The Revolutionary New Skin Closure Modality

Rapid subcuticular closure… better for your patients, your clinicians, and your bottom line!

Subcuticular Absorbable Staples  |  Percutaneous Metal Staples
(underneath the skin)  |  

At Surgery  |  
At 2 weeks  |  
At 6 weeks  |  Total Hip Arthroplasty

Which rapid skin closure modality would your patients choose?

First, do no harm…

Eliminate Percutaneous Insult*

Over 1,000,000 Patients Worldwide

* Failure to inform patients of their skin closure options is a violation of the Universal Patients’ Bill of Rights.
A patented mechanical rapid skin closure modality that places a proprietary absorbable staple entirely within the dermis resulting in a subcuticular, interrupted, everted closure… eliminating percutaneous insult!

Combines the comfort, cosmesis & convenience of subcuticular absorbable suture with the speed of a percutaneous metal skin stapler, AND eliminates the need to remove staples post-operatively.

Better for patients, clinicians & institutions

Subcuticular INSORB Staples vs. Percutaneous Metal Staples

at surgery

at 1 week

at 1 week

Midline Incision
The INSORB Absorbable Subcuticular Skin Stapler is a sterile, single patient use device containing 30 absorbable staples for skin closure, sufficient to close incisions up to 21 cm in length.

INSORB Absorbable Staples are made of an absorbable co-polymer of polylactic acid and polyglycolic acid (PLA/PGA) with a well-established history in wound closure.

Absorption is essentially complete* at approximately 90-120 days.

* < 40% of original weight at 16 weeks
Profound Clinical Benefits

vs. absorbable suture

✓ Faster
✓ Simple, easy to use
✓ Secure, everted, interrupted closure
✓ Eliminates needle sticks
✓ Shown to lower inflammation*
✓ Shown to lower infections in contaminated wounds*

vs. metal skin staplers

✓ As fast as a metal skin stapler
✓ Eliminates metal staple removal
✓ Eliminates skin perforations
✓ Sustained wound support
✓ Shown to lower inflammation*
✓ Increased patient satisfaction**

* based on published studies
** based on documented patient impressions

Cosmetic Result (Pfannenstiel)
Patient Testimonials

INSORB Absorbable Staples vs. Metal Staples

“By your scars you will be judged.”
— G. M. FitzGibbon

INSORB® Absorbable Skin Stapler

Midline Incision

Side By Side Clinical Study

“I am very happy with the incision and wish this technology was available for ER use.” (Patient Is ER Doctor!)

“Incision closed with INSORB feels much better than my last one.”

“Did not even know I was cut on [my] left [INSORB staple] side.”

“This is a much more comfortable incision. No nasty metal staples.”

“Why wasn’t my whole incision closed with the new stapler?”

“I am much happier with this surgery than past procedures.”

“I have had many surgeries and this was the most comfortable incision.”

“This wound healed faster and with less pain than my last.”
What Are Your Institution’s Quality Drivers/Priorities?

Patient-Centric Solutions Make Economic Sense For the Long Term

- **Increased Patient Satisfaction**
  - Is ‘patient satisfaction’, i.e., comfort, cosmesis and convenience, a genuine driver in your decision making process regarding the acquisition of new technology?

- **Reduced Complications**
  - Is your institution interested in reducing surgical site infections and other wound complications, such as hematomas, seromas, etc.?

- **Reduction In Needlesticks**
  - What is your incidence of needlestick injuries in the OR relating to suturing?

- **Increased Productivity/Reduced Costs**
  - Would increased productivity and reduced OR & anesthesia time result in improved profitability for your surgical program?
Which rapid skin closure modality would your patient choose?

*Some View Percutaneous Metal Skin Staplers As “Barbaric”*

Excerpt from the American College of Surgeon’s Bill of Rights

**Participation in treatment decisions**

“You [the Patient] have the right to know your treatment options and take part in decisions about your care. “

<table>
<thead>
<tr>
<th>INSORB Subcuticular Absorbable Staples</th>
<th>Percutaneous Metal Staples</th>
</tr>
</thead>
<tbody>
<tr>
<td>(underneath the skin)</td>
<td></td>
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<tr>
<td>At Surgery</td>
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<tr>
<td>At 2 weeks</td>
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<td>At 6 weeks</td>
<td></td>
</tr>
<tr>
<td>Total Hip Arthroplasty</td>
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</tr>
</tbody>
</table>

*Failure to inform patients of their surgical options and resulting consequences, including skin closure modality, is a violation of the most basic tenet of the Universal Patients’ Bill of Rights.*
Conclusion

“In conclusion, the closure of contaminated wounds with the INSORB Staples is a superior choice to VICRYL Suture because they have a significantly lower incidence of infection. The INSORB Staple is a revolutionary advance in subcuticular skin stapling.”

