

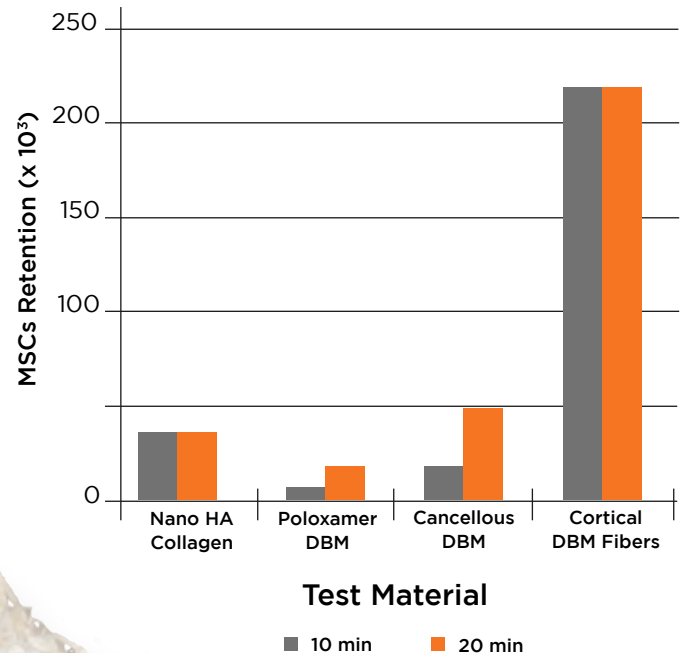
SteriScaf HSA™ Demineralized Cortical Fibers

Ordering Information

Phone: (801) 261-2242
 Email: support@innovasis.com
 Web: www.innovasis.com

- Cortical Fiber Allografts have a higher surface area with greater cell absorption, adherence and retention than various forms of DBM, attributes of an optimal bone void filler†
- Figure 1 compares cell retention properties of nanocrystalline hydroxylapatite (HA) collagen, poloxamer DBM, cancellous DBM, and cortical DBM fibers. Cortical DBM fibers show a greater capacity to bind and retain mesenchymal stem cells than the other graft materials.

Figure 1 - Retention of MSCs by select synthetic and allogeneic bone grafts



The SteriScaf HSA™ Cortical Fibers are regulated by the FDA under 21 CFR Part 1271 Human Cells, Tissues and Cellular and Tissue-Based Products (HCT/Ps). Innovasis, Inc. is registered with the FDA for tissue storage and distribution. Bone Bank Allografts is registered with the FDA for tissue processing and is accredited by the American Association of Tissue Banks (AATB).

Marketed and Represented by: Innovasis, Inc. 614 E 3900 S Salt Lake City, UT 84107

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SteriScaf HSA™
 Demineralized Cortical Fibers



- 100% human cortical bone
- Interwoven demineralized bone fibers provide a unique scaffold for bone formation
- Shape conforming - excellent bone-to-graft contact for orthopedic applications and void filling
- High Surface Area (HSA) - DBM Cortical Fiber Allografts have a greater surface area than cancellous bone for optimized cell adsorption, retention and viability
- Osteoconductive - DBM provides an ideal scaffold to support bone formation
- Osteoinductive Potential*
- Hydrates quickly and uniformly
- Irrigation resistant
- Sterilized by gamma irradiation to a Sterility Assurance Level (SAL) of 10⁻⁶
- No anatomical restrictions to the size or shape of the implants

PART #	DESCRIPTION	VOLUME
BB76025	SteriScaf HSA™ Cortical Fibers	2.5 cc
BB76050	SteriScaf HSA™ Cortical Fibers	5 cc
BB76100	SteriScaf HSA™ Cortical Fibers	10 cc

* Note: It is unknown how the osteoinductive potential measured in an alkaline phosphatase assay will correlate with clinical performance in human subjects.

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