

Exhibit 6.1

Applies To: Department: Obstetrics and Gynecology Revised: Effective Date: _____

Title: Second Trimester Pregnancy Termination, D&E and induction of labor		Policy	
Patient Age Group:	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> All Ages	<input type="checkbox"/> Newborns <input type="checkbox"/> Pediatric <input type="checkbox"/> Adult

POLICY STATEMENT

This protocol is for management of pregnancy termination in the second trimester (13-25 weeks). Most women who undergo induced abortion or miscarriage management from 13-16 weeks choose dilatation and evacuation (D&E). Beyond 16-17 weeks, women should generally be given a choice between induction of labor vs. D&E although it appears that complications are more common with induction of labor than with D&E (1).

ADMISSION CONSIDERATIONS

1. Prior to the procedure it is the physician’s responsibility to:
 - a. provide the patient with a full explanation of both D&E and labor induction with risks and benefits of each.
 - b. obtain specific informed consent form for pregnancy termination and sign the informed consent document.
2. All women will undergo ultrasound evaluation for gestational age assessment.
3. At or beyond 24-25 weeks, pregnancy termination will be considered on a case-by-case basis for maternal or fetal reasons.
4. Terminations for genetic/maternal health indications and for fetal demise are routinely scheduled on L&D. Such cases should be scheduled by calling the L&D front desk scheduler.
5. The Family Planning Service will schedule and staff D&E procedures. A faculty from Family Planning is available 24-7 through the Reproductive Health PALS (272-2000) line. In the case of induction of labor, family planning or the primary physician with the L&D team will manage the patient.
6. A memory box may be made for women who desire footprints, etc. whether the termination occurs by D&E or by induction of labor. Grief counseling is available for women.

DOCUMENTATION

The medical record should reflect the diagnosis and counseling for pregnancy termination. In addition, a dated and timed procedure note will describe procedures performed in the case of D&E, and, in the case of induction, the time of passage of the fetus and placenta, estimated blood loss, and any complications.

METHOD

1. D&E
 - Most women choose D&E when it is offered, although some women choose induction of labor for personal reasons (e.g., in order to hold the baby) or for genetic studies. Studies

Title:
Owner:
Effective Date:
Doc. #

suggest that overall, D&E is safer, resulting in fewer D&Cs for retained placenta and less infectious morbidity.

- a. For D&E, contact the Family Planning attending on call via PALS who will arrange the procedure and placement of laminaria in preparation for the procedure.
- b. If upon presentation to L&D for admission, fetal heart beat is present and feticide is planned/desired, Family Planning or MFM should be consulted. Feticide may be accomplished with intracardiac KCl or with intra-fetal or intra-amniotic digoxin per a separate SOP (Fetal intracardiac KCL or intrafetal/intra-amniotic digoxin injection).

2. Labor induction termination

- Candidates for labor induction abortion in the 2nd trimester include genetic terminations or those for health of the woman who choose not to undergo D&E. The combination of mifepristone and misoprostol is the most effective and fastest. Use of mifepristone reduces the induction to abortion time by 40-50%.

3. Women with pregnancy from 12-24 weeks:

- Mifepristone tablet, 200 mg orally.
- 24-48 hours later, misoprostol, 600-800 mcg vaginally followed by 200-400 mcg vaginally q 3 hours.
- The loading dose of misoprostol appears to reduce overall induction time.
- If patient desires immediate induction, give mifepristone and wait 3 hours for first dose of misoprostol.
- Prior cesarean delivery: there is no clear evidence of an increased risk of uterine rupture with labor induction abortion in women with one prior cesarean. A review suggested a rate of uterine rupture of .28% in scarred uteri vs. .04% in unscarred uteri. Please see protocol for labor induction for women with prior C/S (Induction of labor in 2nd and 3rd trimester with prior cesarean section).
- Pre-procedure feticide may facilitate the time to expulsion with labor induction abortion although data are conflicting on this point.

ADMINISTRATIVE PROCEDURES

1. An abortion is not considered a birth in the case of induction of labor. If there is no evidence of life, a fetal death certificate should not be completed, and an entry should not be made in the delivery log.
2. In cases where a woman desires to terminate a pregnancy beyond 22-23 weeks for fetal or maternal indications, please consult the Family Planning Service.
3. When an induced abortion results in a live-born infant—showing any signs of life such as a heartbeat or voluntary movement—a birth certificate should be completed, and in the space on the birth certificate describing the type of delivery, the word "induced" should be entered. A death certificate must be completed if/when the infant dies. On the woman's medical record, although a live birth resulted from the procedure, this is still recorded as an induced abortion. The diagnosis on the woman's chart should be "induced abortion" with secondary diagnosis giving the indication for the procedure. In addition, a diagnosis of "live-born infant" should be made as a secondary diagnosis. This reflects the unusual outcome of the live birth from an induced abortion. Do not make an entry in the delivery room log.

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4. Parents have the right to burial of the fetus regardless of the gestational age and despite choosing induced abortion. Nursing has the names of mortuaries to arrange for burial.
5. Grief counseling and keepsakes should be offered to the parents

CONSULTATION

Twenty-four hour consultation is available by calling the Division of Family Planning service at the University of New Mexico Hospital through PALS.

REFERENCES

1. SFP guideline: http://www.societyfp.org/_documents/resources/guidelines2011-1.pdf.

The information in this SOP is designed to aid practitioners in making decisions about appropriate obstetric and gynecologic care. These SOP guidelines should not be construed as dictating an exclusive course of treatment or procedure. Variations in practice may be warranted based on the needs of the individual patient, resources, and limitations unique to the UNM setting or type of practice.

Title:
Owner:
Effective Date:
Doc. #

DOCUMENT APPROVAL & TRACKING

Prepared by: _____ Division of Family Planning

Approved by: _____

Approval: _____
Chair, Department of Obstetrics and Gynecology Date

SOP # / Version #	Effective Date	Supersedes	Review Date	Summary of Change(s)

Title:
Owner:
Effective Date:
Doc. #

Exhibit 6.2

Applies To:
Department: Obstetrics and Gynecology
Revised:
Effective Date: _____

Title: Management of Very Early Pregnancy Medical and Surgical Abortion		Policy	
Patient Age Group:	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> All Ages	<input type="checkbox"/> Newborns <input type="checkbox"/> Pediatric <input type="checkbox"/> Adult

POLICY STATEMENT

This protocol is for the management of women desiring abortion at early gestational ages (i.e. prior to ultrasound identification of a clear gestational sac or gestational sac with yolk sac). Surgical abortion in this subgroup remains safe and relatively effective, with appropriate informed consent.

EARLY GESTATIONAL AGE

Women may present for termination of pregnancy at very early gestational ages. All women desiring surgical abortion should have ultrasound performed for dating and confirmation of intrauterine pregnancy. This protocol specifically applies to women -

- Without a gestational sac and/or
- Without a yolk sac

This procedure does **NOT** apply to women with clearly identified extra-uterine pregnancies who should be treated for ectopic pregnancy.

MANAGEMENT

Surgical and medical abortion is a reasonable and effective method of pregnancy termination in women without defined gestational sac or yolk sac. Providers should counsel patients of a 2-3% risk (for surgical abortion)¹ and 9-15% risk (for medical abortion)² of ongoing pregnancy, risk of undiagnosed ectopic pregnancy and the need for continued follow up. The woman has 2 options:

1. Follow up in 1-2wks to verify gestational sac with yolk sac to verify intrauterine pregnancy vs. earlier depending on serum quantitative beta hCG
2. Proceed with medical vs. surgical abortion with close follow up of serum quantitative beta hCG

If the woman elects SURGICAL ABORTION:

1. Counseling should be documented on date of options counseling.
2. Check quantitative serum quantitative beta hCG on date of presentation:
 - if the beta hCG level is **above** the discriminatory zone,
 - o Refer to OB Triage for re-evaluation with DI ultrasound
 - o Counsel with specific concern for ectopic pregnancy and consider MTX vs. D&C via MVA to rule out intrauterine pregnancy
 - o Place in beta book

Title: Management of Early Pregnancy Abortion
Owner: Division of Family Planning
Effective Date: August 3, 2015
Doc. # 1

- If the beta hCG level **below** the discriminatory zone
 - o Proceed with surgical abortion –examine products of conception and document evaluation of tissue within the procedure note. If a gestational sac and chorionic villi are identified, no further follow up is needed.
 - o If a gestational sac and villi are NOT identified, patients should be counseled about signs and symptoms of ectopic or continuing pregnancy and a follow-up appointment should be scheduled. They should have follow up serum quantitative beta hCG in 48 hours with successful abortion defined as a >50% decrease in the hCG level.

- If the woman elects MEDICAL ABORTION:
 1. Counseling should be documented on date of options counseling.
 2. Check quantitative serum quantitative beta hCG on date of presentation;
 3. Schedule a serum quantitative beta hCG and clinic follow up in one week. A $\geq 80\%$ decrease in hCG levels is defined as a successful abortion.
 4. For more information about medication abortion, please see separate medication abortion SOP³.

REFERENCES

1. [REDACTED] (2015). Manual compared with electric vacuum aspiration for abortion at less than 6 weeks of gestation. *Obstetrics and Gynecology*, 125, 1121-1129.
2. [REDACTED] (2013). Mifepristone and buccal misoprostol in women with no defined intrauterine gestational sac. *Contraception*, 87, 855-858.
3. [REDACTED] (2015, 06 30). *Medical Abortion*. ([REDACTED], Ed.) Retrieved 8 10, 2015, from UNM Department of ObGyn Standard Operating Procedures:
[REDACTED]

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DOCUMENT APPROVAL & TRACKING

Prepared by: Division of Family Planning

Approved by: [REDACTED]

Approval: [REDACTED]
[REDACTED] Department of Obstetrics and Gynecology

10/14/15
Date

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Exhibit 6.3

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DOCUMENT APPROVAL & TRACKING

Prepared by: _____ Division of Family Planning

Approved by: _____

Approval: _____
 _____ Department of Obstetrics and Gynecology _____ Date

SOP # / Version #	Effective Date	Supersedes	Review Date	Summary of Change(s)

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Exhibit 6.4



Your
Comfort
is Our Focus

[Our Doctors](#) [Pregnancy Options & Counseling](#) [Abortion Care](#) [Miscarriage](#) [Birth Control](#) [Vasectomy](#) [Fees](#) [Contact](#)

Abortion Care

We offer abortion care up to 23 weeks gestational age (time since last menstrual period). The method of abortion depends on how far along the pregnancy is.

- If you are under 10 weeks (70 days after your last period), you could have a medical abortion or a surgical abortion (D&C).
- After 10 weeks, you must have a surgical abortion. You can also choose to have a surgical abortion instead of a medical abortion if you are less than 9 weeks.

Oral pain medications, intravenous sedation, and nitrous oxide gas are available for pain control.

“The office and medical staff were very informative and very kind. Also very understanding and non-judgmental.”

Medical Abortion

A medical abortion is an option that is available to you if you are 10 weeks along or less. This is done by taking 2 medications. The first, a tablet of mifepristone (*the Abortion Pill*), is taken in our office. Then 6-72 hours later, at home, you take the next medication, misoprostol. The combination of these two medications causes the pregnancy to be passed from your body. It is important to come back to the office a week or two later so an ultrasound can be done to ensure that the medication worked and the pregnancy is gone.

Surgical Abortion

There are two different types of surgical or suction abortion. You can have a surgical abortion from very early in pregnancy (6 weeks from your last period) through 23 weeks. The procedure takes approximately 15 minutes to complete but the whole visit may take several hours depending on your individual situation. You will be given pain medication and you may need additional time after the procedure to recover. Since an ultrasound is done at the end of the procedure, a follow-up visit is not always necessary. We will do a phone follow-up with you a few days later to make sure you are feeling OK. After 12-16 weeks, we may need to get your cervix (the opening of the uterus) ready for the procedure by using medicine to soften the cervix. This can make the appointment longer or, sometimes when the pregnancy is more advanced, it may take another 1-2 days to prepare your cervix for the procedure.

Exhibit 6.5

The chart shows grants to UNM from the Susan Thompson Buffett Foundation. The following pages were extracted from the 990 forms where the grant information was obtained.

2001	\$223,291	UNM Health Sciences Center	Project Support	Page 33
2002	\$34,653	UNM Health Sciences Center	Project Support	76
2003	\$61,889	University of New Mexico	Project Support	115
2004				
2005	\$451,199	University of New Mexico	Project Support	205
2006				
2007	\$14,000	University of New Mexico	Project Support	310
2008	\$465,480	University of New Mexico School of Public Health	Project Support	353
2009	\$15,649 \$131,360	University of New Mexico	Project Support	395
2010	\$14,079	University of New Mexico	Project Support	444
2011	\$15,602 \$17,144 \$591 \$200,571	UNM Foundation	Project Support	504
2012	\$331,632	University of New Mexico	Project Support	583
2013	\$339,347 \$47,639 \$33,734	The Regents of UNM The Regents of UNM The University of NM	Project Support	622 622 633
2014	\$251,201 \$28,775 \$23,920 \$336,948	The Regents of UNM UNM Health Sciences Center UNM Health Sciences Center UNM Health Sciences Center	Project Support	691 692 692 692

The Buffett Foundation 47-6032365
 990-PF Fiscal Year Ending June 30, 2002
 Part XV, Line 3a

University of New Mexico Health Science Center Albuquerque, NM (Project support)	\$223,291.00
University of North Carolina, Chapel Hill Chapel Hill, NC (Fellowships)	\$78,196.64
University of Pennsylvania Philadelphia, PA (Project support)	\$58,100.00
University of Pittsburgh Physicians Pittsburgh, PA (Project support)	\$41,637.00
University of Pittsburgh Pittsburgh, PA (Fellowships)	\$28,741.00
University of Puerto Rico, Cayey Cayey, Puerto Rico (Project support)	\$98,500.00
University of Rochester Rochester, NY (Project support)	\$161,555.00
University of Rochester Rochester, NY (Fellowships)	\$949,258.14
USC Obstetricians & Gynecologists Los Angeles, CA (Fellowships)	\$228,873.00
University of Washington Seattle, WA (Fellowships)	\$53,945.00
Wayne State College Wayne, NE (Scholarships)	\$68,082.50
Willows Foundation Arlington, VA (Project support)	\$1,590,521.00
Zoofari 2001 Omaha, NE (General support)	\$55,000.00
██	\$10,000.00
████████████████████████████████████	\$10,000.00
██	\$10,000.00
██	\$10,000.00

The Buffett Foundation 47-6032365
 990-PF Fiscal Year Ending June 30, 2003
 Part XV, Line 3a

San Francisco Symphony San Francisco, CA (General support)	\$15,000.00
Self Reliance Foundation Arlington, VA (Project support)	\$200,000.00
Southeast Community College Lincoln, NE (Scholarships)	\$6,632 87
Student Insurance Pittsburgh, PA (Fellowships)	\$1,982 00
Teammates of Nebraska Omaha, NE (General support)	\$50,000 00
Tulane University New Orleans, LA (Fellowships)	\$23,996.00
University of Alabama, Birmingham Birmingham, AL (Fellowships)	\$15,140 25
University of Illinois Chicago, IL (Fellowships)	\$210,015 54
University of Massachusetts Amherst, MA (Fellowships)	\$12,717 00
University of Michigan Ann Arbor, MI (Contribution returned)	(\$5,197 63)
University of Nebraska College of Tech Agric Curtis, NE (Project support)	\$2,152.00
University of Nebraska, Kearney Kearney, NE (Scholarships)	\$47,289 25
University of Nebraska, Lincoln Lincoln, NE (Scholarships)	\$172,513 53
University of Nebraska Medical Center Omaha, NE (Scholarships)	\$20,700 00
University of Nebraska, Omaha Omaha, NE (Scholarships)	\$42,385.00
University of New Mexico Health Science Center Albuquerque, NM (Project support)	\$34,653.00
University of North Carolina, Chapel Hill Chapel Hill, NC (Fellowships)	\$53,751 80

University of Maryland Baltimore, MD (Program support)	Cash		\$40,000.00
Univ of Medicine and Dentistry of NJ Somerset, NJ (Program support) January 15, 2004	4 sh Berkshire Hathaway Class A	\$66.80	\$343,580.00
Univ of Medicine and Dentistry of NJ Somerset, NJ (Program support) January 15, 2004	2 sh Bershire Hathaway Class B	\$1.11	\$5,737.00
Univ of Medicine and Dentistry of NJ Newark, NJ (Program support)	Cash		\$98,250.00
University of Nebraska Kearney, NE (Scholarships)	Cash		\$48,670.30
University of Nebraska Lincoln, NE (Scholarships)	Cash		\$230,087.96
Univ of Nebraska College of Tech Ag Curtis, NE (Scholarships)	Cash		\$2,256.90
University of Nebraska Omaha, NE (Scholarships)	Cash		\$38,876.56
University of Nebraska Medical Center Omaha, NE (Scholarships)	Cash		\$15,000.00
University of New Mexico Albuquerque, NM (Project support)	Cash		\$61,889.00
University of Pennsylvania Philadelphia, PA (Program support)	Cash		\$243,580.00
University of Pittsburgh Pittsburgh, PA (Fellowship)	Cash		\$27,344.00
University of Puerto Rico San Juan, PR (Project support)	Cash		\$99,000.00
University of Rochester Rochester, NY (Fellowship)	Cash		\$52,606.00

UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY , NEWARK, NJ	PUBLIC CHARITY	PROJECT SUPPORT	478,268.
UNIVERSITY OF MINNESOTA , MINNEAPOLIS, MN	PUBLIC CHARITY	PROJECT SUPPORT	293,617.
UNIVERSITY OF MONTREAL , MONTREAL, CANADA	PUBLIC CHARITY	FELLOWSHIP	84,000.
UNIVERSITY OF NEBRASKA MEDICAL CENTER , OMAHA, NE	PUBLIC CHARITY	SCHOLARSHIP	25,000.
UNIVERSITY OF NEBRASKA - KEARNEY , KEARNEY, NE	PUBLIC CHARITY	SCHOLARSHIP	63,063.
UNIVERSITY OF NEBRASKA - LINCOLN , LINCOLN, NE	PUBLIC CHARITY	SCHOLARSHIP	208,385.
UNIVERSITY OF NEBRASKA - OMAHA , OMAHA, NE	PUBLIC CHARITY	SCHOLARSHIP	74,736.
UNIVERSITY OF NEW MEXICO , ALBUQUERQUE, NM	PUBLIC CHARITY	PROJECT SUPPORT	451,199.
UNIVERSITY OF PITTSBURGH , PITTSBURGH, PA	PUBLIC CHARITY	FELLOWSHIP	57,516.
UNIVERSITY OF PUERTO RICO , SAN JUAN, PR	PUBLIC CHARITY	PROJECT SUPPORT	80,000.
UNIVERSITY OF ROCHESTER , ROCHESTER, NY	PUBLIC CHARITY	FELLOWSHIP	49,708.

THE SUSAN THOMPSON BUFFETT FOUNDATION, EIN 47-6032365
 FORM 990-PF, PART XV
 GRANTS AND CONTRIBUTIONS PAID IN 2007

FY 2007

Payee Name	Street	City	State or Country	Zip Code	Status	Purpose	Grant No.	Grants and Contributions Paid in 2007
University of Miami	POBox 016960 (D-50)	Miami	FL	33101	Public Chanty	Project Support	477.01	323,532
University of Miami	POBox 016960 (D-50)	Miami	FL	33101	Public Chanty	Project Support	696.00	44,928
University of Montreal	3175 Chemin Cote Ste-Catherine	Montreal	Quebec	H3T 1C5	Public Chanty	Project Support	433.00	42,000
University of Montreal	3175 Chemin Cote Ste-Catherine	Montreal	Quebec	H3T 1C5	Public Chanty	Project Support	434.00	46,820
University of Nebraska Kearney	Memonal Student Affairs Building	Kearney	NE	68849	Public Chanty	Scholarships	394.01	196,727
University of Nebraska Lincoln	PO Box 880411	Lincoln	NE	68588-0411	Public Chanty	Scholarships	395.01	738,384
University of Nebraska Medical Center	600 S 42 Street	Omaha	NE	68198-4265	Public Chanty	Scholarships	408.01	24,750
University of Nebraska Omaha	Eppley Administration Building, Room 103	Omaha	NE	68182-0292	Public Chanty	Scholarships	409.01	269,070
University of New Mexico	MSC10 5580, 1 Universty of New Mexico	Albuquerque	NM	87131-0001	Public Chanty	Project Support	315.00	14,000
University of North Carolina	School of Public Health, CB #7445, Rosenau Hall	Chapel Hill	NC	27599	Public Chanty	Project Support	446.00	491,460
University of North Carolina	School of Public Health, CB #7445, Rosenau Hall	Chapel Hill	NC	27599	Public Chanty	Project Support	717.00	390,390
University of Northern Iowa	213 East Bartlett Hall	Cedar Falls	IA	50614-0394	Public Chanty	Project Support	688.00	238,992
University of Northern Iowa	213 East Bartlett Hall	Cedar Falls	IA	50614-0394	Public Chanty	Project Support	614.00	114,672
University of Pennsylvania	39th and Market Streets	Philadelphia	PA	19104	Public Chanty	Project Support	296.01	383,441
University of Pittsburgh	300 Halket Street	Pittsburgh	PA	15213	Public Chanty	Project Support	551.00	6,446
University of Pittsburgh	300 Halket Street	Pittsburgh	PA	15213	Public Chanty	Project Support	545.00	42,828
University of Pittsburgh	300 Halket Street	Pittsburgh	PA	15213	Public Chanty	Project Support	578.00	97,614
University of Puerto Rico	GPO Box 365067	San Juan	Puerto Rico	00936-5067	Public Chanty	Project Support	385.02	140,000
University of Washington	325 Ninth Ave	Seattle	WA	98104	Public Chanty	Project Support	238.00	274,770
University of Washington	325 Ninth Ave	Seattle	WA	98104	Public Chanty	Project Support	521.00	36,284
USC Obstetrcians and Gynecologists	1640 Marengo Street	Los Angeles	CA	90033	Public Chanty	Project Support	405.01	81,111
USC Obstetrcians and Gynecologists	1641 Marengo Street	Los Angeles	CA	90033	Public Chanty	Project Support	405.02	505,960
USC Obstetrcians and Gynecologists	1640 Marengo Street	Los Angeles	CA	90033	Public Chanty	Project Support	594.00	69,843
USC Obstetrcians and Gynecologists	1640 Marengo Street	Los Angeles	CA	90033	Public Chanty	Project Support	660.00	48,888
USC Obstetrcians and Gynecologists	1640 Marengo Street	Los Angeles	CA	90033	Public Chanty	Project Support	698.00	36,960
Venture Strategies	2140 Shattuck Ave	Berkley	CA	94704	Public Chanty	Project Support	596.00	3,767,575
Venture Strategies	2140 Shattuck Ave	Berkley	CA	94704	Public Chanty	Project Support	708.00	189,145
Washington University School of Medicine	660 South Euclid Avenue	St Louis	MO	63110	Public Chanty	Project Support	491.01	301,840
Washington University St Louis	49111 Barnes-Jewish Hospital	St Louis	MO	63110-1094	Public Chanty	Project Support	500.00	168,354
Washington University St Louis	49111 Barnes-Jewish Hospital	St Louis	MO	63110-1094	Public Chanty	Project Support	598.00	2,307,784
Washington University St Louis	49111 Barnes-Jewish Hospital	St Louis	MO	63110-1094	Public Chanty	Project Support	639.00	17,580
Washington University St Louis	49111 Barnes-Jewish Hospital	St Louis	MO	63110-1094	Public Chanty	Project Support	682.00	32,888
Wayne State College	1111 Main Street	Wayne	NE	68787	Public Chanty	Scholarships	412.01	162,286
Western Nebraska Community College	1601 E 27th Street	Scottsbluff	NE	69361	Public Chanty	Scholarships	414.02	1,139
Willows Foundation	6867 Elm Street	McLean	VA	22101	Expenditure Responsibility	Project Support	278.03	2,010,274
Willows Foundation	6867 Elm Street	McLean	VA	22101	Expenditure Responsibility	Project Support	549.00	279,909
Womens Health Services	2635 Lincoln Way	Clinton	IA	52732	Public Chanty	Project Support	625.00	509,530
Womens Link Worldwide	P O Box 415	Northfield	VT	05663	Public Chanty	Project Support	430.01	250,000
Womens Link Worldwide	P O Box 415	Northfield	VT	05663	Public Chanty	Project Support	435.01	140,000
World Health Organization	20 Ave Appia, CH 12-11	Geneva	Switzerland		Public Chanty	Project Support	458.00	500,000
World Health Organization	20 Ave Appia, CH 12-11	Geneva	Switzerland		Public Chanty	Project Support	662.00	326,918
Yale University	333 Cedar Street	New Haven	CT	06520-8063	Public Chanty	Project Support	418.01	292,096
								202,684,478

THE SUSAN THOMPSON BUFFETT FOUNDATION
GRANTS PAID IN 2008

Organization	Street	City	State	Zipcode	Request ID	Recipient Status	Purpose	Grants Paid in 2008
University of British Columbia	4500 Oak Street	Vancouver	BC	V6H 3N1	765 00	Public Charity	Project Support	185,030
University of California - Los Angeles	Box 951740,27-139 CHS	Los Angeles	CA	90095	527 00	Public Charity	Project Support	46,800
University of California at San Francisco	3333 California Street	San Francisco	CA	94118	209.02	Public Charity	Project Support	392,160
University of California at San Francisco	3333 California Street	San Francisco	CA	94118	211.04	Public Charity	Project Support	203,320
University of California Los Angeles	10533 Le Conte Ave	Los Angeles	CA	90095	837.00	Public Charity	Project Support	35,100
University of California San Francisco	3333 California Street	San Francisco	CA	94118	359.00	Public Charity	Project Support	160,901
University of California San Francisco	Box 0744	San Francisco	CA	94143	402.03	Public Charity	Project Support	678,600
University of California San Francisco	Box 0744	San Francisco	CA	84143	424 03	Public Charity	Project Support	2,520,481
University of California San Francisco	3333 California Street	San Francisco	CA	94118	571 00	Public Charity	Project Support	198,723
University of California San Francisco	3333 California Street	San Francisco	CA	94118	621 00	Public Charity	Project Support	1,374,648
University of California San Francisco	3333 California Street	San Francisco	CA	94118	691 00	Public Charity	Project Support	1,242,750
University of California San Francisco	Box 0744	San Francisco	CA	94143	793 00	Public Charity	Project Support	62,038
University of California San Francisco	Box 0744	San Francisco	CA	94143	828 00	Public Charity	Project Support	35,966
University of California, San Francisco	3333 California Street	San Francisco	CA	94118	807 00	Public Charity	Project Support	61,103
University of Chicago	5841 S Maryland Ave	Chicago	IL	60637	381.02	Public Charity	Project Support	6,501
University of Chicago	5841 S Maryland Ave	Chicago	IL	60637	381 03	Public Charity	Project Support	545,850
University of Chicago	5841 South Maryland Avenue	Chicago	IL	60637	411 03	Public Charity	Project Support	229,257
University of Chicago	5841 South Maryland Avenue	Chicago	IL	60637	675 00	Public Charity	Project Support	35,332
University of Chicago	5841 S. Maryland Avenue	Chicago	IL	60637-1470	753 00	Public Charity	Project Support	70,212
University of Chicago	5841 S Maryland Ave	Chicago	IL	60637	774 00	Public Charity	Project Support	10,366
University of Chicago	5841 S Maryland Ave	Chicago	IL	60637	808 00	Public Charity	Project Support	29,597
University of Colorado Health Science Center	PO Box 6511	Aurora	CO	80045	829 00	Public Charity	Project Support	156,450
University of Illinois-Chicago	1919 W. Taylor St	Chicago	IL	60612	473 00	Public Charity	Project Support	68,070
University of Medicine and Dentistry of New Jersey	186 South Orange Ave	Newark	NJ	07103	555 00	Public Charity	Project Support	156,024
University of Medicine and Dentistry of New Jersey	186 South Orange Ave	Newark	NJ	07103	558 00	Public Charity	Project Support	39,480
University of Michigan	1500 East Medical Center Drive	Ann Arbor	MI	48109	415 01	Public Charity	Project Support	208,823
University of Michigan	1501 East Medical Center Drive	Ann Arbor	MI	48109	415 02	Public Charity	Project Support	234,840
University of Michigan	1500 East Medical Center Drive	Ann Arbor	MI	48109	740 00	Public Charity	Project Support	64,515
University of Michigan	1500 East Medical Center Drive	Ann Arbor	MI	48109	797 00	Public Charity	Project Support	388,668
University of Nebraska	16 Canfield Admin Bldg	Lincoln	NE	68588	735 00	Public Charity	Project Support	953,514
University of Nebraska Lincoln	16 Canfield Admin Bldg	Lincoln	NE	68588	395 02	Public Charity	Project Support	609,226
University of Nebraska Lincoln	16 Canfield Admin Bldg	Lincoln	NE	68588	395 03	Public Charity	Project Support	988,627
University of Nebraska Medical Center	600 S 42 St	Omaha	NE	68198	408 02	Public Charity	Project Support	10,800
University of Nebraska Medical Center	600 S 42 St	Omaha	NE	68198	408 03	Public Charity	Project Support	35,414
University of Nebraska-Kearney	Memorial Student Affairs Bldg	Kearney	NE	68849	394 02	Public Charity	Project Support	127,618
University of Nebraska-Kearney	Memorial Student Affairs Bldg	Kearney	NE	68849	394.03	Public Charity	Project Support	266,719
University of Nebraska-Omaha	Eppley Admin Bldg	Omaha	NE	68182	409 02	Public Charity	Project Support	219,520
University of Nebraska-Omaha	Eppley Admin Bldg	Omaha	NE	68182	409 03	Public Charity	Project Support	413,259
University of New Mexico	1 University of New Mexico	Albuquerque	NM	87108	315 01	Public Charity	Project Support	465,480
	School of Public Health,CB #7445,							
University of North Carolina	Rosenau Hall	Chapel Hill	NC	27599	446 01	Public Charity	Project Support	469,944
University of North Carolina	725 MLK Jr Blvd	Chapel Hill	NC	27599	838.00	Public Charity	Project Support	3,425
University of Northern Iowa	213 E Bartlett Hall	Cedar Falls	IA	50614	725 00	Public Charity	Project Support	2,501,230
University of Northern Iowa	213 E Bartlett Hall	Cedar Falls	IA	50614	731.00	Public Charity	Project Support	37,116
University of Pittsburgh	301 Halket Street	Pittsburgh	PA	15213	734 00	Public Charity	Project Support	66,934
University of Pittsburgh	301 Halket Street	Pittsburgh	PA	15213	739 00	Public Charity	Project Support	43,870

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

FY 2009

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
University of Nebraska Board of Reg 16 Canfield Administration Bldg Lincoln, NE 68588	NONE	509 (a)(1)	Project Support	1,545,715
University of Nebraska Board of Reg Eppley Administration Bldg Omaha, NE 68182	NONE	509 (a)(1)	Project Support	490,695
University of Nebraska Board of Reg Eppley Administration Bldg Omaha, NE 68182	NONE	509 (a)(1)	Project Support	942,222
University of New Mexico 1 University of New Mexico Albuquerque, NM 871310001	NONE	509 (a)(1)	Project Support	15,649
University of New Mexico 1 University of New Mexico Albuquerque, NM 871310001	NONE	509 (a)(1)	Project Support	131,360
University of North Carolina at Cha School of Public HealthCB 7445 Rosenau Hall Chapel Hill, NC 27599	NONE	509 (a)(1)	Project Support	465,152
University of North Carolina at Cha 4015 Old Clinic Bldg Chapel Hill, NC 27599	NONE	509 (a)(1)	Project Support	204,688
University of Northern Iowa213 E Bartlett Hall Cedar Falls, IA 50614	NONE	509 (a)(1)	Project Support	2,688,265
University of Puerto RicoGPO Box 365067 San Juan, PR 009365067	NONE	509 (a)(1)	Project Support	100,000
University of Rochester601 Elmwood Ave Rochester, NY 14642	NONE	509 (a)(1)	Project Support	33,488
University of Southern California1640 Marengo Street Los Angeles, CA 90033	NONE	509 (a)(2)	Project Support	518,560
University of Southern California1640 Marengo Street Los Angeles, CA 90033	NONE	509 (a)(2)	Project Support	52,260
University of Southern California1640 Marengo Street Los Angeles, CA 90033	NONE	509 (a)(2)	Project Support	67,429
University of Washington325 Ninth Ave Seattle, WA 98104	NONE	509 (a)(1)	Project Support	239,680
USC Obstetricians and Gynecologists 1640 Marengo Street Los Angeles, CA 90033	NONE	509 (a)(2)	Project Support	25,460
Total				407,931,970

