

## Orios® Moldable Bone Matrix



DONATED HUMAN TISSUE

RESTRICTED TO USE BY OR ON THE ORDER OF A LICENSED HEALTHCARE PROFESSIONAL (physician, dentist, podiatrist, optometrist, nurse practitioner or physician assistant). NOT INTENDED FOR VETERINARY USE.

80-376 Rev. 02

### DESCRIPTION

Orios Moldable Bone Matrix (Orios Moldable) is a bone allograft that consists of a bone particulate component, a bone gel component, and a cell component. The bone particulate and bone gel components are derived from mineralized and demineralized bone particulate.

The bone particulate is lyophilized and provided sterile. The cell component is frozen with a 100% polyampholyte-based cryoprotectant. Each component of Orios Moldable is aseptically processed and packaged in an inner tear pouch within an outer peel pouch. The individual components of Orios Moldable are packaged together, sealed in an outermost peel pouch to ensure allograft integrity, and stored at -65°C or colder.

### INTENDED USE

Orios Moldable is intended for use as a bone void filler.

### CONTRAINDICATIONS

Orios Moldable is contraindicated in patients with known sensitivities or allergies to any of the agents listed below in the Warnings section and in patients who have an active systemic infection or any disorder that would create an unacceptable risk of post-operative complications.

### DONOR ELIGIBILITY

Orios Moldable is recovered from qualified donors and processed using aseptic techniques in accordance with federal, state, and/or international regulations and to the standards of the American Association of Tissue Banks. The donors are screened and tested for communicable disease risks and other exclusionary medical conditions. The results of these donor screenings and testing have been reviewed by the Medical Director (or licensed physician designee) of VIVEX Biologics, Inc., and the donors have been deemed suitable for transplantation.

Communicable disease testing is performed by an FDA-registered laboratory certified to perform such testing on human specimens under the Clinical Laboratory Improvement Amendments of 1988 (42 U.S.C. 263a) and 42 CFR Part 493, or that has met equivalent requirements as determined by the Centers for Medicare and Medicaid Services in accordance with those provisions. Results from the following infectious disease tests have been found to be nonreactive or negative:

#### Cytomegalovirus\*, \*\*\*

CMV Ab (IgG & IgM)

#### Human Immunodeficiency Virus (HIV)

HIV-1/2 Plus O Antibodies (HIV-1/2 Plus O Ab)

Nucleic Acid Test for HIV-1 RNA (HIV-1 NAT)

#### Hepatitis B Virus (HBV)

HBV Surface Antigen (HBsAg)

HBV Core Antibody (IgG & IgM) (HBcAb)

Nucleic Acid Test for HBV DNA (HBV NAT)

#### Hepatitis C Virus (HCV)

HCV Antibody (HCVAb)

Nucleic Acid Test for HCV RNA (HCV NAT)

#### Human T Cell Lymphotropic Virus I/II\*, \*\*\*

HTLV-I/II (Antibody HTLV-I/II-Ab)

#### Syphilis\*\*

Rapid Plasma Reagin (RPR) Screen

T. pallidum IgG

#### West Nile Virus (WNV)\*\*\*

Nucleic Acid Test for WNV RNA (WNV NAT)

#### Zika Virus\*\*\*

Zika Ab (IgM)

Nucleic Acid Test for Zika RNA (Zika NAT)

\*A donor with a reactive result for the CMV or HTLV-I/II Antibody test is cleared for transplantation use only when the result from a confirmatory assay is nonreactive.

\*\*A donor whose blood specimen is unsuitable for the non-treponemal screening assay, such as the RPR test, or with a reactive result from the non-treponemal screening assay, is cleared for transplantation use only when the result from the treponemal-specific (confirmatory) assay is nonreactive.

\*\*\*These tests are only required for a cell donor.

Screening tests for exposure to other viruses or parasites such as those listed below may have been completed. A negative/nonreactive result may not be required for these tests; however, all results are evaluated on a case-by-case basis by the Medical Director (or licensed physician designee) of VIVEX Biologics.

#### Epstein Barr Virus

EBV Ab (IgG & IgM)

#### Toxoplasma gondii

Toxoplasma Ab (IgG & IgM)

#### Trypanosoma cruzi

T. cruzi Ab (IgG & IgM)

### WARNINGS

The donors of Orios Moldable are screened and tested for relevant communicable diseases and disease agents, and the tissue is microbiologically tested. Orios Moldable is processed using aseptic techniques and may be exposed to Gentamicin, Vancomycin, hydrochloric acid, hydrogen peroxide and phosphate buffer solution. Although the tissue is rinsed using sterile water or sterile saline during the manufacturing process, trace amounts may remain. The cell component is cryopreserved in a polyampholyte-based cryoprotectant, which is not rinsed prior to use. The bone particulate component is terminally sterilized by electron beam irradiation technology validated in accordance with ANSI/AAMI/ISO 11137. Although all efforts have been made to ensure the safety of the allograft, there is no assurance that this allograft is free from all infectious diseases or microbial contamination. Orios Moldable may transmit infectious agents.

**DO NOT RE-FREEZE** the allograft by any method.

**FOR USE IN ONE PATIENT, ON A SINGLE OCCASION ONLY.**

**DO NOT STERILIZE** the allograft by any method. Exposure of the allograft and packaging to irradiation, steam, ethylene oxide or other chemical sterilant may render the allograft unfit for use.

