Medicare Reimbursable

Amniotic Liquid

Product Benefits

Efficient

Procedures are efficient and do not require special instrumentation.

Natural

The active contents in Axolotl Ambient™ are found naturally in the body.

Irradiated

Terminally irradiated acellular amniotic liquid allograft at ambient temperature of 25±7°C, 77±13°F.

Ordering Information

SKU	DESCRIPTION	SIZE
AA10	AMNIOTIC LIQUID ALLOGRAFT	1.0 ML
AA20	AMNIOTIC LIQUID ALLOGRAFT	2.0 ML

The fluid is an ambient temperature (25±7°C, 77±13°F) stored amniotic liquid allograft derived from the amniotic components of the placenta.

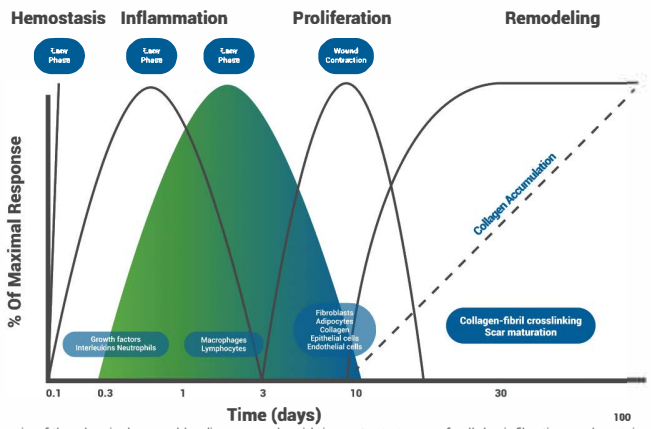
Cost, 2 cc $4800

Reimbursement: $8240

Amniotic Liquid Allograft

Is an ambient temperature (25± 7° C, 77±13°F) stored amniotic liquid allograft derived from the amniotic components of the placenta.

Contains growth factors and cytokines secreted from amnion derived cells:



Schematic of the classical wound healing cascade with important stages of cellular infiltration and protein deposition
Adapted from: Clark, 1991

Hemostasis
- PAI-1[1], uPA[2], uPAR[2]

Inflammation
- Anti: IL-1ra[3], TGF-β[4], HGF/HGFR[5]
- Pro: MIF[6]

Proliferation
- TGF-β[4], VEGF & VEGF-R1[7], EGF-R[8]

Migration
- TGF-β[4], PAI-1[1], TIMP-1[9], HGF/HGF-R[5]

Tissue Remodeling
- TGF-β[4], Pentraxin 3[10], MMP-1&2[9], TIMP-1,2&4[9]

These secreted proteins are essential for fetal growth and development and are also known to support the localized regeneration and repair of damaged tissue.[11] [12]

Quality Assurance

Allograft tissue products have been manufactured using the BioSym™ process which includes, cleaning as well as terminal sterilization steps. This process was established in accordance with FDA regulations and has been subjected to testing and validation studies to verify effectiveness.

It is only intended for use in the domestic United States.

1. Cesarman-Maus G and Hajar KA. (2005). Molecular mechanisms of fibrinolysis. Br j Haematol. 139:307-321.
2. Mondino A and Blasi F. (2004). uPA and uPAR in fibrinolysis, immunity and pathology. Trends in Immunology. 25 (8):450-455.
3. IL1RA: Harrell CR, Markovic BS, Fellabaum C, Arsenijevic N, Djonov V and Volarevic V. 2020. The role of interleukin 1 receptor antagonist in mesenchymal stem cell-based tissue repair and regeneration. Biofactors. 46:263-275.
4. Wang X-J, Han G, Owens P, Siddiqui Yand Li AG. 2006. Role of TGFβ-mediated inflammation in cutaneous wound healing. J Invest Dermatol Symp Proc. 11:112-117.
5. HGF/R Conway K, Price P, Harding KG, Jiang WG. 2005. The molecular and clinical impact of hepatocyte growth factor, its receptor, activators, and inhibitors in wound healing. Wound Repair Regen. 14:2-10.
6. MIF Gilliver SC, Emmerson E, Bernhagen J, Hardman MJ. 2010. MIF: a key player in cutaneous biology and wound healing. Exp Dermatol. 20:1-6.
7. VEGF Eming S, Krieg T. 2006. Molecular mechanisms of VEGF-A action during tissue repair. J Invest Dermatol Symp Proc. 11:79-86.
8. EGF-R Jones S, Rappoprt JZ. 2014. Interdependent epidermal growth factor receptor signalling and trafficking. Int J Biochem Cell Biol. 51:23-28.
9. MMP/TIMPS: Gill SE, Parks WC. 2008. Metalloproteinases and their inhibitors: Regulators of wound healing. Int J Biochem Cell Biol. 40:1334-1347.
10. Doni A, Garlanda C, Mantovani A. 2016. Innate immunity, hemostasis and matrix remodeling: PTX3 as a link
11. Barrientos, S., Stojadinovic, O., Golinko, M. S., Brem, H., & Tomic-Canic, M. (2008). Growth factors and cytokines in wound healing. Wound repair and regeneration, 16(5), 585-601.
12. Gnecchi, M., Danieli, P., Malpasso, G., & Ciuffreda, M. C. (2016). Paracrine mechanisms of mesenchymal stem cells in tissue repair. In Mesenchymal Stem Cells (pp. 123-146). Humana Press, New York, NY.