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

FY 2010

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
REGENTS OF THE UNIVERSITY OF COLORA 12631 EAST 17TH AVE AURORA, CO 80045	NONE	509 (A)(1)	PROJECT SUPPORT	29,575
REGENTS OF THE UNIVERSITY OF MICHIG 3003 SOUTH STATE ST ANN AROBR, MI 48109	NONE	509 (A)(1)	PROJECT SUPPORT	378,978
REGENTS OF THE UNIVERSITY OF MICHIG 1500 EAST MEDICAL CENTER DRIVE ANN ARBOR, MI 48109	NONE	509 (A)(1)	PROJECT SUPPORT	29,998
REGENTS OF THE UNIVERSITY OF NEW ME 1 UNIVERSITY OF NEW MEXICO ALBUQUERQUE, NM 87131	NONE	509 (A)(1)	PROJECT SUPPORT	14,079
REGENTS UNIVERSITY OF CALIFORNIA LO 2233 POST STREET SAN FRANCISCO, CA 94115	NONE	509 (A)(1)	PROJECT SUPPORT	300,967
REGENTS UNIVERSITY OF CALIFORNIA LO 11000 KINROSS BLDG LOS ANGELES, CA 90095	NONE	509 (A)(1)	PROJECT SUPPORT	3,390
REGENTS UNIVERSITY OF CALIFORNIA LO 11000 KINROSS BLDG LOS ANGELES, CA 90095	NONE	509 (A)(1)	PROJECT SUPPORT	234,413
REGETNTS OF THE UNIVERSITY OF MICHIG 1500 EAST MEDICAL CENTER DRIVE ANN ARBOR, MI 48106	NONE	509 (A)(1)	PROJECT SUPPORT	42,178
RELIGIOUS COALITION FOR REPRODUCTIVE 1413 K STREET NW WASHINGTON, DC 20005	NONE	509 (A)(1)	PROJECT SUPPORT	501,732
SALEM BAPTIST CHURCH 3131 LAKE STREET OMAHA, NE 68111	NONE	509 (A)(1)	PROJECT SUPPORT	5,000
SOCIETY OF FAMILY PLANNING 255 SOUTH 17TH STREET PHILADELPHIA, PA 19103	NONE	509 (A)(1)	PROJECT SUPPORT	1,464,614
SONOMA COUNTY ACADEMIC FOUNDATION F 3324 CHANATE RD SANTA ROSA, CA 95404	NONE	509 (A)(1)	PROJECT SUPPORT	57,595
SONOMA COUNTY ACADEMIC FOUNDATION F 3324 CHANATE RD SANTA ROSA, CA 95404	NONE	509 (A)(1)	PROJECT SUPPORT	71,308
SOUTHEAST COMMUNITY COLLEGE 8800 O STREET LINCOLN, NE 68520	NONE	509 (A)(1)	PROJECT SUPPORT	97,768
SOUTHEAST COMMUNITY COLLEGE 8800 O STREET LINCOLN, NE 68520	NONE	509 (A)(1)	PROJECT SUPPORT	63,739
Total				247,394,595

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

FY 2011

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET PHILADELPHIA, PA 19104	NONE	509 (A)(1)	PROJECT SUPPORT	323,520
TUFTS MEDICAL CENTER PARENT INC 800 WASHINGTON STREET BOSTON, MA 02111	NONE	509 (A)(1)	PROJECT SUPPORT	348,401
UNITED NATIONS FOUNDATION 1800 MASSACHUSETTS AVE WASHINGTON, DC 20036	NONE	509 (A)(1)	PROJECT SUPPORT	100,000
UNITY HEALTHCARE 1609 CEDAR ST MUSCATINE, IA 52761	NONE	509 (A)(1)	PROJECT SUPPORT	50,677
UNIVERSITY HOSPITALS HEALTH SYSTEMS INC 11100 EUCLID AVE CLEVELAND, OH 44106	NONE	509 (A)(1)	PROJECT SUPPORT	317,859
UNIVERSITY OF CHICAGO 5841 S MARYLAND AVE CHICAGO, IL 60637	NONE	509 (A)(1)	PROJECT SUPPORT	361,892
UNIVERSITY OF CHICAGO 5841 S MARYLAND AVE CHICAGO, IL 60637	NONE	509 (A)(1)	PROJECT SUPPORT	69,910
UNIVERSITY OF IOWA 200 HAWKINS DRIVE IOWA CITY, IA 52242	NONE	509 (A)(1)	PROJECT SUPPORT	123,178
UNIVERSITY OF LOUISVILLE FOUNDATION 2323 S BROOK STREET LOUISVILLE, KY 40292	NONE	509 (A)(1)	PROJECT SUPPORT	355,595
UNIVERSITY OF MARYLAND BALTIMORE FOUNDATION 620 W LEXINGTON STREET BALTIMORE, MD 21201	NONE	509 (A)(1)	PROJECT SUPPORT	178,550
UNIVERSITY OF MARYLAND BALTIMORE FOUNDATION 620 W LEXINGTON ST 4TH FLOOR BALTIMORE, MD 21201	NONE	509 (A)(1)	PROJECT SUPPORT	220,286
UNIVERSITY OF NEBRASKA FOUNDATION 1010 LINCOLN MALL LINCOLN, NE 68508	NONE	509 (A)(1)	SCHOLARSHIPS	2,275,906
UNIVERSITY OF NEBRASKA MEDICAL CENTER 984245 NEBRASKA MEDICAL CENTER OMAHA, NE 68198	NONE	509 (A)(1)	SCHOLARSHIPS	95,888
UNIVERSITY OF NEBRASKA MEDICAL CENTER 984245 NEBRASKA MEDICAL CENTER OMAHA, NE 68198	NONE	509 (A)(1)	SCHOLARSHIPS	139,400
UNIVERSITY OF NEBRASKA MEDICAL CENTER 984245 NEBRASKA MEDICAL CENTER OMAHA, NE 68198	NONE	509 (A)(1)	SCHOLARSHIPS	11,278
UNIVERSITY OF NEW MEXICO 1 UNIVERSITY OF NEW MEXICO ALBUQUERQUE, NM 87131	NONE	509 (A)(1)	PROJECT SUPPORT	15,602
UNIVERSITY OF NEW MEXICO 1 UNIVERSITY OF NEW MEXICO ALBUQUERQUE, NM 87131	NONE	509 (A)(1)	PROJECT SUPPORT	17,144
UNIVERSITY OF NEW MEXICO 1 UNIVERSITY OF NEW MEXICO ALBUQUERQUE, NM 87131	NONE	509 (A)(1)	PROJECT SUPPORT	591
UNIVERSITY OF NEW MEXICO FOUNDATION 2211 LOMAS NE ALBUQUERQUE, NM 87106	NONE	509 (A)(1)	PROJECT SUPPORT	200,571
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 104 AIRPORT DRIVE CHAPEL HILL, NC 27599	NONE	509 (A)(1)	PROJECT SUPPORT	247,013
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 104 AIRPORT DRIVE CHAPEL HILL, NC 27599	NONE	509 (A)(1)	PROJECT SUPPORT	70,000
UNIVERSITY OF NORTHERN IOWA 213 E BARTLETT HALL CEDAR FALLS, IA 50614	NONE	509 (A)(1)	PROJECT SUPPORT	1,920,261
UNIVERSITY OF SOUTHERN CALIFORNIA 2020 ZONAL AVENUE LOS ANGELES, CA 90033	NONE	509 (A)(2)	PROJECT SUPPORT	371,966
UNIVERSITY OF SOUTHERN CALIFORNIA 1200 N STATE ST LOS ANGELES, CA 90033 0129	NONE	509 (A)(2)	PROJECT SUPPORT	48,240
UNIVERSITY OF SOUTHERN CALIFORNIA 1200 NORTH STATE STREET LOS ANGELES, CA 90033	NONE	509 (A)(2)	PROJECT SUPPORT	28,140
UNIVERSITY OF UTAH 75 SOUTH 2000 EAST SALT LAKE CITY, UT 99501	NONE	509 (A)(1)	PROJECT SUPPORT	305,670
VALLEY-WIDE HEALTH SYSTEMS INC 128 MARKET STREET ALAMOSA, CO 81101	NONE	509 (A)(1)	PROJECT SUPPORT	272,721
VENTURE STRATEGIES INNOVATIONS 2140 SHATTUCK AVE BERKLEY, CA 94704	NONE	PRIVATE OPERATING FO	PROJECT SUPPORT	7,120,310
VISITING NURSE SERVICES OF IOWA 1111 9TH STREET DES MOINES, IA 50314	NONE	509 (A)(1)	PROJECT SUPPORT	292,851
WASHINGTON HOSPITAL CENTER 106 IRVING ST WASHINGTON, DC 20010	NONE	509 (A)(1)	PROJECT SUPPORT	4,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

FY 2012

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
TRUSTEES OF COLUMBIA UNIVERSITY 622 W 168TH STREET NEW YORK,NY 10032	NONE	509 (A)(1)	PROJECT SUPPORT	417,080
TRUSTEES OF COLUMBIA UNIVERSITY 630 EAST 168TH STREET NEW YORK,NY 10032	NONE	509 (A)(1)	PROJECT SUPPORT	250,505
TRUSTEES OF THE UNIVERSITY OF ILLINOIS 820 S WOOD ST CHICAGO,IL 60612	NONE	509 (A)(1)	PROJECT SUPPORT	50,000
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3400 SPRUCE ST PHILADELPHIA,PA 19104	NONE	509 (A)(1)	PROJECT SUPPORT	366,851
UNITY HEALTHCARE 1609 CEDAR STREET MUSCATINE,IA 52761	NONE	509 (A)(1)	PROJECT SUPPORT	25,464
UNIVERSITY CLINICAL EDUCATION AND RESEARCH ASSOCIATES 1319 PUNAHOU STREET HONOLULU,HI 96826	NONE	509 (A)(2)	PROJECT SUPPORT	212,806
UNIVERSITY OF CHICAGO 5841 S MARYLAND AVE CHICAGO,IL 60637	NONE	509 (A)(1)	PROJECT SUPPORT	337,008
UNIVERSITY OF COLORADO 12631 EAST 17TH AVE AURORA,CO 80045	NONE	509 (A)(1)	PROJECT SUPPORT	50,000
UNIVERSITY OF COLORADO 12631 EAST 17TH AVE AURORA,CO 80045	NONE	509 (A)(1)	PROJECT SUPPORT	37,735
UNIVERSITY OF MARYLAND BALTIMORE FOUNDATION 620 W LEXINGTON STREET BALTIMORE,MD 21201	NONE	509 (A)(1)	PROJECT SUPPORT	167,117
UNIVERSITY OF MASSACHUSETTS 119 BELMONT ST WORCESTER,MA 016052982	NONE	509 (A)(1)	PROJECT SUPPORT	50,000
UNIVERSITY OF NEBRASKA FOUNDATION 3835 HOLDREGE STREET LINCOLN,NE 68583	NONE	509 (A)(1)	SCHOLARSHIPS	2,540,464
UNIVERSITY OF NEW MEXICO MSC 09 5220 1 UNIVERSITY OF NEW MEXICO ALBUQUERQUE,NM 87131	NONE	509 (A)(1)	PROJECT SUPPORT	331,632
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 104 AIRPORT DRIVE CHAPEL HILL,NC 27599	NONE	509 (A)(1)	PROJECT SUPPORT	240,810
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 104 AIRPORT DRIVE CHAPEL HILL,NC 27599	NONE	509 (A)(1)	PROJECT SUPPORT	223,201

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

FY 2013



Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3400 SPRUCE STREET PHILADELPHIA, PA 19104	NONE	PC	PROJECT SUPPORT	50,000
TUFTS MEDICAL CENTER PARENT INC 800 WASHINGTON STREET BOSTON, MA 02111	NONE	PC	PROJECT SUPPORT	244,279
TUFTS MEDICAL CENTER PARENT INC 800 WASHINGTON STREET BOSTON, MA 02111	NONE	PC	PROJECT SUPPORT	50,000
UNIVERSITY CLINICAL EDUCATION AND RESEARCH ASSOCIATES 1319 PUNAHOU ST HONOLULU, HI 96826	NONE	PC	PROJECT SUPPORT	330,625
UNIVERSITY OBGYN ASSOCIATES 736 IRVING AVE SYRACUSE, NY 13210	NONE	PC	PROJECT SUPPORT	50,000
UNIVERSITY OF CALIFORNIA DAVIS 4860 Y STREET SACRAMENTO, CA 95817	NONE	PC	PROJECT SUPPORT	49,854
UNIVERSITY OF CALIFORNIA IRVINE 101 THE CITY DRIVE SOUTH ORANGE, CA 92868	NONE	PC	PROJECT SUPPORT	47,079
UNIVERSITY OF LOUISVILLE FOUNDATION 2323 S BROOK STREET LOUISVILLE, KY 40292	NONE	PC	PROJECT SUPPORT	260,610
UNIVERSITY OF MARYLAND BALTIMORE FOUNDATION 620 W LEXINGTON STREET BALTIMORE, MD 21201	NONE	PC	PROJECT SUPPORT	25,136
UNIVERSITY OF NEBRASKA MEDICAL CENTER 600 S 42 STREET OMAHA, NE 68198	NONE	PC	SCHOLARSHIPS	154,962
UNIVERSITY OF NEBRASKA MEDICAL CENTER 600 S 42 STREET OMAHA, NE 68198	NONE	PC	SCHOLARSHIPS	174,250
UNIVERSITY OF NEVADA SCHOOL OF MEDICINE 2040 W CHARLESTON BLVD LAS VEGAS, NV 89102	NONE	PC	PROJECT SUPPORT	125,582
UNIVERSITY OF NEW MEXICO 1 UNIVERSITY OF NEW MEXICO ALBUQUERQUE, NM 87131	NONE	PC	PROJECT SUPPORT	33,734
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 104 AIRPORT DRIVE CHAPEL HILL, NC 27599	NONE	PC	PROJECT SUPPORT	125,181
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 104 AIRPORT DRIVE CHAPEL HILL, NC 27599	NONE	PC	PROJECT SUPPORT	234,558
Total				450,319,788

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

FY 2013

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
THE NATIONAL CAMPAIGN TO PREVENT TEEN AND UNPLANNED PREGNANCY 1776 MASSACHUSETTS AVE NW WASHINGTON,DC 20036	NONE	PC	PROJECT SUPPORT	201,750
THE NATIONAL CAMPAIGN TO PREVENT TEEN AND UNPLANNED PREGNANCY 1776 MASSACHUSETTS AVE NW WASHINGTON,DC 20036	NONE	PC	PROJECT SUPPORT	852,825
THE ONE CAMPAIGN 1400 EYE STREET NW WASHINGTON,DC 20005	NONE	PC	PROJECT SUPPORT	1,002,369
THE REGENTS OF THE UNIVERSITY OF COLORADO 12631 E 17 AVE AURORA,CO 80045	NONE	PC	PROJECT SUPPORT	295,538
THE REGENTS OF THE UNIVERSITY OF NEBRASKA 134 VARNER HALL LINCOLN,NE 68583	NONE	PC	SCHOLARSHIPS	3,146,720
THE REGENTS OF THE UNIVERSITY OF NEW MEXICO 1 UNIVERSITY OF NEW MEXICO ALBUQUERQUE,NM 87131	NONE	PC	PROJECT SUPPORT	339,347
THE REGENTS OF THE UNIVERSITY OF NEW MEXICO 1 UNIVERSITY OF NEW MEXICO ALBUQUERQUE,NM 87131	NONE	PC	PROJECT SUPPORT	47,639
THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3400 SPRUCE STREET PHILADELPHIA,PA 19104	NONE	PC	PROJECT SUPPORT	338,849
THE UNIVERSITY OF CHICAGO 5841 S MARYLAND AVE CHICAGO,IL 60637	NONE	PC	PROJECT SUPPORT	343,527
TRUSTEES OF COLUMBIA UNIVERSITY 622 W 168TH STREET NEW YORK,NY 10032	NONE	PC	PROJECT SUPPORT	430,014
TRUSTEES OF COLUMBIA UNIVERSITY 622 W 168TH STREET NEW YORK,NY 10032	NONE	PC	PROJECT SUPPORT	337,218
TRUSTEES OF COLUMBIA UNIVERSITY 622 W 168TH STREET NEW YORK,NY 10032	NONE	PC	PROJECT SUPPORT	82,232
TRUSTEES OF DARTMOUTH COLLEGE 11 ROPE FERRY ROAD HANOVER,NH 037551404	NONE	PC	PROJECT SUPPORT	349,411
TRUSTEES OF INDIANA UNIVERSITY 980 INDIANA AVENUE INDIANAPOLIS,IN 46202	NONE	PC	PROJECT SUPPORT	399,127
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3400 SPRUCE STREET PHILADELPHIA,PA 19104	NONE	PC	PROJECT SUPPORT	100,000
Total				450,319,788

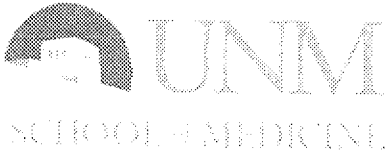
Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

FY 2014

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i>				
THE REGENTS OF THE UNIVERSITY OF NEBRASKA OMAHA EPPLEY ADMIN BLDG OMAHA, NE 68182		GOV	SCHOLARSHIPS	4,385,722
THE REGENTS OF THE UNIVERSITY OF NEW MEXICO 1 UNIVERSITY OF NEW MEXICO ALBUQUERQUE, NM 87131		GOV	PROJECT SUPPORT	251,201
THE TRUSTEES OF THE UNIVERSITY OF CALIFORNIA SAN FRANCISCO 3333 CALIFORNIA ST SAN FRANCISCO, CA 94143		GOV	PROJECT SUPPORT	100,182
THE UNIVERSITY OF CHICAGO 5841 S MARYLAND AVE CHICAGO, IL 60637		PC	PROJECT SUPPORT	440,188
THE UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET PHILADELPHIA, PA 19104		GOV	PROJECT SUPPORT	341,666
THE UNIVERSITY OF UTAH 75 SOUTH 2000 EAST SALT LAKE CITY, UT 84112		GOV	PROJECT SUPPORT	299,150
THOMAS JEFFERSON UNIVERSITY 834 CHESTNUT STREET PHILADELPHIA, PA 19107		PC	PROJECT SUPPORT	48,312
TIDES CENTER 1014 TORNEY AVENUE SAN FRANCISCO, CA 94129		PC	PROJECT SUPPORT	299,014
██████████ ██████████ ██████████ ██████████	N/A	I	ALICE BUFFETT OUTSTANDING TEACHER AWARD	10,000
TRUSTEES OF COLUMBIA UNIVERSITY 622 W 168TH STREET NEW YORK, NY 10032		PC	PROJECT SUPPORT	417,988
TRUSTEES OF COLUMBIA UNIVERSITY 630 EAST 168TH STREET NEW YORK, NY 10032		PC	PROJECT SUPPORT	250,000
TRUSTEES OF COLUMBIA UNIVERSITY 630 WEST 168TH ST NEW YORK, NY 10032		PC	PROJECT SUPPORT	1,314,567
TRUSTEES OF DARTMOUTH COLLEGE 11 ROPE FERRY ROAD HANOVER, NH 037551404		PC	PROJECT SUPPORT	311,957
TUFTS UNIVERSITY 800 WASHINGTON STREET BOSTON, MA 02111		PC	PROJECT SUPPORT	50,000
UMASS MEMORIAL HEALTH CARE 306 BELMONT ST WORCESTER, MA 01604		PC	PROJECT SUPPORT	50,000
Total				416,440,853

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
UMASS MEMORIAL HEALTH CARE 306 BELMONT ST WORCESTER, MA 01604		PC	PROJECT SUPPORT	352,399
UNIVERSITY ASSOCIATES IN OBSTETRICS AND GYNECOLOGY 101 NICOLLS ROAD STONY BROOK, NY 11794		PC	PROJECT SUPPORT	350,062
UNIVERSITY CLINICAL EDUCATION AND RESEARCH ASSOCIATES 1319 PUNAHOU STREET HONOLULU, HI 96826		PC	PROJECT SUPPORT	420,867
UNIVERSITY HOSPITALS HEALTH SYSTEMS INC 11100 EUCLID AVENUE CLEVELAND, OH 44106		PC	PROJECT SUPPORT	249,664
UNIVERSITY OF CALIFORNIA DAVIS PO BOX 989062 WEST SACRAMENTO, CA 95798		GOV	PROJECT SUPPORT	49,854
UNIVERSITY OF ILLINOIS AT CHICAGO 820 S WOOD STREET MC 808 CHICAGO, IL 60612		GOV	PROJECT SUPPORT	48,423
UNIVERSITY OF LOUISVILLE FOUNDATION 2323 S BROOK STREET LOUISVILLE, KY 40292		PC	PROJECT SUPPORT	127,876
UNIVERSITY OF MARYLAND BALTIMORE FOUNDATION INC 620 W LEXINGTON STREET BALTIMORE, MD 21201		PC	PROJECT SUPPORT	52,674
UNIVERSITY OF NEVADA RENO FOUNDATION MAIL STOP 007 RENO, NV 895570007		PC	PROJECT SUPPORT	347,917
UNIVERSITY OF NEW MEXICO HEALTH SCIENCES CENTER 1 UNIVERSITY OF NEW MEXICO ALBUQUERQUE, NM 87131		GOV	PROJECT SUPPORT	28,775
UNIVERSITY OF NEW MEXICO HEALTH SCIENCES CENTER 1 UNIVERSITY OF NEW MEXICO ALBUQUERQUE, NM 87131		GOV	PROJECT SUPPORT	23,920
UNIVERSITY OF NEW MEXICO HEALTH SCIENCES CENTER 1 UNIVERSITY OF NEW MEXICO ALBUQUERQUE, NM 87131		GOV	PROJECT SUPPORT	336,948
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 104 AIRPORT DRIVE CHAPEL HILL, NC 27599		GOV	PROJECT SUPPORT	236,439
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 104 AIRPORT DRIVE CHAPEL HILL, NC 27599		GOV	PROJECT SUPPORT	289,556
UNIVERSITY OF OKLAHOMA FOUNDATION 731 ELM STREET NORMAN, OK 73019		PC	PROJECT SUPPORT	4,500
Total				416,440,853

Exhibit 6.6



*Division of Family Planning
Department of Obstetrics and Gynecology*

Date: June 2, 2014

To: [REDACTED] Southwestern Women's Options
Address: [REDACTED]

RE: Required Resident/Fellow Assignments

Dear [REDACTED]

This letter serves as an Agreement between University of New Mexico School of Medicine Fellowship in Family Planning and Southwestern Women's Options involved in fellowship education for required assignments and is effective from July 1, 2014 and will remain in effect for two years or until updated, changed or terminated by the Fellowship in Family Planning and Southwestern Women's Options.

The following person(s) are responsible for education and supervision: [REDACTED] Dr. [REDACTED]. [REDACTED] The above mentioned people are responsible for the education and supervision of the fellows while rotating at Southwestern Women's Options.

The faculty at Southwestern Women's Options must provide appropriate supervision of fellows' activities and maintain a learning environment conducive to educating the residents/fellows in abortion care and the 6 ACGME competencies. The faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment and document this evaluation at completion of the assignment.

The major goal of the rotation is to give additional volume of 2nd trimester abortions under your expert supervision. In cooperation with the UNM Fellowship in Family Planning Program Director, the Site Director and the faculty at Southwestern Women's Options are responsible for the day-to-day activities of the Fellows to ensure that the outlined goals and objectives are met during the course of the educational experiences at Southwestern Women's Options.

The duration(s) of the assignment(s) to the participating site is (2) two-week rotations. During assignments to Participating Site, fellows will be under the general direction of the SWO clinic.

Sincerely,

[Redacted Signature]

[Redacted]

Date

University of New Mexico, Department of Ob/Gyn

[Redacted]

July 24th '14

Date

Southwestern Women's Options

Exhibit 6.7



**PROGRAM LETTER OF AGREEMENT BETWEEN
University of New Mexico Family Medicine Residency
and
Southwest Women's Options Clinic**

This letter serves as an Agreement between University of New Mexico School of Medicine Family Medicine Residency Program (UNM) and Southwest Women's Options Clinic for Family Medicine resident education in obstetrics. The Agreement is effective from July 1st, 2011 and will remain in effect till June 30th 2012 or until updated, changed or terminated by the Residency Program and Participating Site.

The Faculty at Southwest Women's Options Clinic is responsible for education and supervision of the UNM Family Medicine residents while rotating at the Southwest Women's Options Clinic. The faculty must provide appropriate supervision of residents in patient care activities and maintain a learning environment conducive to educating the residents in the ACGME competency areas. The faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment and document this evaluation at completion of the assignment.

The content of the educational experiences has been developed according to ACGME Residency Program Requirements, and includes the following goals and objectives:

- Residents should demonstrate competence in
 - surgical management of incomplete abortion
 - management of abortion complications
 - pregnancy options counseling
 - contraception counseling
- Residents will gain experience in
 - first trimester dating ultrasound
 - cervical dilation and curettage and related gynecological skills
 - uterine aspiration for miscarriage
 - uterine aspiration for pregnancy termination (if desired)
 - medication abortion (if desired)

In cooperation with the Program Director, the Southwest Women's Options Clinic Site Director and faculty are responsible for the day-to-day activities of the Residents to ensure that the outlined goals and objectives are met during the course of the educational experiences at Southwest Women's Options Clinic.

The duration of the assignment to the participating site will be July 1st, 2011 – June 30th, 2012. During assignments to Women's Options Clinic the resident will be under the general direction of the University of New Mexico Graduate Medical Education Committee's and Program's Policy and Procedure Manual and Participating Site's policies for Reproductive Health.

[Redacted Signature]

University of New Mexico Family Medicine Residency Program

[Redacted Signature]

[Redacted Signature]

Southwest Women's Options Clinic

1-5-12
Date

1-7-12
Date

Exhibit 6.8

Regents' Policy Manual - Section 7.8: Signature Authority for Contracts



Adopted Date: 09-12-1996

Amended: 03-10-1997

Amended: 12-06-2007

Amended: 08-12-2008

Amended: 12-14-2010

Amended: 04-08-2014

Amended: 03-14-2016

Applicability

This policy applies to all members of the Board of Regents, faculty, staff and students.

Policy

The Board of Regents must approve and an officer of the Board of Regents must sign the following types of contracts and documents, after due authorization by the Regents:

1. Contracts between the President and the University;
2. Contracts between the Chancellor for Health Sciences and the University;
3. Bond resolution, notification and certification documents, including certification of bond sale; and
4. Any contracts or other documents required by law to be signed by an officer of the Board of Regents.

The Chief Procurement Officer or designee must sign contracts for the purchase of goods and services, and the authority to do so is hereby delegated.

The President shall have the authority to sign all other contracts and documents (other than contracts or agreements for the purchase of goods and services) for the operation of the University and may delegate this authority. The President's signature authority as set forth above includes the authority to execute certificates representing stocks, bonds, or other securities in

order to buy, sell, assign, or endorse for transfer such securities. The President shall also have authority to require additional signatures on contracts for the purchase of goods and services.

It is the official policy of the University to avoid financial settlements of claims and lawsuits against the University except when appropriate. The University shall not agree to pay a financial settlement without (a) an appropriate risk assessment of the case, (b) written approval by the Chancellor for Health Sciences, Provost, or Executive Vice President for Administration, and (c) final approval by the President. A financial settlement payment by the University of \$400,000 or more must also be approved by the Board of Regents.

After fully advising the President, the Chancellor for Health Sciences is authorized to enter into affiliation agreements with other patient care facilities to provide educational opportunities.

The signature authority delegated in this policy must be exercised in accordance with other Regents' policies, some of which may require approval of the contract or other document by the Board of Regents.

References

[RPM 1.4](#) ("Appointment of the President of the University"); [RPM 7.10](#) ("Borrowing and Bonding Authority"); [RPM 3.4](#) ("Health Sciences Center and Services"); and [UAP 2010](#) ("[Contract Signature Authority and Review](#)").

Exhibit 6.9

Administrative Policies and Procedures Manual - Policy 2010: Contracts Signature Authority and Review

Date Originally Issued: 05-01-1997

Revised: 08-01-1997, 05-08-1998, 01-29-1999, 12-08-1999, 07-12-2000, 08-02-2004, 08-01-2006, 11-15-2007, 01-01-2008, 08-12-2008, 07-01-2011, 11-01-2011, 08-29-2014

Authorized by [Regents' Policy 7.8 "Signature Authority for Contracts"](#)

Process Owner: Executive Vice President for Administration/CFO/COO

1. General

This policy designates who, within the University, is authorized to sign contracts on behalf of the University. All previous delegations or communications on this subject are superseded. Contracts may be signed on behalf of the University only by:

- A person in a position specifically authorized by the University Board of Regents.
- The Chancellor for Health Sciences, an executive vice president, Provost, or vice president to whom the President has delegated the authority delegated to the President by the Board of Regents, as specified herein.
- The Chief Procurement Officer and Vice President for Human Resources, as specified herein.
- A person who has received a sub-delegation in accordance with this policy.

2. Contract

For the purposes of this policy, a "contract" is defined as a written agreement between two (2) parties intended to have legal effect, including Memorandums of Understanding, Memorandums of Agreement, Nondisclosure Agreements, and Letters of Understanding, in one of the following forms listed below.

- Documents signed by UNM and another party.
- Offers signed by UNM.
- Certain pre-approved UNM forms signed by others.
- Contract forms promulgated by others signed by UNM.

The term "contract" does not include written agreements between different departments or other similar units of the University. While such interdepartmental agreements are not legally binding on the departments or units that participate in the agreement, they may serve the useful purpose of memorializing agreed upon arrangements between departments. Interdepartmental written agreements should be in form of a memorandum signed by one or more cognizant vice

presidents or executive vice presidents, as appropriate. University Purchase Orders, although contracts, are also discussed in [UAP 4320 \("Purchasing Goods Off Campus"\)](#) and [UAP 4325 \("Purchasing Professional Services From Independent Contractors"\)](#).

3. Signature Authority and Delegation

The University has a centralized system of signature authority. The Regents have delegated general signature authority to the President, who has delegated portions of that authority to the Chancellor for Health Sciences, Provost, executive vice presidents, vice presidents, Chief Procurement Officer, and Vice President for Human Resources under this Policy. Although under limited circumstances these positions may further delegate that authority by using the Delegation of Signature Authority Form (Exhibit A.), such delegations require approval by the President and should be used only when necessary and not defeat the centralized intent of this Policy. After obtaining the President's approval the individual requesting the delegation should forward a copy to the Policy Office and to the individual being delegated signature authority. [Exhibit B1](#) (Main Campus and Branches) and [Exhibit B2](#) (Health Sciences Center) list all such delegations made prior to the date shown on the exhibit and will be updated regularly.

All delegations shall be to a position within the University and not to the individual holding the position at the time of the delegation. When there is turnover in a position, the new individual has the authority of the previous incumbent. Persons in an acting or interim position also have the general signature authority of that position.

All contracts must be reviewed by a contract review officer for legal form, prior to signature. If a contract is a form contract using language that has been approved by University Counsel's Office then a person with signature authority may, at his or her discretion, sign it without review by a contract review officer.

4. General Delegation of Signature Authority

Throughout this section, certain signature authority delegations are made for "main campus and the branches." For the purposes of this Policy, "main campus and the branches" refers to all components of The University of New Mexico outside of the Health Sciences Center, including, for example off-campus centers, graduate centers, the athletic campus, rented buildings, and other off-campus sites.

4.1. Operations

The Executive Vice President for Administration has authority to sign all contracts, except those reserved to the President, Chancellor for Health Sciences, or to the Regents and those used for the purchase of goods and/or services (refer to [Section 4.2.](#) herein).

The Chancellor for Health Sciences has authority to sign all contracts for the Health Sciences Center and the UNM Health System, except those reserved to the President or to the Regents, contracts for the purchase of goods and/or services (refer to [Section 4.2.](#) herein), settlement

agreements (except in accordance with [Section 4.7.](#) herein), intellectual property assignments (refer to [Section 4.8.](#) herein), real estate contracts (refer to [Section 4.9.](#) herein), and contracts for purchase of construction and certain professional services (refer to [Section 4.10.](#) herein).

Signature of employment contracts for officials reporting to the President is reserved to the President and may not be delegated.

These delegations overlap with many of the more specific delegations listed below.

4.2. Contracts for Certain Goods and/or Services

The Chief Procurement Officer or delegee has exclusive authority to sign contracts for the purchase of goods and/or services, other than construction contracts and certain professional services contracts, as set forth in [Section 4.10.](#) herein. The purchase of goods and/or services for clinical components of the Health Sciences Center may be performed by The University of New Mexico Hospital Purchasing Department, as a separate satellite purchasing office of the University, in compliance with University procurement policies and procedures.

4.3. Research and Other Sponsored Projects

4.3.1. Main Campus and the Branches

4.3.1.1. Contracts and Grants Documents

The Executive Vice President for Administration has authority to sign contracts and grant documents requiring approval for sponsored projects for main campus and the branches.

4.3.1.2. Proposals

The Vice President for Research has authority to sign proposals for sponsored projects.

4.3.1.3. Research Contracts Not Covered by Other Sections

The Vice President for Research has authority to sign research contracts not involving the receipt or expenditure of funds or otherwise incurring direct financial obligations and not covered by other sections.

4.3.2. Health Sciences Center

The Chancellor for Health Sciences has authority to sign contracts, grant documents, proposals, and other agreements for research or sponsored projects for the Health Sciences Center and the UNM Health System.

4.4. Employment Contracts

4.4.1. Faculty Employment

The Provost/ Executive Vice President for Academic Affairs has authority to sign faculty employment offers and contracts for main campus and the branch campuses. The Chancellor for Health Sciences has authority to sign faculty employment offers and contracts for the HSC and the UNM Health System.

4.4.2. Staff Employment

4.4.2.1. Annual Employment Contracts

The executive vice president or vice president responsible for the position being employed and the Chancellor for Health Sciences and the President have authority to sign employment contracts and offers for contract employees under [UAP 3240 \("Contract Employees"\)](#).

4.4.2.2. Offers of Employment

All offer letters must be produced and completed by the Division of Human Resources for signature by the hiring official. Any changes or variations to the offer letter must be approved in advance by the Vice President for Human Resources.

4.4.3. Student Employment

The Provost/Executive Vice President for Academic Affairs has authority to sign contracts for student employment, including work study for main campus. The Chancellor for Health Sciences has authority to sign contracts for student employment, including work study for the HSC and the UNM Health System.

