AORTIC BODY:

CATALOG NUMBER	DELIVERY SYSTEM OUTER PROFILE	STENT GRAFT PROXIMAL DIAMETER	STENT GRAFT LENGTH
TV-AB2080-E	14 F	20 mm	80 mm
TV-AB2380-E	14 F	23 mm	80 mm
TV-AB2680-E	14 F	26 mm	80 mm
TV-AB2980-E	14 F	29 mm	80 mm
TV-AB3480-E	15 F	34 mm	80 mm

ILIAC LIMB:

	-			ı	ı
CATALOG NUMBER	DELIVERY SYSTEM OUTER PROFILE	STENT GRAFT PROXIMAL DIAMETER	STENT GRAFT DISTAL DIAMETER	STENT GRAFT LENGTH	STENT GRAFT LENGTH WITH AORTIC BODY
TV-IL141080-E	13 F	14 mm	10 mm	80 mm	130 mm
TV-IL1410100-E	13 F	14 mm	10 mm	100 mm	150 mm
TV-IL1410120-E	13 F	14 mm	10 mm	120 mm	170 mm
TV-IL1410140-E	13 F	14 mm	10 mm	140 mm	190 mm
TV-IL141280-E	13 F	14 mm	12 mm	80 mm	130 mm
TV-IL1412100-E	13 F	14 mm	12 mm	100 mm	150 mm
TV-IL1412120-E	13 F	14 mm	12 mm	120 mm	170 mm
TV-IL1412140-E	13 F	14 mm	12 mm	140 mm	190 mm
TV-IL141480-E	13 F	14 mm	14 mm	80 mm	130 mm
TV-IL1414100-E	13 F	14 mm	14 mm	100 mm	150 mm
TV-IL1414120-E	13 F	14 mm	14 mm	120 mm	170 mm
TV-IL1414140-E	13 F	14 mm	14 mm	140 mm	190 mm
TV-IL141680-E	14 F	14 mm	16 mm	80 mm	130 mm
TV-IL1416100-E	14 F	14 mm	16 mm	100 mm	150 mm
TV-IL1416120-E	14 F	14 mm	16 mm	120 mm	170 mm
TV-IL1416140-E	14 F	14 mm	16 mm	140 mm	190 mm
TV-IL141880-E	14 F	14 mm	18 mm	80 mm	130 mm
TV-IL1418100-E	14 F	14 mm	18 mm	100 mm	150 mm
TV-IL1418120-E	14 F	14 mm	18 mm	120 mm	170 mm
TV-IL1418140-E	14 F	14 mm	18 mm	140 mm	190 mm
TV-IL142280-E	15 F	14 mm	22 mm	80 mm	130 mm
TV-IL1422100-E	15 F	14 mm	22 mm	100 mm	150 mm
TV-IL1422120-E	15 F	14 mm	22 mm	120 mm	170 mm
TV-IL1422140-E	15 F	14 mm	22 mm	140 mm	190 mm
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ILIAC EXTENSION:

CATALOG NUMBER	DELIVERY SYSTEM OUTER PROFILE	STENT GRAFT PROXIMAL DIAMETER	STENT GRAFT DISTAL DIAMETER	STENT GRAFT LENGTH
TV-EX101045-E	13 F	10 mm	10 mm	45 mm
TV-EX121245-E	13 F	12 mm	12 mm	45 mm
TV-EX141445-E	13 F	14 mm	14 mm	45 mm
TV-EX161645-E	13 F	16 mm	16 mm	45 mm
TV-EX181845-E	14 F	18 mm	18 mm	45 mm
TV-EX222245-E	14 F	22 mm	22 mm	45 mm

FILL POLYMER:

CATALOG NUMBER

AUTOINJECTOR:

CATALOG NUMBER

TV-AI01-E

images are courtesy of Dan Clair, MD, Cleveland Clinic. Cleveland, OH, USA. "Reverse-Tapered Necks" images are courtesy Manish Mehta, MD, Albany Medical Center. Albany, NY, USA. All other CT and Fluoroscopic images are courtesy of Francisco Valdes, MD, Catholic University. Santiago, Chile.