Comparison of gross and histologic tissue responses of skin incisions closed by use of absorbable subcuticular staples, cutaneous metal staples, and polydioxanone 9/0 suture in pigs.

Jennifer L. Fish, DVM; Roberts G. Nevo, DVM, MS; Nuss Kittendorf, DVM

Abstract

Objective—To assess gross and histologic tissue responses of skin incisions closed by use of absorbable subcuticular staples, cutaneous metal staples, and polydioxanone 9/0 suture in pigs.

Animals—6 purpose-bred disease-free pigs.

Procedure—Pigs were randomly allocated to 1 of 4 groups from which tissues were collected after 7, 14, 21, or 40 postoperative days. Each pig in each group was either closed subcuticularly with 3-0 polydioxanone 9/0 suture, closed with metal staples, or closed with absorbable subcuticular staples. Incision sites were grossly evaluated every 3 days after closure. At necropsy, incision sites and surrounding tissue were examined histologically; a histopathologic scoring system was used to quantitate healing and tissue response directed against the closure material.

Results—Postoperatively, the metal staples induced a severe inflammatory response, compared with minimal inflammation associated with the suture or absorbable subcuticular staples. Histologic examination of margins on PODs 7, 14, and 40 revealed less severe inflammation associated with absorbable subcuticular staples than that associated with the other materials.

Conclusions and Clinical Relevance—These results indicated that absorbable subcuticular staples induce a less severe inflammatory response [with minimal scarring] in the early stages of healing in pigs, compared with other commonly used methods of wound closure...INSORB Staples are safe to use and evoke a less severe inflammatory response with minimal scarring compared to other commonly used methods of wound closure...Use of absorbable staples potentially combines the benefits of subcuticular closure with the speed and precision of staple placement.

Conclusion

“Cosmetic result and patient comfort were superior [with INSORB] Staples. [Metal] Skin staples are left in for prolonged periods in transplantation because of concerns about wound healing. This may contribute to wound discomfort and serous oozing as well as requiring an additional encounter for removal of staples. Although our experience is early and limited, we conclude that absorbable subcuticular staples are secure and effective and are preferable to metal staple closures, even in renal transplant recipients receiving steroids and sirolimus.”
Infection Control/Risk Management

Surgical Site Infections/Reduced Inflammation

“The INSORB staple was associated with significantly reduced closure time, less inflammation and infection, and better aesthetic result compared to VICRYL™…In conclusion, the INSORB Staple is a superior choice for the closure of contaminated wounds compared to VICRYL suture, because the INSORB staples produce a significantly (p=0.009) lower incidence of infection.”

“Results indicated that absorbable subcuticular staples induced a less severe inflammatory response [with minimal scarring] in the early stages of healing in pigs, compared to other commonly used methods of wound closure.”

“The experience [with the INSORB Subcuticular Skin Stapler] includes the use of the absorbable staple for immediate closure of contaminated wounds that would have otherwise been managed by delayed primary closure…These closures have healed without further intervention or complications…Use of the absorbable staples resulted in reduced post-operative complications, low maintenance wounds, and the elimination of staple removal.

* Published studies available upon request.

Needlestick Safety

- The INSORB Skin Stapler eliminates the potential of needlesticks
  - The INSORB Subcuticular Skin Stapler is listed on the International Health Care Worker Safety Center on the University of Virginia Health System web-site as a safety engineered sharps device.

  http://www.healthsystem.virginia.edu/internet/epinet/safetydevice.cfm

- CDC identifies the OR as the second leading source of hospital sharps injuries.
- More than 120,000 OR needlesticks per year are reported to the CDC, most the result of suture needles.
- CDC estimates that surgeons and OR nurses under-report suture needlesticks by 50% to 90%.
- 20% of all hospital needlestick AIDS cases result from suturing.
Surgical Site Infection Rate in 877 Consecutive Cesarean Sections Closed With Absorbable Skin Staples

J. Birn, R.N., Infection Preventionist, K. Anthony Shibley, MD, F.A.C.O.G.

BACKGROUND
The effect of skin closure modalities on surgical site infections (SSI) after cesarean section has not been well researched. A large number of cesarean sections are performed and there is a significant incidence of SSI with associated morbidity and costs. Meta analysis of contemporary publications demonstrates an SSI rate of 4.3% in cesarean section patients receiving perioperative antibiotics. A review of all cesarean section primary skin closure with a novel absorbable subcuticular stapler was conducted to determine SSI rates during a four-year period at two Community Hospitals in the Fairview Health System.