4.5. Contracts Affecting Students

4.5.1. Financial Aid and Loans to Students

The Provost/Executive Vice President for Academic Affairs has authority to sign applications and proposals to outside funding entities, short term emergency promissory notes to students, and other agreements relating to financial aid programs administered by Student Financial Aid. The Executive Vice President for Administration has authority to sign contracts with outside funding entities and other loans to students.

4.5.2. Student Housing

The Executive Vice President for Administration has authority to sign contracts relating to student housing.

4.5.3. Other Contracts Relating to Students and Not Covered by Other Sections

The Provost/Executive Vice President for Academic Affairs has authority to sign other contracts relating to students not involving the receipt of funds. Executive Vice President for

Administration has authority to sign other contracts relating to students involving the receipt of funds.

4.6. Academic Matters

The Provost/ Executive Vice President for Academic Affairs has authority to sign contracts concerning academic matters not involving the receipt or expenditure of funds for main campus. The Chancellor for Health Sciences has authority to sign contracts concerning academic matters not involving the receipt or expenditure of funds for the HSC and the UNM Health System.

4.7. Settlement Agreements

When the contract is a settlement agreement, release of rights, or similar agreement resolving legal claims against the University, it must be co-signed by an attorney in the University Counsel's Office, as well as signed by the University President and Chancellor for Health Sciences, Provost/ Executive Vice President for Academic Affairs, Executive Vice President for Administration/CFO/COO, or vice president who has responsibility for the matter.

It is the official policy of the University to avoid financial settlements of claims and lawsuits against the University except when appropriate. The University shall not agree to pay a financial settlement without (a) an appropriate risk assessment of the case, (b) written approval by the Chancellor for Health Sciences, Provost, or Executive Vice President for Administration/CFO/COO, and (c) final approval by the University President. A financial settlement payment by the University of \$400,000 or more must also be approved by the Board of Regents.

4.8. Intellectual Property Assignments

The Executive Vice President for Administration has authority to sign agreements assigning intellectual property rights by or to the University, except contracts for purchases by the University which must be signed by the Chief Procurement Officer (refer to [Section 4.2.](#) herein).

4.9. Real Estate

4.9.1. Main Campus and the Branches - Real Estate

4.9.1.1. Short-Term Leases of UNM Real Property and Leases of Others' Real Property of a Period of Six (6) Months or Less

The Chief Procurement Officer is authorized to sign all short-term real estate leases.

4.9.1.2. Long-Term Leases of UNM Real Property and Leases of Others' Real Property of a Period Exceeding Six (6) Months

The Executive Vice President for Administration and the Chief Procurement Officer are authorized to sign all long-term real estate contracts. Both signatures are required.

4.9.1.3. Other Real Estate Contracts

The Executive Vice President for Administration is authorized to sign all other real estate contracts.

4.9.2. Health Sciences Center

The Chief Procurement Officer and the Executive Vice President for Administration have authority to sign real estate contracts for the Health Sciences Center to the extent provided in [Section 4.9.1.](#) above, with the proviso that all such contracts must bear the written approval of the Chancellor for Health Sciences.

4.10. Construction Contracts with External Contractors and Contracts for Purchase of Professional Services Related to Architectural Services, External Auditing Services, Debt Financing, and Investment Management

The Executive Vice President for Administration and the Chief Procurement Officer are authorized to sign all construction contracts with external contractors and contracts for purchase of professional services related to architectural services, external auditing services, debt financing, and investment management. Both signatures are required.

4.11. Athletics

The Vice President for Athletics is authorized to sign all game contracts and contracts for rental of Athletic facilities.

5. Contract Review

Each contract must be carefully reviewed by the University employee initiating the contract and a University contract review officer. The University administrator with signature authority may designate additional review requirements for particular types of contracts, such as University Counsel for legal issues or Controller's review for budget. If the contract is reviewed by University Counsel or an Associate/Assistant University Counsel, it still requires review by a contract review officer.

Pre-approved Form Contracts (refer to [Section 6.](#) herein) have been thoroughly reviewed for legal form by the Office of University Counsel, and therefore do not require review by a contract review officer, unless additional language has been added, any blanks are not filled in, or exhibits/addendums are attached. ([Sections 5.2.](#)and [5.3.](#) herein do not apply).

5.1. University Employee Initiating the Contract

The person initiating the contract for the University is responsible for reading the contract entirely and determining that:

- the contract language accurately reflects the current state of negotiations;
- the contract meets programmatic and University mission requirements;
- the contract represents a good deal for the University;
- the contract defines measurable deliverables;
- he or she can ensure compliance with the obligations it places on the University;
- safety and risk management concerns have been reasonably addressed; and
- the contract is sufficiently clear and consistent.

After being satisfied with the form and content of the contract, the initiating employee must complete the appropriate sections of the Contract Review Form ([Exhibit C.](#)) To the extent the initiating employee does not understand the proposed contract, or is uncomfortable with any of its provisions, he or she should note that information on the Contract Review Form or attach an explanatory memo. He or she shall submit the contract along with any other necessary documents, such as a copy of the purchase requisition where required, to the appropriate contract review officer for processing. Contract review officers for each area of specialty within the University are listed on the Contract Review Form. The initiating department should submit a purchase requisition, if required, into the system for approval; however a purchase order will not be processed until the signed contract and the Contract Review form is received by the Purchasing Department.

5.1.1. Contract Amendments

Any material changes to contracts will be processed in the same manner as the original contract and must indicate which contract they pertain to.

5.2. Contract Review Officer

Each administrator granted signature authority by this policy shall designate one or more contract review officers for contracts under their purview. All contract review officers shall be UNM employees. The University Counsel's Office will train contract review officers and will set training requirements necessary to maintain contract review officer status. The contract review officer will review for the concerns described in [Section 5.1.](#) herein with particular attention to safety and risk issues. The contract review officer shall also perform the following review functions for each contract, prior to submission to a person with signature authority.

5.2.1. Legal Form

The contract review officer shall review contracts to ensure all the requirements listed in [Section 5.1.](#) have been met and review the contract to the extent appropriate for:

- consistency with law (obtaining University Counsel review, if necessary);
- consistency with UNM rules and regulations;
- reasonable internal consistency and clarity; and

- consistency with any predecessor documents.

5.2.2. Other Institutional Reviews

The contract review officer shall determine what other institutional reviews are necessary prior to submission of the contract for signature, indicate these reviews on the form, and coordinate obtaining the appropriate reviews. In particular, contract review officers are responsible for making sure that departments which will be obligated or otherwise affected by the performance of a contract have an adequate opportunity to review the contract. The routing for particular types of contracts will generally be established by the person with signature authority. The contract review officer will coordinate the reviews and then forward the contract to the person with signature authority.

5.3. Contract Review Form

Contracts submitted for signature must be accompanied by a Contract Review Form (Exhibit C.). Individuals reviewing the proposed contract prior to its signature (execution) shall sign the Contract Review Form indicating that they have reviewed it, and what they reviewed it for. The Contract Review Form will normally have at least two (2) signatures consisting that of the initiating employee (originator), and that of a contract review officer.

5.4. Signature (Execution) of Contract on Behalf of University

The contract review officer will forward the contract to the University administrator who has been delegated signature authority for that contract. The administrator who signs the contract shall appoint a UNM employee responsible for monitoring contract performance in accordance with [UAP 2015 \("Contract Monitoring"\)](#). The administrator who signed the contract or his or her designee will send a copy of the contract and a contract coversheet to the University Purchasing Department via email to contract@unm.edu or to a departmental CMS administrator approved by the Purchasing Department. The Purchasing Department or the CMS administrator will add the contract to the Contract Management System, which serves as a repository for all contracts that obligate the University and provides information for contract tracking and monitoring.

6. Form Contracts

6.1. Pre-approved Form Contract Review

Form contracts that have been pre-approved by University Counsel's Office do not require review by a contract review officer prior to execution, provided that any blanks are filled in as per any instructions on the form, provided the language has not been altered, and there are no exhibits or addendums. The University Secretary shall assign a number to each such pre-approved form contract and shall maintain a record of them.

6.2. Contracts for the Purchase of Goods and Services

The President and the Chief Procurement Officer may adopt policies and procedures authorizing the execution of pre-approved Purchase Order forms to be used in limited circumstances defined in the policies and procedures in Section 4000 of the University Administrative Policies and Procedures Manual by individuals defined in those policies and procedures. Any such policies and procedures now in existence are hereby confirmed as part of this policy.

7. Compliance

No University employee may sign (execute) any contract purporting to be on behalf of the University, unless delegated signature authority to do so, pursuant to this policy. Any employee who violates this section may be subject to disciplinary action. No contract signed by a person without signature authority delegated by the Board of Regents or pursuant to this policy shall be binding on the University.

8. Records Retention

Each administrator who signs a contract shall keep the signed contract on file or designate where the signed contract should be kept. The contract will be kept on file for at least the period of the contract plus three (3) years or the period of time required by law, whichever is longer. If signed contracts are sent to a different location, a log should be kept describing the contract and indicating where it was sent. The University Secretary's Office should be advised of the location.

9. Attachments

Exhibit A. - Delegation of Signature Authority Form (To complete this form using MS Word click [here](#)).

[Exhibit B1](#). - Delegation of Signature Authority for Main Campus and Branches

 - Delegation of Signature Authority for Health Sciences Center

Exhibit C. - Contract Review Form (To complete this form using MS Word [click here](#)).

Exhibit 6.10

**DELEGATIONS OF SIGNATURE AUTHORITY FOR THE
HEALTH SCIENCES CENTER AND UNM HOSPITAL
EXHIBIT B2 TO POLICY 2010**

Effective Date: 6/15/2012
Revised: 3/4/2015, 6/5/2015, 8/4/2015, 3/14/2016

As stated in University Business Policy 2010, § 3, “All delegations shall be to a position within the University and not to the individual holding the position at the time of the delegation. When there is turnover in a position, the new individual has the authority of the previous incumbent. Persons in an acting or interim position also have the general signature authority of that position.”

Del. No.	Type of Contract	Position with Authority	Limitations
010BF	Research and other sponsored projects	Vice President for HSC/UNM Finance and University Controller	None
012BF	Research and other sponsored projects	Vice President for HSC/UNM Finance and University Controller	None
177BF	Assignments of University-owned intellectual property created by Health Sciences Center employees to STC and assignments of University-owned intellectual property created by Health Sciences Center employees to the inventors	Chancellor for Health Sciences; Vice Chancellor for Research, Health Sciences Center	None
014HSC	Letters of offer for University Hospital staff	Executive Director of University Hospital Human Resources	None
041HSC	Releases of claims in settlement of the pediatric oncology claims and lawsuits	Senior Assoc University Counsel	None
043HSC	Settlements of University of New Mexico Hospital lien cases	CEO of University of New Mexico Hospital	Agreements must be signed for approval by an attorney in the University Counsel's Office
048HSC	Collective bargaining agreements with unions representing University of New Mexico Hospital employees (local 2166 and Local 1199)	CEO of University of New Mexico Hospital	None

Del. No.	Type of Contract	Position with Authority	Limitations
061HSC	Only hospitals and their associated outpatient clinics operated by the Health Sciences Center that do not involve exchange of funds	Assoc VP for Clinical Operations	None
084HSC	HSC pre-award research contracts relating primarily to confidentiality, material transfer, data use, or HIPAA-related issues	Senior Assoc Dean for Research (SOM)	Approval by CON or COP Dean, as appropriate; legal approval required for MTAs and data use agreements
102HSC	Employment contracts for senior UNM Hospital's administrative staff who report directly to the CEO, UNM Hospital	CEO, UNM Hospital	None
104HSC	HSC clinical facilities reassignment agreements w/ part-time employee, contract, and volunteer providers of professional services to UNMHSC patients for billing and collection of professional fees	CEO, UNM Hospital	None
105HSC	HSC house officer educational/training contracts and house officer special compensation agreements	Executive Dean, SOM Assoc Dean, Graduate Medical Education, SOM CEO, UNM Hospitals (incoming house officer rotations only)	None
107HSC	Fundraising contracts not involving expenditure of funds	HSC Chief Administrative Officer (for HSC, not involving clinical facilities) CEO, UNM Hospitals (for clinical facilities only)	None
108HSC	HSC clinical facilities reassignment agreements with part-time employee, contract, and volunteer providers of professional services to UNMHSC patients, for billing and collection of professional	Assoc VP for Clinical Operations	None

Del. No.	Type of Contract	Position with Authority	Limitations
	fees		
110HSC	Contracts for emergency loans to HSC students (including those signed only by student or only by UNM)	Executive Dean, SOM only Senior Assoc Dean for Education (SOM only) Dean, College of Pharmacy only Dean, College of Nursing only	None
111HSC	HSC house officer educational/training contracts and house officer special compensation agreements	Executive Dean, School of Medicine; Assoc Dean, Graduate Medical Education, School of Medicine; Assoc VP for Clinical Operations (incoming house officer rotations only)	Approval by Assoc Dean for Graduate Medical Education required for non-UNM house officers rotating in to UNM clinical facilities
112HSC	Fundraising contracts not involving expenditure of funds	HSC Chief Administrative Officer (for HSC) not involving clinical facilities; Assoc VP for Clinical Operations (for clinical facilities only)	None
113HSC	HSC expert witness agreements w/ government agencies	Executive Dean, SOM Senior Assoc Dean, Academic Affairs, SOM Dean, College of Pharmacy (for COP only) Dean, College of Nursing (for CON only)	None
114HSC	HSC house officer employment contracts (includes residents, interns, fellows)	Executive Dean, SOM Assoc Dean, Graduate Medical Education, SOM	None
115HSC	HSC clinical & non-clinical services, consulting (including research), training and collaboration agreements involving individual providers or departments, not involving expenditure of funds	Executive Dean, School of Medicine (School of Medicine only); Asst Dean, Administration, School of Medicine (School of Medicine only); Senior Assoc Dean for Research (SOM research only); Dean, College of Pharmacy (College of Pharmacy only); Dean, College of Nursing (College of Nursing only); Director, CRTC (CRTC only); Assoc VP for Clinical	Approval by Director, Clinical Contract Services, required; approval of appropriate department chair required for SOM contracts

Del. No.	Type of Contract	Position with Authority	Limitations
		Operations (clinical facilities only); Assoc VP for Financial Services (HSC administration only)	
116HSC	Licenses for short-term use of HSC space by outside parties for special programs	HSC Chief Administrative Officer (for space other than in clinical facilities); Assoc VP for Clinical Operations (for space in clinical facilities only)	Approval by Director, HSC Facilities Planning required
117HSC	Employment contracts for senior University Hospitals administrative staff who report directly to the Assoc VP for Clinical Operations	Assoc VP for Clinical Operations	None
120HSC	HSC clinical trial agreements, research agreements, and contracts funded with sponsored awards, excluding clinical contracts	HSC Assoc VP for Financial Services, Assoc Controller	None
121HSC	HSC proposals for sponsored research	Contract and Grant Administrators Sr. Contract and Grant Administrators Manager/Supervisor, PreAward	None
122HSC	HSC pre-award research contracts relating primarily to confidentiality, material transfer, data use, and HIPAA-related issues; and IRB authorization agreements	Sr Assoc Dean for Research, SOM (for all HSC) Executive Dean, SOM	Approval by CON or COP Dean, as appropriate Legal review required for MTAs, data use agreements, and IRB authorization agreements Authorized position may not sign contracts for which there may be a conflict of interest
124HSC	HSC clinical trial agreements, research agreements, and contracts funded w/ sponsored awards, excluding clinical contracts	Supervisor of Fiscal Services	None Period of Authority will be from 03-27-06 through 04-03-06

Del. No.	Type of Contract	Position with Authority	Limitations
133HSC	HSC clinical managed care contracts, clinical global and master contracts involving multiple departments	Executive Physician-in-Chief, UNM Health System; UNM Health System Chief Operating Officer (Clinical Facilities Only)	Use of HSC for purposes of this delegation does not include UNM Sandoval Regional Medical Center, Inc. or UNM Medical Group, Inc.
134HSC	Contracts for debt financing and investment management related to financial assets of UNM Hospitals	Chief Financial Officer, UNM Hospitals CEO, UNM Hospitals	None
136HSC	Lovelace GME Affiliation Agreement regarding resident aggregate caps	HSC Chief Administrative Officer	None
146HSC	HSC clinical & non-clinical services, consulting (including research), training and collaboration agreements involving individual providers or departments, excluding purchase agreements	Assistant Dean for finance & Administration, School of Medicine; Administrator, School of Medicine; Senior Associate Dean for Research (SOM research only); CEO, UNM Hospitals (UNM Hospital facilities only); Associate VP for Financial Services	Approval by Director, Clinical Contract Services, required for clinical services; Approval of appropriate department chair required for SOM contracts
147HSC	HSC locum tenens and specialty extension services contracts for which there is no expenditure of funds	Director of Finance, School of Medicine; Chief Financial Services Officer for the UNMHSC	None
148HSC	HSC confidentiality, non-disclosure, license, and similar intellectual property agreements required by hardware and software vendors	Assoc VP for Knowledge management & IT (for HSC, not involving clinical facilities); CEO, UNM Hospital (for clinical facilities only); UNMH Chief Information Officer (for clinical facilities only)	May not involve the receipt or expenditure of funds or otherwise incur direct financial obligations
157HSC	HSC clinical trial agreements, research agreements, and contracts funded with sponsored awards, excluding contracts	Vice President for HSC/UNM Finance and University Controller; Chief Budget and Finance Officer; Director, Financial Systems & Restricted Accounting	None
165HSC	HSC subaward agreements	Vice President for HSC/UNM Finance and University Controller; Chief Budget and Finance Officer, HSC; Director, Financial Systems and Restricted Accounting	None

Del. No.	Type of Contract	Position with Authority	Limitations
167HSC	HSC proposals for sponsored projects	Contract and Grant Administrators; Sr. Contract and Grant Administrators; Contract & Grant Supervisor; Manager/Supervisor, PreAward; Associate Director, Financial Services/HSC PreAward	None
168HSC	HSC clinical and non-clinical services, consulting (including research), training and collaboration agreements involving individual providers or departments, excluding purchase agreements	HSC Associate Vice President for Administration; Director of Finance, School of Medicine; Administrator, School of Medicine; Senior Associate Dean for Research (SOM research only); CEO, UNM Hospitals (UNM Hospital facilities only); Vice President for HSC/UNM Finance and University Controller; Chief Budget and Finance Officer	Approval by Director, Clinical Contract Services, required for clinical services; Approval of appropriate department chair required for SOM contracts.
170HSC	HSC student employment contracts and training affiliation agreements	Executive Dean, School of Medicine; Director of Finance, School of Medicine; Administrator, School of Medicine; Dean, College of Pharmacy; Dean, College of Nursing; Director, Health Sciences Library and Informatics Center; Associate Vice President for Administration (HSC administration only); Senior Associate Dean for Education, School of Medicine; CEO, UNM Hospitals (incoming students only)	None
173HSC	Agreements licensing third parties to use, for research purposes only, intellectual property of UNMHSC, but only for such intellectual property as has been assigned back to UNMHSC and/or UNMHSC inventors by STC.	Vice President for Research, Health Sciences Center	None
175HSC	Licenses for short-term use	Chief Administrative Officer,	None

Del. No.	Type of Contract	Position with Authority	Limitations
	of HSC space by outside parties for special programs	HSC (for space other than in clinical facilities); Health System Chief Operations Officer (for space in clinical facilities only)	
176HSC	HSC pre-award research contracts relating primarily to confidentiality, material transfer, data use, and HIPAA-related issues; and IRB authorization agreements	Vice Chancellor for Research, Health Sciences Center; Executive Vice Dean, School of Medicine (when Vice Chancellor for Research not available)	Approval by CON Dean with respect to contracts involving CON; approval by COP Dean with respect to contracts involving COP; legal review if appropriate as determined by signature authority holder; authorized position may not sign contracts for which there may be a conflict of interest
178HSC	PC Dash software license and service agreements	Chief Budget and Finance Officer; Chief Administrative Officer	None
179HSC	Invoices and Financial Reports for contracts and grants funded with sponsored awards	HSC Chief Financial Services Officer; Accountant, H4-Post Discipline SC Financial Services	None
180HSC	Agreements regarding credentialing and privileging by proxy as to which providers on the Medical Staff at UNM Hospitals will be providing telehealth and/or telemedicine services at third-party hospitals	Chair, UNM Hospitals Credentials Committee or Executive Director, Medical Staff Affairs	Contracts must also evidence that they have been reviewed and approved as to form by the HSC Office of University Counsel
025PUR	Purchase of goods and/or services for clinical components of HSC other than construction contracts & designated professional services	Executive Director of Financial Planning and Analysis, UNMH <i>(specially authorized by [REDACTED] in 5/17/2012 memorandum)</i> Area Director of Material Management, UNMH	None
036PUR	Goods and/or services for clinical components of HSC, other than construction contracts and designated professional services	UNMH Purchasing Manager	None

Exhibit 6.11



[Redacted]'s district) attended the



Legislative activities update - ACOG

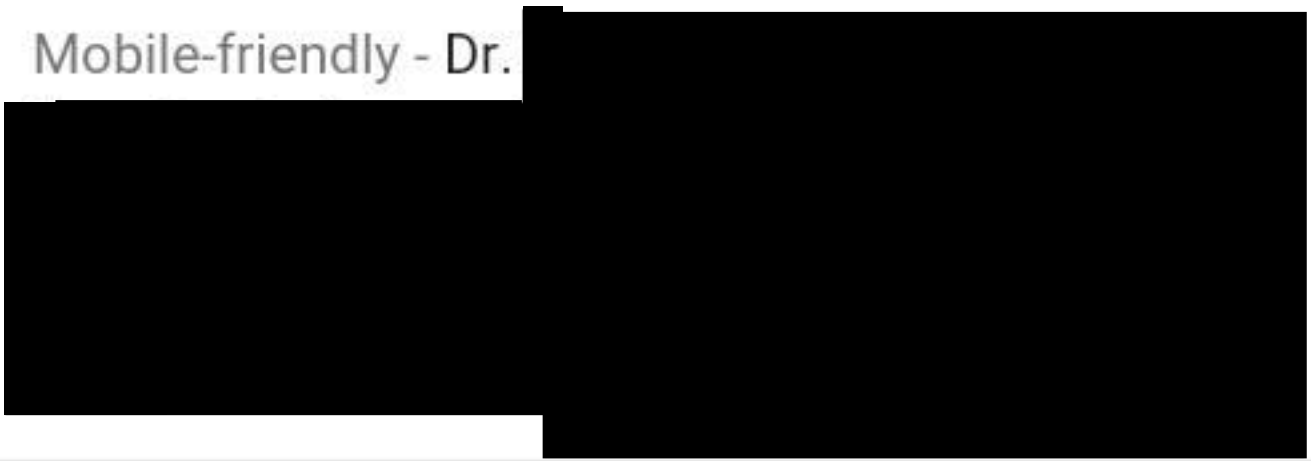
[m.acog.org](#) > ... > [May 2013](#)

Mobile-friendly - [Redacted] MD, District VIII legislative chair ... Sixty Fellows, Junior Fellows, and medical students from our district ... MD, District VIII secretary; Dr. [Redacted], MD; [Redacted], MD, ...

From the editor - ACOG

[m.acog.org](#) > ... > [May 2014](#)

Mobile-friendly - Dr. [Redacted]



Junior Fellows | Medical Students - ACOG

[m.acog.org](#) > ... > [District II](#)

Mobile-friendly - Welcome to the District II Junior Fellow & Medical Student Site! We have made



Web



Maps



News



Shop

Exhibit 6.12

Department of Obstetrics and Gynecology

Date: December 14, 2015

To: [REDACTED] Southwestern Women's Options

Address: [REDACTED]

RE: Termination of Program Letter dated June 2, 2014

Dear [REDACTED]

I am writing to inform you that as of the date of this letter, the University of New Mexico School of Medicine Fellowship in Family Planning is terminating the Program Letter dated June 2, 2014. We are currently seeking another rotation site that better meets the training needs of our Fellows. We very much appreciate your willingness to serve as a rotation site.

Sincerely,

[REDACTED]

Exhibit 6.13

HOUSE OFFICER AFFILIATION AGREEMENT

The Regents of the University of New Mexico, for its public operation known as the Health Sciences Center, specifically for the School of Medicine (the "University"), and Planned Parenthood of New Mexico, Inc. (the "Institution"), a New Mexico domestic non-profit corporation, agree:

RECITALS

- A. The caseload at the Institution is adequate to provide an opportunity for University resident physicians ("House Officers") to obtain practical and didactic exposure to patient management under the supervision of the medical staff of the Institution.
- B. The purposes of this Agreement are:
 1. To establish a training and educational program for House Officers while on rotation at the Institution;
 2. To ensure a close working relationship between the University and the Institution;
 3. To benefit both the University and the Institution through provision of quality medical education and training by allowing participation by House Officers in the delivery of health care services by the medical staff of the Institution;
 4. To provide House Officers with opportunities to acquire specific skills and knowledge in designated specialty areas through experience in patient care delivery by qualified physicians; and
 5. To enable House Officers to become knowledgeable about operational aspects of various types of health delivery systems.

II. RESPONSIBILITIES OF THE INSTITUTION

- A. The Institution will:
 1. Accept for training the number of House Officers to be determined jointly by the Institution and the University.
 2. Make available its clinical and related facilities and its personnel to provide quality learning experiences for House Officers during their educational rotation at the Institution under the supervision of qualified Institution personnel.

3. Designate one or more clinical supervisors who will: (a) coordinate the House Officer's clinical education experience, conferences, course and programs; (b) arrange schedules to the degree possible to avoid conflict with other educational courses; and (c) coordinate all aspects of training of House Officers with the appropriate University clinical department chairperson or program director and the Associate Dean for Graduate Medical Education or designee.
 4. Make patients aware that House Officers from the University of New Mexico Health Sciences Center are providing services to patients in Institution's facility(ies) and that they have the right to ask whether House Officers will be involved in their treatment, by either (a) posting a notice to that effect; or (b) ensuring that the House Officer is wearing a University-issued badge identifying him/herself as a resident physician at the University of New Mexico Health Sciences Center.
 5. Permit the University's clinical department chairpersons or program directors to review the Institution's educational program, participate in the selection of clinical supervisors and inspect its clinical facilities.
 6. Permit the University to coordinate all aspects of the educational program with the Institution's clinical supervisors.
 7. Provide House Officers with use of classrooms, storage space, sleeping quarters (while they are on call), dining facilities, dressing and locker room space and similar facilities while they are on rotation at the Institution.
 8. Provide periodic reports as may be required by the University Graduate Medical Education Office or the appropriate University clinical department chairperson or program director.
 9. Adhere to the Accreditation Council on Graduate Medical Education Program Requirements for Residency Education.
- B. If necessary, the Institution will provide emergency medical treatment of House Officers while they are on rotation at the Institution. The cost of such treatment will be paid by the House Officer or the House Officer's third party payor.
 - C. The Institution will provide all necessary personnel at levels compatible with provision of quality health care and with the Institution's supervisory responsibility for training of House Officers.

III. RESPONSIBILITIES OF THE UNIVERSITY

- A. The University will:

1. Identify specific House Officers who will be assigned full time or part time for training at the Institution.
 2. Provide the Institution with identification of assigned House Officers and the desired rotational schedule for each House Officer.
 3. Require House Officers to conform to the policies and procedures of the Institution, under the direction of the Institution's designated clinical supervisors.
 4. Assure that House Officers are informed of, and comply with, all applicable Institution rules and regulations.
 5. Assume administrative responsibility for control and discipline of House Officers.
 6. Assure that House Officers are duly licensed as such by the New Mexico Board of Medical Examiners.
 7. Assure that House Officers have appropriate health care coverage and other benefits as provided in Exhibit A in accordance with applicable accreditation standards.
 8. Adhere to the Accreditation Council on Graduate Medical Education Program Requirements for Residency Education.
- B. House Officers will meet all reasonable health standards imposed by applicable laws and regulations or imposed by the Institution. Copies of Institutional standards will be provided by the Institution to the University and the House Officers.
- C. The University faculty member (program director) responsible for the House Officer's rotation at the Institution will send a letter ("Program Letter") to the Institution's medical staff member responsible for the House Officer's supervision at the Institution, that provides the following specific information:
1. The individual at the Institution who is designated to assume administrative, educational and supervisory responsibility for the House Officer;
 2. The educational goals and objectives of the House Officer's rotation at the Institution;
 3. The period of assignment of the House Officer at the Institution, the financial arrangements, and information regarding the House Officer's performance; and

4. The Institution's responsibilities for teaching, supervision and formal evaluation of the House Officer's performance; and
5. The policies and procedures that govern the House Officer's education while on rotation at the Institution.

Upon delivery to the Institution, these Program Letters are incorporated by reference into this Agreement, as if fully set forth herein.

IV. SPECIAL PROVISIONS

- A. This program is educational, and is not designed to replace, nor will it result in the replacement of, employees of the Institution, nor will it impair existing contracts for services. The House Officers will be under the supervision of the Institution's personnel, will not take the place of the Institution's regular personnel in providing health care services to the Institution's patients, and will not provide full and complete technical and/or professional direction of patient care, but will participate in such care with the medical staff of the Institution.
- B. The Institution recognizes that the University has established personnel policies and benefits for House Officers. The Institution will consult with the University Associate Dean for Graduate Medical Education and the designated Program Director when considering: (1) refusing to accept assignment of a House Officer; (2) suspension of a House Officer for any reason; or (3) barring any House Officer from participation for failure to fulfill the terms of this Agreement.
- C. The number and distribution of House Officers among the divisions of the Institution will be agreed upon by the University and the Institution at the beginning of each training period. The Institution specifically reserves the right to make any and all changes it deems necessary to ensure accomplishment of its mission; provided, however, that the Institution will not make any changes after the date agreed upon by the Institution and the University at the beginning of each training period. The Institution will promptly inform the University in writing of any changes, but any such changes will be made at the sole discretion of the Institution.

V. INSURANCE AND LIABILITY

- A. As between the parties, each party acknowledges that it will be responsible for claims or damages arising from personal injury or damage to persons or property to the extent they result from negligence of that party's employees or (in the case of University) House Officers. The University is provided professional liability coverage for its House Officers and University-employed faculty members for their activities at the Institution, as set forth in the New Mexico Tort Claims Act, Sections 41-4-1 etseq. NMSA 1978, as amended. The liability of the House Officers and faculty employed by the University will be subject in all cases to the

limitations and immunities of the New Mexico Tort Claims Act. Subject to the New Mexico Tort Claims Act, the University will indemnify, defend and hold harmless Institution and its employees, officers, agents, and representatives from and against any and all loss, damage, liability or claims (including reasonable attorneys' fees) arising from the negligent acts or omissions of University, House Officer, or its employees, in connection with this Agreement, provided that the indemnities herein do not extend to claims arising from or in any way related to the negligent acts or omissions of Institution, its employees or agents.

- B. If a complaint is made, or a claim or suit is initiated or filed naming or otherwise involving a House Officer or a University employee, the Institution will immediately provide written notice to the Graduate Medical Education Office of the School of Medicine, the University's Health Sciences Center Risk Management Department, and the University's Health Sciences Center Office of University Counsel. If a claim or suit is filed or initiated against the Institution, naming or otherwise involving alleged actions or omissions of a House Officer, the University will manage and control all aspects of the defense on behalf of the House Officer in accordance with the New Mexico Tort Claims Act. To the extent permitted by the New Mexico Tort Claims Act, the University will coordinate its defense with that of the Institution.

VI. TERM AND TERMINATION

This Agreement will become effective on 1 May 2011 and will continue through 30 June 2015 unless earlier terminated by either party by providing written notice of intent to terminate to the other party at least sixty (60) days prior to the proposed date of termination.

VII. REIMBURSEMENT

The University will be responsible for the salary and fringe benefits of House Officers for the period the House Officers perform services at the Institution. All House Officers are paid the same amount at each level of appointment, regardless of assignment.

VIII. HIPAA COMPLIANCE

- A. The parties will comply with the applicable provisions of HIPAA and any current and future regulations promulgated thereunder, including without limitation, the federal privacy regulations, the federal security standards, and the federal standards for electronic transactions (collectively, the "HIPAA Requirements"). The parties will not use or further disclose any Protected Health Information or Individually Identifiable Health Information (as such terms are defined in the HIPAA regulations), other than as permitted by the HIPAA Requirements and the terms of this Agreement.

- B. The University will ensure that House Officers have been provided training with regard to the HIPAA Requirements, and will provide Institution with a certificate of training evidencing that this requirement has been met. Additionally, the Institution may require each House Officer to sign a Confidentiality Agreement and an Acknowledgement that the House Officer has received Institution's Notice of Privacy Practices.


IX. MISCELLANEOUS


- A. **Entire Agreement.** This Agreement and the Program Letters referenced in Section III-C of this Agreement represent the entire understanding between the parties and supersede any prior agreements or understandings with respect to the subject matter of this Agreement.
- B. **Waiver of Breach.** The waiver by either party of a breach or violation of any provision of this Agreement will not operate as or be construed as a waiver of any subsequent breach of this Agreement.
- C. **Modifications.** No changes, amendments or alterations to this Agreement will be effective unless in writing and signed by both parties.
- D. **Non-Assignability.** This Agreement will not be assigned by either party, nor will the duties imposed upon either party by this Agreement be delegated, subcontracted, or transferred by either party, in whole or in part, without the prior written consent of the other party.
- E. **Governing Law.** This Agreement will be construed, interpreted, governed and enforced in accordance with the statutes, judicial decisions, and other laws of the State of New Mexico.
- F. **Severability.** The invalidity or unenforceability of any term or provision of this Agreement will in no way affect the validity or enforceability of any other term or provision to the extent permitted by law.
- G. **Marketing Materials.** Neither the University nor the Institution will use the other's name in any publicity or advertising materials without prior written consent of the other party; provided, however, that either party may indicate to individual House Officers or potential House Officers the existence and scope of the training programs available at the Institution.
- H. **Confidentiality**
 - 1. **Patient and House Officer Records.** The confidentiality of patients' medical records and House Officers' academic records will be maintained by the parties in accordance with applicable federal and state laws and regulations.

