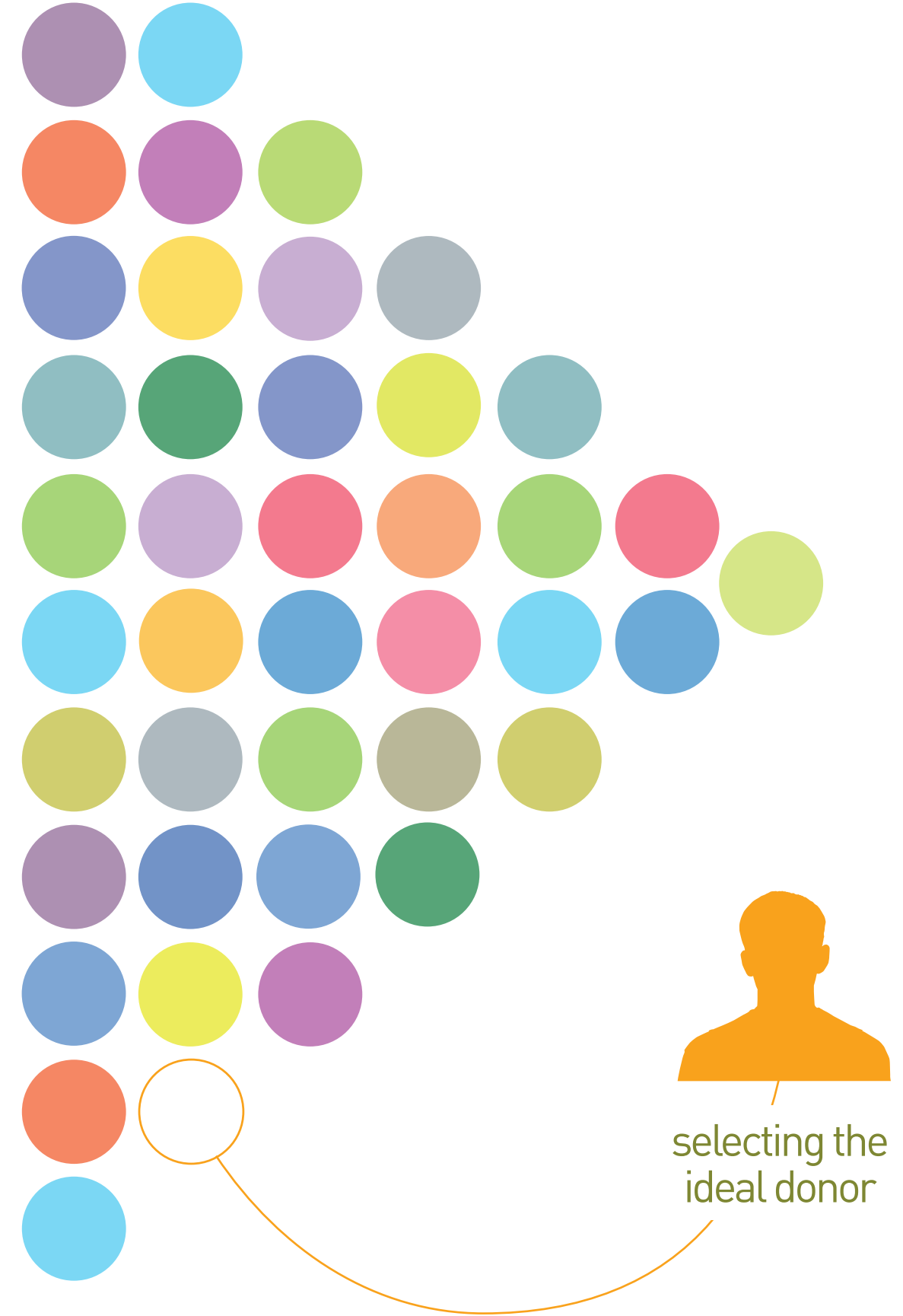


LESS THAN
3%
 ACCEPTED

COMPARE AND SEE... We lead the industry in donor selection criteria.

