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This product contains human tissue allograft. To maintain allograft records for traceability, we require that your facility complete this tracking record, fold in half, peel and seal using the adhesive tape, return to BioStem Life Sciences once the procedure has been completed. Completion is required and provides final disposition traceability for this allograft.

ALLOGRAFT USE INFORMATION
Allograft Serial Number: 770079 6704 0 1
XALLOGRAFT USED or □ DISCARDED Date: Y WYY
Discard Reason \(\sqrt{N/A} \)
Physician Name: Last: First: HMG/DE.
Specialty: Orthopedics Podiatry Wound Care Urology Other
Procedure Description or CPT#: 1047 46 - W 1047
Location of Allograft Implant:
Allograft Prepared By: 6000 100 100 100 100 100 100 100 100 10
Patient Name: 100111111 XXXIII
Date of Birth:
Patient Zip Code: Gender: MC F
PN 200-008-0204-001 Size: 2x4cm SN Unit #: 01 BloStem LS 2836 Center Port Circle. Pompano Beach, FL 33064 088v04
FACILITY INFORMATION
Facility Name: Patient Facility Number:
Facility Phone Number: U.G. GYO, YYY Type: DASC AClinic DHospital City: NY State: Zip Code: 107 9
Comments:
Upon completion of the procedure please fold in half, peel and seal using the adhesive tape, return to BioStem Life Sciences 2836 Center Port Circle, Pompano Beach Florida 33064. Postage has been prepaid
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