2. **Compensation.** The Institution and the University will not disclose the compensation payable to the University pursuant to this Agreement, except to the extent required by applicable laws or regulations or as may be required to carry out the terms of this Agreement.
- I. **Retention of Records.** The Institution and the University will maintain detailed records associated with assignment of House Officers and payments to the University pursuant to this Agreement for a period of at least five years after termination of this Agreement, and will allow access for inspection by the Institution, the University, the Secretary for Health and Human Services, the Comptroller General and the Inspector General to such records for the purpose of verifying costs associated with provision of services under this Agreement.
- J. **Relationship of Parties.** House Officers and employees of the University will not be considered employees of the Institution for any purpose, including, but not limited to, workers' compensation, insurance, bonding or any other benefits afforded to employees of the Institution. As trainees working under the direct control of Institution's clinical instructors, House Officers will be part of Institution's "workforce" for purposes of compliance with the Health Insurance Portability and Accountability Act of 1996, as codified at 42 U.S.C. Section 1320d ("HIPAA"). Neither party has any express or implied authority to assume or create any obligation or responsibility on behalf of or in the name of the other party.
- K. **Cooperation and Dispute Resolution.** The parties agree that, to the extent compatible with the separate and independent management of each, they will maintain effective liaison and close cooperation. If a dispute arises related to the obligations or performance of either party under this Agreement, representatives of the parties will meet in good faith to resolve the dispute.
- L. **Third Parties.** Nothing in this Agreement, express or implied, is intended to confer any rights, remedies, claims, or interests upon a person not a party to this Agreement.
- M. **Eligibility for Participation in Government Programs.** Each party represents that neither it, nor any of its management or any other employees or independent contractors who will have any involvement in the services or products supplied under this Agreement, have been excluded from participation in any government healthcare program, debarred from or under any other federal program (including but not limited to debarment under the Generic Drug Enforcement Act), or convicted of any offense defined in 42 U.S.C. Section 1320a-7, and that it, its employees, and independent contractors are not otherwise ineligible for participation in federal healthcare programs. Further, each party represents that it is not aware of any such pending action(s) (including criminal actions) against it or its employees or independent contractors. Each party shall notify the other

party immediately upon becoming aware of any pending or final action in any of these areas.

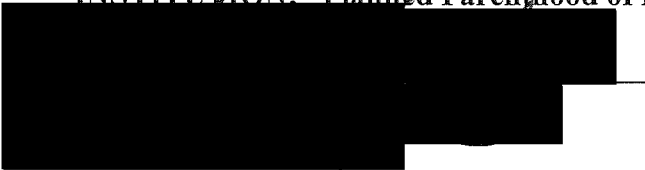
N. Notices. Any notice required to be given pursuant to the terms and provisions of this Agreement will be in writing and will be sent by certified mail, return receipt requested, postage prepaid, as follows:

To the University at: Office of Graduate Medical Education


To the Institution at: Planned Parenthood of New Mexico, Inc


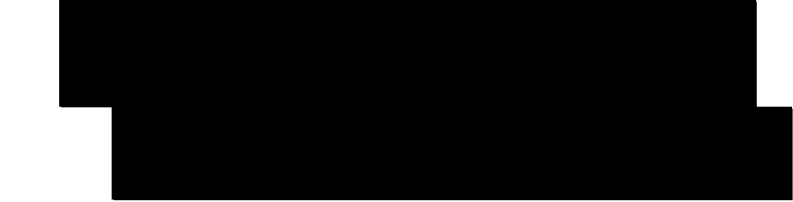
O. Binding Effect. This Agreement is binding upon, and inures to the benefit of, the parties to this Agreement and their respective successors and assigns.

INSTITUTION: ~~Planned~~ Parenthood of New Mexico, Inc




Date: 6/5/2012

UNIVERSITY: REGENTS OF THE UNIVERSITY OF NEW MEXICO,
FOR THE SCHOOL OF MEDICINE



Date: 6/13/12

Approved as to form:



Date: 6/11/12

Exhibit 6.14

HOUSE OFFICER AFFILIATION AGREEMENT

The Regents of the University of New Mexico, for its public operation known as the Health Sciences Center, specifically for the School of Medicine (the "University"), and Planned Parenthood of the Rocky Mountains, Inc. (the "Institution"), agree:

RECITALS

- A. The caseload at the Institution is adequate to provide an opportunity for University resident physicians ("House Officers") to obtain practical and didactic exposure to patient management under the supervision of the medical staff of the Institution.
- B. The purposes of this Agreement are:
 - 1. To establish a training and educational program for House Officers while on rotation at the Institution;
 - 2. To ensure a close working relationship between the University and the Institution;
 - 3. To benefit both the University and the Institution through provision of quality medical education and training by allowing participation by House Officers in the delivery of health care services by the medical staff of the Institution;
 - 4. To provide House Officers with opportunities to acquire specific skills and knowledge in designated specialty areas through experience in patient care delivery by qualified physicians; and
 - 5. To enable House Officers to become knowledgeable about operational aspects of various types of health delivery systems.

I. RESPONSIBILITIES OF THE INSTITUTION

- A. The Institution will:
 - 1. Accept for training the number of House Officers to be determined jointly by the Institution and the University.
 - 2. Make available its clinical and related facilities and its personnel to provide quality learning experiences for House Officers during their educational rotation at the Institution under the supervision of qualified Institution personnel.

3. Designate one or more clinical supervisors who will: (a) coordinate the House Officer's clinical education experience, conferences, course and programs; (b) arrange schedules to the degree possible to avoid conflict with other educational courses; and (c) coordinate all aspects of training of House Officers with the appropriate University clinical department chairperson or program director and the Associate Dean for Graduate Medical Education or designee.
 4. Make patients aware that House Officers from the University of New Mexico Health Sciences Center are providing services to patients in Institution's facility(ies) and that they have the right to ask whether House Officers will be involved in their treatment, by either (a) posting a notice to that effect; or (b) ensuring that the House Officer is wearing a University-issued badge identifying him/herself as a resident physician at the University of New Mexico Health Sciences Center.
 5. Permit the University's clinical department chairpersons or program directors to review the Institution's educational program, participate in the selection of clinical supervisors and inspect its clinical facilities.
 6. Permit the University to coordinate all aspects of the educational program with the Institution's clinical supervisors.
 7. Provide House Officers with use of classrooms, storage space, sleeping quarters (while they are on call), dining facilities, dressing and locker room space and similar facilities while they are on rotation at the Institution.
 8. Provide periodic reports as may be required by the University Graduate Medical Education Office or the appropriate University clinical department chairperson or program director.
 9. Adhere to the Accreditation Council on Graduate Medical Education Program Requirements for Residency Education.
- B. If necessary, the Institution will provide emergency medical treatment of House Officers while they are on rotation at the Institution. The cost of such treatment will be paid by the House Officer or the House Officer's third party payor.
 - C. The Institution will provide all necessary personnel at levels compatible with provision of quality health care and with the Institution's supervisory responsibility for training of House Officers.

II. RESPONSIBILITIES OF THE UNIVERSITY

- A. The University will:

1. Identify specific House Officers who will be assigned full time or part time for training at the Institution.
 2. Provide the Institution with identification of assigned House Officers and the desired rotational schedule for each House Officer.
 3. Require House Officers to conform to the policies and procedures of the Institution, under the direction of the Institution's designated clinical supervisors.
 4. Assure that House Officers are informed of, and comply with, all applicable Institution rules and regulations.
 5. Assume administrative responsibility for control and discipline of House Officers.
 6. Assure that House Officers are duly licensed as such by the New Mexico Board of Medical Examiners.
 7. Assure that House Officers have appropriate health care coverage and other benefits as provided in Exhibit A in accordance with applicable accreditation standards.
 8. Adhere to the Accreditation Council on Graduate Medical Education Program Requirements for Residency Education.
- B. House Officers will meet all reasonable health standards imposed by applicable laws and regulations or imposed by the Institution. Copies of Institutional standards will be provided by the Institution to the University and the House Officers.
- C. The University faculty member (program director) responsible for the House Officer's rotation at the Institution will send a letter ("Program Letter") to the Institution's medical staff member responsible for the House Officer's supervision at the Institution, that provides the following specific information:
1. The individual at the Institution who is designated to assume administrative, educational and supervisory responsibility for the House Officer;
 2. The educational goals and objectives of the House Officer's rotation at the Institution;

3. The period of assignment of the House Officer at the Institution, the financial arrangements, and information regarding the House Officer's performance; and
4. The Institution's responsibilities for teaching, supervision and formal evaluation of the House Officer's performance; and
5. The policies and procedures that govern the House Officer's education while on rotation at the Institution.

Upon delivery to the Institution, these Program Letters are incorporated by reference into this Agreement, as if fully set forth herein.

III. SPECIAL PROVISIONS

- A. This program is educational, and is not designed to replace, nor will it result in the replacement of, employees of the Institution, nor will it impair existing contracts for services. The House Officers will be under the supervision of the Institution's personnel, will not take the place of the Institution's regular personnel in providing health care services to the Institution's patients, and will not provide full and complete technical and/or professional direction of patient care, but will participate in such care with the medical staff of the Institution.
- B. The Institution recognizes that the University has established personnel policies and benefits for House Officers. The Institution will consult with the University Associate Dean for Graduate Medical Education and the designated Program Director when considering: (1) refusing to accept assignment of a House Officer; (2) suspension of a House Officer for any reason; or (3) barring any House Officer from participation for failure to fulfill the terms of this Agreement.
- C. The number and distribution of House Officers among the divisions of the Institution will be agreed upon by the University and the Institution at the beginning of each training period. The Institution specifically reserves the right to make any and all changes it deems necessary to ensure accomplishment of its mission; provided, however, that the Institution will not make any changes after the date agreed upon by the Institution and the University at the beginning of each training period. The Institution will promptly inform the University in writing of any changes, but any such changes will be made at the sole discretion of the Institution.

IV. INSURANCE AND LIABILITY

- A. As between the parties, each party acknowledges that it will be responsible for claims or damages arising from personal injury or damage to persons or property to the extent they result from negligence of that party's employees or (in the case

of University) House Officers. Institution understands that University is not indemnifying Institution for the acts or omissions to act of University's House Officers, faculty, and/or employees. The liability of the University's House Officers, faculty, and employees will be subject in all cases to the limitations and immunities of the New Mexico Tort Claims Act, Sections 41-4-1 *et seq.* NMSA 1978, as amended.

- B. The New Mexico Risk Management Division provides professional liability coverage of University, its House Officers, faculty, and employees for their health care instructional activities at the Institution as set forth in the New Mexico Tort Claims Act.
- C. If a complaint is made, or a claim or suit is initiated or filed naming or otherwise involving a House Officer or a University employee, the Institution will immediately provide written notice to the University's Graduate Medical Education Office and Health Sciences Center Office of University Counsel. If a claim or suit is filed or initiated against the Institution, naming or otherwise involving alleged actions or omissions of a House Officer, the University will manage and control all aspects of the defense on behalf of the House Officer in accordance with the New Mexico Tort Claims Act. To the extent permitted by the New Mexico Tort Claims Act, the University will coordinate its defense with that of the Institution.

V. TERM AND TERMINATION

This Agreement will become effective on 1 May 2013 and will continue through 30 June 2018 unless earlier terminated by either party by providing written notice of intent to terminate to the other party at least sixty (60) days prior to the proposed date of termination.

VI. REIMBURSEMENT

The University will be responsible for the salary and fringe benefits of House Officers for the period the House Officers perform services at the Institution. All House Officers are paid the same amount at each level of appointment, regardless of assignment.

VII. HIPAA COMPLIANCE

- A. The parties will comply with the applicable provisions of HIPAA and any current and future regulations promulgated thereunder, including without limitation, the federal privacy regulations, the federal security standards, the federal standards for electronic transactions, and the Health Information Technology for Economic and Clinical Health ("HITECH") Act that is contained within the American Recovery and Reinvestment Act of 2009, P.L. 111-5 (collectively, the "HIPAA Requirements") and with any and all of Facility's policies, procedures, and

standards adopted from time to time with respect to the HIPAA Requirements. The parties will not use or further disclose any Protected Health Information or Individually Identifiable Health Information (as such terms are defined in the HIPAA regulations), other than as permitted by the HIPAA Requirements and the terms of this Agreement.

- B. The University will ensure that House Officers have been provided training with regard to the HIPAA Requirements, and will provide Institution with a certificate of training evidencing that this requirement has been met. Additionally, the Institution may require each House Officer to sign a Confidentiality Agreement and an Acknowledgement that the House Officer has received Institution's Notice of Privacy Practices.

VIII. MISCELLANEOUS

- A. **Entire Agreement.** This Agreement and the Program Letters referenced in Section III-C of this Agreement represent the entire understanding between the parties and supersede any prior agreements or understandings with respect to the subject matter of this Agreement.
- B. **Waiver of Breach.** The waiver by either party of a breach or violation of any provision of this Agreement will not operate as or be construed as a waiver of any subsequent breach of this Agreement.
- C. **Modifications.** No changes, amendments or alterations to this Agreement will be effective unless in writing and signed by both parties.
- D. **Non-Assignability.** This Agreement will not be assigned by either party, nor will the duties imposed upon either party by this Agreement be delegated, subcontracted, or transferred by either party, in whole or in part, without the prior written consent of the other party.
- E. **Governing Law.** This Agreement will be construed, interpreted, governed and enforced in accordance with the statutes, judicial decisions, and other laws of the State of New Mexico, without regard to its conflict of law provisions.
- F. **Severability.** The invalidity or unenforceability of any term or provision of this Agreement will in no way affect the validity or enforceability of any other term or provision to the extent permitted by law.
- G. **No Inducement to Refer.** Nothing contained in this Agreement will require either party or any physician of a party to admit or refer any patients to the other party's facilities. The parties enter into this Agreement with the intent of conducting their relationship in full compliance with applicable federal, state and local law, including the Medicare/Medicaid Anti-Fraud and Abuse Amendments

and the Physician Ownership and Referral Act (commonly known as the Stark Law). Notwithstanding any unanticipated effect of any of the provisions herein, neither party will intentionally conduct itself under the terms of this Agreement in a manner to constitute a violation of these provisions.

H. Confidentiality

1. **Patient and House Officer Records.** The confidentiality of patients' medical records and House Officers' academic records will be maintained by the parties in accordance with applicable federal and state laws and regulations.
2. **Compensation.** The Institution and the University will not disclose the compensation payable to the University pursuant to this Agreement, except to the extent required by applicable laws or regulations or as may be required to carry out the terms of this Agreement.

I. Retention of Records. The Institution and the University will maintain detailed records associated with assignment of House Officers and payments to the University pursuant to this Agreement for a period of at least five years after termination of this Agreement, and will allow access for inspection by the Institution, the University, the Secretary for Health and Human Services, the Comptroller General and the Inspector General to such records for the purpose of verifying costs associated with provision of services under this Agreement.

J. Relationship of Parties. House Officers and employees of the University will not be considered employees of the Institution for any purpose, including, but not limited to, workers' compensation, insurance, bonding or any other benefits afforded to employees of the Institution. As trainees working under the direct control of Institution's clinical instructors, House Officers will be part of Institution's "workforce" for purposes of compliance with the Health Insurance Portability and Accountability Act of 1996, as codified at 42 U.S.C. Section 1320d ("HIPAA"). Neither party has any express or implied authority to assume or create any obligation or responsibility on behalf of or in the name of the other party.

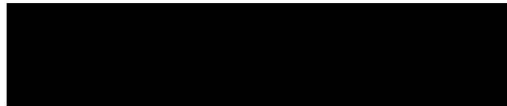
K. Cooperation and Dispute Resolution. The parties agree that, to the extent compatible with the separate and independent management of each, they will maintain effective liaison and close cooperation. If a dispute arises related to the obligations or performance of either party under this Agreement, representatives of the parties will meet in good faith to resolve the dispute.

L. Third Parties. Nothing in this Agreement, express or implied, is intended to confer any rights, remedies, claims, or interests upon a person not a party to this Agreement.

M. **Eligibility for Participation in Government Programs.** Each party represents that neither it, nor any of its management or any other employees or independent contractors who will have any involvement in the services or products supplied under this Agreement, have been excluded from participation in any government healthcare program, debarred from or under any other federal program (including but not limited to debarment under the Generic Drug Enforcement Act), or convicted of any offense defined in 42 U.S.C. Section 1320a-7, and that it, its employees, and independent contractors are not otherwise ineligible for participation in federal healthcare programs. Further, each party represents that it is not aware of any such pending action(s) (including criminal actions) against it or its employees or independent contractors. Each party shall notify the other party immediately upon becoming aware of any pending or final action in any of these areas.

N. **Notices.** Any notice required to be given pursuant to the terms and provisions of this Agreement will be in writing and will be sent by certified mail, return receipt requested, postage prepaid, as follows:

To the University at: Office of Graduate Medical Education



To the Institution at: Planned Parenthood of the Rocky Mountains, Inc.



O. **Binding Effect.** This Agreement is binding upon, and inures to the benefit of, the parties to this Agreement and their respective successors and assigns.

INSTITUTION: Planned Parenthood of the Rocky Mountains, Inc.



Date: 6/10/13

**UNIVERSITY: REGENTS OF THE UNIVERSITY OF NEW MEXICO,
FOR THE SCHOOL OF MEDICINE**



Date: 6/10/13

Approved as to form:

[Redacted signature area]

[Redacted signature area]

Date: 6/12/13

Exhibit 6.15

University of New Mexico- OB/GYN Department

May 2016

	UNM Doctor	UNM Doctor	UNM Doctor	UNM Doctor	UNM Doctor	UNM Doctor	UNM Doctor	UNM Doctor	UNM Doctor
Su 1									
Mo 2									
Tu 3								Planned Parenthood AM	
We 4								Planned Parenthood PM	
Th 5									
Fr 6						Planned Parenthood AM			
Sa 7						Planned Parenthood PM			
Su 8									
Mo 9									
Tu 10		Planned Parenthood AM							
We 11		Planned Parenthood PM							
Th 12									
Fr 13		Planned Parenthood AM							
Sa 14		Planned Parenthood PM							
Su 15									
Mo 16									
Tu 17		Planned Parenthood AM							
We 18		Planned Parenthood PM							
Th 19									
Fr 20		Planned Parenthood AM							
Sa 21		Planned Parenthood PM							
Su 22									
Mo 23									
Tu 24		Planned Parenthood AM							
We 25		Planned Parenthood PM							
Th 26									
Fr 27		Planned Parenthood AM							
Sa 28		Planned Parenthood PM							
Su 29									
Mo 30									
Tu 31									

Exhibit 6.16

RECEIVED

FEB 18 2011

SCHOOL OF MEDICINE
ACADEMIC AFFAIRS

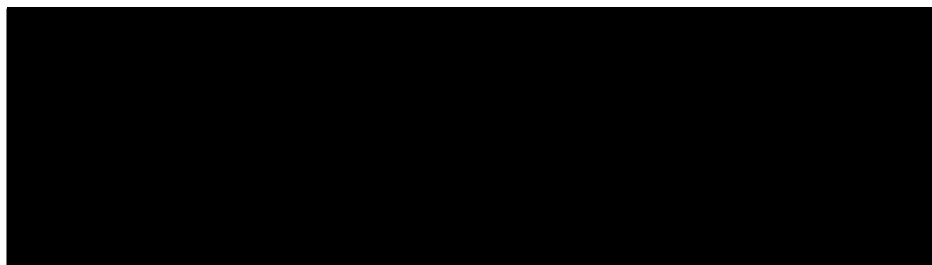
VOLUNTEER FACULTY PROFESSIONAL LIABILITY INSURANCE

EXTENSION OF NEW MEXICO TORT CLAIMS ACT

The individual identified below is a member of the University of New Mexico School of Medicine Volunteer Faculty. By serving as Volunteer Faculty, the New Mexico Tort Claims Act recognizes this individual as a "public employee without compensation." It is the policy of the UNM School of Medicine that the New Mexico Tort Claims Act professional liability insurance coverage provided to University employees shall be extended to provide coverage for the duties and activities performed by the individual Volunteer Faculty members that meet the following criteria:

1. The Volunteer Faculty member will perform only the duties and activities that have been assigned to them by the Chairperson of his/her academic department.
2. The Volunteer Faculty member does not have other insurance coverage that provides coverage of his/her duties and activities at the University as assigned by the Chairperson of his/her academic department.

This extension of insurance coverage shall remain in effect so long as the individual continues as a Volunteer Faculty member in good standing.



Department of Obstetrics and Gynecology

REQUESTED BY:



Effective Dates of coverage: _____

APPROVED BY:



Exhibit 6.17



At a Glance Reference Information:

Academic Affairs:

505-272-8268

Security (Id Badge/Lobocard):

505-272-1757

Johnson Center:

505-277-4347

UNM Ticket Office:

1-877-664-8661

UNM Championship Golf Course:

505-277-4546

Health Sciences Library:

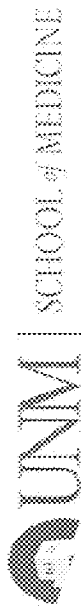
505-272-2311

New Mexico Educators Federal Credit Union:

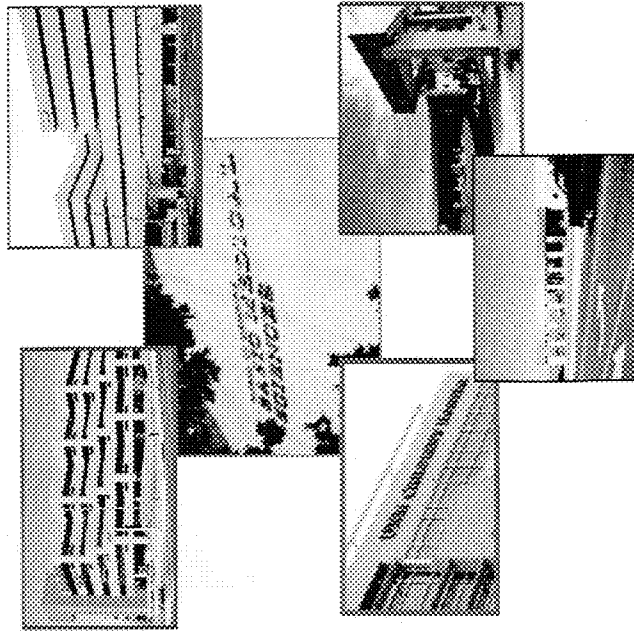
505-888-8920

UNM Welcome Center

505-277-1989



**Volunteer Faculty
Benefits**

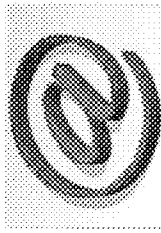


Academic Affairs
BMSB Rm. 180, MSC 08 4730
Phone: 505-272-8268
Fax: 505-272-6581
<http://hsc.unm.edu/som/academicaffairs/>



Get your email!

As an adjunct volunteer faculty member, HSLIC will provide you with an HSC email account upon request.



Speak with your sponsoring department for additional information regarding your email account.



Recreational Services!

Contact Recreational Services for an updated calendar and class schedule
Phone: 277-4347

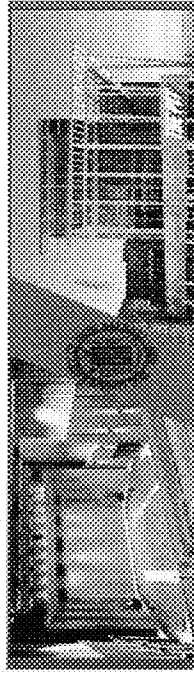
reesves.unm.edu/index.html

Utilize Johnson Center to stay healthy and fit! With a wide variety of activities, classes and equipment, there's no reason to join a gym!



Your UNM LoboCard!

Faculty at UNM find the LoboCard handy for access to library services, identification and for all other benefits. It will be effective during the two year period that your volunteer faculty appointment is active.



Enjoy discounted Lobo sporting events and many of Popejoy's shows, symphony concerts, musical soloists and artists of international caliber, world-renowned ballet and modern dance companies, and noted speakers from a broad spectrum of disciplines.

UNM Ticket Office:

1-877-664-8661 Toll Free or 505-925-5858

<http://www.unmtickets.com/>

(10 AM to 4PM MST, Monday thru Friday)

*Please note: We are unable to provide tuition remission benefits

BENEFITS

HEALTH SCIENCES CENTER LIBRARY ... Access the HSC Library's online databases and extensive collection of over 600 full-text online journals check-out privileges; and educational classes

NEW MEXICO EDUCATORS FEDERAL CREDIT UNION ... membership

JOHNSON CENTER ... Facilities include the main and auxiliary gyms, handball courts, weight room, tennis courts and Olympic-size pool

ATHLETIC EVENTS ... 50% discount on two season tickets for football, and men's or women's basketball games

POPEJOY CULTURAL SERIES ... discounts on event tickets

MUSEUMS ... Free admission to the Fine Arts Museum, Maxwell Museum of Anthropology, Geology Museums, Student Art Gallery, and Museum of Southwestern Biology

LIBRARIES ... Access to the Law Library on North Campus. The libraries on main campus include: Zimmerman Library, Fine Arts Center, Parish Library in the Graduate School of Management, Fireman Learning Materials Library in the Educational Complex and Centennial Science/Engineering Library

UNIVERSITY PRESS ... Publications may be purchased at a discount at UNM bookstores

GOLF ... Reduced rates on quarterly/annual memberships for the 9-hole course. Discounts of the 18-hole Championship course may be available.

RECREATIONAL EQUIPMENT ... Nominal fees to rent tents, camping gear, backpacks, snowshoes, cross-country skis, volleyball sets, etc.

Exhibit 6.18



[redacted]@gmail.com>

Re: two questions

2 messages

[redacted]@gmail.com>
To: [redacted]@gmail.com>

Tue, Feb 16, 2016 at 1:12 PM

Hi [redacted]

Apologies but for a variety of reasons which I won't bore you with Friday won't be a good day to stop by. Mostly personal and one deadline I need to meet!

I'll send the article tonight when I'm on my computer as opposed to this phone. I'll try here in the clinic but the wifi sucks and a lot of websites are blocked.

And yes of course I'll do the weird ABOG thing!

wild about Scalia. The partisan posturing is already ugly. Fascinating how we've elected children to high office.

sc

> On Feb 16, 2016, at 10:50, [redacted]@gmail.com> wrote:

>

> Hi [redacted],

>

> How are you doing??? Any chance of stopping by on Friday to say hello and check in?

>

> Once again, I'm having problems accessing the UNMHC library system. I'm trying to get an article from Contraception, 2014 November ;90(5) 476-9. Unfortunately, we have the December 2014 issue but not the November issue. Do you have a way to get the article?

>

> And..once again, it's time to sign up for the yearly ABOG MOC scam. Would you be able to attest my fine moral character. If so, I can e-mail you the form to sign and you can either send it back or fax it to ABOG directly.

>

> I take it that no one in the clinic, yourself included is mourning the loss of our supreme court (in) justice..

>

> Hopefully, see you soon,

> [redacted]

[redacted]@gmail.com>
To: [redacted]@gmail.com>

Tue, Feb 16, 2016 at 7:22 PM

Here you go [redacted]!

[Quoted text hidden]


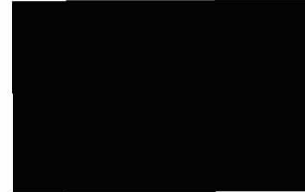
 2014_Mortality of abortion and other outpt procedures.pdf
161K

Exhibit 6.19

McDermott Will & Emery

Boston Brussels Chicago Dallas Düsseldorf Frankfurt Houston London Los Angeles Miami
Milan Munich New York Orange County Paris Rome Seoul Silicon Valley Washington, D.C.

Strategic alliance with MWE China Law Offices (Shanghai)



February 16, 2016

BY U.S. MAIL AND EMAIL

The Honorable Marsha Blackburn
Attn: March Bell, Frank Scaturro, Esq.,
Heather Sawyer, Esq. for Ranking Member Jan Schakowsky
House Select Panel on Infant Lives
H2-316 Ford House Office Building
Washington, DC 20515

Re: Information Request to University of New Mexico Health Sciences Center

Dear Chairwoman Blackburn:

By letter dated January 6, 2016, you requested that the University of New Mexico Health Sciences Center (UNMHSC), provide the Select Panel with certain information related to the UNMHSC's research activities involving fetal tissue and to a significant degree, any abortion services provided at UNMHSC, none of which result in transfers of fetal tissue.

In an email dated January 22, 2016, the Panel's staff agreed to certain limits on the Panel's 19 requests in your January 6, 2016 letter.¹ Subsequently, on January 29, 2016, UNMHSC produced its first response to your information request.

In its first response on January 29, 2016 UNMHSC stated, as it reiterates in today's submission, that UNMHSC does not purchase or sell fetal tissue, nor does it transfer fetal tissue in exchange for any other valuable consideration, and it has never been UNMHSC's practice to do so. All fetal tissue obtained by UNMHSC is donated.

Enclosed you will find UNMHSC's second and final submission in response to your letter, which contains interrogatory responses to items 9, 11, 14, and 19 and materials responsive to items 4, 6-16. The materials enclosed consist of 297 documents, totaling 3,121 pages, and are Bates labeled UNM00001 – UNM03121. This submission completes UNMHSC's voluntary

¹ Following the receipt of your letter, we spoke with staff of the select panel by telephone on January 13, 2016 and received email correspondence from the staff on January 22, 2016, regarding the requests. Through our communication, we: (1) agreed to produce materials responsive to the requests in a "rolling" process, with our first production on January 29, 2016 and our second on or around February 15, 2016; (2) agreed to certain limits to some of the items in the request letter; (3) agreed to submit interrogatory responses to certain requests herein. February 15, 2016 was the President's Day holiday, so we have agreed with staff to submit production on February 16, 2016.

cooperation with your letter request for information dated January 6, 2016 as agreed with your staff.

About UNMHSC

UNMHSC is the only academic medical center in the State of New Mexico, containing the state's only medical school, only Level I Trauma Center, only Children's Hospital, and only designated Comprehensive Cancer Center. It treats over 235,000 patients each year. The UNMHSC employs approximately 8,000 people in Albuquerque, and generates 19,500 jobs throughout the state. Its revenue totals over \$1.6 billion per year.

Some of UNMHSC's most significant discoveries have arisen from its research involving fetal tissue. These have led to remarkable decreases in the mortality and morbidity of extremely premature babies and increased the chances for survivability and better quality of life at younger and younger gestational ages. These discoveries have directly improved the health and well-being of infants throughout New Mexico and around the world.

UNMHSC is mindful of the diverse and highly charged opinions surrounding induced abortion and research involving fetal tissue and endorses strong ethical practices that separate the decision to have an abortion from the decision to donate tissue for research. Consequently, UNMHSC has signed onto a letter from the American Association of Medical Colleges supporting fetal tissue research and strong ethical practices with respect to research involving tissue obtained from fetuses. Moreover, UNMHSC has developed a comprehensive Code of Ethical Conduct and compliance programs in this area.


Oversight for all research at UNMHSC is provided in the form of Institutional Review Boards, which ensure that all federal regulations and laws are followed regarding research studies. The federal regulations are premised upon and follow what is known as the *Belmont Report*, which set forth strong ethical guidelines for all research involving human subjects around respect for persons, beneficence and justice. UNMHSC maintains an even higher ethical and compliance standard for its research than is required by the federal government through its accreditation by the American Association of Human Research Participation.

Confidentiality

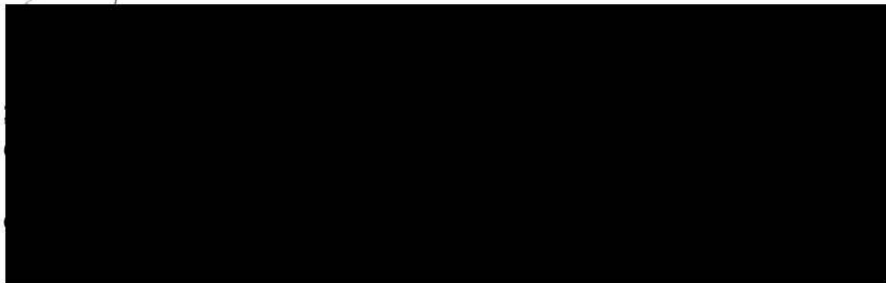
The interrogatory responses and documents UNMHSC is submitting today contain information that could easily lead to the identity of the individuals referenced therein. The atmosphere surrounding the issue of fetal tissue research has become highly charged, as evidenced by the deadly attack at a Planned Parenthood clinic in Colorado in November 2015, as well as the specific death threat received by another individual that I previously shared with your staff. Accordingly, we respectfully request that Members and staff treat as highly confidential and sensitive both the interrogatory responses provided today and the forthcoming production of materials, all of which will be marked "Confidential" as appropriate.

The Honorable Marsha Blackburn
February 16, 2016
Page 3

Moreover, some of the information produced today is proprietary and confidential pursuant to the terms of a research agreement. These materials have been marked accordingly. Finally, the research methodology and results disclosed in today's production are confidential and proprietary, and if disclosed, could harm the researchers, the University, and impede the University's fulfillment of its purpose.

Please do not hesitate to contact me, or in my absence my colleague  if you have questions.

