# CYGNUS® Matrix

## DONATED HUMAN TISSUE

RESTRICTED TO USE BY OR ON THE ORDER OF A LICENSED HEALTHCARE PROVIDER (physician, dentist, podiatrist, optometrist, nurse practitioner, or physician assistant). NOT INTENDED FOR VETERINARY USE.

#### **DESCRIPTION**

CYGNUS Matrix® is a semi-transparent, collagenous membrane obtained with consent from mothers during childbirth. CYGNUS Matrix is derived from placental tissue (amnion with spongy layer and chorion), that retains its native extracellular matrix (ECM) scaffolding and proteins. CYGNUS Matrix is processed using aseptic techniques and dehydrated. The allograft is aseptically packaged in a tear pouch within a peel pouch and is provided sterile.

#### **INTENDED USE**

CYGNUS Matrix is intended for use as a tissue barrier or protective covering for wounds. CYGNUS Matrix is applied at a site of injury to protect wounds or burns from surrounding environment or where a barrier is desired. The intended use of CYGNUS Matrix includes the management of acute and chronic wounds such as partial and full thickness wounds, surgical wounds, trauma wounds and wounds with exposed tendon, muscle, joint capsule, and bone.

## **CONTRAINDICATIONS**

CYGNUS Matrix is contraindicated for:

- use on clinically infected wounds.
- surgical implantation sites with active or latent infection.

### **DONOR ELIGIBILITY**

The tissue that comprises CYGNUS Matrix is acquired from a qualified donor and processed using aseptic techniques in accordance with federal, state, and/or international regulations and to the standards of the American Association of Tissue Banks. The donor is screened and tested for communicable disease risks and other exclusionary medical conditions. The results of the donor screening and testing have been reviewed by the Medical Director of Vivex Biologics, Inc., and the donor has been deemed suitable for transplantation.

Communicable disease testing is performed by an FDA-registered laboratory certified to perform such testing on human specimens under the Clinical Laboratory Improvement Amendments of 1988 (42 U.S.C. 263a) and 42 CFR Part 493 or that has met equivalent requirements as determined by the Centers for Medicare and Medicaid Services in accordance with those provisions. Results from the following infectious disease tests have been found to be nonreactive or negative:

# **Human Immunodeficiency Virus (HIV)**

HIV-1/2 Plus O Antibodies (HIV-1/2 Plus O Ab) Nucleic Acid Test for HIV-1 RNA (HIV-1 NAT)

## Hepatitis B Virus (HBV)

HBV Surface Antigen (HBsAg) HBV Core Antibody (IgG & IgM) (HBcAb) Nucleic Acid Test for HBV DNA ( (HBV NAT)

# **Hepatitis C Virus (HCV)**

HCV Antibody (HCVAb)
Nucleic Acid Test for HCV RNA (HCV NAT)

# Syphilis\*

Rapid Plasma Reagin (RPR) Screen T. Pallidum IgG

# West Nile Virus (WNV)

Nucleic Acid Test for WNV RNA (WNV NAT)

\*A donor whose blood specimen is unsuitable for the non-treponemal screening assay, such as the RPR test, or with a reactive result from the non-treponemal screening assay, is cleared for transplantation use only when the result from the treponemal-specific (confirmatory) assay is nonreactive.

Additional tests for other communicable diseases, such as: Cytomegalovirus, Epstein Barr, HTLV I/II, Toxoplasma gondii, T-Cruzi, and Zika Virus may have been performed. The results of all additional communicable disease tests have been evaluated by the Medical Director and have been found acceptable according to regulations, standards, and Vivex Biologics, Inc. policies and procedures.

# WARNINGS

The donor of the allograft is screened and tested for relevant communicable diseases and disease agents, and the tissue is microbiologically tested. CYGNUS Matrix is processed using aseptic techniques and may be exposed to Gentamicin and Vancomycin. Although the tissue is rinsed using sterile water or sterile saline during the manufacturing process, trace amounts of Gentamicin and Vancomycin may remain. The allograft is terminally sterilized by a validated electron beam irradiation process in accordance with ANSI/AAMI/ISO 11137. Although efforts have been made to ensure the safety of the allograft, there is no assurance that this allograft is free from all infectious diseases or microbial contamination. As with all allogeneic materials, CYGNUS Matrix may transmit infectious agents; however, this risk is greatly reduced by the use of strict donor screening criteria, laboratory testing, aseptic processing, and terminal electron beam irradiation of final product.

**DO NOT FREEZE** the allograft by any method.

# FOR USE IN ONE PATIENT, ON A SINGLE OCCASION ONLY.

**DO NOT RE-STERILIZE** the allograft by any method. Exposure of the allograft and packaging to irradiation, steam, ethylene oxide, or other chemical sterilant may render the allograft unfit for use.