| SCREENING CRITERIA | MTF | INDUSTRY | FDA |
|---|-----|----------|-----|
| Hepatitis B virus | X | X | X |
| Hepatitis C virus | X | X | X |
| HIV 1/2 | X | X | X |
| Malaria | X | X | X |
| Sepsis | X | X | X |
| Syphilis | X | X | X |
| Transmission spongiform encephalopathy (TSE) | X | X | X |
| Vaccinia | X | X | X |
| West Nile Virus (WNV) | X | X | X |
| Clinically significant metabolic bone disease | X | X | |
| Gonorrhea (clinically active) | X | X | |
| Illicit drug use, injected drugs | X | X | |
| Leprosy (Hansen's disease) | X | X | |
| Polyarteritis nodosa | X | X | |
| Rabies | X | X | |
| Rheumatoid arthritis* | X | X | |
| Sarcoidosis | X | X | |
| Systemic lupus erythematosus | X | X | |
| Systemic mycosis | X | X | |
| Tuberculosis (clinically active) | X | X | |
| Active genital herpes | X | | |
| Acute infectious/septic illness | X | | |
| Ankylosing spondylitis | X | | |
| Antiphospholipid syndrome | X | | |
| Autoimmune hemolytic anemia | X | | |
| Autoimmune lymphoproliferative syndrome | X | | |
| Autoimmune thrombocytopenic purpura | X | | |
| Autoimmune vasculitis | X | | |
| Cancer (see chart inside) | X | | |
| Chagas disease | X | | |
| End stage renal disease/chronic dialysis* | X | | |
| Epstein Barr virus (clinically symptomatic mononucleosis) | X | | |
| Clostridium difficile infection | X | | |
| Cold agglutinin disease | X | | |
| Encephalitis (clinically active) | X | | |
| Endocarditis (clinically active) | X | | |
| Guillain-Barre syndrome (clinically active) | X | | |
| High risk behavior | X | | |
| Illicit drug use, non-injected drugs | X | | |
| Meningitis (clinically active) | X | | |
| Methicillin resistant staphylococcus aureus (MRSA) | X | | |
| Mixed connective tissue disease | X | | |
| Multiple sclerosis | X | | |
| Myasthenia gravis | X | | |
| Osteoporosis, clinically diagnosed* | X | | |
| Peritonitis | X | | |
| Polioyelitis | X | | |
| Pyelonephritis | X | | |
| Reactive arthritis (Reiter's syndrome) | X | | |
| Rheumatic fever | X | | |
| Steroid use/Treatment Chronic | X | | |
| Vancomycin resistant enterococcus (VRE) | X | | |
| Varicella zoster | X | | |
| Wegener's granulomatosis | X | | |

*Not an automatic rule-out for skin donors.



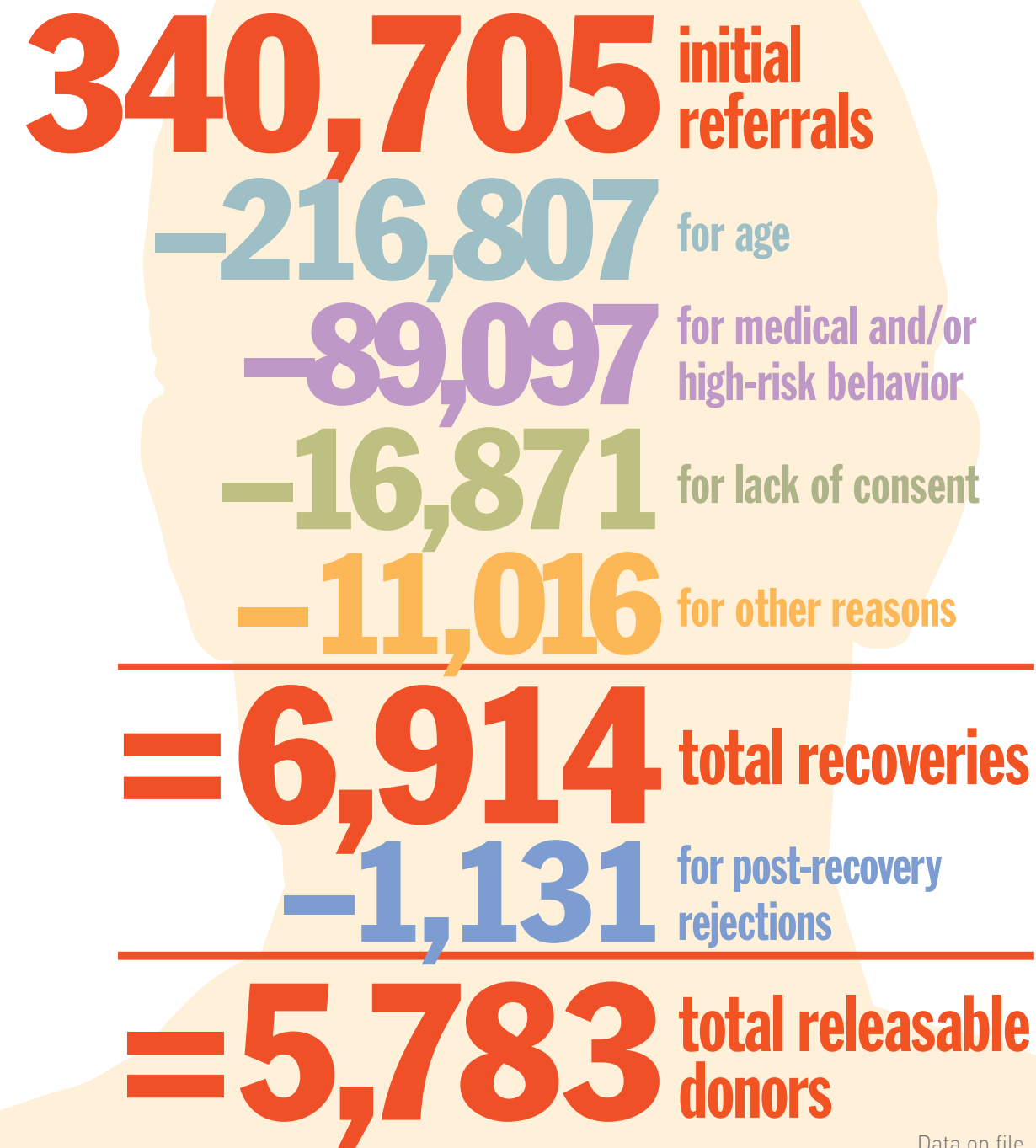
WHY WE'RE SO PARTICULAR ABOUT OUR TISSUE.