INDICATIONS FOR USE: The TriVascular Ovation Prime Abdominal Stent Graft System is indicated for treatment of patients with abdominal acrtic aneurysms having the vascular morphology suitable The rendovescular repair, including: adequate lilac/femoral access compatible with vascular access techniques, devices, and/or accessories; non-aneurysmal proximal and access techniques, devices, and/or accessories; non-aneurysmal proximal and access techniques, devices, and/or accessories; non-aneurysmal proximal and least 1 least 7 mm proximal to the aneurysm, with an inner wall diameter of no less than 16 mm and no greater than 30 mm and with an anotic angle of ≤ 60 degrees if proximal neck is ≥ 10 mm and ≤ 45 degrees if proximal neck is < 10 mm; adequate distal iliac landing zone: with a length of at least 10 mm, and with an inner wall diameter of no less than 8 mm and no greater than 20 mm. CONTRAINDICATIONS: The TirVascular Ovation Prime Abdominal Stent Graft System is contraindicated for use in patients who have a condition that threatens to infect the graft and in patients with known sensitivities or allergies to the device materials (including polytetrafluoroethylene [PTE], polyethylene glycol [PEG]-based polymers, fluorinated ethylene propylene [FEP] or nitinol). Also consider the information in Section 4 Warnings and Precautions of the system's Instructions for Use. Refer to Instructions for Use at TirVascular.com for more information concerning Indications, Contraindications, Warnings and Precautions, and Adverse Events.

CAUTION: Federal (USA) law restricts this device to sale by or on the order of a physician.

PRODUCT ORDERS

customerservice@trivascular.com Fax: 855.569.7763 (855 LOW PROFILE)

CUSTOMER SERVICE

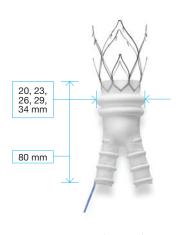
Tel: 855.569.7763 (855 LOW PROFILE)

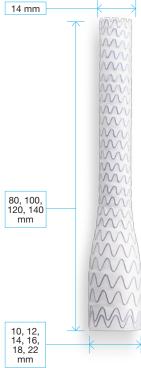
MANUFACTURER & SELLER

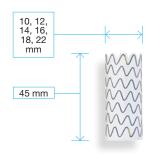
TriVascular, Inc.

3910 Brickway Blvd. | Santa Rosa, CA 95403, U.S.A

www.trivascular.com













OVATION PRIME ABDOMINAL STENT GRAFT SYSTEM

LOWEST PROFILE



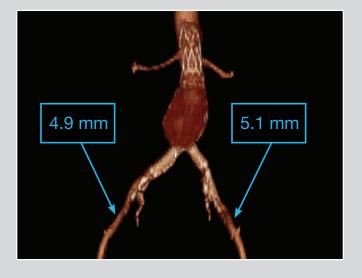
LOWEST PROFILE, **EXPANDED OPTIONS**

At 14F OD, Ovation Prime is the lowest profile AAA endograft system, offering enhanced deliverability– even through narrow and tortuous anatomies. This minimally invasive, easy-to-use system expands the pool of patients eligible for EVAR.

- 14F OD TRIVASCULAR OVATION PRIME
- 18F OD MEDTRONIC ENDURANT®
- 19F OD ENDOLOGIX AFX™
- 20F OD GORE EXCLUDER®
- 21F OD COOK ZENITH FLEX®

All competitive device information is sourced from instructions for use or other published information. Data on file at TriVascular. Where applicable, 2F has been added to listed introducer sheath size to approximate equivalent outer diameter.