# DO NOT USE ALLOGRAFT IF EXPIRED.

## ADVERSE EVENTS AND REACTIONS

Possible adverse events may include:

- Immunologic response (the possibility that a patient may develop alloantibodies should be considered for any patient who might be a future recipient of allograft tissue or cells)
- Transmission of disease of unknown etiology and transmission of infectious agents including but not limited to: HIV, syphilis, or microbial contaminants
- Infection of soft tissue and/or bone (osteomyelitis)
- Fever

## **STORAGE**

CYGNUS Matrix must be stored at ambient temperature 35.6°F to 86°F (2°C to 30°C). It is the responsibility of the tissue dispensing service, tissue distribution intermediary, and/or end-user clinician to maintain the allograft in appropriate storage conditions prior to further distribution or use and to track expiration dates accordingly. Appropriate inventory control should be maintained so that the allograft with the earlier expiration date is preferentially used and expiration is avoided.

#### **PRECAUTIONS**

CYGNUS Matrix is processed and packaged using aseptic techniques and terminally sterilized. The allograft must be handled in an aseptic manner to prevent contamination.

Do not use the allograft if either pouch integrity has been compromised.

Caution should be exercised on patients with known sensitivity or allergies to vancomycin, gentamicin, or any of the processing agents listed under the Warnings section of this document.

Once the allograft container seal has been compromised, the allograft should be transplanted promptly, if appropriate, or otherwise appropriately discarded.

The outermost pouch is not sterile and should  $\underline{not}$  be placed on an operative field.

#### ALLOGRAFT PREPARATION

Step 1: Remove the pouch containing the allograft from the box.

<u>Step 2</u>: Inspect the pouches for any holes, tears, or incomplete seals.

<u>Step 3</u>: Using aseptic technique, peel open the outer peel pouch from the chevron end and present the inner pouch to the operative field, when required.

<u>Step 4</u>: Wait to open the inner pouch until ready to place the allograft. Locate the tear notch on the pouch and tear open using caution, as CYGNUS Matrix is a semi-transparent membrane.

<u>Step 5</u>: Grasp the allograft and place it directly on the surgical or wound site. It is not necessary to rehydrate CYGNUS Matrix prior to use. When working with the circular version, unfold the graft and then place it directly on the surgical or wound site.

<u>Step 6</u>: CYGNUS Matrix can be applied at the onset of the wound, with subsequent application at the discretion of the healthcare provider. CYGNUS Matrix is not intended to be removed.

<u>Step 7:</u> Affix CYGNUS Matrix using preferred fixation method at the discretion of the healthcare provider.

<u>Step 8:</u> Apply a non-adherent, non-occlusive dressing directly over CYGNUS Matrix followed by a secondary dressing specific to the wound type.

### **ALLOGRAFT ORIENTATION**

The epithelial layer of the allograft is facing upwards when a triangle notch is located on the upper left-hand corner of the graft as shown in Figure 1.



Figure 1.

## RECIPIENT INFORMATION

Recipient records must be maintained for the purpose of traceability. It is the responsibility of the tissue dispensing service, tissue distribution intermediary, and/or end-user clinician to provide Vivex Biologics, Inc. with information pertaining to the traceability of the allograft used. For this purpose, the postage paid Tissue Utilization Report (TUR) card is provided with the allograft. Once the allograft is used, peel off the small product labels provided on the product packaging and affix them on the TUR card and applicable recipient records. Complete the TUR card and mail to Vivex Biologics, Inc., scan and e-mail to turs@VIVEX.com, or fax to (888) 630-4321.

## ADVERSE REACTION OUTCOME AND COMPLAINT REPORTING

Adverse reaction outcomes potentially attributable to the allograft or other complaints must be promptly reported to Organogenesis Inc. at 1-888-432-5232.

#### **RETURNED GOODS POLICY**

Please contact Customer Service at 1-888-432-5232 for information regarding Organogenesis Inc. Tissue Return Policy.

Organogenesis Inc. and Vivex Biologics, Inc. warrant that the allograft will conform to the specifications set forth herein provided that the allograft is handled, stored, and implanted by healthcare providers according to the requirements set forth herein or as provided in writing. Organogenesis Inc. and Vivex Biologics, Inc. make no other warranties regarding the allograft; specifically disclaim any implied or statutory warranties, including any warranty against disease transmission and infection; and make no representations or warranties concerning the biological properties or biomechanical properties of the allograft.

### Distributed by:

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## Manufactured by:

Vivex Biologics, Inc. 2430 NW 116<sup>th</sup> Street Miami, Florida 33167 USA P: (888) 683-7783 VIVEX.com

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Single Use Only



Store at Ambient Temperature (2°C to 30°C)



Consult instructions for use