Sincerely,



Enclosure

**UNMHSC's Second Submission to House Select Panel
Response to Information Request Dated January 6, 2016**

- 1) A list of all entities, including firms, corporations, non-profit organizations, and educational institutions, from which any UNMHSC entities receive or procure fetal tissue.**

UNMHSC Response: UNMHSC is adding to its response from January 29, for further clarity:

The only entity from which UNMHSC receives fetal tissue is Southwestern Women's Options in Albuquerque, NM. The tissue is donated at no cost to UNMHSC and it is picked up at the clinic by UNMHSC staff. UNMHSC does not purchase or sell fetal tissue, nor does it transfer fetal tissue in exchange for any other valuable consideration.

- 2) A list of all entities, including firms, corporations, non-profit organizations, and educational institutions, along with identification of responsible individuals, to or from which any UNMHSC entities purchase, sell, donate, or otherwise receive fetal tissue.**

UNMHSC Response: UNMHSC is adding to its response from January 29, for further clarity:

UNMHSC does not purchase or sell fetal tissue, nor does it transfer fetal tissue in exchange for any other valuable consideration.

The only entity from which UNMHSC receives fetal tissue is Southwestern Women's Options in Albuquerque, NM. The tissue is donated at no cost to UNMHSC and it is picked up at the clinic by UNMHSC staff.

UNMHSC has shared fetal tissue with three research collaborators outside of UNMHSC. One researcher is currently at the University of South Florida (previously worked at University of Alabama, Birmingham and University of Illinois, Chicago). The second researcher is at the University of Ottawa in Canada (previously worked at University of Edmonton). The third researcher is at the University of California San Francisco. No consideration is exchanged for the tissue as part of these collaborative research projects.

UNMHSC pays the cost of shipping for tissue sent within the United States to the U.S.-based researchers. The Canada-based researcher provides a Federal Express account number to UNMHSC for its shipments to Canada. UNMHSC staff follows all Federal Express shipment requirements for potentially biohazardous material.

**UNMHSC's Second Submission to House Select Panel
Response to Information Request Dated January 6, 2016**

- 3) **A list of all entities, including firms, corporations, non-profit organizations, and educational institutions, to which any UNMHSC entities transferred, subcontracted, or sold any business interest or business assets related to the procurement or sale of fetal tissue.**

UNMHSC Response: Please see UNMHSC's response dated January 29, 2016, which is re-printed here for your reference:

None exist.

- 4) **An organizational chart that details all personnel and supervisory personnel among UNMHSC entities, along with a description of each of their job responsibilities, for anyone whose responsibilities would include handling, researching, preparing for research, storing, or disposing fetal tissue.**

Note: Per email correspondence with staff dated January 22, 2016, the panel has agreed to accept identification of individuals on the organization chart by position at UNMHSC rather than by name.

UNMHSC Response: Responsive documents are enclosed.

- 5) **All communications, correspondence, agreements, emails, telephone messages, and purchase orders, bills of sale, or any other documents reflecting any payments between any of the UNMHSC entities and any entity from which a UNMHSC entity has procured fetal tissue.**

UNMHSC Response: Please see UNMHSC's response dated January 29, 2016, which is re-printed here for your reference:

UNMHSC has found no documents responsive to this request.

- 6) **All communications, correspondence, agreements, emails, telephone messages, and purchase orders or bills of sale between any personnel of the School of Medicine, Health Sciences Center, Center for Reproductive Health, Young Women's Clinic, Division of Family Planning, Department of Obstetrics and Gynecology, Department of Pathology, Department of Family and Community Medicine, Family Medicine Center, Sandoval Regional Medical Center, Maternal and Child Health Service, Division of Neonatology, and the Developmental Research, Education, and Mentoring (DREAM) Laboratory; and any executive or legislative officials or other employees of the government of the United States, the state of New Mexico, or of any other states, including of any municipality within the State of New Mexico or any other states.**

**UNMHSC's Second Submission to House Select Panel
Response to Information Request Dated January 6, 2016**

Note: Per email correspondence with staff dated January 22, 2016, the panel has agreed to limit this request to the context of abortion, infants that survive the abortion procedure, and the handling of or any transactions involving fetal tissue.

UNMHSC Response: Responsive documents are enclosed.

- 7) **All financial statements, communications, correspondence, agreements, emails, telephone messages, and purchase orders, bills of sale, or any other documents that identify any federal, state, or local government funds received by the School of Medicine, Health Sciences Center, Center for Reproductive Health, Young Women's Clinic, Division of Family Planning, Department of Obstetrics and Gynecology, Department of Pathology, Department of Family and Community Medicine, Family Medicine Center, Sandoval Regional Medical Center, Maternal and Child Health Service, Division of Neonatology, and the Developmental Research, Education, and Mentoring (DREAM) Laboratory.**

Note: Per email correspondence with staff dated January 22, 2016, the panel has agreed to limit this request to the context of abortion, infants that survive the abortion procedure, and the handling of or any transactions involving fetal tissue.

UNMHSC Response: Responsive documents are enclosed.

- 8) **All communications, protocols, and agreements, whether internal or external, that direct the personnel of any UNMHSC entities with respect to the handling, storage, transport, or disposal of fetal tissue, including but not limited to training materials, guidance documents, memoranda, emails, telephone messages, and purchase orders or bills of sale.**

UNMHSC Response: Responsive documents are enclosed.

- 9) **All communications, protocols, and agreements that relate to the transfer of patients from one or more UNMHSC entities to another UNMHSC entity for abortion procedures, or between one or more UNMHSC entities and an outside clinic or other entity, including information on the method by which patient consent is obtained for abortion procedures and use of fetal tissue.**

Note: Per email correspondence with staff dated January 22, 2016, the panel has agreed to accept an interrogatory answer along with documents responsive to this request.

UNMHSC Response: UNMHSC does not transfer patients between UNMHSC entities or to outside clinics for the purpose of obtaining or providing abortion procedures. Medical standards of practice and ethics would require that if, during the course of any medical procedure, including an abortion, a patient medically requires a transfer to

**UNMHSC's Second Submission to House Select Panel
Response to Information Request Dated January 6, 2016**

another facility for care, that transfer should be effected. That might result in a procedure that began at one facility being completed at another facility.

UNM Hospital provides medical screening exams and emergency services for any person who presents at the Emergency Department with an emergent medical condition, regardless of the nature of their medical need, their medical history, or former providers. This is consistent with the Emergency Medical Treatment and Labor Act, a federal law that requires us to provide emergency screening, treatment and stabilization. It is also consistent with the governing principles of medical ethics. Therefore, UNMHSC would not turn away a patient from a non-UNMHSC facility who needed medical services due to abortion complications.

Responsive documents are enclosed.

10) All documents that include descriptions, policies, or guidelines related to any method of abortion or fetal tissue research, and prenatal or postnatal infant care available to patients.

Note: Per email correspondence with staff dated January 22, 2016, the panel has agreed that UNMHSC need not provide documents that relate exclusively to prenatal or postnatal infant care except in cases where the abortion of an infant was sought or procured.

UNMHSC Response: Responsive documents are enclosed.

11) All documents that include descriptions, policies, or guidelines related to any UNMHSC entities' referral of patients to any other entity, whether internal or external to the university, for the purpose of procuring any method of abortion or prenatal or postnatal infant care, including identification of those entities to which referral is made.

Note: Per email correspondence with staff dated January 22, 2016, the panel has agreed that UNMHSC need not provide documents that relate exclusively to prenatal or postnatal infant care except in cases where the abortion of an infant was sought or procured.

UNMHSC Response: UNMHSC has no documents responsive to this request. The UNMHSC has not adopted policies and guidelines governing the referral of patients to any other entity, whether internal or external to the university, for the purpose of procuring any method of abortion.

The UNMHSC employs around 1,000 medical providers. However, the UNMHSC would expect its medical providers to make any referrals in a manner that is consonant

**UNMHSC's Second Submission to House Select Panel
Response to Information Request Dated January 6, 2016**

with the AMA Code of Medical Ethics. Opinion 8.132, entitled "Referral of Patients: Disclosure of Limitations," provides:

Physicians should always make referral decisions based on the best interests of their patients, regardless of the financing and delivery mechanisms or contractual agreements between patients, health care practitioners and institutions, and third party payers. When physicians agree to provide treatment, they assume an ethical obligation to treat their patients to the best of their ability.

Further, Opinion 3.04, entitled "Referral of Patients," provides:

A physician may refer a patient for diagnostic or therapeutic services to another physician, limited practitioner, or any other provider of health care services permitted by law to furnish such services, whenever he or she believes that this may benefit the patient. As in the case of referrals to physician-specialists, referrals to limited practitioners should be based on their individual competence and ability to perform the services needed by the patient. A physician should not so refer a patient unless the physician is confident that the services provided on referral will be performed competently and in accordance with accepted scientific standards and legal requirements.

- 12) All accounting records, including, but not limited to, accounting memoranda related to the cost and pricing of all health care services at any UNMHSC entities, including but not limited to any method of abortion and prenatal or postnatal infant care, and fetal tissue research.**

Note: Per email correspondence with staff dated January 22, 2016, the panel has agreed to replace the language of item 12 with the following: Any documents created on or after January 1, 2014, related to the cost and pricing of any method of abortion, prenatal or postnatal care for infants born alive during an abortion procedure, fetal tissue procurement, or fetal tissue research.

UNMHSC Response: Responsive documents are enclosed. These documents contain commercially sensitive information concerning prices reimbursed by insurance companies. If this information is released to the public, it will disclose to those insurance companies the amounts bid by their competitors and impact the future bids for services. It will cost UNMHSC and women significant additional fees if such information is publicly disclosed. For this reason, this data is not disclosable under state public record laws.

- 13) All specific requests made by, or to, any UNMHSC entities for fetal tissue on behalf of any and all firms, corporations, non-profit organizations, educational institutions,**

**UNMHSC's Second Submission to House Select Panel
Response to Information Request Dated January 6, 2016**

or other entities, including but not limited to order lists, billing records, payment records, payment vouchers, and receipts.

UNMHSC Response: UNMHSC does not purchase or sell fetal tissue, nor does it transfer fetal tissue in exchange for any other valuable consideration.

Responsive documents are enclosed.

- 14) All documents relating to the purchase, ownership, or rental by any UNMHSC entities of equipment for the storage, disposal, or research of fetal tissue, the preparation of fetal tissue for research, the modification of fetal tissue into cell lines, or any other actions taken by any UNMHSC entities related to fetal tissue, including but not limited to the date the equipment was purchased, its purchase price, its maintenance costs, and records of the depreciation treatment under the tax code of any such equipment.**

Note: Per email correspondence with staff dated January 22, 2016, the panel has agreed to accept an interrogatory answer along with documents responsive to this request.

UNMHSC Response: All of the equipment responsive to this request costs less than \$5,000. UNMHSC does not track maintenance costs and does not depreciate this equipment under the tax code.

DREAM Lab Equipment List

- *Applied Biosystems 7500 Fast PCR Instrument*
- *VWR -80° C freezer*
- *-20° C freezers (Marvel and Kenmore)*
- *True Refrigerator*
- *VWR Fume hood*
- *Microzone Bio-flow hood*
- *Thermo tissue culture incubator*
- *Heraeus tissue culture incubator*
- *Hermle Labnet centrifuge*
- *Biotechnology Thermal Cycler*
- *2 Olympus microscopes*
- *Stereomaster microscope*
- *Thermo ultrapure water filtration system*

UNMHSC has found no documents responsive to this request.

**UNMHSC's Second Submission to House Select Panel
Response to Information Request Dated January 6, 2016**

- 15) An inventory record of all fetal tissues obtained, sold, or retained by any UNMHSC entities, as well as an inventory of current fetal tissue including, in particular, any records that refer to multiple tissue samples or organs or body parts procured from a single fetus.**

UNMHSC Response: UNMHSC does not purchase or sell fetal tissue, nor does it transfer fetal tissue in exchange for any other valuable consideration.

Responsive documents are enclosed.

- 16) All records related to any fetal tissue or cell lines procured from twin fetuses.**

UNMHSC Response: Responsive documents are enclosed.

- 17) All documents relating to rent or site fees paid by entities to which any UNMHSC entities sold, donated, purchased, or otherwise received fetal tissue.**

UNMHSC Response: Please see UNMHSC's response dated January 29, 2016, which is re-printed here for your reference:

UNMHSC has found no documents responsive to this request.

- 18) All banking records of any UNMHSC entities related to the procurement, sale, donation, or distribution or shipment of fetal tissue.**

UNMHSC Response: Please see UNMHSC's response dated January 29, 2016, which is re-printed here for your reference:

UNMHSC has no banking records responsive to this request. The only documents that UNMHSC has related to this request are FedEx receipts for the shipment of tissue to the researcher collaborating with UNMHSC, as described in item number 2.

Responsive documents are enclosed.

- 19) A list of any known litigation in which any UNMHSC entity is named as a party, including any threatened or anticipated litigation, involving abortion procedures, infant care, fetal tissue research, or related referral services.**

Note: Per email correspondence with staff dated January 22, 2016, the panel has agreed to exclude from this request cases involving infant care exclusively, except in the context of prenatal or postnatal care for infants born alive during an abortion procedure.

UNMHSC Response: UNMHSC has found no documents responsive to this request.

February 16, 2016

CONFIDENTIAL

**UNMHSC's Second Submission to House Select Panel
Response to Information Request Dated January 6, 2016**

Exhibit 6.20

We have worked with Southwest Women’s Options since 1995. Our translational research on the developing fetus has directly improved neonatal care and infant outcomes. The following table summarizes some of the projects we have performed over the past 20 years. Collaborations have included investigators from UCSF, University of Alabama-Birmingham, University of Illinois-Chicago, and the University of Alberta. These improvements in infant outcomes would not have occurred without the translational research efforts of the DREAM Lab in collaboration with [REDACTED] and the providers at Southwest Women’s Options.

Tissue	Study	Results	How this impacts babies
Brain	Effects of erythropoietin and Darbepoetin on human fetal brain cells ^{3,4}	Fetal brain cell cultures expanded in dose dependent fashion with both Epo and Darbe (red cell and brain growth factors). Darbe had greater protein equivalent effect; both growth factors caused increased Epo receptor expression and increased anti-apoptotic gene expression, mechanisms important to the neuroprotective effects of Epo and Darbe	Preterm infants are currently being enrolled in NIH-funded Epo studies for neuroprotection. Our randomized trial showed significantly improved cognitive outcomes in former preterm infants treated with Epo and Darbe at 2 years ¹⁰ and at 4 years. Use of these agents as part of the clinical care of preterm infants will result in improved neurodevelopmental outcomes and decreased health care costs.
Retina	Epo expression in the developing human eye ⁹ ; VEGF gene expression in the developing human eye	Epo protein increases in the fetal eye with increasing gestation, and levels are greater than in the circulation. VEGF (a blood vessel growth factor) also increases with increasing gestation, but decreases in the circulation.	Some meta analyses have suggested that Epo can increase retinopathy of prematurity (ROP, abnormal growth of blood vessels in the developing retina) in preterm infants, but our studies showed that Epo is required for normal development. Treatment of ROP includes giving Avastin, a VEGF blocker, in order to decrease abnormal blood vessel growth, leading to improved visual outcomes and decreased healthcare costs
Intestine	Development of intestinal immune function in the human fetus ⁶⁻⁸	The developing intestine has an immune response to infection that is significantly different than infants and adults.	Preterm infants are at great risk for intestinal inflammation, infection, injury and death via a process termed necrotizing enterocolitis (NEC). Better understanding specific developmental mechanisms of fetal intestinal inflammation has led to testing of TGF- β as prevention against NEC. Prevention of NEC in preterm infants will significantly decrease a common cause of morbidity and mortality.

Lung	Endothelial progenitors from human fetal lung have lung repair potential ²	Progenitor cells can be isolated from developing lung and expanded in culture. When evaluated in a neonatal lung injury model, expanded progenitors decreased lung injury	This progenitor cell research is leading to novel therapies in preterm infants, who develop chronic preterm lung disease (bronchopulmonary dysplasia, or BPD) at a significant rate, leading to long term pulmonary and developmental problems.
Heart	PDA risk factors are associated with alterations in ductus gene expression ⁵	Treatment for PDAs(blood vessel connecting the aorta and the pulmonary artery) in preterm infants are sometimes unsuccessful, and surgery is required. We identified specific gene differences that increased the risk of persistent PDAs requiring surgery.	Understanding minor differences in heart vessel genes in preterm infants will allow caregivers to identify infants at risk for a patent ductus, and lead to more focused and specific treatment.

References

1. [REDACTED] VEGF mRNA and protein concentrations in the developing eye. *Pediatr Res* 2015; doi: 10.1038/pr.2015.15
2. [REDACTED] B. Existence, functional impairment and lung repair potential of endothelial colony forming cells in oxygen-induced arrested alveolar growth. *Circulation* 2014;129:2144-57.
3. [REDACTED] Neuroprotective effects of erythropoiesis-stimulating agents in term and preterm neonates. *Curr Opin Pediatr.* 2014;26:139-45
4. [REDACTED] Why study erythropoietin in preterm infants? *Acta Pediatr* 2013;102:567-8.
5. [REDACTED] Patterns of gene expression in the ductus arteriosus are related to environmental and genetic risk factors for persistent ductus patency. *Pediatr Res* 2010;68:292-7.
6. [REDACTED]
7. [REDACTED] TGF- β 2 suppresses macrophage cytokine production and mucosal inflammatory responses in the developing intestine. *Gastroenterol* 2011;140:242-53.
8. [REDACTED] Epithelial Cells in Fetal Intestine Produce Chemerin to Recruit Macrophages. *Am J Physiol Gastrointest Liver Physiol* 2009; 297:G1-10.
9. [REDACTED] Developmental changes in circulating IL-8/CXCL8 isoforms in neonates. *Cytokine* 2009; 46:12-16.
10. [REDACTED] Elevated Erythropoietin mRNA and protein concentrations in the developing human eye. *Pediatr Res* 2008; 63:394-7. NIHMSID 447144
11. [REDACTED] Cognitive outcomes of preterm infants randomized to darbepoetin, erythropoietin or placebo. *Pediatrics* 2014;133:1023-30.

Exhibit 6.21

McDermott Will & Emery

Boston Brussels Chicago Dallas Düsseldorf Frankfurt Houston London Los Angeles Miami
Milan Munich New York Orange County Paris Rome Seoul Silicon Valley Washington, D.C.

Strategic alliance with MWE China Law Offices (Shanghai)



January 29, 2016

BY U.S. MAIL AND EMAIL

The Honorable Marsha Blackburn
Attn: March Bell, Frank Scaturro, Esq.,
House Select Panel on Infant Lives
H2-316 Ford House Office Building
Washington, DC 20515

Re: Information Request to University of New Mexico Health Sciences Center

Dear Chairwoman Blackburn:

By letter dated January 6, 2016, you have requested that the University of New Mexico Health Sciences Center (UNMHSC), to include all of the entities you describe in your letter, provide you with certain information related to the UNMHSC's research activities involving fetal tissue.

Following the receipt of your letter, we spoke with staff of the select panel by telephone on January 13, 2016 and received email correspondence from the staff on January 22, 2016, regarding the requests. Through our communication, we: (1) agreed to produce materials responsive to the requests in a "rolling" process, with our first production on January 29, 2016 and our second on or around February 15, 2016; (2) agreed to certain limits to some of the items in the request letter; (3) agreed to submit interrogatory responses to certain requests herein.

Please find enclosed UNMHSC's first submission in response to your letter, which contains interim interrogatory responses to requests 1, 2, 3, 5, 13, and 17. UNMHSC is continuing to collect and process additional responsive material. We will produce materials responsive to the remaining requests on or around February 15, 2016. We reserve the right to amend these responses when we send the more complete production on February 15, 2016.

The interrogatory responses UNMHSC is submitting today, like the materials it will next submit, contain identifying information that could easily lead to the identity of the individuals referenced therein. The atmosphere surrounding the issue of fetal tissue research has become highly charged, as evidenced by the deadly attack at a Planned Parenthood clinic in Colorado in November 2015, as well as the specific death threat received by another individual that I previously shared with your staff. Accordingly, we respectfully request that Members and staff treat as highly confidential and sensitive both the interrogatory responses provided today and the forthcoming production of materials, all of which will be marked "Confidential" as appropriate.

The Honorable Marsha Blackburn
January 29, 2016
Page 2

Please do not hesitate to contact me or my colleague, [REDACTED] if you have questions.

Sincerely,

[REDACTED]

Enclosure

**UNMHSC's First Submission to House Select Panel
Response to Information Request Dated January 6, 2016**

- 1) A list of all entities, including firms, corporations, non-profit organizations, and educational institutions, from which any UNMHSC entities receive or procure fetal tissue.**

UNMHSC Response: The only entity from which UNMHSC receives fetal tissue is Southwestern Women's Options in Albuquerque, NM. The tissue is donated at no cost to UNMHSC and it is picked up at the clinic by UNMHSC staff. No money is exchanged.

- 2) A list of all entities, including firms, corporations, non-profit organizations, and educational institutions, along with identification of responsible individuals, to or from which any UNMHSC entities purchase, sell, donate, or otherwise receive fetal tissue.**

UNMHSC Response: The only entity from which UNMHSC receives fetal tissue is Southwestern Women's Options in Albuquerque, NM. The tissue is donated at no cost to UNMHSC and it is picked up at the clinic by UNMHSC staff. No money is exchanged. UNMHSC has shared fetal tissue with three research collaborators outside of UNMHSC. One researcher is currently at the University of South Florida (previously worked at University of Alabama, Birmingham and University of Illinois, Chicago). The second researcher is at the University of Ottawa in Canada (previously worked at University of Edmonton). The third researcher is at the University of California San Francisco. No money is exchanged for the tissue as part of these collaborative research projects.

UNMHSC pays the cost of shipping for tissue sent within the United States to the U.S.-based researchers. The Canada-based researcher provides a Federal Express account number to UNMHSC for its shipments to Canada. UNMHSC staff follows all Federal Express shipment requirements for potentially biohazardous material.

- 3) A list of all entities, including firms, corporations, non-profit organizations, and educational institutions, to which any UNMHSC entities transferred, subcontracted, or sold any business interest or business assets related to the procurement or sale of fetal tissue.**

UNMHSC Response: None.

- 4) An organizational chart that details all personnel and supervisory personnel among UNMHSC entities, along with a description of each of their job responsibilities, for anyone whose responsibilities would include handling, researching, preparing for research, storing, or disposing fetal tissue.**

Note: Per email correspondence with staff dated January 22, 2016, the panel has agreed to accept identification of individuals on the organization chart by position at UNMHSC rather than by name.

**UNMHSC's First Submission to House Select Panel
Response to Information Request Dated January 6, 2016**

UNMHSC Response: UNMHSC will produce materials responsive to this request by February 15, 2016.

- 5) **All communications, correspondence, agreements, emails, telephone messages, and purchase orders, bills of sale, or any other documents reflecting any payments between any of the UNMHSC entities and any entity from which a UNMHSC entity has procured fetal tissue.**

UNMHSC Response: No responsive materials.

- 6) **All communications, correspondence, agreements, emails, telephone messages, and purchase orders or bills of sale between any personnel of the School of Medicine, Health Sciences Center, Center for Reproductive Health, Young Women's Clinic, Division of Family Planning, Department of Obstetrics and Gynecology, Department of Pathology, Department of Family and Community Medicine, Family Medicine Center, Sandoval Regional Medical Center, Maternal and Child Health Service, Division of Neonatology, and the Developmental Research, Education, and Mentoring (DREAM) Laboratory; and any executive or legislative officials or other employees of the government of the United States, the state of New Mexico, or of any other states, including of any municipality within the State of New Mexico or any other states.**

Note: Per email correspondence with staff dated January 22, 2016, the panel has agreed to limit this request to the context of abortion, infants that survive the abortion procedure, and the handling of or any transactions involving fetal tissue.

UNMHSC Response: UNMHSC will produce materials responsive to this request by February 15, 2016.

- 7) **All financial statements, communications, correspondence, agreements, emails, telephone messages, and purchase orders, bills of sale, or any other documents that identify any federal, state, or local government funds received by the School of Medicine, Health Sciences Center, Center for Reproductive Health, Young Women's Clinic, Division of Family Planning, Department of Obstetrics and Gynecology, Department of Pathology, Department of Family and Community Medicine, Family Medicine Center, Sandoval Regional Medical Center, Maternal and Child Health Service, Division of Neonatology, and the Developmental Research, Education, and Mentoring (DREAM) Laboratory.**

Note: Per email correspondence with staff dated January 22, 2016, the panel has agreed to limit this request to the context of abortion, infants that survive the abortion procedure, and the handling of or any transactions involving fetal tissue.

**UNMHSC's First Submission to House Select Panel
Response to Information Request Dated January 6, 2016**

UNMHSC Response: UNMHSC will produce materials responsive to this request by February 15, 2016.

- 8) All communications, protocols, and agreements, whether internal or external, that direct the personnel of any UNMHSC entities with respect to the handling, storage, transport, or disposal of fetal tissue, including but not limited to training materials, guidance documents, memoranda, emails, telephone messages, and purchase orders or bills of sale.**

UNMHSC Response: UNMHSC will produce materials responsive to this request by February 15, 2016.

- 9) All communications, protocols, and agreements that relate to the transfer of patients from one or more UNMHSC entities to another UNMHSC entity for abortion procedures, or between one or more UNMHSC entities and an outside clinic or other entity, including information on the method by which patient consent is obtained for abortion procedures and use of fetal tissue.**

Note: Per email correspondence with staff dated January 22, 2016, the panel has agreed to accept an interrogatory answer along with documents responsive to this request.

UNMHSC Response: UNMHSC will provide its written response and produce materials responsive to this request by February 15, 2016.

- 10) All documents that include descriptions, policies, or guidelines related to any method of abortion or fetal tissue research, and prenatal or postnatal infant care available to patients.**

Note: Per email correspondence with staff dated January 22, 2016, the panel has agreed that UNMHSC need not provide documents that relate exclusively to prenatal or postnatal infant care except in cases where the abortion of an infant was sought or procured.

UNMHSC Response: UNMHSC will produce materials responsive to this request by February 15, 2016.

- 11) All documents that include descriptions, policies, or guidelines related to any UNMHSC entities' referral of patients to any other entity, whether internal or external to the university, for the purpose of procuring any method of abortion or prenatal or postnatal infant care, including identification of those entities to which referral is made.**

Note: Per email correspondence with staff dated January 22, 2016, the panel has agreed that UNMHSC need not provide documents that relate exclusively to prenatal or

**UNMHSC's First Submission to House Select Panel
Response to Information Request Dated January 6, 2016**

postnatal infant care except in cases where the abortion of an infant was sought or procured.

UNMHSC Response: UNMHSC will produce materials responsive to this request by February 15, 2016.

- 12) All accounting records, including, but not limited to, accounting memoranda related to the cost and pricing of all health care services at any UNMHSC entities, including but not limited to any method of abortion and prenatal or postnatal infant care, and fetal tissue research.**

Note: Per email correspondence with staff dated January 22, 2016, the panel has agreed to replace the language of item 12 with the following: Any documents created on or after January 1, 2014, related to the cost and pricing of any method of abortion, prenatal or postnatal care for infants born alive during an abortion procedure, fetal tissue procurement, or fetal tissue research.

UNMHSC Response: UNMHSC will produce materials responsive to this request by February 15, 2016.

- 13) All specific requests made by, or to, any UNMHSC entities for fetal tissue on behalf of any and all firms, corporations, non-profit organizations, educational institutions, or other entities, including but not limited to order lists, billing records, payment records, payment vouchers, and receipts.**

UNMHSC Response: Please see UNMHSC's responses to requests 1 and 2 above.

- 14) All documents relating to the purchase, ownership, or rental by any UNMHSC entities of equipment for the storage, disposal, or research of fetal tissue, the preparation of fetal tissue for research, the modification of fetal tissue into cell lines, or any other actions taken by any UNMHSC entities related to fetal tissue, including but not limited to the date the equipment was purchased, its purchase price, its maintenance costs, and records of the depreciation treatment under the tax code of any such equipment.**

Note: Per email correspondence with staff dated January 22, 2016, the panel has agreed to accept an interrogatory answer along with documents responsive to this request.

UNMHSC Response: UNMHSC will provide its written response and produce materials responsive to this request by February 15, 2016.

- 15) An inventory record of all fetal tissues obtained, sold, or retained by any UNMHSC entities, as well as an inventory of current fetal tissue including, in particular, any**

January 29, 2016
Confidential

**UNMHSC's First Submission to House Select Panel
Response to Information Request Dated January 6, 2016**

records that refer to multiple tissue samples or organs or body parts procured from a single fetus.

UNMHSC Response: UNMHSC will produce materials responsive to this request by February 15, 2016.

16) All records related to any fetal tissue or cell lines procured from twin fetuses.

UNMHSC Response: UNMHSC will produce materials responsive to this request by February 15, 2016.

17) All documents relating to rent or site fees paid by entities to which any UNMHSC entities sold, donated, purchased, or otherwise received fetal tissue.

UNMHSC Response: No responsive materials.

18) All banking records of any UNMHSC entities related to the procurement, sale, donation, or distribution or shipment of fetal tissue.

UNMHSC Response: UNMHSC has no banking records responsive to this request. The only materials that UNMHSC has related to this request are FedEx receipts for the shipment of tissue to the researcher collaborating with UNMHSC, as described in item number 2.

19) A list of any known litigation in which any UNMHSC entity is named as a party, including any threatened or anticipated litigation, involving abortion procedures, infant care, fetal tissue research, or related referral services.

Note: Per email correspondence with staff dated January 22, 2016, the panel has agreed to exclude from this request cases involving infant care exclusively, except in the context of prenatal or postnatal care for infants born alive during an abortion procedure.

UNMHSC Response: UNMHSC will consider producing materials responsive to this request by February 15, 2016, and will either do so or indicate its objections on that date.

Exhibit 6.22

McDermott Will & Emery

Boston Brussels Chicago Dallas Düsseldorf Frankfurt Houston London Los Angeles Miami
Milan Munich New York Orange County Paris Rome Seoul Silicon Valley Washington, D.C.

Strategic alliance with MWE China Law Offices (Shanghai)



March 3, 2016

BY HAND DELIVERY

The Honorable Marsha Blackburn
Attn: March Bell, Frank Scaturro, Esq.,
Heather Sawyer, Esq. for Ranking Member Jan Schakowsky
House Select Panel on Infant Lives
H2-316 Ford House Office Building
Washington, DC 20515

Re: Subpoena Response from University of New Mexico Health Sciences Center
("UNMHSC")

Dear Chairman Blackburn:

Please find enclosed UNMHSC's additional responses to your subpoena dated February 12, 2016 (served by agreement on February 16, 2016).

As we stated in our letter to you dated February 19, 2016, several of the subpoena requests overlap with requests in your letter request dated January 6, 2016. On February 16, 2016, the date this subpoena was served, UNMHSC voluntarily served interrogatory answers and produced over 3000 pages of documents to the Panel, completing its voluntary response to all requests. As we indicated in the February 19, 2016 letter, UNMHSC's February 16, 2016 production contained documents responsive to subpoena requests 3, 6, 7, 8, 9, and 10, half of the twelve requests made in the subpoena.

Enclosed are written responses and/or documents responsive to the subpoena requests. This production is comprised of 13 documents totaling 133 pages, and is Bates numbered UNM03122-3254.

UNMHSC sent a letter to the Select Panel on February 19, 2016 with concerns and questions regarding several aspects of the subpoena, which is incorporated here by reference. (Ltr. from [REDACTED] to Chair Blackburn, Feb. 19, 2016). To date, UNMHSC has received no substantive response from the Select Panel to the issues raised in that letter.

The responses and documents UNMHSC is submitting today contain information that could easily identify the individuals referenced therein. The atmosphere surrounding the issue of fetal tissue research has become highly charged, as evidenced by the deadly attack at a Planned

The Honorable Marsha Blackburn

March 3, 2016

Page 2

Parenthood clinic in Colorado in November 2015, as well as the specific death threat received by another individual (leading to a FBI investigation and an arrest) that I previously shared with your staff. Accordingly, we respectfully request that Members and staff treat as highly confidential and sensitive both the interrogatory responses provided today and the forthcoming production of materials, all of which will be marked "Confidential" as appropriate.

Please contact me, or in my absence my colleague [REDACTED] if you have questions.

Sincerely,

[REDACTED]

cc:

[REDACTED]

Enclosures

**UNMHSC's Response to House Select Panel
Subpoena dated February 12, 2016**

- 1. Documents sufficient to show all entities and/or persons from which UNM purchased or otherwise received fetal tissue. Should UNM wish to produce a list identifying such entities and/or persons in lieu of documents, it may do so.**

UNMHSC provided a response to this request on January 29, 2016 and supplemented its response on February 16, 2016. UNMHSC's February 16, 2016 response is reiterated here for your reference:

The only entity from which UNMHSC receives fetal tissue is Southwestern Women's Options in Albuquerque, NM. The tissue is given to UNMHSC at no cost, and it is picked up at the clinic by a member of the UNMHSC staff, who travels to the clinic for that purpose. UNMHSC does not purchase or sell fetal tissue, nor does it transfer fetal tissue in exchange for any other valuable consideration. To protect the privacy rights of the patient, all fetal tissue the UNMHSC picks up from Southwestern Women's Option is fully de-identified within the meaning of HIPAA and the UNMHSC has no means by which to link information about the tissue back to the mother.

- 2. Documents sufficient to show all entities and/or persons to which UNM transferred fetal tissue. Should UNM wish to produce a list identifying such entities and/or persons in lieu of documents, it may do so.**

UNMHSC provided a response to this request on January 29, 2016 and supplemented this response on February 16, 2016. UNMHSC's February 16, 2016 response is reiterated here for your reference:

UNMHSC does not purchase or sell fetal tissue, nor does it transfer fetal tissue in exchange for any other valuable consideration.

