

Cahall Robin (DHSS)

From: Cahall Robin (DHSS)
Sent: Tuesday, March 09, 2010 8:54 AM
To: 'mfriedman@axogeninc.com'
Cc: Fournier Ruth (DHSS)
Subject: DHSS/DPH- Organ/Tissue Screening Form (Axogen, Inc) 2010

Sensitivity: Confidential

Hello Mr. Friedman,

This email is to confirm that we have received registry information from you, as the Director of Quality Assurance and Regulatory Affairs for Axogen, Inc. I received the completed Delaware Health and Social Services, Division of Public Health Organ/Tissue Screening Form on March 9, 2010.

Axogen, Inc is currently registered with the Delaware Health and Social Services Division of Public Health Organ/Tissue Bank Registry for 2010.

Thank you for the current information.

Robin Cahall, Administrative Specialist II
Delaware's Division of Public Health
Bureau of Communicable Disease
Thomas Collins Building, 2nd Fl
540 S Dupont Hwy, Ste 12
Dover, DE

Note: This message may contain confidential information for the use of the addressee(s) above and may contain legally privileged information. If you are not the addressee, or the person responsible for delivering it to the addressee, you are hereby notified that reading, disseminating, distributing or copying this message is strictly prohibited. If you have received this message in error, please immediately return it to me by using the single reply button and then deleting the message from your computer. Thank you.



**DELAWARE HEALTH AND SOCIAL SERVICES
DIVISION OF PUBLIC HEALTH
ORGAN/TISSUE BANK SCREENING FORM**

Date: MARCH 8, 2010

1. Name: Mark L. Friedman (person completing form) Phone: 386-462-6820

2. Title: Dr. QA/IA Institution: AXO GEN INC

3. Address: 13859 PROGRESS BLVD SUITE 100 ARLINGTON FL 32675

4. Fax Number: 386 462 6803 E-Mail Address: m.friedman@axogeninc.com

5. Is your agency a current member of the American Association of Tissue Banks? Yes No

6. With what activities is your agency involved in which relates to tissue harvesting and transplantation?

Procurement Furnishing Donating Processing Distributing None

Other (please specify): _____

7. Please indicate which organs and tissues are involved in the above activities and source of HIV testing of the tissue or donor, if any.

Organ/Tissue	Check if Tissue Applies to Question #6	HIV Test Performed on Donor or Tissue Prior to Transplantation		Source of HIV Testing*
		Yes	No	
		Yes Or No		
Kidneys				
Lung				
Pancreas				
Liver				
Eyes				
Skin				
Bone				
Heart Valves				
Sperm				
Blood				
Heart				
Other <u>nerve</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>See list attached</u>
Other				
*Indicate agency or facility responsible for ensuring that HIV test is Performed.				