NARROW ACCESS

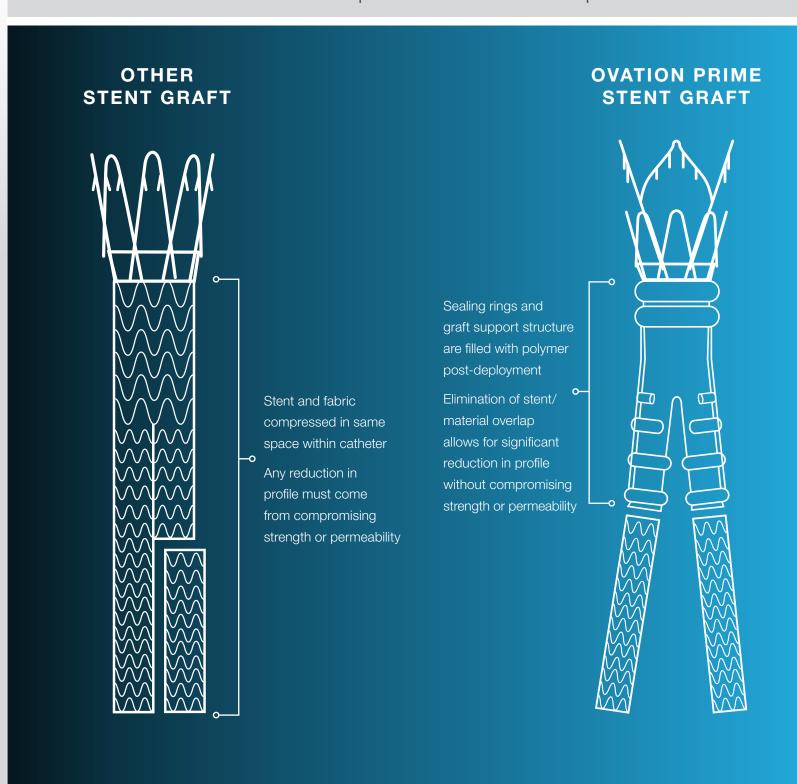


TORTUOUS ANATOMY



DIFFERENT APPROACH, BETTER SOLUTIONS

Unencumbered by EVAR convention, TriVascular began with the desired solution in mind: ensure a robust proximal seal and reduced profile.



COMPELLING OUTCOMES

OVATION CLINICAL TRIAL

RESULTS

SAFETY*	Treatment to 30 Days (N=161)	Treatment 31-365 Days (N=158)
Major Adverse Events	2.5% (4)	3.8% (6)
Device Related Major Adverse Events	0%	0%
EFFECTIVENESS	(N=153)	(N=138)
Technical Success	100%	N/A
Freedom from Type I and III Endoleaks**	100%	100%
Freedom from Migration**	100%	100%
Freedom from Rupture	100%	100%
Freedom from Conversion to Open Repair	100%	100%

Results include first in man (FIM) experience.

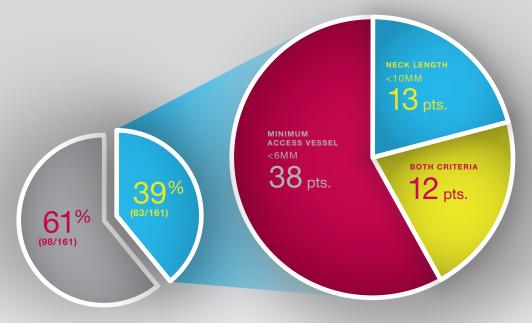
EXPANDING EVAR -SAFELY

(63 / 161)

of Ovation study patients treated had access vessels <6mm, aortic neck lengths <10mm, or both.

OVATION HAD EXCELLENT RESULTS IN THIS ANATOMICALLY CHALLENGING SUBGROUP, WITH NO SUBJECTS EXPERIENCING MAES AT 30 DAYS AND 2 SUBJECTS WITH MAEs UP TO 365 DAYS.

ANATOMICALLY CHALLENGING 63 PATIENT SUBGROUP

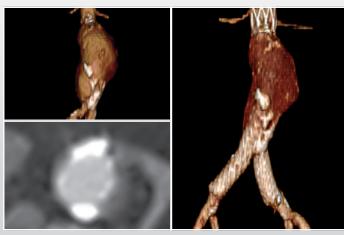


CHALLENGING ANATOMIES

HEAVY CALCIFICATION

Polymer-filled sealing rings conform to the surface irregularities of calcification.

