVE THOSE THAT HAVE SERVED US

REGENATIVE LABS IS PARTNERING WITH BROTHERS IN ARMS FOUNDATION TO DONATE APPROXIMATELY \$5 MILLION DOLLARS OF ITS STATE-OF-THE-ART PROTEXT™ PRODUCT, TO BIAF WHICH WILL FACILITATE THE CARE OF QUALIFYING VETERANS.

### DONATE YOUR SERVICES TO BIAF

Veterans have spent thousands of hours putting stress on their connective tissues, especially their joints. ProText is a connective tissue supplement which will supplement or replace the damaged tissue, cushioning and protecting surrounding tissues from mechanical stress. By donating your time to this cause, you may help to improve a veteran's quality of life.

### CONTACT US TO MAKE A CHARITABLE DONATION OF YOUR SERVICES, AND HONOR THOSE WHO HAVE SERVED.

*Brothers In Arms Foundation is a 501 (c)(3) tax-exempt Service Disabled Veteran Operated State of Florida Nonprofit Organization. More info at: [brothersinarmsfoundation.org](http://brothersinarmsfoundation.org)*





1.800.891.3452 | [RegenerativeLabs.com](http://RegenerativeLabs.com)  
1700 WEST MAIN STREET STE 500 | PENSACOLA, FL 32502