

Annual Report Clinical Trials of Investigational Stem Cell Treatments

Report Year September 1, 2018 to August 31, 2019

NOTICE: THE INFORMATION IS PUBLICLY AVAILABLE

1. NAME AND ADDRESS OF THE INSTITUTIONAL	REVIEW BOARD (IRB)						
Name of IRB		A. A. Sherman, Greenman and Mark Street, Sec.		minimizer - American Warren er			
Advarra	in the second of						
Address 1	Address 2			Agent 1			
6940 Columbia Gateway Drive	#110	Annual Control of the	=				
City	in distance Age of the west of the second of	State		ZIP or Postal Code 21046			
Columbia	regionality is a common control of the second of the secon	MD	<u> </u>				
Email Address	ail Address			Phone			
sara.harnish@advarra.com	and the transfer and the special and	(410) 8	(410) 884-2900				
2. NAME AND ADDRESS OF ALL MEDICAL SCHO- Note: The IRB must be affiliated with a medical school as de the Texas Health and Safety Code that has at least 150 bed Name of Medical School or Hospital Memorial Hermann Healthcare System-U	fined by Section 61.501 of the s.	Education Code or	a hospital lice	ensed under Chapter 241			
Address 1	Address 2	104					
6410 Fannin Street							
City		State	Variation = 1984 - 1984	ZIP or Postal Code			
Houston, TX			hand industrial district	77C30			
3. NAME AND ADDRESS OF PATIENT TREATMEN	IT LOCATION(S) (Attach T	MB-MD-0002-A	f more spac	e is necessary)			
Treatment Location 1				organ, and a constant of the c			
Austin Sports Medicine	and the second of the second o	cemes-samplimes-sensorme	ABANA	EXTERNORMAL CONTROL - COMPANION CONTROL DE LA MINE PER CONTROL DE			
Address	City		State	Zip			
900 W. 38th	Austin	complete same - 1 1 s	TX	78705			
Treatment Location 2 Athletic Orthopedics & Knee Center	A THE RESIDENCE OF THE PARTY OF	944 . II XIII					
Address	City	retrocks statistic a beorganismospool of	State	Zip			
9180 Katy Fwy	Houston	A		77055			
Treatment Location 3	» ,	,	eles Astronomicos es un annomi	h ve s'immannes ever, man e e e e e e e e e anti-			
Regional Pain Care Center			Tau	Zip			
Address	City	maning colling collection of the second collec	State	75013			
1111 Raintree Circle, Suite 170	Allen		نا سان ماه وروسانده ا	1,0019			
Treatment Location 4 Central Park Surgery Center	The second se						
Address	City		State	Zip 79705			
900 W 38th	Austin			78705			

4. PHYSICIAN NAMES CERTIFIED BY THE IRB OR AFFILIATED ENTITY (Attach TMB-MD-0003-A if more space is necessary) Certification Dates					
Name (Last, First)	TX License Number	From To			
Windler, Carey	E1183	01/30/2019	05/29/2020		
Jensen, Jack	F1071	02/04/2019	05/29/2020		
Holubec, Jerry	H0458	02/26/2019	05/29/2020		
Burrus, Matthew Tyrrell	R2822	02/14/2019	05/29/2020		
Johnson,Robert	G7249	03/15/2019	05/29/2020		
Soni, Prabhat (New York State)	NY:192569	04/04/2019	05/29/2020		
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- 5. Provide a summary below containing the following information.
 - 1. Sets forth the study's current findings.
 - Specifies the total number of patients participating in the stem cell clinical trials(s).
 - 3. includes the treatment results of all patients treated with investigational stem cell treatments.
 - 4. Generally describes the effects of the treatments and all adverse events.

Do not include any patient identifying information

Within the reporting period a total of eleven (11) patients have received investigational stem cell treatments. All patients have experienced some level of improvement when a comparison is drawn between the pre-injection (baseline) joint examination and the scheduled follow-up examinations. The time period of physician assessment for the reporting period ranges from (10) ten days post injection up to six (6) months for one patient. There were no adverse events reported (anticipated or unanticipated) during the reporting period. No patients have self- selected out of the study.

Patient ID/ Gender/ Age /Joint/ Physician/ Patient Assessment from Baseline/ Patient Evaluation of Pain Reduction Post Injection

1	М	69	Knee	Greatly Improved	No Pain Post Injection
2	F	60	Hìp	Greatly Improved	Pain Reduced
3	М	69	Knee	Slightly/ Somewhat Improved	Minimal Pain Feduction
4	F	60	Knee	Slightly/ Somewhat Improved	Significant Pain Reduction
5	F	87	Knee	Slightly/ Somewhat Improved	Minimal Pain Reduction
6	М	82	Shoulde	er Greatly Improved	Significant Pain Reduction
7	М	46	Knee	Greatly Improved	Significant Pain Reduction
8	F	69	Thumb	Slightly/ Somewhat Improved	No Pain Reduction
9	F	69	Knee	Greatly Improved	Significant Pain Reduction
 10	М	67	Knee	Greatly Improved	Significant Pain Reduction
11	F	77	Knee	Slightly/ Somewhat Improved	Minimal Pain Reduction

6. Inc	licate the	top:	three	treatment	areas	of th	he s	study
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7. SIGNATURE - I certify that the contents of and attachments to this document are complete and accurate.

SIGNATURE OF IRB CHAIRPERSON

DATE (mm/dd/yyyy)

10/24/2019



Additional Treatment Locations Page Annual Report Clinical Trials of Investigational Stem Cell Treatments

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3. ADDITOINAL NAME AND ADDRESS OF PATIEN	IT TREATMENT LOCATIONS		
Treatment Location 5			
Soni Medical Centers			
Address	City	State	Zip
2519 AVE O	Brooklyn	NY	11210
Treatment Location 6	J.,	L	
Orthopedic Associates of Central Texas			
Address	City	State	Zip
1015 E. 32nd Street, Suite 101	Austin	TX	78705
Treatment Location 7			
Address	City	State	Zip
Treatment Location 8			
Address	City	State	Zip
Treatment Location 9			
Address	City	State	Zip
Treatment Location 10	- A C - C - C - C - C - C - C - C - C -		***************************************
Address	City	State	Zip
Treatment Location 11			
Address	City	State	Zip
Treatment Location 12			
Address	City	State	Zip