OBJECTIVE
To determine the rate of SSI in cesarean section primary incisions closed with the absorbable subcuticular staples (INSORB® Absorbable Staple, Incisive Surgical, Inc., Plymouth, MN) during a four year period.

STUDY DESIGN
The IRB (University of Minnesota /Fairview Health System) approved the study design. Data were collected from retrospective chart review including procedure admission, readmissions, and post discharge reports according to National Health Safety Network (NHSN) surveillance methodology and CDC definitions of surgical site infections. SSI’s were identified according to NHSN criteria and defined as deep or superficial infection of the primary incision. Data were from 877 consecutive cesarean sections closed with the absorbable staple by 28 surgeons over a four year time period from 2005 to 2008. Charts were reviewed for NHSN risk index data - Age at procedure, American Society of Anesthesiologists (ASA) score, and duration of surgery as well as antibiotic administration, labor, and body mass index to develop a more comprehensive profile of known or potential infection risk factors. The surgical site infection rate was compared to rates cited in similar studies in the literature for cesarean section incisions closed with conventional closure modalities of absorbable suture and metal staples.

RESULTS
The 877 cesarean sections closed with absorbable staples were classified into 3 groups: 1. Standard Risk Factors* Not in Labor; 2. Standard Risk Factors in Labor; and, 3. Elevated Risk Factors. Patients are in the Elevated Risk group if any of the following factors were presented: (a) No antibiotics, (b) BMI ≥ 40, (c) Age under 22 or over 40, (d) ASA score of 3, 4, or 5, (e) Duration of surgery ≥ 60 minutes.

*Standard Risk Factors: ASA of 0, 1, or 2; Duration ≤ 60 Min.; Age 22-40; Antibiotics given.

Summary of Risk Groups, Study Size, and Infections

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<th>Risk Classification</th>
<th>Cases</th>
<th>Surgical Site Infections</th>
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</thead>
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<td>Standard Risk Factors, NOT in Labor</td>
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<td>1</td>
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<tr>
<td>Standard Risk Factors, in Labor</td>
<td>170</td>
<td>1</td>
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<tr>
<td>Elevated Risk Factors</td>
<td>379</td>
<td>5</td>
</tr>
<tr>
<td>Overall Cases and Infection Rate</td>
<td>877</td>
<td>7</td>
</tr>
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</table>

CONCLUSION
The SSI rate of 0.8% in the 877 consecutive cesarean sections having primary skin closures with the absorbable subcuticular staples compares favorably to SSI rates in similar studies of cesarean section incisions closed with conventional closure modalities. Further study is recommended to determine cesarean section SSI rates of primary skin closure with absorbable suture and metal staples to specifically compare the SSI rates of each closure modality to the absorbable skin staple.

July 27, 2011

Dear Fellow Health Care Professional,

Since 2005, our seven physician OB/GYN practice has used the INSORB Absorbable Skin Stapler to close over 1000 abdominal incisions at two hospitals. The device is simple to use, comfortable and time-effective. It typically takes 1 – 2 minutes for the cesarean skin closure. In contrast to metal skin staples, the absorbable subcuticular skin staples eliminate the inflammation, discomfort and cosmetic result associated with the percutaneous insult, as well as the cost, inconvenience and anxiety associated with post-operative staple removal. The majority of our surgical staff believes that the absorbable staples yield a superior cosmetic result to continuous running stitches. Overall, the patients expressed a significant preference for the comfort and appearance of absorbable staples compared to previous incisions closed with metal staples. We have found that this secure closure modality can safely accommodate the occasional request for early hospital discharge after cesarean births.