PRE-OPERATIVE ONE YEAR FOLLOW-UP



SEVERE THROMBUS

Polymer-filled sealing rings provide seal in thrombus-lined necks.

PRE-OPERATIVE

ONE YEAR FOLLOW-UP



REVERSE-TAPERED NECKS

Polymer-filled sealing rings conform and seal to patient anatomy even within reverse-tapered necks as short as 7mm.

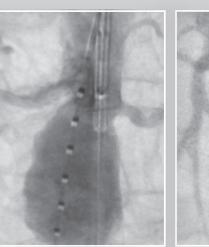
PRE-OPERATIVE CT RECONSTRUCTION



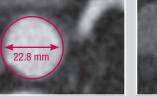


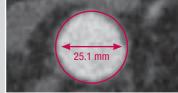
FINAL ANGIOGRAM

ONE YEAR FOLLOW-UP CT RECONSTRUCTION











Aorta at Inferior Renal Artery Aorta 7mm distal to IR

Aorta 13mm distal to IR

^{*} Major adverse events reported as of June 6, 2012 based on CEC adjudicated data from Ovation study.

^{**}Results reported as of June 6, 2012 based on Core Lab Data from Ovation study.

CONTROL AND EASE OF USE

With a simple staged deployment, 1 the suprarenal stent is accurately positioned and 2 the integral anchors are then secured. This enhances placement accuracy while reducing the risk of migration.

With the device anchored exclusively above the aneurysm, the unique sealing rings are filled with polymer 3 providing a sustained seal without a chronic outward force within the critical aortic neck segment.



A stiff nosecone with smooth transitions aids insertion and navigation to the guidewire and the catheter sheath aids navigation through access vessels.

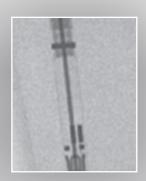


IPSI TO PATIENT'S RIGHT

Graft orientation in AP fluro view.

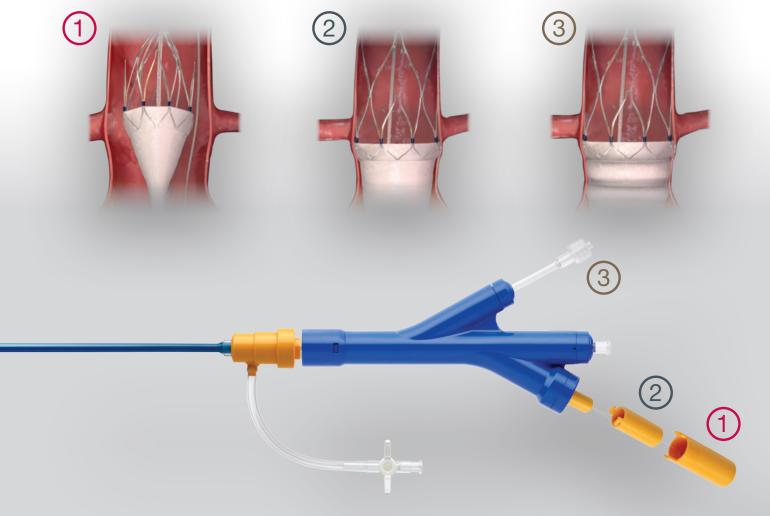


IPSI TO PATIENT'S ANTERIOR



IPSI TO PATIENT'S LEFT

Ovation Prime features highly visible radiopaque markers and connections between the aortic body legs and the delivery catheter. These catheter features are designed to facilitate controlled placement and ease cannulation.



ABOUT TRIVASCULAR

Dedicated to serving patients with aortic disease,

TriVascular is committed to providing optimal

solutions for endovascular aortic repair (EVAR).

endovascular grafts focused on significantly advancing EVAR. Building upon partnerships with thought-leading clinicians worldwide,

TriVascular designs products to address unmet clinical needs and expand the pool of patients who are candidates for EVAR.