There's no question. When you start with better tissue, you end with better tissue. So screening donors—thoroughly—is not just important, it's critical. That's why we're so vigilant in our approach to donor selection.

Our process is set and overseen by our Medical Board of Trustees, with criterion based on what's best medically, not financially.

This pamphlet explains how we're different, in hard numbers and facts. You'll see which donors are selected, which are not, and for what reasons. After you've read over our approach, we encourage you to ask your current tissue bank about its standards. The results may surprise you.

Of course, if you have any questions about what we do, or how we do it, just contact your MTF representative.



Data on file.

THE TOUGHEST CRITERIA ON CANCER...

| | MTF | Bank A | Bank B | Bank C | Bank D |
|----------------------|-------------------------------------|---------------------------------|--------------------------------------|--|---------------------------------|
| Melanoma | Defer | Accept (if no reoccur in 5 yrs) | Defer | Accept (if no reoccur in 5 yrs) | Accept (if no reoccur in 5 yrs) |
| Cancer, Metastatic | Defer | Defer | Accept (if no reoccur in 5 yrs) | Defer | Defer |
| Cancer, Infiltrating | Defer | Accept (if no reoccur in 5 yrs) | Accept (after MD review) | Accept (if no reoccur in 3 yrs, 5 yrs for Br/Pr) | Accept (if no reoccur in 5 yrs) |
| Cancer, Heme | Defer | Defer | Accept (if no reoccur in 5 yrs) | Defer | Defer |
| Cancer, Brain | Defer | Defer GBM Accept Grade 1 & 2 | Defer GBM Accept if no shunt/surgery | Accept if no shunt/surgery | Accept (if no mets) |
| Cancer, Skin | Accept BCC (if no reoccur in 6 mos) | Accept | Accept | Accept SCC after excision | Accept |

*Adapted from AATB Tissue Donor Suitability Workshop, January 2009

LET'S GET SPECIFIC...

Cancer: Acceptance of donors with cancer is at the discretion of each individual tissue bank. MTF does not accept donors with cancer. We make limited exceptions for in-situ cancer of the cervix and basal cell carcinoma, if surgically removed and with no recurrence in six months.

Illegal drugs: Beyond the regulatory requirements of no IV drug use within five years of death, MTF also rejects non-IV "street drugs" such as cocaine or methamphetamines within 12 months of death. Also, no drug-seeking behaviors, such as a history of stealing drugs or purchasing narcotic drugs on the Internet or street.

Infection: Regulations require rejection of donors with medically diagnosed sepsis, but there are considerable gray areas in the interpretation of evidence of significant infection. MTF does not accept a donor with any evidence of active, systemic infection, or in which infection was the cause of death or a contributing factor in the death.

High-risk behavior: MTF's criteria is more restrictive than required for risk factors associated with sexual activity, incarceration, and tattoos/piercing. Cases are deferred for sex with at-risk partners, active STDs, pedophilia and other deviant sexual behaviors. Incarceration history is reviewed for duration, cause and type of institution.

Age: No industry standards exist to regulate donor age criteria. A recent study of 14 AATB accredited processors¹ showed that five of 14 banks accept donors up to age 85 or do not place any upper limits on age. MTF accepts donors from 12-70 with more restrictive criteria for tissue forms affected by age, such as soft tissue, and cell-based grafts.

Osteoporosis: No industry standards exist to regulate acceptance of donors with osteoporosis. A recent study of 14 AATB accredited processors¹ showed that 50% accept donors with medically diagnosed osteoporosis. MTF defers all donors with a confirmed diagnosis as well as those being treated with bisphosphonates.*

Domestic Donors: There are no industry regulations against distributing internationally recovered tissues domestically. However, it is MTF's policy that all domestically distributed tissues are recovered from domestic donors only.

Steroids: No industry standards exist to regulate acceptance of donors with a history of steroid use. Since steroid use can affect tissue quality and safety, MTF defers all potential donors treated with a dose greater than 20 mg/day for more than 30 days. If the dose and duration is less, donors are reviewed for reason of treatment and potential for osteoporosis or "masked" infection.

End stage renal disease/Chronic dialysis: No industry standards exist for ESRD or history of dialysis, which can impact tissue safety and quality. MTF defers all musculoskeletal donors with ESRD due to the potential impact on bone and soft tissue quality. In addition MTF defers all donors with a history of chronic hemodialysis or peritoneal dialysis.*

1. Jurgensmeier D, Hart RA: Variability in Tissue Bank Practices Regarding Donor and Tissue Screening of Structural Allograft Bone. Spine 35(15): E702-E707, 2010.

*Not an automatic rule-out for skin donors.