Incisions closed with the INSORB Stapler are truly low maintenance wounds. In the formal (IRB, CDC methodology) data collection and review of 500 consecutive cesarean procedures closed with the absorbable subcuticular staples in a four year time period from 2005 - 2009, we observed only one hematoma and no seromas. The data analysis of this study showed the surgical site infection rate was 1.2%, which included all risk levels in a broad spectrum of patients and conditions. In addition, no apparent inflammatory response has been observed. We believe the interrupted nature of the closure which allows natural drainage of the wound in the immediate post-op period, and the low inflammation are the primary factors in these remarkable outcomes. We have observed dramatic reductions in keloid or hypertrophic scar formation with this new modality. Indeed, four patients with keloids from prior surgeries had scar excision and closure with the absorbable staples with no recurrence of keloids one to six years post-operatively. Finally, the INSORB Stapler is a safety engineered device that eliminates the risk of needlesticks.

If you have any questions regarding this clinical experience, please contact me at (952) 920-2200.

With regards,

K. Anthony Shibley, M.D., F.A.C.O.G
## US PRICE LIST
(CONFIDENTIAL)
Effective January 1, 2013

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<tr>
<th>Model #</th>
<th>Description</th>
<th>Per Unit</th>
<th>Per Box</th>
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<tbody>
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<td>2030</td>
<td><strong>INSORB®® 30 Subcuticular Skin Stapler</strong>&lt;br&gt;Single Patient Use Device&lt;br&gt;(Minimum Order - Box of 6)</td>
<td>$48.00</td>
<td>$288.00/6</td>
</tr>
</tbody>
</table>

- Prices subject to change without notice
- Net 30 Days
- Prices F.O.B Incisive Surgical
- Returns require prior Incisive Surgical approval and an Incisive Surgical issued Return Authorization (RA) Number. Returns are subject to a 20% re-stocking fee on unopened product received in original packaging within 60 days of invoice date. Shipping charges are purchaser's responsibility

Physical and remit to address: Incisive Surgical, Inc.<br>14405 - 21st Avenue North, Suite 130<br>Plymouth, MN  55447<br>Federal Tax ID # 41-1950621

Customer Service: (877) 2-INSORB (toll free)<br>(877) 246-7672 (toll free)<br>(952) 591-2543
Facsimile: (952) 591-5989
Web Site: www.insorb.com
Email Address: customerservice@insorb.com
Customer Service Hours: 8:00 am - 5:00 pm CST
Skin Closure With Subcuticular Absorbable Staples After Cesarean Section Is Associated With Decreased Analgesic Use

The Mayo Clinic & District One Hospital Archives of Gynecology & Obstetrics October 2011

Conclusion

“Our results suggest that the use of subcuticular absorbable staples for skin closure at the time of cesarean section may lead to less in-hospital analgesic use, and thereby positively impact a patient’s post-operative course....the decreased use of [IV administered Toradol] associated with absorbable staples would result in a cost savings of approximately $200 per patient even after considering the higher cost of the absorbable staple device...this would suggest that absorbable staples are associated with less pain immediately post-operatively when pain can be the most difficult to control. In addition, there was a trend toward a decrease in ibuprofen use, suggesting that the benefits of absorbable staple use may persist further into the post-operative period.”

Using a PRN Protocol, compare patient pain with INSORB Absorbable Staples versus percutaneous metal skin staples

Less Pain = Higher Patient Satisfaction + Lower Costs
Cost Effectiveness

What Do Percutaneous Metal Skin Staplers Really Cost?
Acquisition Price Is Just A Fraction of the Overall Cost of Medical Devices

First, do no harm…
Then know all the costs!

Economic Factors:
- acquisition price
- average time of closure
- incidence and cost of wound complications
- cost of metal staple removal
- sharps exposure to clinical staff and patient;
- pain medication utilized
- average length of stay
- patient satisfaction variables

1 includes surgical site infections, hematomas, seromas, separations, skin rashes and infections, etc.
2 includes cost of metal skin stapler removal kit, other prep supplies and labor

Patient Satisfaction Factors:
- ensure efficacious outcomes/minimize complications
- minimize anesthesia, length of stay & recovery times
- minimize anxiety, pain, & discomfort of percutaneous metal staples
- minimize anxiety, pain, discomfort, costs and inconvenience of metal staple removal
- provide a cosmetic closure, i.e., no ‘railroad track’ scars, potential for wider scars, keloid formation and hypertrophic scars

* may have effect on long term market share

“By your scars you will be judged.”

G. M. FitzGibbon

“Use of [percutaneous metal] staples for cesarean delivery closure is associated with an increased risk of wound complications and post-operative physician visits. Subcuticular [closures] may therefore be the preferred method of skin closure for cesarean delivery.”