The only entity from which UNMHSC receives fetal tissue is Southwestern Women's Options in Albuquerque, NM. The tissue is given to UNMHSC at no cost, and it is picked up at the clinic by a member of the UNMHSC staff, who travels to the clinic for that purpose. UNMHSC does not purchase or sell fetal tissue, nor does it transfer fetal tissue in exchange for any other valuable consideration. To protect the privacy rights of the patient, all fetal tissue the UNMHSC picks up from Southwestern Women's Option is fully de-identified within the meaning of HIPAA and the UNMHSC has no means by which to link information about the tissue back to the mother.

UNMHSC has shared fetal tissue with three research collaborators outside of UNMHSC. One researcher is currently at the University of South Florida (previously worked at University of Alabama, Birmingham and University of Illinois, Chicago). The second researcher is at the University of Ottawa in Canada (previously worked at University of Edmonton). The third researcher is at the University of California San Francisco. No consideration is exchanged for the tissue as part of these collaborative research projects.

**UNMHSC's Response to House Select Panel
Subpoena dated February 12, 2016**

UNMHSC pays the cost of shipping for tissue sent within the United States to the U.S.-based researchers. The Canada-based researcher provides a Federal Express account number to UNMHSC for its shipments to Canada. UNMHSC staff follows all Federal Express shipment requirements for potentially biohazardous material.

- 3. Documents sufficient to show (a) all UNM studies that used fetal tissue and a description of each study's methods, purposes, and results, and (b) the identity, by name, of persons who participated in each study and the source of funding of the study. Should UNM wish to produce a list or chart reflecting the information requested in (a) and (b) in lieu of documents, it may do so.**

UNMHSC provided documents responsive to this request on February 16, 2016. Additional responsive documents are enclosed. To the extent published articles contain the names of investigators in a study, they are included in this production.

UNMHSC has identified eleven (11) medical students or residents and eight (8) faculty members who participated in fetal tissue research but who may not be named in published articles. UNMHSC has not included those names in this response.

UNMHSC has twice written to you addressing this issue—once by email on January 29, 2016, and once by formal letter on February 19, 2016. In its correspondence, UNMHSC asked the Select Panel to explain how the names of employees and students are pertinent to this investigation. The letter provided legal citations describing the Select Panel's duty to explain why the disclosure of names is pertinent. UNMHSC's correspondence also discussed the danger and risks to health and safety posed to individuals named to the Select Panel in the event that names are made public.

To date, UNMHSC has received no substantive response to the issues raised in its correspondence. UNMHSC desires to work cooperatively with the Select Panel to resolve this issue and, therefore, UNMHSC will respond to this issue once the Select Panel provides a response to the questions it has posed in this regard.

- 4. Documents sufficient to show the identity, by name, of all UNM physicians who participated in abortions, prenatal care, or postnatal care of infants who survived an abortion procedure while at Southwestern Women's Options, or any UNM persons who removed fetal tissue from Southwestern Women's Options.**

UNMHSC has found no documents responsive to the first portion of this request.

With regard to the second portion of this request, which seeks "the identity, by name, of...any UNM persons who removed fetal tissue from Southwestern Women's Options," UNMHSC has employed one lab assistant since January 1, 2010 who picks up fetal tissue from Southwestern Women's Options and travels to

**UNMHSC's Response to House Select Panel
Subpoena dated February 12, 2016**

the clinic for that purpose. To the extent that this request seeks the lab assistant's name, UNMHSC is not prepared at this time, to include this individual's name in its current response for at least two reasons. First, as indicated in UNMHSC's response to Request No. 3, UNMHSC has not been afforded any explanation from the Select Panel as to why names are pertinent. Second, UNMHSC has received no assurance that names it discloses to the Select Panel will not become public, thereby creating risks to the health and safety of these individuals. UNMHSC desires to work cooperatively with the Select Panel to resolve this issue and, therefore, UNMHSC will respond to this issue once the Select Panel provides a response to the questions it has posed in this regard.

5. All communications and documents referring or relating to any compensation or valuable consideration exchanged between UNM and entities from which UNM has received fetal tissue.

UNMHSC provided a response to this request on January 29, 2016, which is reiterated here for your reference:

UNMHSC has found no documents responsive to this request. The only entity from which UNMHSC receives fetal tissue is Southwestern Women's Options in Albuquerque, NM. The tissue is given to UNMHSC at no cost, and it is picked up at the clinic by a member of the UNMHSC staff, who travels to the clinic for that purpose. UNMHSC does not purchase or sell fetal tissue, nor does it transfer fetal tissue in exchange for any other valuable consideration. To protect the privacy rights of the patient, all fetal tissue the UNMHSC picks up from Southwestern Women's Option is fully de-identified within the meaning of HIPAA and the UNMHSC has no means by which to link information about the tissue back to the mother.

6. All communications and documents referring or relating to any federal, state, or local government funds received by UNM that were used, in whole or in part, for any procedures, research, or training involving abortion or fetal tissue.

UNMHSC provided documents responsive to this request on February 16, 2016. Additional responsive documents are enclosed.

7. All communications and documents referring or relating to any contractual relationship between UNM and [REDACTED] including teaching schedules, medical malpractice insurance policies, and all remuneration or other benefits received directly or indirectly by [REDACTED] from UNM.

[REDACTED] served as an unpaid, volunteer faculty member of UNMHSC. He is one of approximately 1000 volunteer faculty members. This is a requirement of all preceptors at external sites. UNMHSC produced documents responsive to this request on February 16, 2016. Additional documents responsive to the revised request are enclosed. All

**UNMHSC's Response to House Select Panel
Subpoena dated February 12, 2016**

“public employees” as defined in the New Mexico Tort Claims Act, Section 41-4-1 et seq., NMSA 1978, as amended, are afforded immunity from liability and liability coverage for those specified acts or events as to which the New Mexico Tort Claims Act waives immunity up to the limits established by the New Mexico Tort Claims Act. The Director of the Risk Management Division of the New Mexico General Services Department is vested with authority to make coverage determinations as to whether an individual is or is not a “public employee” vis-à-vis the tort alleged in the tort claim notice. UNMHSC does not make coverage determinations.

8. All communications between UNM and any federal, state, or local government officials or employees, referring or relating to abortion or fetal tissue.

UNMHSC produced documents responsive to this request on February 16, 2016.

9. All communications and documents directing personnel of UNM with respect to procurement or disposal of fetal tissue, or the conduct of abortion procedures.

UNMHSC produced documents responsive to this request on February 16, 2016. Additional responsive documents are enclosed.

10. All communications and documents UNM utilizes to obtain patient consent for abortion procedures and donation of fetal tissue. (See instruction below regarding HIPAA.)

UNMHSC produced documents responsive to this request on February 16, 2016. Additional responsive documents are enclosed. Fetal tissue from abortions performed at the UNMHSC is not utilized for any fetal tissue research, either within or outside of the UNMHSC.

11. All communications and documents referring or relating to the purchase, ownership, or rental by UNM of equipment for fetal tissue research, fetal tissue modification, or any other actions taken by UNM related to fetal tissue.

UNMHSC provided a response to this request on February 16, 2016. This response is reiterated here for your reference:

All of the equipment responsive to this request costs less than \$5,000. UNMHSC does not track maintenance costs and does not depreciate this equipment under the tax code.

Equipment List

- *Applied Biosystems 7500 Fast PCR Instrument*
- *VWR -80° C freezer*
- *-20° C freezers (Marvel and Kenmore)*

**UNMHSC's Response to House Select Panel
Subpoena dated February 12, 2016**

- *True* Refrigerator
- VWR Fume hood
- *Microzone* Bio-flow hood
- *Thermo* tissue culture incubator
- *Heraeus* tissue culture incubator
- *Hermle Labnet* centrifuge
- *Biotechnology* Thermal Cycler
- 2 *Olympus* microscopes
- *Stereomaster* microscope
- *Thermo* ultrapure water filtration system

UNMHSC has found no documents responsive to this request.

12. Documents sufficient to show any litigation to which UNM is, or has been, a party, including any threatened or anticipated litigation, involving abortion procedures, infant care, fetal tissue research, or related referral services. Should UNM wish to produce a list of such litigation, including appropriate docket information in lieu of documents, it may do so.

There is no litigation related to fetal tissue research. There have been no instances of fetuses surviving the abortion procedure at UNMHSC, and therefore, there is no litigation related to this.

There is one litigation matter arising from an abortion procedure at UNMHSC, Caoba v. Bd. of Regents of Univ. of NM ex rel. UNM Hosp., No. D-0101-CV-2013-02331, (NM Dist. C.).

In 2015 alone, UNMHSC treated 792 premature infants in efforts to save their lives and provide them with medical care. UNMHSC has been involved in only one litigation matter involving a premature infant over the past five years: First Nat'l Bank of Santa Fe et al. v. Bd. of Regents of Univ. of NM, No. D-202-CV-2012-06052, (NM Dist. C.).

UNMHSC has been involved in only one litigation matter involving non-premature infant care over the past five years: Greenhaus et al. v. Bd. Of Regents of Univ. of NM, No. D-202-CV-2011-02985, (NM Dist. C.).

Exhibit 6.23

February 12, 2016

VIA HAND DELIVERY

The Honorable Marsha Blackburn, Chair
Select Panel on Infant Lives
H2-316 Ford House Office Building
Washington, DC 20515

Dear Representative Blackburn:

As counsel for Southwestern Women's Options ("Southwestern"), I write in response to your January 6, 2016, letter request, as modified and clarified by conversations with the Select Panel's Majority staff on February 5, 2016. At the outset, I emphasize our appreciation for the Select Panel's continued dialogue with Southwestern regarding these important issues. The responses below and attached documents correspond to each of the Select Panel's requests.

Request No. 1: A list of all entities, including firms, corporations, non-profit organizations, and educational institutions, to which any fetal tissue is transported from Southwestern.

A list of these entities and corresponding descriptions is attached at Appendix A.

Request No. 2: A list of all entities, including firms, corporations, non-profit organizations, and educational institutions, to which Southwestern sells or donates fetal tissue.

Southwestern does not sell fetal tissue or recoup expenses associated with tissue donation, nor has it ever done so. A list of the entities to which Southwestern donates fetal tissue is attached at Appendix B.

Request No. 3: A list of all entities, including firms, corporations, non-profit organizations, and educational institutions, to which Southwestern transferred, subcontracted, or sold any business interest or business assets related to the procurement or sale of fetal tissue.

To the best of Southwestern's knowledge, no such entities exist.

Request No. 4: Identify and provide job descriptions of all Southwestern personnel who conduct or assist with abortions; who handle, research, store or dispose of fetal tissue; or who obtain patient consent relating to fetal tissue.

The medical doctors are the responsible Southwestern employees who provide abortion care, examine each fetal tissue sample, and obtain patient consent. A list of the medical doctors at Southwestern is attached at Appendix C. We are providing this information with their limited consent in an effort to answer the Select Panel's questions, subject to and without waiving any objections relating to these individuals' privacy rights. Also attached at Appendix D is a job description of all Southwestern personnel.

With respect to disclosing the identities of additional Southwestern personnel, Southwestern has significant concerns for the privacy and safety of these individuals—disclosure of these individuals' identities would significantly infringe their privacy rights and potentially subject them to harassment, intimidation, or harm. See *Judicial Watch, Inc. v. FDA*, 449 F.3d 141, 153 (D.C. Cir. 2006) (finding privacy interests warranted withholding personal identifying information in the context of a government approval for a drug used to terminate pregnancy because disclosure risked exposing individuals to "abortion related violence"); *Planned Parenthood Golden Gate v. Superior Court*, 83 Cal. App. 4th 347, 360 (2000) (finding that privacy interests warranted withholding personal identifying information of individuals who worked for or volunteered for Planned Parenthood because disclosure carried "serious risks" including "the infliction of threats, force and violence").

Indeed, last week a federal district court placed restrictions on the release of material that would have publicly identified individuals engaged in conversations about abortion, in part for this very reason. *Nat'l Abortion Fed'n v. Ctr. for Med. Progress*, No. 15 Civ. 3522, 2016 WL 454082, at *1-2 (N.D. Cal. Feb. 5, 2016) (acknowledging a "documented" and "dramatic" increase in the threatened and actual injuries inflicted on individuals and entities involved in providing reproductive health services following disclosure). These concerns are particularly acute here, as Southwestern has been a victim of arson and increasing instances of harassment, intimidation, and threats of physical violence.

While we appreciate the conversations the Select Panel's Majority staff has had with us regarding our safety and privacy concerns, our understanding is that the Select Panel will make no assurances regarding the confidentiality of individuals' identifying information, and the only privacy-based restriction is patient information protected by the American Health Portability and Accountability Act of 1998 ("HIPAA").

Similar to patient information protected by HIPAA, however, Southwestern respectfully submits that the names of its staff do not appear to advance the Panel's efforts to investigate issues related to fetal tissue research—particularly when considered in light of the broader information provided in this response, including the names of the medical doctors responsible for the subject of the Select Panel's investigation. See, e.g., *Judicial Watch*, 449 F.3d at 153 (finding that the privacy right of individuals involved in the development of mifepristone outweighed any asserted interest in disclosure of identifying information, given that "[e]ven if mifepristone has significant health risks, these names and addresses prove nothing about the nature or even the existence of the risks"); *Planned Parenthood Golden Gate*, 83 Cal. App. 4th at 358-59 (holding that disclosure of personal identifying information was not needed to facilitate the identification of potential witnesses, *inter alia*, because Planned Parenthood could through pseudonyms facilitate access if any staff member or volunteer in fact possessed knowledge relevant to litigation); see also *United States v. McSurely*, 473 F.2d 1178, 1203-04 (D.C. Cir. 1972) (requiring subpoenas to seek information "pertinent" to the investigation, and holding subpoena power to have been exceeded where inquiry "diverted" into a personal investigation of subpoenaed individual); *Tobin v. United States*, 306 F.2d 270, 275-76 (D.C. Cir. 1962) (holding invalid a congressional subpoena where the "general terms" authorizing the committee's investigation failed to justify the subpoena's request for detailed information such as internal agency communications).

Accordingly, for the reasons articulated, and notwithstanding our often-stated desire to facilitate the Select Panel's work, as demonstrated in the instant production, we are unable to provide the names of additional Southwestern personnel at this time. Nevertheless, we are committed to being as responsive as possible, and would be open to discussing further the Select Panel's needs and protections for individual privacy and safety.

Request No. 5: All communications, correspondence, agreements, emails, telephone messages, and purchase orders, bills of sale, or any other documents reflecting any payments between Southwestern and the University of New Mexico ("UNM") and any of its affiliated entities or subdivisions, including but not limited to the School of Medicine, Division of Family Planning, Department of Obstetrics and Gynecology, Department of Pathology, Department of Family and Community Medicine, Family Medicine Center, Sandoval Regional Medical Center, Maternal and Child Health Service, Division of Neonatology, and the Developmental Research, Education, and Mentoring (DREAM) Laboratory.

To the best of Southwestern's knowledge, no such documents exist. There are no payments between Southwestern and UNM (including any of its affiliated entities or subdivisions) for any purpose.¹

Request No. 6: All financial statements, communications, correspondences, agreements, emails, telephonic messages, and purchase orders, bills of sale, or any other documents that identify any federal, state, or local funds received by Southwestern.

Southwestern receives funds from the State of New Mexico in the form of reimbursements for services provided to patients enrolled in the State's Medicaid program. See *New Mexico Right to Choose/NARAL v. Johnson*, 975 P.2d 841 (N.M. 1998) (holding that the denial of state funding for abortion services for women enrolled in Medicaid violates the Equal Rights Amendment of the New Mexico Constitution, and directing the use of state funds to pay for abortion services that do not qualify for federal financial assistance under the Hyde Amendment).

Pursuant to our discussion with the Select Panel's Majority staff, attached at SWWO000009-14, SWWO000031-36, SWWO000043-48, and SWWO000055-66, are financial statements indicating the funds received by Southwestern in the form of reimbursement for services provided to Medicaid-enrolled patients from 2010-2015.² Also attached at SWWO000001-2 and SWWO000021-30 are a sample of the reimbursement forms from the State and Medicaid managed care entities that accompany all payments made for services provided to individual Medicaid-enrolled patients, with HIPAA-protected health information redacted. To the extent the Select Panel seeks each and every Medicaid reimbursement form for the past five years, that material would be extremely burdensome and time-consuming to compile, as these records contain thousands of pages and a large amount of individual patient information that would require significant redaction. However, if the Select Panel determines it needs additional documents to further its investigation, I will communicate with the Select Panel's Majority staff to determine how we can resolve any concerns.³

Through 2014, Southwestern also received funds from New Mexico's State Coverage Insurance (SCI) program. Similar to the Medicaid reimbursements, attached at SWWO000003-8, SWWO000015-20, SWWO000037-42, and SWWO000049-54 are financial statements indicating the total funds received by Southwestern in the form of SCI reimbursements for 2010-2014.

█ serves as a volunteer clinical and adjunct faculty of the UNM School of Medicine but does not receive any remuneration.

² For each Medicaid managed care entity, the total reimbursement received from Southwestern for each time period appears (as a negative number) in the "payments amount" column.

³ We note that Southwestern also received, in 2012, \$7,865.39 in reimbursements from Alameda Alliance for Health, a California MediCal managed care provider. Should the Select Panel wish further documentation to support this figure, such documentation can be provided.

We have attached at Appendix E a spreadsheet of total New Mexico Medicaid and SCI reimbursements received by Southwestern for 2010-2015.

Request No. 7: A list of any medical or nursing students, medical residents, or other medical personnel affiliated with UNM, including but not limited to its subdivisions listed in request 5 above, who participated in the performance of any method of abortion or prenatal or postnatal infant care, including related training exercises.

Southwestern has participated in a program to host medical and nursing students from UNM. But Southwestern does not maintain an inventory or registry of these students, and any such students would not have participated in the performance of any method of abortion or abortion-related training exercises (and Southwestern does not perform any prenatal or postnatal infant care). Medical and nursing students would only have been present to observe and, when appropriate, to participate in the provision of ancillary services they are trained to provide (e.g., taking blood pressure).

As for medical residents or medical fellows affiliated with UNM, we have attached documentation regarding these programs at SWWO000067-70. These medical residents and medical fellows would only have been permitted to participate in the performance of any abortion if they were licensed by the Medical Board of New Mexico and appropriately insured. Like medical and nursing students who may spend time at Southwestern, however, Southwestern does not maintain an inventory or registry of these individuals.

Furthermore, Southwestern maintains the same privacy and security concerns as with its personnel, described in response to Request No. 4. These concerns, particularly regarding safety and privacy, are especially pronounced with respect to medical residents, who may not pursue family planning or OBGYN specialties, and whose public identification does not seem to further any of the six authorized subjects of investigation in H.R. Res. 461, 114th Cong. (2015) (enacted). See *McSurely*, 473 F.2d at 1203-04; *Tobin*, 306 F.2d at 275-76.

Finally, we note that on December 14, 2015, UNM informed Southwestern that it would no longer be sending medical fellows to Southwestern. Documentation of this decision is attached at SWWO000070. It has been publicly reported that the reason for UNM's termination of these programs is that Southwestern does not perform a sufficient volume of abortions to train residents and fellows.

Request No. 8: All communications, correspondence, agreements, emails, telephone messages, and purchase orders or bills of sale relating to fetal tissue between Southwestern and any executive or legislative officials or other employees of the government of the United States, the State of New Mexico, or of any other states, including of any municipality within the State of New Mexico or any other states.

To the best of Southwestern's knowledge, no such communications exist.

Request No. 9: All communications, whether internal or external, that direct Southwestern personnel with respect to the handling, storage, transport, or disposal of fetal tissue, including but not limited to training materials, guidance documents, memoranda, emails, telephone messages, and purchase orders of bills of sale.

Communications responsive to this request are attached at SWWO000071-183.

Request No. 10: All documents that include descriptions, policies, or guidelines related to any method of abortion or fetal tissue research, and prenatal and postnatal infant care available to patients.

Documents responsive to this request are attached at SWWO000184-1010.

Request No. 11: All documents that include descriptions, policies, or guidelines related to Southwestern's referral of patients to any other entity for the purpose of procuring any method of abortion or prenatal or postnatal infant care, including identification of those entities to which referral is made.

To the best of Southwestern's knowledge, there are no documents responsive to this request. Any such referrals would be made on an individual basis.

Request No. 12: All accounting records relating to the cost or pricing of fetal tissue or fetal tissue research, including, but not limited to, accounting memoranda.

To the best of Southwestern's knowledge, no such documents exist. As explained above, Southwestern does not receive any payments relating to the donation of fetal tissue. Nor does it conduct any fetal tissue research itself.

Request No. 13: All specific requests made to Southwestern for fetal tissue made by any and all firms, corporations, non-profit organizations, educational institutions, or other entities, including but not limited to order lists, billing records, payment records, payment vouchers, and receipts.

Southwestern does not receive any payments for fetal tissue. The specific requests to Southwestern for fetal tissue are attached at SWWO001011-1016.

Request No. 14: All documents relating to the purchase, ownership or rental by Southwestern of equipment for the storage, disposal, or research of fetal tissue, the preparation of fetal tissue for research, the modification of fetal tissue into cell lines, or any other actions taken by Southwestern related to fetal tissue including but not limited to the date the equipment was purchased, its purchase price, its maintenance costs, and records of the depreciation treatment under the tax code of any such equipment.

Southwestern purchased one freezer in the relevant time period, to store fetal tissue in anticipation of MedPro's weekly visit to Southwestern to pick up medical waste. Southwestern has been unable to locate the receipt for the purchase of this freezer. The owner's manual and documents relating to this freezer are attached at SWWO001017-1035. There is no other equipment that is used exclusively for fetal tissue, as opposed to other medical services that Southwestern provides.

Request No. 15: An inventory record of all fetal tissues obtained, sold, or retained by Southwestern, as well as an inventory of current fetal tissue including, in particular, any records that refer to multiple tissue samples or organs or body parts procured from a single fetus.

Southwestern does not keep an inventory record of the fetal tissue that it has donated to UNM, nor is there a notation in an individual patient's file when a donation has been made. When Southwestern donates fetal tissue to UNM, it donates all of the fetal tissue obtained from an abortion procedure, it does not create multiple tissue

samples from a single fetus. Southwestern does not retain fetal tissue, with the exception of storing fetal tissue in between weekly medical waste pickups.

Southwestern likewise does not keep an inventory record of the fetal tissue obtained when a patient has made the decision to participate in the International Skeletal Dysplasia Registry and Southwestern facilitates a single transfer of the tissue samples requested.

Request No. 16: All records related to any fetal tissue or cell lines procedure from twin fetuses.

As noted in Request No. 15, Southwestern does not keep an inventory of the fetal tissue that it has donated, including any separate records relating to any fetal tissue from twin fetuses. Southwestern does not perform cell lines procedures from twin fetuses.

Southwestern is aware of one specific instance where fetal tissue was donated from twin fetuses to the International Skeletal Dysplasia Registry, which records were produced in response to Request No. 9 at SWWO000108-128.

Request No. 17: All documents relating to rent or site fees paid by entities to which Southwestern sold or donated fetal tissue.

To the best of Southwestern's knowledge, no such documents exist. Southwestern does not receive rent or site fees from UNM, the only entity with which Southwestern has a fetal tissue donation program—and, as noted, Southwestern does not sell fetal tissue.

Request No. 18: All Southwestern banking records relating to the procurement, sale, donation, or distribution or shipment of fetal tissue.

To the best of Southwestern's knowledge, no such documents exist. Southwestern does not sell fetal tissue or recoup expenses relating to its donation.

Request No. 19: A list of any known litigation in which Southwestern is named as a party, including any threatened or anticipated litigation.

To the best of Southwestern's knowledge, it is not named as a party in any litigation, including threatened or anticipated litigation.

The Honorable Marsha Blackburn, Chair
February 12, 2016
Page 7

Thank you for your time and for your consideration of the information submitted in this response. There are 1,035 pages for the accompany document production. If you have any questions about this information or the enclosed documents, please feel free to contact me.

Sincerely,

A large black rectangular redaction box covers the signature and name of the sender.

cc: Frank Scaturro, Special Counsel, Majority Staff
March Bell, Chief Counsel, Majority Staff
Heather Sawyer, Staff Director and General Counsel, Democratic Staff

Appendix A

1. Pursuant to applicable laws and regulations, Southwestern donates fetal tissue to the University of New Mexico (“UNM”) for academic medical research.
2. Pursuant to applicable laws and regulations, Southwestern provides patients with the option to participate in academic medical research by the International Skeletal Dysplasia Registry in defining the clinical features, cause and possible treatment of skeletal disorders. This study is being conducted by the Orthopedic Surgery Department at the University of California, Los Angeles, in collaboration with Cedars-Sinai Medical Center, Los Angeles.
3. Pursuant to applicable laws and regulations, Southwestern contracts with a licensed medical waste disposal company, MedPro Waste Disposal, to handle all medical waste including fetal tissue. Prior to MedPro Waste Disposal, Southwestern contracted in 2010-2011 with another licensed medical waste disposal company, Stericycle, for the same purposes.
4. Pursuant to applicable laws and regulations, law enforcement authorities may request fetal tissue as evidence—for example, where rape or incest is alleged or where DNA is required for law enforcement purposes. In such cases, those law enforcement authorities arrange for the transport of any fetal tissue; Southwestern does not maintain an inventory or registry of where the tissue is transported.
5. Pursuant to applicable laws and regulations, Southwestern may receive requests from a patient’s diagnostic doctor or specialist to run diagnostic tests on fetal tissue. In such cases, Southwestern arranges for transport of the fetal tissue at the direction of the patient and diagnostic doctor; Southwestern does not maintain an inventory or registry of where the tissue is transported.
6. Pursuant to applicable laws and regulations, Southwestern may receive requests from individual patients to have a burial, cremation, or religious ceremony, and patients may request transport of fetal tissue to a funeral home, religious institution, tribal representative, or other similar entity. In such cases, the receiving entity arranges for transport of the fetal tissue; Southwestern does not maintain an inventory or registry of these receiving entities.



Appendix B

Pursuant to applicable laws and regulations, Southwestern donates fetal tissue to the University of New Mexico (“UNM”) for academic medical research. This is the only entity to which Southwestern donates fetal tissue.¹

¹ Southwestern does not donate fetal tissue to the International Skeletal Dysplasia Registry; any such donation is made directly by an individual patient.

c

Appendix C¹

[REDACTED]

¹ [REDACTED] retired from medical practice at Southwestern in August 2015.

D

Appendix D

██████████ employs and trains physicians and other medical personnel as necessary and appropriate to patient care and relevant laws and regulations. He develops and/or approves all medical protocols. He also provides ongoing supervision to physicians and is available to them for assistance as needed.

Medical Director of Southwestern. The Medical Director is responsible for overseeing the performance of all physicians, providing policy updates of medical service, ensuring implementation and compliance with clinic policies and procedures (with the Clinic Director), facilitating communication with staff, ensuring physician positions are adequately staffed, coordinating schedules, maintaining external relationships, and working to develop updated policies and procedures. The Medical Director supervises the physicians, the Director of Nursing and nurses, and medical assistants. The Medical Director reports directly to ██████████

Clinic Director. The Clinic Director is responsible for the day-to-day functioning of the clinic, ensuring proper training, facilitating internal and external communications, ensuring implementation and compliance with clinic policies and procedures (with the Medical Director), and working to develop updated policies and procedures. The Clinic Director supervises fourteen counselors/medical assistants. The Clinic Director reports directly to ██████████

Physicians. Physicians are responsible for meeting individually and privately with each patient prior to surgery, reviewing the consent form with the patient and witnessing her signature, reviewing each patient's medical history, lab results, and counseling notes to screen for any contraindications to outpatient surgery, performing a gross tissue examination immediately postoperative and ordering microscopic tissue exams when necessary, reviewing all lab reports and ordering special postoperative instructions when indicated, reviewing all postoperative examinations done by the nursing staff, being on-call after-hours at all times, and immediate availability if there is a patient in the Recovery Room.

Director of Nursing. The Director of Nursing is responsible for overseeing nursing care to ensure high quality, training and supervising nursing staff, working to ensure patients are seen promptly and efficiently, conducting performance evaluations, performing nursing duties to assist in the functioning of the clinic as needed, and working to develop policies and procedures.

Nurses. Nurses are responsible for patient care in surgery, assisting the physician during abortions, sonography, postoperative exams, postoperative Recovery Room care, autoclave/pathology procedures, and lab procedures. As part of the autoclave/pathology procedures, nurses are responsible for preparing tissue for the physician to examine, and for placing any tissue in hazardous waste containers for medical waste pickup.

Counselors/Medical Assistants. Counselors/Medical Assistants are cross-trained to be responsible for providing individual and confidential counseling sessions, ensuring accurate

medical record keeping, taking blood pressure and pulse monitoring, setting up the surgery room, providing relaxation and other similar techniques to assist a patient during medical procedures, assisting with lab duties such as preparing tissue for the physician to examine, as well as washing, wrapping and sterilizing instruments.

Medical Assistants. Medical Assistants are responsible for the same duties as Counselors/Medical Assistants (see above), except that they do not conduct or assist with patient counseling.

Appendix E

New Mexico Medicaid and SCI Reimbursements Received by Southwestern, 2010-2015

	2010	2011	2012	2013	2014	2015
Blue Cross Blue Shield SCI	\$27,659.41	\$20,772.15	\$50,434.21	\$32,730.64	\$194,535.54	\$154,263.24
Lovelace Salud	\$110,466.45	\$144,169.09	\$123,378.10	\$66,679.63	\$1,479.63	\$0
Lovelace SCI	\$14,013.27	\$8,923.44	\$6,360.04	\$3,555.15	\$0	\$0
Molina Centennial	\$65,466.87	\$67,046.76	\$63,374.45	\$13,570.93	\$202,144.94	\$204,231.46
Molina SCI	\$3,579.27	\$0	\$2,018.55	\$0	\$1,360.00	\$0
Presbyterian Centennial	\$163,885.36	\$186,307.98	\$163,176.34	\$176,544.71	\$266,621.74	\$339,010.97
Presbyterian SCI	\$11,772.47	\$13,815.77	\$7,451.64	\$17,800.61	\$845.23	\$0
United Healthcare Centennial	\$0	\$0	\$0	\$0	\$43,451.21	\$66,791.23
Medicaid Xerox	\$574,186.26	\$497,283.93	\$547,657.10	\$489,090.51	\$191,942.50	\$116,485.24
Emerigroup Community Care of NM	\$685.61	\$316.70				
Evercare	\$2,339.50					

Exhibit 6.24

KRUPPEL-LIKE FACTOR 4 EXPRESSION IN DEVELOPING HUMAN SKIN

Investigators:

[REDACTED]

[REDACTED]

Protocol:

Our human fetal tissue studies have been evaluated by the Human Research Review Committee at the University of New Mexico and deemed not to constitute human subject research, as no identifiable human subject data are collected. Women undergoing elective termination of pregnancy are consented by Southwest Women's Options clinic, and can elect to have tissue used for research if they so choose. No interaction between women undergoing the procedure and our laboratory personnel occurs.

Human fetal skin samples (15 to 24 weeks gestation) from the posterior trunk and upper and lower extremities will be tested for KLF-4 expression. Baseline samples (minimal exposure to light or ambient oxygen) will be compared to samples incubated for 24 hours at 21% oxygen, simulating conditions following premature birth. Total RNA will be isolated and reverse transcribed for quantitative determination by real time PCR using primers and probes for KLF-4 using GAPDH as an internal control in duplex reactions.

Exhibit 6.25

THE ORIGINAL
MARBLE COVER-80 SHEETS

NAME



5x5 QUAD RULED
ROARING SPRING, PA 16673

Add 0.5 ml Trizol, vortex, shake 20 min. minimum in fume hood; store at -80*.

2008

Liver & Kidney (for tissue culture)

Isolate tissue; wash in PBS in dish.

For kidney, take out 1 ml aliquot collagenase, place kidney into vial, cut it up with scissors, and incubate in 37* water bath 10 min.

Then proceed as for liver.

Liver: cut up tissue, place in 10 ml DMEM-FBS medium in 50 ml centrifuge tube.

Using a 10 ml syringe and 18 gauge needle, draw tissue through needle repeatedly until there's no resistance.

Repeat with 20- and 21-gauge needles.

Culture as usual in DMEM.

Heart

Look for the ductus arteriosus—if found, proceed.

Place into Nalgene cryovials:

- DA
- Ascending aorta
- Descending aorta
- 2 pulmonary arteries together

These go into " [REDACTED] DA box" in -80*C.

Eyes

Bottle-nosed microvial; label "retina"

Rinse in PBS, place in special dish.

Cut off lens, discard lens + iris.

Use 200 ul micropipette to place vitreous and aqueous into vial.

Invert eyeball, remove white, gooey retina (not darker stuff).

Both can go together.

Spin 5 min.

Aqueous to a 0.2 ul vial. Vitreous to a 0.2 ul vial. These go, with serum, into -20*C.

Retina will be pelleted. Add 0.5 ml trizol, vortex, then shake in hood 20 min.+

Goes into -80* C freezer.

Liver

1. Place in bottle-nosed microvial.

Add 1 ml trizol, vortex, and shake in hood for a min. of 20 min.

2. Nalgene to -80* C with kidney.

Kidney

Nalgene, pair up with liver, into -80*C.

Brain

Rinse with 5 ml. PBS in dish.

Place 10 ml. DPBS-1% pen-strep-ampho. (in fridge) into 15 ml centrifuge tube.