### ADVERSE EVENTS AND REACTIONS

Possible adverse events may include:

- Immunologic response (the possibility that a patient may develop alloantibodies should be considered for any patient who might be a future recipient of allograft tissue or cells)
- Transmission of disease of unknown etiology and transmission of infectious agents including but not limited to: HIV, syphilis, or microbial contaminants
- Infection of soft tissue and/or bone (osteomyelitis)
- Fever

### STORAGE

Orios Moldable must be stored at -65°C or colder. It is the responsibility of the tissue dispensing service, tissue distribution intermediary, and/or end-user clinician to maintain the allograft in appropriate storage conditions prior to further distribution or use, and to track expiration dates accordingly. Appropriate inventory control should be maintained so that the allograft with the earlier expiration date is preferentially used and expiration is avoided.

## PRECAUTIONS

Orios Moldable is processed and packaged using aseptic techniques and must be handled in an aseptic manner to prevent contamination.

Do not use the allograft if the pouch integrity has been compromised.

Once the container seal has been compromised, the allograft must be reconstituted and used within 4 hours of thawing, if appropriate, or otherwise discarded.

The outermost peel pouch is a protective covering for the product component(s) and is not sterile. The component-specific peel pouches are also not sterile. These pouches should not be placed on an operative field. Only the inner tear pouches should be presented to the operative field.

## ALLOGRAFT PREPARATION

**Step 1:** Prepare a sterile saline or sterile water bath for thawing of the cell vial and bone gel jar.

**Step 2:** Remove the peel pouch containing the bone gel jar from the outermost pouch and inspect the pouch for any holes, tears, or incomplete seals.

**Step 3:** Using aseptic technique, open the peel pouch containing the bone gel jar from the chevron end and present the inner pouch containing the bone gel jar to the operative field.

**Step 4:** Remove the bone gel jar from the inner pouch using standard aseptic technique.

**Step 5:** Place the bone gel jar in the bath until the contents of the bone gel jar have completely thawed.

**Step 6:** While the bone gel jar is thawing, remove the peel pouch containing the cell vial from the outermost pouch and inspect the pouch for any holes, tears, or incomplete seals.

**Step 7:** Using aseptic technique, open the peel pouch containing the cell vial from the chevron end and present the inner pouch containing the cell vial to the operative field.

**Step 8:** Remove the cell vial from the inner pouch using standard aseptic technique.

**Step 9:** Place the vial containing the frozen cell solution in the bath for 3-5 minutes, or until the contents of the cell vial have completely thawed.

**Step 10:** While the cell vial and bone gel jar are thawing, remove the peel pouch containing the bone particulate jar and spatula from the outermost pouch and inspect the pouch for any holes, tears, or incomplete seals.

**Step 11:** Using aseptic technique, open the peel pouch from the chevron end and present the inner pouch containing the bone particulate jar and spatula to the operative field.

**Step 12:** Remove the bone particulate jar and spatula from the inner pouch using standard aseptic technique.

**Step 13:** Remove the liner from the inside of the bone particulate jar and add sterile saline directly to the bone particulate jar. Refer to **Table 1** for specific volumes of saline for each size:

Size	2.5 cc	5 cc	10 cc
Saline Volume per Vial	0.5 mL	1 mL	2 mL
Number of Vials	1	1	2

**Table 1** –Formulation Guide

**Step 14:** Using the spatula, mix the saline and bone particulate thoroughly.

**Step 15:** After the contents of the cell vial have completely thawed, carefully invert the cell vial several times.

**Step 16:** Pour the contents of the thawed cell vial directly into the jar containing the bone particulate/saline mixture.

**Step 17:** Using the spatula, mix the contents of the cell vial and bone particulate/saline thoroughly.

**Step 18:** Once the contents of the bone gel jar have thawed completely, remove the bone gel jar from the bath.

**Step 19:** Remove the bone gel from the jar and place on the palm of the hand.

**Step 20:** Using the spatula, press and spread the bone gel into the hand repeatedly until a smooth and homogenous paste consistency is obtained.

**Step 21:** Transfer the mixture of bone particulate/saline/cells onto the bone gel in the sterilely gloved hand.

**Step 22:** Mix the bone particulate/saline/cells/bone gel mixture thoroughly until all components are incorporated and a uniform consistency is obtained.

**Step 23:** The prepared allograft should be placed back into the jar and capped until ready for use and must be implanted within 4 hours from time of initial cell thaw.

## RECIPIENT INFORMATION

Patient records must be maintained for the purpose of traceability. It is the responsibility of the end-user clinician to provide VIVEX Biologics with information pertaining to the traceability of the allograft used. For this purpose, the postage paid Tissue Utilization Report (TUR) card is provided with the allograft. Once the allograft is used, peel off the small product labels provided on the product packaging and affix on the TUR card and applicable patient records. Complete the TUR card and mail to VIVEX Biologics, scan and e-mail to [turs@VIVEX.com](mailto:turs@VIVEX.com), or fax to (888) 630-4321.

## ADVERSE REACTION OUTCOME AND COMPLAINT REPORTING

Adverse reaction outcomes potentially attributable to the allograft must be promptly reported to VIVEX Biologics at (888) 684-7783. Any other complaints must be promptly reported to Spinal Elements at (760) 607-0121.

## RETURNED GOODS POLICY

Due to the delicate biological nature of a processed allograft, it cannot be returned for credit. If for any reason the allograft must be returned, a return authorization is required from Spinal Elements prior to shipping. It is the responsibility of the healthcare institution returning the allograft to adequately package and label it for return shipment.

The product manufacturer warrants that the allograft will conform to the specifications set forth herein provided that the allograft is handled, stored, and implanted by health care professionals according to the requirements set forth herein or as provided by it in writing. The product manufacturer makes no other warranties regarding the allograft; specifically disclaims any implied or statutory warranties, including any warranty against disease transmission; and makes no representations or warranties concerning the biological properties or biomechanical properties of the allograft.



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