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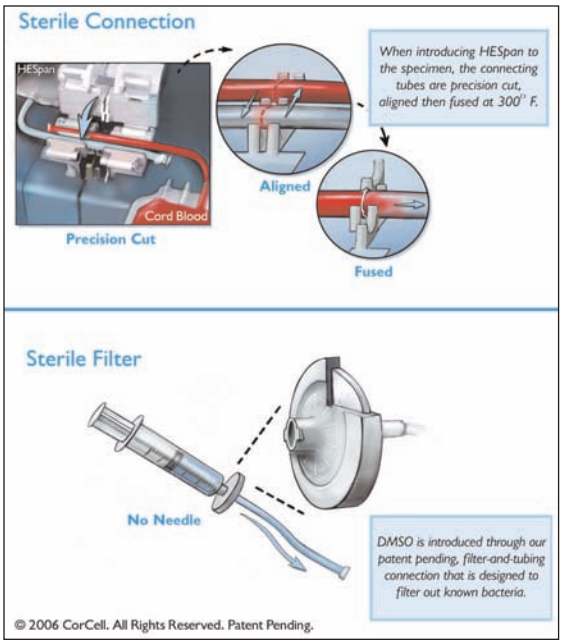
CorCell®, Inc.
Cord Blood Saves Lives

100 Percent Sterile PurePath™ Process Sets Industry Standard

Years of ongoing research and clinical experience have demonstrated that umbilical cord blood (UCB) is a powerful resource for battling devastating diseases. The quality of the stem cells obtained from UCB is unparalleled because they have the capability of developing into the major components of bone marrow (BM), blood and the immune system and are being used in transplants worldwide. To preserve the quality and purity of stem cells obtained from UCB, CorCell uses its sterile, patent pending processing method, **PurePath**™.

CorCell, **Inc.** (Philadelphia, PA), a national, fully licensed and accredited private company that collects and stores UCB, recently announced that its patent pending sterile PurePath™ processing technique exceeds current Good Manufacturing Practices (cGMPs) guidelines, setting a new industry quality standard. CorCell's German affiliate, Vita 34 AG, developed the revolutionary method for processing stem cells found in UCB. All CorCell UCB specimens are sterile processed and cryogenically stored in the company's state-of-the-art private laboratory within Community Blood Services, an AABB accredited blood bank located in Bergen County, New Jersey, which has successfully transplanted 36 cord blood units to date. "CorCell's sterile technique confirms our promise of extraordinary purity and quality assurance," commented CorCell's President and CEO, Marcia Laleman.



"Under Federal cGMP guidelines, our process acts essentially as a 'Class Zero' clean room. Even when processed under hoods, other methods expose a newborn's umbilical cord blood to the air, increasing risks for contamination and spillage. CorCell's sterile closed technique protects the cord blood from these risks. Our sterile PurePath™ process is also compliant with the FDA current Good Tissue Practice (cGTP) regulations, which is important to our families."

Saving a baby's UCB is a once in a lifetime opportunity and is one of the fastest growing obstetrical procedures, with some states mandating expectant mothers be informed about UCB options: to bank, donate, or discard. When privately banked, families will have access to perfectly

matched donor cells for use in treatment of more than 70 diseases, including various cancers, genetic diseases, blood disorders and immune system deficiencies. Studies have estimated the probability the average child will require a transplant of her own stem cells before age 20 is 4 in 10,000 (.04%) (*1*), through age 70, that probability rises to 1 in 400 (0.25%) (*2*). These estimates will increase in the future as more diseases are treated with UCB stem cells and there are further advances in regenerative medicine.

Since 1988, more than 6,000 UCB transplants have been performed successfully worldwide (*3*), with the majority occurring in the last three to four years. It is estimated that annually there are 5,000 critically ill children who do not receive a BM match due to the limited number of available donors, and many patients die during the wait. Among patients who decide to undergo BM transplantation, only 5% are able to identify a match within 2 months, 50% identify a donor within 4 months, and 95% identify a donor within 16 months (*4*). Locating a match for ethnic minorities is even more difficult. Privately banked UCB is readily available for an autologous or related allogeneic transplant and allows treatment to begin immediately without the need to harvest BM; UCB is an exact match for Donor/Child, and a 25% match for a sibling. Further, UCB collection costs less than BM collection, although in almost all cases transplantation is covered by health insurance.

Transplant outcomes demonstrate a 63% survival rate in patients treated with UCB stem cells from a related donor (usually a sibling) and a 29% survival rate among patients transplanted with stem cells from an unrelated donor (*5*). These survival rates are comparable to that of BM transplants.

Using UCB stem cells in transplants also seems to decrease the occurrence of acute and chronic graft-versus-host disease (GVHD) and further reduces the likelihood of other complications or infections. Researchers have studied the incidence of GVHD in children who have received UCB and compared it with GVHD incidence in children who received BM transplantation (*6*). They concluded that there was a lower incidence of acute and chronic GVHD in the recipients of UCB compared with patients who received BM (*7*).

CorCell also provides its Sibling Donor Cord Blood Program to families with children who suffer from diseases that can be treated with UCB stem cells. When an eligible family is expecting another child, CorCell will provide collection, processing, testing, and storage of the stem cells for up to 5 years at no cost to the family. For some, this will be a gift of life.

For more information concerning CorCell, cord blood banking or the Sibling Donor Cord Blood Program, call CorCell at 1-888-326-7235; or visit CorCell's Web site at www.corcell.com.

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