Transfer brain tissue to tube.

Shake vigorously by hand and vortex, 1 min.

Shake in 37* C. water bath, speed 6, 30 min.

Centrifuge 1500 rpm, 5 min., no or low brake.

Resuspend pellet in 10 ml DMEM-10% FBS-1% pen-strep-ampho, place in flask in incubator.

Cochlea

Rinse in PBS in dish.

Place cochlea (1 or both) into 1 ml vial of trypsin (1 ml aliquots in -20 door in box).

Cut up hard tissue in the vial with scissors.

Incubate at RT for 5 minutes.

Place 10 ml DPBS w/1% pen-strep-ampho into 15 ml centrifuge tube.

Remove trypsin (with cochlear cells) with plastic transfer pipet to the 15 ml tube, leaving hard cochlear bits behind.

Shake vigorously and vortex for ~ 1 min.

Spin down 1500 rpm, 5 min., no brake.

Resuspend pellet in 10 ml DMEM-10% FBS-1% pen-strep-ampho, and place in flask in incubator.

Cord

Clamp both ends and place in dish with PBS, to rinse the outside.

Unclamp one end, place into 2 ml microvial, and "milk" fetal blood into vial.

Spin on benchtop 5 min.

Remove the lighter serum into 0.2 ul vial and place with aq + vit in -20*C freezer.

Add 0.5-1.0 ml trypsin to pellet, vortex, and shake in fume hood 20 min. minimum.

Place in -80*C.

Marrow

Isolate femur.

Prepare 5 ml syringe + 18 gauge needle.

Place PBS to microvial; label another.

Cut bone on one end. Marrow inside is dark. Clean outside of bone with gauze.

Place entire beveled opening of needle into cut end of bone.

Cut off other end and push PBS through, into tube.

Repeat.

Spin @ 3000 rpm to pellet cells, ~ 5 min.

1-15-10

(2) 26mm - 18 weeks

Skin from upper arm (looks degraded)

Retina -> [redacted]

M2 [redacted]

1-15-10

(8) 23mm - 17 weeks

SKIN from lower leg

M2 [redacted]

of appendix
-> [redacted]

(4) 44mm = 25 weeks Treated with digoxin

Heart mushy; GI discolored + liver; skin loose

Eyes discolored red Zretinas -> [redacted] for coverslips w/ 1. 8 Epo / 2. 10 Epo

(5) 30mm = 19.6 weeks (DIG)

2-4-10

(1) 33mm = 20.7 weeks

Digoxin - observations

- heart - entire organ mushy
- Kidneys - discolored dark red; Lack of form
- GI discolored
- Lungs - mushy, + discolored w/ blood

- Cord blood
 - Lung
 - heart
 - skin
 - brain
- } Trizol

Lung } formalin
skin }

6 coverslips - Brain - DMEM complete

2-4-10
26 mm = 18 weeks

Brain
Kidney
Heart
Lung
Skin
Retina (1)

Skin - formalin

brain - (6 coverslips, comp DME M)

2-5-10
(1)

35 mm = 21.5 weeks - DIG

very very red - fissure
tiny bits of brain tissue everywhere

Skin
retina (1)
brain

(2) 32 mm = 20.4 weeks - DIG

all tissue looked more normal
lung almost approached normal appearance

• Lung
• Retina (1)
• Skin
• brain

2-11-10

(1) 29 mm = 19.2 weeks - DIG

~~tissue normal~~
tissue looked normal - like one
above 20.4 from 2-5-10

• Skin
• Brain
• Heart
• Lung
Retina (1)

(2) 39 mm = 23 weeks - DIG

very red tissue
brain & retina pulled apart easily

• Skin
• Brain
• Lung
Retina (1)

59mm = ? 30.5 wks

Intact - did not dissect

2-17-10

(1) 25mm = 17.8 weeks

Lung, 3.6g →

Retina (1) - made 1 flask + 6 coverslips

Brain - made 1 flask + 8 coverslips

~~lung sent to~~

2-19-10

(1) 13 mm = 13.4 wks

Brain 0.335 g → cultured

fissure
rain tissue everywhere

2-24-10

(1) 6mm = 10.6 weeks

Heart - cultured 1 flask + 3 coverslips

Brain? - 3 coverslips

Retina (1) - 2.4 coverslips

ohed more normal
approached normal
appearance

3-10-10

(1) 22mm = 16.7 weeks

Retina (2) - 1 flask + 3 coverslips

ret
mal-like mo
2-5-10

3-11-10

21mm = 16.3 weeks

Retina (1) - 1 flask + 3 coverslips

3-18-10

18mm = 15.2 weeks

Retina (1) - 1 flask + 3 coverslips 440 mg lung →

shed apart easily

3-20-10

18mm = 15.6 weeks

Retina (2) - 1 flask + 3 coverslips

3-24-10

(1) 13 mm = 13.4 Weeks

Brain → culture 0.31 g → 1 flask, 8 CS's + pellet frozen -80°C

~~all in 1 flask~~

4-2-10

(1) 21 mm = 16.3 Weeks

Brain - cultured
Brain - in Trizol
Lung - in Trizol

retina (1) - flask + 6 coverslips

lung → LN₂ for [redacted]

(2) 13 mm = 13.4 Weeks

retina (2) - flask + 6 coverslips

4-8-10

(1) 19 mm = 15.6 wk.

~~19~~

• brain 1.83 g in 15 ml tubes, phorb w/ 5 ml DPBS

Epo 0
10
100

(2) 15 mm = 14 weeks

233 mg brain - 25 ml DPBS

Epo 0 - 10 - 100 - [redacted] + coverslips

lung → LN₂ for [redacted]

5-13-10

(1) 19 mm = 15.6 weeks

Brain - 690 mg → Epo 0-10-100 expt.

Lung
Kidney } Trizol

Lung → LN₂ for [redacted]

(2) 18 mm = 15.2 weeks

Brain - 2.02 g → Epo expt

Brain → Trizol

Retina (2)

Heart → culture

5-20-10

(1) 21 mm = 16.3

lung → lN₂ for [redacted]

Lung }
Kidney } Trizol

brain → [redacted] Epo-Darbe cultures

heart → cultured

5-21-10

(1) 22 mm = 16.7 w/Ks

4 heart vessels → -80°C

brain → [redacted]

brain }
K }
L }
Lung } Trizol

heart → culture ([redacted] Lab Book 3, p. 67)

brain → Epo exp't Epo φ-10-100 for [redacted]

5-26-10

(1) No foot found - estimate 17 weeks

Lung → lN₂ for [redacted]

brain - 5 tubes }
2 Retinas }
Lung } Trizol

heart - culture

(2) 10 mm = 12.3 weeks

brain → Trizol

5-27-10

(1) 25 mm = 17.8 w/Ks

Brain → Umar

Heart → cultured

Liver (3) + 1 kidney (2)

Lung 2 tubes →
Brain (5)
Ret. (1)

Lung → lN₂ → [redacted]

} Trizol

let frozen -80°C

2/5 tops

Epo φ
10
100

DPBS

→ lN₂ for [redacted]

5-28-10

(1) 4mm = 10 weeks
brain → [redacted] for Epo-Darbe exp³4.

(2) 5mm = 10.4 weeks
brain → [redacted] for Epo/Darbe

(3) 17mm = 15 week

Lung
Retinas (2)

lung → eY₂ for [redacted]

6-3-10

(1) 5mm = 10.4 w/ks
brain → [redacted] for Epo/Darbe exp.

(2) 22mm = 16.7 w/ks
brain → [redacted]

lung → eY₂ [redacted]
lung → Carlos -80°C

brain
retina (1) } + trizol → -80°C
liver
kidney

6-4-10

(1) 15mm = 14 weeks

Lung } Trizol
2 Retinas }
Heart → Culture

Lung → [redacted]
Lung → [redacted]
Brain → [redacted]
in ice 12155

(2) 13 mm = 13.4 weeks

2 Retinas → Trizol
heart → Culture

brain → [redacted] in ice @ 7:05
lung → [redacted] -80

(3) 10 mm = 12.3 weeks.

heart → culture

Lung



-80°

11:40 pm

Brain →



on ice 1:45

6-9-10

(1) 6mm = 10.6 weeks.

heart 33mg

brain →



Epo/Darbe exp.

6-10-10

(1) 18mm = 15.2 w/k

heart
lung
brain
retina

→



Epo/Darbe exp.

6-11-10

(1) 5mm = 10.4 w/k
heart → culture

6-16-10

(1) 12mm = 13 w/k

brain
heart
lung
kidney

→



(2) 5mm = 10.4 w/k

retina
brain

→



fn [Redacted]

CH Carlos -80° [Redacted]

in ice 10:05
-80



6-17-10

(1) 21 mm = 16.3 w/k

Heart → prepped 2 ways 1/2 hand triturated 1/2 c/d digestion
retina → culture
lung → [redacted]

brain } [redacted]
kidney } [redacted]

Lung } Trizol
Brain }
Kidney }

(2) 7 mm = ~~14.3 w/k~~ 11 w/k

~~retina~~

(3) 9 mm = 12 wks

retina

heart culture

6-18-10

(1) 10 mm = 12.3 weeks
retina (2) → cultured

(2) 22 mm = 16.7 weeks
retina (1) → cultured

Lung → RN2 for [redacted]
A heart vessels

lung } Trizol
brain }
kidney }

heart in PBS on ice 2:40

1d digestion

7-2-10

(1) 12 mm = 13 weeks

brain → Trizol

1 eye → [redacted]

(2) 20 mm = 16 weeks

2 eyes → [redacted]

~~umbilicus → liver (sug)~~

cord blood } brain } Trizol
lung }
kidney }

(3) 8 mm = 11.5 weeks

2 eyes → [redacted]

lung → Trizol

(4) 9 mm = 12 weeks

2 eyes → [redacted]

for [redacted]

essels

7-22-10

(1) 7 mm = 11 weeks

2 eyes → [redacted]

heart → [redacted]

2 kidneys → Trizol

7-23-10

(1) 17 mm = 15 week

Could not find anything...

lung → [redacted]
lung → [redacted]

2/30/10



12.7w

took lung

14w

took lung

brain

took ~~heart~~ eyes

11.5

took lung

heart →



11.0

took lung

heart →



8/4/10



16.2w

12.3w



took lung reserved eye & heart

8/5

11mm → 12.7w

took lung reserved eye & heart

8/6

12.0w

took lung

11w



reserved heart & eyes

8/10/10

16mm = 14.5w/k

lung

8/11/10

6 mm → 10.6 w

lung → [redacted] in 40C @ 3:30
brain → [redacted]

8/13/10

11.5 Ret (1) + lung + brain

15 Ret (2) + lung + brain

7 mm → 11 w lung + brain

8/25

25 mm → 11.3 w
9 mm → 12 w

} → took brains kidney, lung
adrenal gland

8/26/10

1) 6 mm = 10.6 wks.

9/15/10

[redacted]
13 mm → 13.4 w
20 mm → 16 w

took kidney, brain, adrenal
took lung, brain.

9/17/10

[redacted]
20 mm → 16 w
8 mm → 11.5 w
6 mm → 10.6

took brain, lung
" " " spleen, stomach, kidney
took " " " kidney, adrenal gland

9/23/10
24 mm → 17.9 w

11/23/10

12 mm → 13 wk

heart

vent

eyes

12/28/10

17wk = 23mm

Brain → [redacted]

1/5/11

6mm = 10.6 wks.

Brain → [redacted]

1-6-11 ① 18mm = 15.2 wk

brain 1.9 grams → [redacted] passage / freezing sept.

2 eyes → [redacted] to grow

Lung/heart → [redacted]

② 19mm = 15.6 weeks

brain, 1.65g → [redacted]

Heart/lung → [redacted]

1-19-11

① Alameda 18 weeks

heart } culture
brain }

• K
• L
• Lung
• Red blood
• brain } Trizol + -80°C

K, L, Lung → [redacted]

3-28-11

11.5 wks Brain -
retina -

4-15-11

15.2 Brain
Retina (1) -

5/26/11

27mm → 22.2 weeks

36mm → 21.8 weeks

5/27/11
14 wks eyes

16 wks eyes, brain, lungs

12.8 wks Brain

6-6-11

13 wks Brain

12.7 wks Heart,

Left Lung

6-9-11

19.6 weeks

(20 mm), heart, a little brain

17.5 weeks

(27 mm) - (lungs) Brain

16 weeks

(20 mm) - heart (old)

16 weeks

(20 mm) - brain

empt.

11/17/11
15.2 wks

15.2 wks

11.5 wks

6-10-11

12.7 wk Brain
17 wk Brain (possibly [redacted])

6-15-11
16 weeks brain, eye

6-17-11
14 weeks brain
15 weeks brain
12.7 weeks brain

6-23-11
13.4 weeks - eye
15.2 weeks - nothing

6-24-11
16 weeks

16.3 wk Brain 3.741 g
Placental Tissue 12.0 g

6-30-11
17 Brain

2090 11/21/11
2090 11/21/11
2090 11/21/11
2090 11/21/11

7-28-11

(1) 21 weeks / 16.3 weeks:

• brain - [redacted] plated flasks + CG's for [redacted] expt (Epo-Derive RNA)

• heart - [redacted] - [redacted] → myocyte culture

(2) part was in filter - we could not get out...

OS

8-4-11

16.0 wt Sample
Brain → [redacted] oligo isolation
→ [redacted] for [redacted] Epo/Darbe brain expt.

3.0 wt
(2) Retina - [redacted]

8-12-11

11.5 week sample

8-25-11

(1) 23 mm = 17 weeks 3.1 g. Brain → Epo/Darbe/EGF expt

(2) retina - 17 wk - [redacted]

9-8-11

15.4 wt Brain CM

9-15-11

① 15 mm = 14 weeks
Brain → Epo/Darbe cell culture 0.10 g

2 Eyes → [redacted]
brain → [redacted]

② 28 mm = 19 weeks
Brain → 0.8 g → Epo/Darbe cell culture + some in Trizol

Brain → [redacted]
2 eyes → [redacted]

9-29-11

10.4 Brain - CM 2 eyes → [redacted]

19 wk Brain / Eyes - tissue not normal - didn't culture

both 10.4 + 19 wk brain cells → Epo-Darbe study

9-30-11

(1) 6 mm = 10.6 weeks
• brain - 0.064 g → Epo/Darbe expt ([redacted])
• 2 eyes

Epo
Darbe
EGF
11/12/11
10/11/11
10/11/11
10/11/11

Epo-Darbe RNA



(2) 23 mm = 17 weeks

Brain = .21g
~~each week~~ Pulling sample in to 201

1 eye → [redacted]

(3) Twins = 1 w/ clubbed feet
Other = 20 mm = 16 weeks

Brain A = .33g

Brain B = .18g

10.6 eye (2) [redacted]

17 eye (1) [redacted]

Twins 10 A (2) [redacted]

10 B (2) [redacted]

11-4-11

(1) 15 mm = 14 weeks
• brain → culture

2 eyes → culture 1 isolated 1 retina, [redacted] isolated the other

(2) 4 mm = 10 weeks
2 eyes - [redacted] will try! One entire Retina! + pieces of the other

11-11-11

(1) 13 mm = 13.4 weeks
• 2 eyes → retinal culture (13)
Lung → Xi

(2) 20 mm = 16 weeks
Lung → Xi
Brain

(3) 9 mm = 12 weeks

18-2? D+E, so not intact

1-4-12

(1) 19 DIG - disassembled

(2) 15 mm = 14 weeks

Lung → [redacted] X

(3) 2le + DIG - intact head → 10% Formalin @ RT

(60mm)

3 L glass beaker

in hood

oFC 28.5 cm

o Clinic thought 30 wk; [redacted] thought 32

1-5-12

(1) DIG. Clinic labelled 28 week Head → 1st Formalin bath
oFC 26.5 cm

(2) 15 mm = 14 weeks

1 eye

1-16-12

(1) DIG + clinic sez 30+
oFC = 27.5 cm = 30 weeks

(2) ~~12 mm FL = 13 wk GA~~ 7 mm FL = 11 weeks GA

1-12-12

(1) 24 mm = 17.4 weeks

- lung for [redacted] (2.95 g)

- 2 retinas → [redacted] for culture + [redacted] assist

- cord blood for RHD RNA isol. practice

- brain → cell culture ([redacted])

1-18-12

one today: 14 weeks

Lung → [redacted] ~1 g

Heart → in ~~new~~ complete DMEM 4°C OMT for [redacted]

Brain and Spinal Cord → [redacted] for oligo isol.

Brain → [redacted] for 1^o brain cell culture

1 eye → 4°C in medium → [redacted] for tomorrow

1 heart → " " → [redacted]

isolated the other

+ pieces of the other

1-20-12

15 mm = 14 weeks

Brain → [redacted] trying 2 ways to create single-cell suspension.

1 eye → [redacted] placed @ 4°C in complete DMEM @ 12:40

1-25-12

6 mm = 10.6 weeks

brain → culture, [redacted]

1-26-12

24 mm = 17.4 weeks

heart @ 4°C in PBS for [redacted]

1-27-12

(1) 18 mm = 15.2

eyes → 4°C in PBS for [redacted]

brain → [redacted]

Lung → [redacted]

(2)

24 mm = 17.4

Lung → [redacted]

(3) 5 mm = 10.4 wk.

Lung → [redacted]

15.2

2-15-12

1 = 30 mm = 19.6 wk

Lung → [redacted]

1 eye → [redacted]

Brain → [redacted]

Heart → [redacted]

Could not ID pancreas; need anatomy lesson.

Re-cell

DMEM @ 12:40

2-17-12 (1) 9mm = 12 week
2 lung → [redacted]
brain + card → [redacted] → culture

(2) 6mm = 10.6 week
2 lung

brain + card → [redacted] → culture

2-17-12 (3) 11mm = 12.7 week triolets
[redacted] → three eyes used two

1) 2 heart

2) lung

3) [redacted] → brain

2-23-12 21mm = 16.3

pancreas 1

3-1-12 20mm = 16 week

Brain → [redacted]

heart → [redacted] (4°C)

lung → [redacted] (4°C)

eye → [redacted] (4°C)

pancrease for [redacted]

project → 74°C in DMEM
tail position → formaldehyde 3.7% 6h/male

3-2 22mm = 16.7 week

~~2 eyes~~ → [redacted]

lung → [redacted]

heart → 40°C for [redacted]

pancreas (look slice middle part) plated

Lesson

"budd"
Round opaque
no structure
what is it??
informal

3-14-12 Pi Day!

(1) 7 mm = 11 weeks
heart in DMEM - 4°C @ 2:15
~~eye~~
brain → [redacted]

(2) 5 mm = 10.4 weeks
brain → [redacted]

3-22-12

(1) 10 mm = 12.3

brain
heart — in DMEM (comp) @ 4°C for [redacted] tomorrow
2 eyes

(2) 5 mm = 10.4

brain
heart — in comp. DMEM @ 4°C

3-28-12 (1) 13 mm = 13.4

brain

lung

4-4-12

1. 7 mm = 11 weeks

• heart

• lung

• brain

2. 10 mm = 12.3 weeks

• heart

• brain

• lung

formalin

3. 4 mm = 10 weeks

4-11-12

(1) 11 wks

(2) 17 wks

lung →
PADs →

4-13-12

(1) 13.8 w

brain →
lung & PA →

(2) 12.7 wks

3:50 brain →

(plain med. 4°C out)

lung →

3-12. no tissue

5-4-12

CA tissue
pancreas

(1) 15 mm = 14 week

- pancreas: 1/2 → Trizol → -80°C

1/2 → 3.7% formaldehyde in box @ R.T.

rest of blood GI tract → 50 mL tube of 10% but formalin fix.

lung →

5.24-12/ [redacted] Asked clinic for digoxin treated tissue 24-28 wks. wants whole, fixed for methylation study + because [redacted]

brains to dissect w/ Summer Camp [redacted]

Chinc est. 27 and 28 wks. Spun in [redacted] OFC 23.5 cm

(1) Bag sez C.R. 49 mm [redacted] OFC 23.5 cm

blood ~ 5 mL from cord in 15 mL tube, added PBS-7.15 mL

Spin + large pellet over Ficoll-Paque

check brain in 10% formalin acetate

(2) ♀

25.3 cm OFC

brain → 10% formalin acetate.

check →

10-14-12 Thursday

(1) 23 mm = 17 weeks

• cord trying to get HUVEC!

• brain - [redacted] w/ culture

Lung → [redacted]
in 4°C @ 2:20

(2) 24 mm = 17.4 weeks DIG [redacted]

(3) 18 mm = 10 weeks 12.7

Small intestine → Trizol for [redacted]

(4) ~~24~~ 5 mm = 10.4 weeks

lung → [redacted]

tiny bit of brain in PBS @ 4°C for [redacted]

she plated it Monday & they grew wonderfully!!

10-15-12

(1) 26 mm = 18 weeks
umbilical cord [redacted]

(2) 29 mm = 19.2 weeks
umbilical cord [redacted]

10-22-12

(1) 11.5 wk (8 mm ft. length)
brain → [redacted]

small intestine → Trizol for [redacted]

(2) 13 wk.
umbilical cord → [redacted]
brain → [redacted]

(3) 16 wk
brain → [redacted]

lig + sm intestine → Trizol for [redacted]

6.27.12 Wed.

(1) 15.6 weeks

- brain → H.D.

- umbilical cord → 4°C for

Lungs →

delayed in transit
rec'd Friday

(2) 10.6 weeks

- brain →

(3) 12.3 weeks

Small intestine → Trizol for

6.28.12

(1) 24 wks dig. head not intact

umbilicus → 4°C in PBS for

(2) 7 mm = 11 week

brain →

wonderfully!!

6.29.12

(1) 16.7 wk, 22 mm

• 2 eyes, retinas →

• heart →

• brain →

• pancreas tail →

cell culture mid → cell culture head → 10% formalin - acetate

Lg + sm intestine →

trizol

7.5.12

(1) 12.7 weeks

sm. intestine + stomach → trizol/

→ Trizol for

(2) 6 mm = 10.6 wks.

Found nothing but 1 leg, 1 hand, head, ribs, kidney

7.6.12

(1) 10.4 wks

Brain →

→ Trizol for

(2) No intact foot found; clinic measured @ 17 weeks

- brain →

- eye →

- umbilicus → 4°C for

isol. retina & plated
@ 2:30 pm

Alc: in Trizol
Lg. int
Sm. int. ✓
Stomach

7/19/12

24 wk

Brain → [redacted]
2 eyes → [redacted]
heart → [redacted]

7-25-12

(1) @ 19 mm = 15 1/2 week

brain → [redacted]

1 eye → [redacted]

pancreas → 10% form acetate
Lung → 50ml comp DMEM
lg Ints: Small int → formalin ✓

8-3-12

(1) 6 mm = 10 1/2 week

brain → [redacted]

spinal cord → [redacted]

8m intestine → Trizol for [redacted]

8/8/12

(1) 11 mm = 12.7 weeks

- 1 retina
- 1 kidney
- 1/2 Lung
- 1/2 Lung

stomach + esoph → Trizol / [redacted]

(2) 4 mm = 10 weeks

stomach → Trizol / [redacted]

✗

8/22/12

(1) 15 mm = 14 weeks
Lung - too young for [redacted]

(2) Date on bag 4/17/12 - did not open.

8/24

(1) 21 mm = 16.3 weeks

• Liver → trizol
• intestine → 3.7% formaldehyde for [redacted]

shipped GI to [redacted]

10% form acetate
mgs DMEM
int → formalin ✓

9-14-12

(1) 18 mm = 15.2 wks.
Leads of brain → [redacted]
That's it -

(2) 6 mm = 10.6 wks
brain → [redacted]

entire GI in 10% formalin-ac → [redacted]

zol for [redacted]

h → Trizol/ [redacted]

9-26-12

(1) 7 mm = 11 wk
Brain - [redacted]

zol/ [redacted]

10-11-12

1. 8mm = 11.5 weeks

- brain → Trizol → -80°C
→ [redacted]

2. 11mm = 12.7 weeks
- brain

10/24/12

(1) 9mm = 12 week GA

brain → [redacted]

maybe

(2) 6mm = 10.6 GA

brain → [redacted]

(3) 5mm = 10.4wk GA

[redacted] = stomach - esophagus together
- duodenum
~~esophagus~~
+ jejunum

in 10% formalin acetate

small intestine - fixed

10/31

(1) 13mm = 13.4 weeks

brain → [redacted]

pancreas fixed

(2) 19mm = 15.6

brain → [redacted]

small int → Trizol
large int → Trizol + 10% FA
stomach → Trizol

11/7/12

(1) 9 mm = 12 weeks

(2) 6 mm = 10.6 - 11 wk

heart/lung in 10% FA

for [redacted] in 10% formalin
stomach + esoph
large intestine
small intestine

11/28/12

(1) 24 mm = 17.4 weeks

pancreas -> culture
+ CS

[redacted] lg. intestine in 10% formalin
+ [redacted] in 10% FA
small " in 10% FA

[redacted] - lung

(2) 17 mm = 15 weeks

The band of lung is - [redacted]
[redacted] - lung in intestine
+ in 10% FA + Trizol

(3) 22 mm = 16.7 weeks

Lung -> [redacted]

(4) 18 mm = 15.2 weeks

Stomach in Trizol FA

12-6-12

(1) 21 mm = 16.3 wk

DA, asc. aorta, desc. aorta LFFPA -> lY2

pancreas -> pipetted thru 1ml, 200, 100ul micropip
18g + 21g needles, then 0.1% collagenase in 5min 37°C
shaking.

-esoph } together
sum
w }

lin acetate

texture - fixed

l -> Trizol
t -> trizol + 10% FA
b -> trizol

02/06/13

25 mm 17.8 WK
- Brain ([redacted])

lung → [redacted]

2-13-13

(1) 26 mm = 18 week

Brain → [redacted]

lung → [redacted]

intestine → [redacted]

RO thought maybe dig?

(2) 12 mm 13 wk

Brain → [redacted]

2-22-13

(1) 22 mm = 16.7 weeks

Brain → [redacted]

GI - stomach, lg + sm int, dissection
fixed → [redacted]

(2) 23 mm = 17 wk

pancreas - cultured

(3) 9 mm = 12 wk

Pancreas 1/2 cultured, 1/2 fixed

2-27-13

(1) 18 mm = 15.2 weeks

brain → [redacted]
pancreas → [redacted]

GI + stomach → 10% FA for [redacted]

(2) 11 mm = 12.7

brain → [redacted]

3-01-13

(1) 7 mm = 11 wk

Brain → [redacted]

② 11 mm = 12.7 wks -
Brain → [redacted]

GI fixed for [redacted]

3-6-13

① 12 mm = 13 wk
Spinal cord → [redacted]

② 10 mm = 12.3 wk

Brain → [redacted] Spinal cord → [redacted]

3-13-13

① 6 mm = 10.6 wk

brain → [redacted]

② 6 mm = 10.6 wk

brain → [redacted]

3-15-13

① 13 mm = 13.4 wk

brain → [redacted]

②

3-21-13

(1) 10 mm = 12.3 weeks
brain → [redacted]

(2) 9.5 mm = 10.2 wk
brain → [redacted]

list of blood samples
back page

FA fr. [redacted]

3-28-13

① 11 mm = 14 weeks Matches 15 wk. Maternal Blood [redacted]

brain → [redacted]

heart → Trizol + in maternal blood box

brain → [redacted] to coverslips for INS + GCG (-) control

brain → Trizol + in mat. blood box

Match

3/20/13

① 20 wks = 16 weeks old (E)
cord blood → [redacted]

Not enough [redacted]

Brain → [redacted] - X

Brain → [redacted] → fixed to Talora

4-3-13 12 maternal blood samples

① 11 wks = 12.7 weeks BD

② 9 wks = 12 weeks

brain → [redacted] + some cells for [redacted] neg control

mother's [redacted]

4-4-13

5 maternal blood samples

4-5-13

7 blood samples

4-9

4 blood samples

4-10

4 "

4-11

2 "

4-12

3 "

4-17-13

① Sam = 10.4 wk [K. J] } match < 23 tubes blood
→ heart?

② Sam = 11 wk [V. Y] } match <
→ heart?
→ Brain

③ Sam = 10.4 wk [J. J]

④ Sam = 10.4 wk [Y. D]
→ Left?

5/10/13
 ① 11mm = 12.7 weeks (516)
 Brain - 1/2 in TZ
 1/2 in culture (-) control esis

② 9mm = 12 weeks (515)
 brain → esis

5/22/13
 10mm = 12.3 week = brain → PBS → 40C
 - 5:00pm

6/06/13
 13mm = 13.4 week - Nothing

6-7-13
 ① 20mm = 16 weeks
 Lungs + 6 pieces - fixed 10% FA for

② 18mm = 15.2 weeks
 1 piece of lung - as above

ENTIRE PANCREAS - whole bio. for H1p2B expt.

6-19-13
 ① 10 wks (5mm) } found intestine in each →
 ② 7 mm = 11 weeks }

7-3-12

① 14 week
whole pancreas → HPI expt

int → [redacted]

② 17 week
whole pane. → HPI expt

int → [redacted]

③ 10.7 week TC
blood
Kidney + adrenal } ASA
↳ Trizol

7-18-13

① 10.6 week

Brain → [redacted]

Heart — matches — Blood "M.F."

↳ Trizol

② 12.3 week

Brain → [redacted]
pancreas, chitine → culture (Flask & cs's)

Blood - "B.S."

Intestine → [redacted]

③ 14.5 wk

Intestine → [redacted]

7-18-13

① 14 A

brain
maternal serum
Kidney in trizol

[redacted]

intestine → [redacted]

② 14 B

maternal serum
Kidney

[redacted]

intestine → [redacted]

③ 12

maternal serum
Kidney

[redacted]

intestine → [redacted]

(A) 12.7

maternal serum
brain

Intestine →

(3) 10.6 wks

Intestine →

~~maternal serum~~ tube empty

7.24-13

(1) 18 mm - 15.2 weeks (SA)

brain →

Intestine →

K → T1201

(2) 10 mm = 12.2 wks (A.I.)