A Randomized Controlled Trial of Wound Complication Rates for Subcuticular Suture Vs. [Percutaneous Metal] Staples for Skin Closure At Cesarean Delivery
## An Economic Analysis of Percutaneous Metal Skin Staplers

**PROCEDURE: CESAREAN SECTION**

### Input Variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost of Metal Skin Stapler (MSS):</td>
<td>$15.00</td>
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<tr>
<td>Incidence of MSS Surgical Site Infections (SSI's)</td>
<td>4.3%</td>
</tr>
<tr>
<td>Average Treatment Cost per SSI Incident</td>
<td>$7,500</td>
</tr>
<tr>
<td>Incidence of MSS 'Other Wound Complications' (includes hematomas, seromas, wound separations, etc.)</td>
<td>5.0%</td>
</tr>
<tr>
<td>Average Treatment Cost per Incident</td>
<td>$1,500</td>
</tr>
<tr>
<td>'Additional' Cost of Pain Medication</td>
<td>$250</td>
</tr>
<tr>
<td>Estimated Cost of Metal Staple Removal Per Procedure</td>
<td>$16</td>
</tr>
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</table>

### Economic Analysis Per 100 Procedures

<table>
<thead>
<tr>
<th>Cost Item</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Procurement Cost of Metal Skin Staplers</td>
<td>$1,500</td>
</tr>
<tr>
<td>Total Treatment Cost of SSI's</td>
<td>$32,250</td>
</tr>
<tr>
<td>Total Treatment Cost of Other Wound Complications</td>
<td>$7,500</td>
</tr>
<tr>
<td>Total Cost of Additional Pain Medications</td>
<td>$25,000</td>
</tr>
<tr>
<td>Total Cost of Metal Skin Staple Removal</td>
<td>$1,600</td>
</tr>
<tr>
<td>Total 'Fully Burdeded Cost' of Metal Skin Staplers Per 100 Procedures</td>
<td>$67,850</td>
</tr>
</tbody>
</table>

### Average Cost Of Percutaneous Metal Skin Stapler

| Total 'Fully Burdeded Cost' of Metal Skin Stapler Per Single Procedure | $679 |

---

3. Incisive estimate of rate of incidence with estimated cost of the addition of 1 extra day in hospital.
5. Calculated at 15 minutes at $50/hour for preparation & removal + cost of metal skin staple removal kit ($3).

---

Excludes the costs of sharps injury on the floor associated with metal staple removal.
In addition, excludes the 'cost' of decreased patient satisfaction due to discomfort, anxiety, pain associated with metal staple removal and compromised cosmetic result, i.e., reduced market share.
What Do Subcuticular Absorbable Sutures Really Cost?

Acquisition Price Is Just A Fraction of the Overall Cost of Medical Devices

Know all the costs!

ECONOMIC FACTORS

- acquisition price
- average time of closure
- incidence and cost of wound complications
- sharps exposure to clinical staff and patient;
- pain medication utilized
- average length of stay
- potential for improved cosmesis due to improved eversion (versus continuous running stitches) resulting in increased patient satisfaction.

1 include surgical site infections, hematomas, seromas, separations, skin rashes and infections, etc.

“In conclusion, the closure of contaminated wounds with the INSORB Staples is a superior choice to VICRYL Suture because they have a significantly lower incidence of infection. The INSORB Staple is a revolutionary advance in subcuticular skin stapling.”

A Revolutionary Advance in Skin Closure Compared to Current Methods
An Economic Analysis of Subcuticular Absorbable Suture

(procedure: Cesarean Section)

Input Variables

<table>
<thead>
<tr>
<th>Input Variable</th>
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<tbody>
<tr>
<td>Average Cost of Absorbable Suture</td>
<td>$7.50</td>
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<tr>
<td>Average Suture Skin Closure Time (minutes)</td>
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<tr>
<td>Cost of OR/L&amp;D Time per minute</td>
<td>$40.00</td>
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<tr>
<td>Incidence of Suture-associated Surgical Site Infections (SSI's)</td>
<td>4.3%</td>
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<tr>
<td>Average Treatment Cost per Suture-associated SSI Incident</td>
<td>$7,500</td>
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<tr>
<td>Incidence of Suture-associated 'Other Wound Complications'</td>
<td>5.0%</td>
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<tr>
<td>(includes hematomas, seromas, wound separations, etc.)</td>
<td>$1,500</td>
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</table>

Economic Analysis Per 100 Procedures

- Procurement Cost of Absorbable Suture (100 procedures x Average Cost) $750
- Cost of OR/L&D Time (100 procedures x 8 minutes x $40/minute) $32,000
- Total Treatment Cost of Suture-associated SSI's $32,250
- Total Treatment Cost of Other Suture-associated Wound Complications $7,500
- Total 'Fully Burdened Cost' of Absorbable Suture Per 100 Procedures $72,500

Total 'Fully Burdened Cost' of Absorbable Suture Per Single Procedure $725


3 Incisive estimate of rate of incidence with estimated cost of the addition of 1 extra day in hospital.

Excludes the costs of sharps injury in the OR associated with needlestick injuries.
Incisive Surgical 510(k) Summary

Submitter: Incisive Surgical (FDA Registration Number: 3004028675)
14405 21st Avenue North, Suite 130, Plymouth, MN 55447-4685

Contact Person: Joel Phillips, Director of Quality
Phone Number: (952) 591-2543 ext 23

Date Approved: April 22nd, 2003 (K024117)

Trade Name: INSORB™ Absorbable Staple

Classification: Class II, 21 CFR 878.4750, Staple, Implantable

Product Code: GDW

510(k) Numbers: INSORB™ Absorbable Staple 510(k) Numbers:
K024117, K033602, K061784, K090159, K120373

Predicate Devices: The INSORB™ Absorbable Staple is substantially equivalent to the Autosuture Absorbable Subcuticular Closure Staple manufactured by United States Surgical (K915489), the Proximate Absorbable Staple manufactured by Ethicon Inc. (K915693), and Vicryl Synthetic Absorbable Suture which are also manufactured by Ethicon Inc. (Multiple 510(k)'s e.g. K022269, K974299, K962480).

Device Description: INSORB™ Absorbable Staples are 5 mm in length, 0.8 mm thick, 3.5 mm wide overall, and have cleat tips that are 0.8 mm apart. The INSORB™ Absorbable Staples are used in conjunction with a manual surgical stapler from Incisive Surgical that is a Class I exempt device pursuant to 21 CFR 878.4800.

INSORB™ staples are made from an absorbable copolymer which is a synthetic polyester derived from lactic and glycolic acids. It is chemically similar to other surgical glycolide / lactide-based copolymers. Polyglycolic / polyactic acid copolymers degrade in vivo by hydrolysis to glycolic acid and lactic acid which are then absorbed and metabolized by the body.

Intended Use: Synthetic absorbable INSORB™ staples are intended for the subcuticular closure of skin where an absorbable tissue fastener is desired for temporary tissue approximation.

Functional & Safety Testing: Prior to commercialization INSORB™ Absorbable Staples underwent testing to verify appropriate functional characteristics. This testing included animal study, mechanical performance testing, and package testing. This testing demonstrates that the INSORB™ Absorbable Staples meet all required specifications.

Conclusion: The INSORB™ Absorbable Staples from Incisive Surgical are substantially equivalent to the Autosuture Absorbable Subcuticular Closure Staple manufactured by United States Surgical (K915489), the Proximate Absorbable Staple manufactured by Ethicon Inc. (K915693), and Vicryl Synthetic Absorbable Suture which are also manufactured by Ethicon Inc. (Multiple 510(k)'s e.g. K022269, K974299, K962480).
**CERTIFICATE OF LIABILITY INSURANCE**

**DATE (MM/DD/YYYY):** 6/22/2012

**Producers:**
- Christensen Group Insurance
  - 11100 Bren Road West
  - Minnetonka, MN 55343

**Insured:**
- Incisive Surgical, Inc.
  - 14405 - 21st Avenue N
  - Suite 130
  - Plymouth, MN 55447

**Coverages:**

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**Issuing Insurer:**
- Federal Ins. Co.
  - 20281

**INFORMATION AND NOTICES:**

**Evidence of Insurance**

**CERTIFICATE HOLDER**

**CANCELLATION**

**ACORD 25 (2010/05)**

© 1988-2010 ACORD CORPORATION. All rights reserved.
Recognized as One of the Most Technologically Innovatively in 2007

Winner of the Technology Innovation Award in the Medical Devices Category

Recipient of a Wound Closure Product Innovation of the Year

Recipient of an Excellence in Research Award

Recipient of a Gold Medical Design Excellence Award recognizing outstanding advancements in innovation

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