Matches maternal

8-14-13

Heart → T1201 - matches serum

Intestine →

(4) 16 wk → Brain

Intestine

(5) 14 wk → Brain

Intestine →

Intestine →

8-19-13

(1) 24 mm - 17.4 weeks

Intestine →

Lab

9

Lab

9-25-13

(1) 12 mm = 13 weeks
Brain in Trizol → -80°C

(2) 5 mm = 10.4 weeks
Brain in Trizol → -80°C

9/26 - none

9/27 (1) 7 weeks - 8°C

(2) 7 mm = 11.5 weeks

intestine →



(3) 4 mm = 10 weeks

(4) 5 mm = 10.4 weeks

10-2-13

(1) 15 mm = 14 weeks

intestine →



pancreas → culture + coverslips

(2) 10 mm = 12.3 wk

intestine →



pancreas → culture + coverslips

10-3-13

(1) 16.3 wk

pancreas → culture + coverslips

intestine →



Lung → (put in Fridge over night)

Brain → Trizol (RNA) & T-PCR (protein) → -80°C

(2) 12.3 wk

intestine →



Lung →



(put in Fridge over night)

10-09-13

8mm = 11.5 WK
Brain in Tri. & T-PER → -80°
Panc → [redacted]

9mm = 12 WK
Brain in Tri. & T-PER → -80°

6mm = 10.6 WK
Brain in Tri. & T-PER → -80°
Panc → [redacted]

10-10-13

2mm = 16.3
Panc → [redacted]
Brain in Tri. & T-PER → -80°

10-11-13

15mm → 14 WK
Brain in Tri. & T-PER → -80°
Panc → [redacted]

11 WK
Brain → Tri. & T-PER → -80°

10.4 WK
Brain → Tri. & T-PER → -80°

1mm = 12.7 WK (A, B) TWINS
Brain → Tri. & T-PER → -80°
Panc A & B → [redacted] → HEP

10-16-13

10.4 WK
Brain → T-PER & Tri. → -80°

10.4 WK
Brain → T-PER & Tri. → -80°
Ma → intestine

10-17-13

13mm → 13.4 WK
- Ma → Intestine
- Brain → Tri. & T-PER → -80°
- Panc → [redacted]

5mm → 10.4 WK
- Intestine → [redacted]
- Brain → Tri. & T-PER → -80°

7mm → 11 WK
- Intestine → [redacted]
- Brain → Tri. & T-PER → -80°
- Panc → [redacted]

18mm → 15.2 WK
- Intestine → [redacted]
- Brain → Tri. → -80°
- Panc → [redacted]

Ma

→ -80°

(ridge over weight)

10-24-13
- 14mm = 13.8 wk
o Panc → [redacted]
o Brain → 10: HT-PCR → -80°C

10-25-13
o 8mm = 11.5 wk
o Panc → [redacted]

10-31-13
- 6mm = 10.6
o Panc → [redacted]

11-6-13
o 19mm = 15.6 wk
- Panc (2) → [redacted]

11-8-13
o 15mm = 14 wk
- Brain → [redacted]
- Panc → [redacted]
o 5mm = 10.6 wk
- Brain → [redacted]
o 7mm = 11 wk
- Brain → [redacted]
- Panc → [redacted]

11-13-13
o 12mm = 13 wk
- Panc → [redacted]
- Brain → [redacted]
- GI → [redacted]
o 9mm = 12 wk
- Brain → [redacted]
- GI → [redacted]

11-14-13
o 20mm = 16 wk
o Panc → [redacted]
o Brain → [redacted]

11-20-13
o 7mm = 11 wk
o RH - blood 16 wk
SS

11-21-13
o 20 mm → 16 wk
- Brain → RH - S.S → Tri.Zol → -80°C
- Panc → [redacted]

11-21-13 cont.
o 18mm → 15.2 wk
- Brain → [redacted]
- Panc → [redacted]
o 7mm → [redacted]
o Panc → [redacted]

11-22-13
o RH - Blood [redacted] 10 wk
o RH - Blood [redacted] 10 wk
o 6mm → 10.6 wk
- [redacted] matched Brain [redacted]
o 5mm → 10.4 wk
- [redacted] matched Brain [redacted]

12-6-13
o 11mm → 12.7 wk [redacted]
- Blood
- matching Brain & Lung (Tri.Zol)

12/13/13
o 12mm = 13 wks EGA
12-08-14
o 15mm = 14 wk
Panc → Pictures → Fixed
weight = 0.086g
o 6mm = 10.6 wk
Brain → [redacted]

1-9-14
Brain 10.6 wk [redacted]
11.0 wk [redacted]

1-17-14
NADA

1-29-14
① 12 wk AP Rh⁻ mom
Serum + Serum in TZLS } -80
Brain in Tri.Zol

② 10.4 wk ER Rh⁻ mom
Serum + Serum in TZLS } -80
Brain in TZ

③ Rh⁻ blood sample only (mom) P. 2
in "under 10 wk" box

1-31-14
 9mm - 12wk
 - Brain → [redacted]

2-6-14
 1) 5mm = 10.4 wks
 brain → [redacted] w/ Epo Dube

2-12-14
 1) 2mm = 16.3 wks
 brain → [redacted]

2-13-14
 1) 17mm = 18.1 wks
 brain → [redacted]
 heart lung block → [redacted]

2-14-14
 1) 24mm = 17.4 wks
 pancreas → fixed 3.7% formaldehyde
 heart lung block → [redacted]
 2) 2mm = 16.3 wks
 pancreas → fixed 3.7% formaldehyde

2-19-14
 (1) 13 weeks (12mm)
 (2) 7mm = 11 weeks
 (3) 9mm = 12 weeks

2-25-14
 (1) 17 weeks } → [redacted] lab
 (2) 16.3 weeks }

10wk
 10wk
 5 wk
 1 wk
 1 Brain
 wk
 Int Lung (T: 20)
 13 wks
 wk
 10wk → Fixed
 ht = 0.086g
 wk
 10wk CM
 10wk CM
 RA - mom
 mm in TZLS } -80
 1201
 2h - mom
 mm in TZLS } -80
 12
 ple only (mom) 1.2
 3 wk box

Term umbilical cord for HUVECs
 clean cut 2 ends
 insert tube - small - into artery
 flush w/ PBS (sterily)
 heat in PBS - water bath & heat 0.1% collagenase. Used 3 mL collase
 warm DMEM + 10% FBS (neutralizes collagenase) to flush

90

4-24-14

(1) 16 wk heart → [redacted]

Pharms. 272-8146

5-16-14

16 wk Brain CM
14.5 wk Brain CM

16 wk Heart (??) for [redacted]

5-22-14

16 wk Brain [redacted]

5/29/14

10 wk Brain for [redacted]

6/5/14

1) 16.7 wk. Brain → [redacted]
Skin → [redacted] → incubate
Heart → [redacted]

2) 13.4 wk heart → [redacted]
skin → [redacted]

3) 38 mm = 22.5 wk DiG - Trisomy 21 Requested in med research
brain & lung placed in -80°C, top shelf
skin

Relative

17.8 Skin for [redacted]

18.6 Skin for thigh & upper for [redacted]

18.3 Brain for [redacted]

CM

20 wk twins - Intact brains to [redacted] camp, 10% FA

8146

6-11-14

(1) 43mm = 24.7 wks

Intact brain obtained & placed in 10% FA for [redacted] Camp

6/12/14

(1) 10 wk X

(2) 16.7 wk heart → [redacted]

skin → [redacted]

brain → [redacted]

7-18-14

(1) 20 mm = 16.0 wks

skin → [redacted] K-13 expt.

(2) 15 mm = 14.0 wks

skin → [redacted] K-13 expt.

7-16-14

(1) 20 mm = 16 wks

Skin → [redacted] Skin Exp.

Heart → [redacted] Fixed

not used in research

7-24-14

(1) 7 mm = 11 wks

skin → [redacted] Skin exp

(2) 6 mm = 18 wks

skin → [redacted] Skin exp.

FA

8-1-14

- (1) 5mm = 10.4 weeks
 - (2) 5mm = 10.4 weeks
- no pancre found

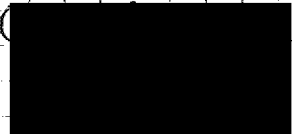
8-6-14

samples from Friday; did not look

8-7-14

- (1) 4mm = 10 weeks

skin from back → 1 mL Trizol
 + [redacted] id. pancreas → 0.5 mL Trizol



8/8/14

- (1) 19mm = 15.6 wks A

- (2) 19mm = 15.6 wks B

- (3) 3mm = ?

8/13/14

- (1) 15mm = 14 wks

8/14/14

- (1) 15mm = 14 wks → skin

- (2) 11mm = 12.7 wks

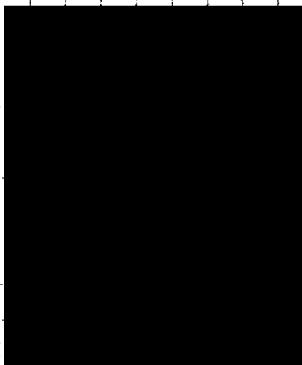
- (3) 11mm = 12.7 wks

8/15/14

- (1) 15mm → 17.8 wks

- (2) 14mm → 13.8 wks

8/1-14
 2mm = 9 wks
 3mm = 10 wks
 4mm = 11 wks
 5mm = 12 wks
 6mm = 13 wks
 7mm = 14 wks
 8mm = 15 wks
 9mm = 16 wks
 10mm = 17 wks
 11mm = 18 wks
 12mm = 19 wks
 13mm = 20 wks
 14mm = 21 wks
 15mm = 22 wks
 16mm = 23 wks
 17mm = 24 wks
 18mm = 25 wks
 19mm = 26 wks
 20mm = 27 wks
 21mm = 28 wks
 22mm = 29 wks
 23mm = 30 wks
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 81mm = 88 wks
 82mm = 89 wks
 83mm = 90 wks
 84mm = 91 wks
 85mm = 92 wks
 86mm = 93 wks
 87mm = 94 wks
 88mm = 95 wks
 89mm = 96 wks
 90mm = 97 wks
 91mm = 98 wks
 92mm = 99 wks
 93mm = 100 wks



8/20/14
1) 8mm = 11.5 weeks

Pancreas → culture!
12-18-24 hr HIP expt.

8/22/14

1) 5mm = 17.8 wks (skin)

2) 15mm = 14 wks (skin)

3) 9mm = 12 wks (skin)

8/27/14

1) 15mm = 19 wks (skin)

2) 10mm = 15 wks (skin)

the Stealth Lab Rest!

8/28/14

1) 14 mm = 13.8 weeks

- maybe a pancreas? 1/4 → Trizol in -80°C
remainder in comp DMEM in inc.
- GI - in Trizol → -80°C

orange box

9-3-14

9mm = 12 weeks } nothing

11-6-14

1) 17mm = 15 weeks

- mesentery
- adrenal gland
- Sm. intestine

} → Trizol testing for presence of INS

11-19-14

19mm = 15.6 weeks

pancreas → HIP2B 10 day expt
int → Trizol, for INS exp.

11-20 nothing

9A

11-21-14

(1) 6mm = 10.6 weeks X

(2) 10mm = 12.3 weeks

stomach → Trizol
+

3)

12-2-14

(1) ~~11mm = 12.7 weeks~~ 6mm = 10.6
X

(2) 21mm = 16.3 wk
FROZEN - could not find

12-4-14

(1) 14mm = 13.8 weeks
panc - macerated + in culture for HIP2B 10 day expt
ST + INT → Trizol

(2) 11mm = 12.7 weeks

(3) 19mm = 15.6 weeks - 16
-20

panc - macerated + in culture for HIP2B 10 day expt
ST + INT → Trizol

12-5-14

(1) 7mm = 11 wks
Could not find panc

1-2-15

(1) 21mm = 16.3 weeks
intestine w/ macerium → formalin for [redacted]

1-15-15

(1) 34-35 wk anomaly

(2) 11mm = 12.7 weeks
no macerium in intestines
no pancreas evident

1-21-15

(1) 14 mm = 13.8 weeks
no meconium
no stomach/panc

(2) 13 mm = 13.4 weeks
no meconium
Stomach broken - no panc ☹️

1-22-15

+ 19 mm = 15.6 weeks
Int. in a few pieces / Small piece int. w/meconium → 4% FA

2-4-15

20 mm = 16 weeks
Looked more like 14, clinic said 14
GI in ~ 1-2 cm pieces, no meconium

2-6

(1) 24 mm = 17.4 weeks - Twins

17a & 18 GI w/meconium → 4% FA.
17.4 B

(2) 27 mm = 18.5 weeks

Small piece of pancreas

3-11-15

(1) 19 mm = 15.6 weeks

NB: [redacted] needs FRESH meconium.

(2) 22 mm = 16.7 weeks

meconium shipped to [redacted]

J)

expt

3 day expt

P. 8
6-3-15

[redacted] in the lab

(1) 14 mm = 13.8 wks collected immediately (3:40)
BL skin upper arm in Trizol in 25 min
- both upper arms, skin placed in 2.5% anti microbials to wash

(2) 5 mm = 10.4 weeks (3:00)
skin from back + front BL 1.5 hrs

(3) 10 mm = 12.3 weeks (11:30)
skin - arm BL 4:45

Skin protocol
note time of collection (clinic)
soak skin
wash in anti-microbial solution
BL sample =
macerate → Trizole
shake 20 min
note time
other 2 samples
1 → incubate 24 hr
2 → incubate 48 hr.

6-10-15

(1) 14 mm = 13.8 weeks [BROKEN FOOT: CLINIC VERIFIED] 16 weeks
skin from upper + forearm

2:54-3:40 in Trizol + T. Per (BL)

(2) 10 mm = 12.3 wk 3:45
skin from back/shoulder in trizol 5:00
+ T Per 75 min

(3) 15.2 week (18 mm) 3:45
skin from leg + scapula in Trizol 5:00
75 min

6-12-15

(1) 6 mm = 10.6 week 4:15 ish
- back in trizol 4:30
15 min

(2) 28 mm = 19.2 week 3:10
- skin from arm (forearm) in trizol 4:45
95 min

Thelab

6-18-15

(1) 6mm = 10.6 week (11.22)
skin from L & R arm intrized 12:10
50min

6-19-15

(1) 2:05 pm 18mm = 15.2 weeks BL in TZol 2:30
+ TPer 25min
skin from fore arm

(2) 1:35 pm 14mm = 13.8 weeks BL in TZol 2:45
70min

6-26-15

(1) ~~4:00 pm~~ 3:50 15mm = 14 weeks 14a
BL in TZ @ 4:25 = 35 minutes
skin from arm + foot

(2) 4:05 15mm = 14 weeks 14b
BL in TZ 4:40 = 35 minutes
hand/calf

7/1/15

10mm = 12.3 weeks 2:50
leg/calf BL in TZ @ 3:15

7/2/15

15mm = 14 week @ 12:15
- Forearm & leg intrized @ 1:45

7/3/15

12mm = 13 week @ 2:13
leg & arm intrized @ 3:05

to wash

Skin protocol

note time of collection (clinic)
soak skin
wash in anti-microbial solution
BL sample =
Macerate -> Trizole
Shake 20min
note time
then 2 samples
1 -> incubate 24 hr
2 -> incubate 48 hr.
etc

as of 6-19-15
trizolate incubated
Samples.
↓ ↓ ↓ ↓

7-17-15

① 18 mm = 15.2 week in Tricol @ 3:30
- for leg & forearms

② - 30 mm = 19.6 weeks
forearm

*NB - clinic now uses digoxin only on 20wk

BL in Tricol + TPer 5:05

9-10-15

24 mm = 17.4 wks.

Sm. intestine project Day 1

9-11-15

(1) 20 mm = 16 weeks

(2) 12 mm = 13 weeks

divided into 3 parts:

1) duodenum =



no stomach, but definitely a wider diameter inserted & stretched over scissors blade

2) GI around appendix



stretched over forceps

3) general intestine; No meconium present, took from smaller diameter end & 4cm stretched over forceps

10-2-15

(1) 26 mm = 18 wks

10-21-15

(1) 9 mm = 12 wks

9cm long segment - know it's small intestine because it was attached to the stomach. Divided into 4 pieces

(2) 19 mm = 15.6 wks

14.5cm long small intestine segment

10-23-15

(1) 12 mm = 13 weeks

(A) several pieces of small intestine collected. total ~ 13cm

(B) heart also collected & in tact

- Clinic now uses
in only on 20 weeks

10-28-15

14 mm = 13.8 weeks

GI sent to [redacted] in RPMI

11-3-15

8 mm = 11.5 wks

GI sent to [redacted] in RPMI

intestine project

11-17-15

19 mm = 15.6 weeks

now looking for pancreas

GI and bone marrows → [redacted]

11-18-15

21 mm = 16.3 weeks

GI, marrow, spleen → [redacted]
RPMI

pancreas → [redacted]

likely a wider ma
me scissors blade

11-20-15

31 mm → 20 weeks

GI, marrow, spleen → [redacted]
complete RPMI

pancreas → [redacted]

mid section parts in 10% F.A
& shipped to [redacted]

to from smaller

11-24-15

19 mm → 15.6 weeks

GI, marrow, spleen shipped to
[redacted] in RPMI

whole pancreas → Trizol for standard

placenta in OCT → Vermont (-80°C)
NON-smoker

it was attached

11/25/15

(1) 13 week (as reported by SWW - no foot form) non-smoker

31 mm → 12.7 wks

(feet found by [redacted])

placenta in OCT → -80°C

whole pancreas → Trizol for standard

p100

12/9/15

10mm = 12.3 wks
(Smoker)

pancreas → [redacted]

GI, spleen, marrow sent
to [redacted] in RPMI

placenta → OCT @ -80°C [redacted]

12/11/15

(1) 17mm = 15 wks
(non-smoker)

didn't use - congenital problem

(2) 16mm = 14 weeks, non smoker

placenta in OCT → -80°C [redacted]

[redacted] cannot pick
up [redacted] this Sat.

12.16.15

(Only) 11mm = 12.7 weeks (+) (Smoker)

panc → complete DMEM @ 4°C for [redacted]

lung → [redacted] (complete DMEM)

GI → [redacted] (complete RPMI)

placenta → OCT @ -80°C for [redacted]

12-17-15

(1) 9mm = 12 weeks (-) (non-smoker)

could not find lung or pancreas

GI → [redacted] in plain RPMI

placenta in OCT @ -80°C

(2) 21mm = 16.3 weeks (-) non-sm

placenta in OCT @ -80 - [redacted]

lung → [redacted]

GI → [redacted]

stomach/GI @ 4°C for [redacted]

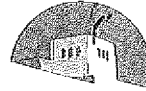


Lung for [redacted] Complete ship in DMEM

THE UNIVERSITY OF NEW MEXICO & HEALTH SERVICES CENTER
SCHOOL OF MEDICINE

12-16-15 12.7 week
12-17 16.3

2016



GI sent to [redacted]

THE UNIVERSITY OF NEW MEXICO & HEALTH SERVICES CENTER
SCHOOL OF MEDICINE

✓ 10.28.15 GI 13.8 wk

✓ 11.3.15 GI 11.5

✓ 11.17.15 15.6 GI + bone marrow

✓ 11.18.15 16.3 GI, marrow, spleen

✓ 11.20.15 20 GI, spleen, marrow
AM: tissue not viable

✓ 12-9-15 12.3wk GI + spleen, marrow

✓ 12-16 12.7 GI

✓ 12-17 12 + 16.3 GI

✓ 11.24 15.6 GI, marrow, spleen

2016



Placenta for [redacted] in OCT

THE UNIVERSITY OF NEW MEXICO & HEALTH SERVICES CENTER
SCHOOL OF MEDICINE

11-24-15 15.6, non-smoker (-)
11-25-15 12.7 wk, non-sm (-)
12-9 12.3 wk, Smoker (+)
12-11 14 week, non-smoker
12-16 12.7 wk, Smoker
12-17 12 (-) + 16.3 (-)

2016

Exhibit 6.26

[REDACTED]
[REDACTED]
Albuquerque, New Mexico 87102



May 05, 2015

[REDACTED]
UNMH

Dear Dr. [REDACTED]

This letter reconfirms my ongoing assistance and support for your research involving human fetal tissue.

I have reviewed and been kept updated on your research and feel that the use of fetal tissue continues to be appropriate for your studies. Therefore, I will continue to facilitate your collection of samples from my clinic, following the usual inspection of the tissue.

The termination procedures provided by my clinic at less than 20 weeks gestation use aspiration and dilation and evacuation. Abortions for gestations greater than 20 weeks involve feticide via intrafetal injection of Digoxin. Gestational age is determined by dating, ultrasonic examination and fetal foot length following the completion of the procedure. Samples deemed appropriate for your studies will be available immediately following completion of the procedure and examination of the tissue.

Patients undergoing this procedure sign a consent form which stipulates that the tissue may be used for medical research. I understand that you require no identifying information for the tissue. Please let me know if I can be of any further assistance.

Sincerely,

[REDACTED]

[REDACTED] ALBUQUERQUE, NEW MEXICO 87102 [REDACTED]

Exhibit 6.27

We have worked with Southwest Women’s Options since 1995. Our translational research on the developing fetus has directly improved neonatal care and infant outcomes. The following table summarizes some of the projects we have performed over the past 20 years. Collaborations have included investigators from UCSF, University of Alabama-Birmingham, University of Illinois-Chicago, and the University of Alberta. These improvements in infant outcomes would not have occurred without the translational research efforts of the DREAM Lab in collaboration with Dr. [REDACTED] and the providers at Southwest Women’s Options.

Tissue	Study	Results	How this impacts babies
Brain	Effects of erythropoietin and Darbepoetin on human fetal brain cells ^{3,4}	Fetal brain cell cultures expanded in dose dependent fashion with both Epo and Darbe (red cell and brain growth factors). Darbe had greater protein equivalent effect; both growth factors caused increased Epo receptor expression and increased anti-apoptotic gene expression, mechanisms important to the neuroprotective effects of Epo and Darbe	Preterm infants are currently being enrolled in NIH-funded Epo studies for neuroprotection. Our randomized trial showed significantly improved cognitive outcomes in former preterm infants treated with Epo and Darbe at 2 years ¹⁰ and at 4 years. Use of these agents as part of the clinical care of preterm infants will result in improved neurodevelopmental outcomes and decreased health care costs.
Retina	Epo expression in the developing human eye ⁹ ; VEGF gene expression in the developing human eye	Epo protein increases in the fetal eye with increasing gestation, and levels are greater than in the circulation. VEGF (a blood vessel growth factor) also increases with increasing gestation, but decreases in the circulation.	Some meta analyses have suggested that Epo can increase retinopathy of prematurity (ROP, abnormal growth of blood vessels in the developing retina) in preterm infants, but our studies showed that Epo is required for normal development. Treatment of ROP includes giving Avastin, a VEGF blocker, in order to decrease abnormal blood vessel growth, leading to improved visual outcomes and decreased healthcare costs
Intestine	Development of intestinal immune function in the human fetus ⁶⁻⁸	The developing intestine has an immune response to infection that is significantly different than infants and adults.	Preterm infants are at great risk for intestinal inflammation, infection, injury and death via a process termed necrotizing enterocolitis (NEC). Better understanding specific developmental mechanisms of fetal intestinal inflammation has led to testing of TGF-β as prevention against NEC. Prevention of NEC in preterm infants will significantly decrease a common cause of morbidity and mortality, and

			lead to lower mortality, improved outcomes and decreased health care costs.
Lung	Endothelial progenitors from human fetal lung have lung repair potential ²	Progenitor cells can be isolated from developing lung and expanded in culture. When evaluated in a neonatal lung injury model, expanded progenitors decreased lung injury	This progenitor cell research is leading to novel therapies in preterm infants, who develop chronic preterm lung disease (bronchopulmonary dysplasia, or BPD) at a significant rate, leading to long term pulmonary and developmental problems. Improvements in BPD will lead to improved breathing outcomes and decreased health care costs.
Heart	PDA risk factors are associated with alterations in ductus gene expression ⁵	Treatment for PDAs(blood vessel connecting the aorta and the pulmonary artery) in preterm infants are sometimes unsuccessful, and surgery is required. We identified specific gene differences that increased the risk of persistent PDAs requiring surgery.	Understanding minor differences in heart vessel genes in preterm infants will allow caregivers to identify infants at risk for a patent ductus, and lead to more focused and specific treatment. This will lead to improved outcomes and decreased health care costs.

References

1. [REDACTED] VEGF mRNA and protein concentrations in the developing eye. *Pediatr Res* 2015; doi: 10.1038/pr.2015.15
2. [REDACTED] Existence, functional impairment and lung repair potential of endothelial colony forming cells in oxygen-induced arrested alveolar growth. *Circulation* 2014;129:2144-57.
3. [REDACTED] Neuroprotective effects of erythropoiesis-stimulating agents in term and preterm neonates. [REDACTED] *Pediatr.* 2014;26:139-45
4. [REDACTED] Why study erythropoietin in preterm infants? [REDACTED] 2013;102:567-8.
5. [REDACTED] Patterns of gene expression in the ductus arteriosus are related to environmental and genetic risk factors for persistent ductus patency. *Pediatr Res* 2010;68:292-7.
6. [REDACTED] TGF- β 2 suppresses macrophage cytokine production and mucosal inflammatory responses in the developing intestine. *Gastroenterol* 2011;140:242-53.
7. [REDACTED] Epithelial Cells in Fetal Intestine Produce Chemerin to Recruit Macrophages. *Am J Physiol Gastrointest Liver Physiol* 2009; 297:G1-10.
8. [REDACTED] Developmental changes in circulating IL-8/CXCL8 isoforms in neonates. *Cytokine* 2009; 46:12-16.

9. [REDACTED] Elevated Erythropoietin mRNA and protein concentrations in the developing human eye. *Pediatr Res* 2008; 63:394-7. NIHMSID 447144 [REDACTED]
10. [REDACTED]
[REDACTED] Cognitive outcomes of preterm infants randomized to darbepoetin, erythropoietin or placebo. *Pediatrics* 2014;133:1023-30.

We have worked with Southwest Women’s Options since 1995. Our translational research on the developing fetus has directly improved neonatal care and infant outcomes. The following table summarizes some of the projects we have performed over the past 20 years. Collaborations have included investigators from UCSF, University of Alabama-Birmingham, University of Illinois-Chicago, and the University of Alberta. These improvements in infant outcomes would not have occurred without the translational research efforts of the DREAM Lab in collaboration with [REDACTED] and the providers at Southwest Women’s Options.

Tissue	Study	Results	How this impacts babies
Brain	Effects of erythropoietin and Darbepoetin on human fetal brain cells ^{3,4}	Fetal brain cell cultures expanded in dose dependent fashion with both Epo and Darbe (red cell and brain growth factors). Darbe had greater protein equivalent effect; both growth factors caused increased Epo receptor expression and increased anti-apoptotic gene expression, mechanisms important to the neuroprotective effects of Epo and Darbe	Preterm infants are currently being enrolled in NIH-funded Epo studies for neuroprotection. Our randomized trial showed significantly improved cognitive outcomes in former preterm infants treated with Epo and Darbe at 2 years ¹⁰ and at 4 years. Use of these agents as part of the clinical care of preterm infants will result in improved neurodevelopmental outcomes and decreased health care costs.
Retina	Epo expression in the developing human eye ⁹ ; VEGF gene expression in the developing human eye	Epo protein increases in the fetal eye with increasing gestation, and levels are greater than in the circulation. VEGF (a blood vessel growth factor) also increases with increasing gestation, but decreases in the circulation.	Some meta analyses have suggested that Epo can increase retinopathy of prematurity (ROP, abnormal growth of blood vessels in the developing retina) in preterm infants, but our studies showed that Epo is required for normal development. Treatment of ROP includes giving Avastin, a VEGF blocker, in order to decrease abnormal blood vessel growth, leading to improved visual outcomes and decreased healthcare costs
Intestine	Development of intestinal immune function in the human fetus ⁶⁻⁸	The developing intestine has an immune response to infection that is significantly different than infants and adults.	Preterm infants are at great risk for intestinal inflammation, infection, injury and death via a process termed necrotizing enterocolitis (NEC). Better understanding specific developmental mechanisms of fetal intestinal inflammation has led to testing of TGF-β as prevention against NEC. Prevention of NEC in preterm infants will significantly decrease a common cause of morbidity and mortality, and

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References

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10. [REDACTED] Cognitive outcomes of preterm infants randomized to darbepoetin, erythropoietin or placebo. *Pediatrics* 2014;133:1023-30.

Exhibit 6.28

Office of [REDACTED]

July 22, 2015

Dear New Mexico Legislators:

Thank you for your letter dated July 21, 2015, regarding the practices and funding at the University of New Mexico Center for Reproductive Health, as well as associated research issues.

The UNM Health Sciences Center is committed to transparency with the community and strives to provide high-quality, compassionate care to all patients, while educating the next generation of well-trained clinicians for our state.

At the UNM Health Sciences Center, we are committed to complying with all applicable laws, rules and regulations relative to patient care and research involving human subjects and have developed a comprehensive Code of Ethical Conduct and compliance programs. We are also committed to our mission of advancing research that has the potential to save and improve the lives of New Mexicans, as well as people across the country and world.

I appreciate your interest in our mission and in the well-being of New Mexicans, and address each of your questions below.

1. On the UNM OB-GYN Department website, there is a reference made to "high level research and clinical skills in contraception and abortion." What type of abortion-related research is being conducted at UNM and what is the funding source for this research?

We have reviewed our Office of Research database for current studies being conducted that involve either contraception or pregnancy termination. We found no studies involving pregnancy termination. Oversight for research is provided in the form of Institutional Review Boards, which ensure that all federal regulations and laws are followed regarding research studies. Please be aware that the federal regulations are premised upon and follow what is known as the *Belmont Report*, which set forth strong ethical guidelines for all research involving human subjects around respect for persons, beneficence and justice. We maintain a higher ethical and compliance standard for our research than is required by the federal government through our accreditation with the American Association of Human Research Participation.

2. Is the UNM Center for Reproductive Health participating in the sale or trafficking of aborted body parts or performing partial-birth abortion procedures as suggested in the Planned Parenthood investigation? Does the UNM Center for Reproductive Health Center participate in any legal programs that provide fetal body parts to any organization?

No. The Center for Reproductive Health does not participate in any research or commercial venture related to embryonic or fetal tissue. The Center for Reproductive Health does not participate in any programs under which tissue is provided to any internal or external source, other than directly to patients when requested by those patients.

3. *What relationship does UNM have with Planned Parenthood in New Mexico? What is the nature of the relationship between UNM and late-term abortion doctor Dr. Curtis Boyd?*

The UNM Health Sciences Center has contracts in place in the form of Professional Service Agreements under which School of Medicine faculty provide medical services at Planned Parenthood. Additionally, medical students, residents and fellows have the option of performing rotations at Planned Parenthood under the supervision of our faculty. All learners, including students, residents and fellows, may opt out of pregnancy termination-related services. This is consistent with current Accreditation Council for Graduate and Medical Education (ACGME) program requirements, IV. A. 2. D, which state: "No program or resident with a religious or moral objection shall be required to provide training in or perform induced abortions. Otherwise, access to experience with induced abortion must be a part of residency education." The ACGME guidance on this issue states: "Access to experience with induced abortion must be a part of residency education. Programs with restrictions on the provision of family planning services or abortions must make arrangements for such resident training to occur at another institution."

Regarding Southwest Women's Options, Family Planning fellows have a four-week rotation at that site. This rotation is provided without remuneration by either party. Fellows may opt out of this rotation.

4. *What are the specific funding sources for UNM's Reproductive Health Clinic? Specifically, the abortion procedures it performs.*

The Center for Reproductive Health is a self-sustaining clinic largely funded by private insurance and Medicaid (about 15 percent of its patients are private payers). The faculty members who practice at the Center for Reproductive Health are not funded by any state funds outside of Medicaid.

5. *Is UNM providing emergency services for Dr. Boyd when abortion related complications arise from his late term abortion practice in Albuquerque? If so, how many emergency transports from Southwestern Women's Options has UNM provided for patients with abortion-related complications?*

The UNM Health Sciences Center, including UNM Hospital, does not have any contract or arrangement with Southwest Women Options to provide any medical services to them or their patients, other than the Family Planning Fellowship rotation. UNM Hospital provides medical screening exams and emergency services for any person who presents at the Emergency Department with an emergent medical condition, regardless of the nature of their medical need, their medical history or former providers. This is consistent with the Emergency Medical Treatment and Labor Act, a federal law that requires us to provide emergency screening, treatment and stabilization. It is also consistent with the governing principles of medical ethics. Neither UNM Hospital nor UNM provide any transport services to patients experiencing emergency events or other medical complications outside of our facilities. Patients who come to our Emergency Department from an outside facility are either transported via ambulance (i.e., fire departments, Albuquerque Ambulance or other licensed ambulance providers) or via private means (e.g., private vehicle or on foot).

6. *The Southwestern Women's Options consent form explicitly states that aborted body parts are being harvested in Albuquerque and used for research. Does UNM receive these body parts and, if so, what is the UNM Center for Reproductive Health doing to ensure that existing federal laws are not violated?*

We have one research study aimed at improving life expectancy and outcomes in extremely premature infants being conducted by a neonatologist in the Department of Pediatrics whose protocol uses fetal tissue from the Southwest Women's Options clinic. Ours is one of 19 institutions working on research protocols to extend and improve the quality of life of extremely premature babies.

As you note above in your question, the women receiving pregnancy terminations from this clinic explicitly consent to the use of the fetal tissue in research. The fetal tissue is not paid for and is transported by UNM lab assistants under strict research protocols. Our neonatologist has no contact with any of the physicians performing the pregnancy terminations, or with any of the patients.

The Center for Reproductive Health has no involvement in this research and would not be the appropriate oversight body for any research conducted at the UNM Health Sciences Center. This research protocol has received approval from the Health Sciences Center's Institutional Review Board, the entity tasked by federal law with ensuring that researchers adhere to applicable standards, regulations and laws. In addition, I serve as the institutional official for the Health Sciences Center's human research protections program and therefore oversee the institution's compliance with applicable laws, rules and regulations as they relate to our research involving human subjects.

The specific research being conducted by our neonatology division involves both fetal tissue and clinical studies on premature infants. This research includes:

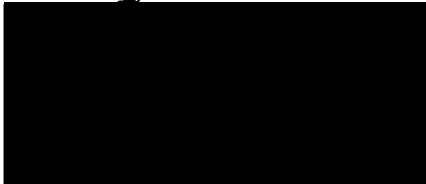
- A study on the effects of erythropoietin (a hormone that controls red blood cell production and growth) and darbepoetin (a chemical synthetic form of the hormone), which aid in brain cell growth. This study found that darbepoetin aided more in brain growth and development due to its protein effect, and that both chemicals protected the brain. These studies led to an NIH-funded clinical study on preterm infants using both chemicals. This clinical study found that preterm infants treated with both chemicals, as opposed to just one, showed significantly improved cognitive function at two years and four years of age and needed less developmental intervention.
- A study on erythropoietin and vascular endothelial growth factor, which helps to grow blood vessels. The original theory was that erythropoietin led to increased retinopathy (damage to the blood vessels in the eyes), leading to vision loss. This study found that erythropoietin actually does not increase retinopathy in premature infants, but VEGF may. It found that a more effective treatment for retinopathy involved blocking VEGF, leading to improved sight in children born prematurely.
- A study finding that increased inflammatory response puts preterm babies at greater risk for intestinal inflammation, infection and death due to a condition that causes part of their

intestines to die. This study led to a better understanding of developmental mechanisms and the testing of a new drug that prevents necrotizing enterocolitis and will lead to significant decreases in preterm infant morbidity and mortality.

- A study that led to the discovery that originating lung cells can play a role in lung repair, leading to new therapies in preterm infants to treat chronic preterm lung disease.
- A study focused on understanding minor difference in heart vessel genes that can allow health care providers to identify infants at risk for heart defects requiring surgery, leading to earlier, more focused treatment and improved outcomes.

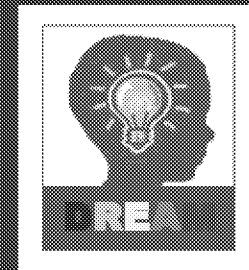
I hope this information satisfactorily answers your questions. Please feel free to contact me if you have further questions or need more information.

Sincerely,



UNM Health System
UNM School of Medicine

Exhibit 6.29



DREAM* Lab Update on Fetal and Neonatal Studies

(*Developmental Research, Education and Mentoring)



Common problems in preterm infants

Infants born prematurely suffer from numerous problems affecting every organ system

Premature adaptation from the *in utero* environment to the extra uterine environment creates significant developmental stressors which are managed differently by each system:

- Lung
- Brain
- Skin
- Gut
- Eye



Research Projects Performed with the [REDACTED] Clinic 1995-2005

1. Erythropoietin (Epo) gene expression in fetal kidney/liver
2. Hypoxic induction of HIF and Epo gene expression
3. Epo receptor expression in the fetal circulation
4. Response of fetal liver and marrow to erythropoietin (Epo) and darbepoetin (Darbe)
5. Matrix metalloproteinase concentrations in developing eye
6. Regulation of Epo gene expression through methylation
7. Endothelial and mesenchymal progenitors in fetal liver/marrow

Research Projects Performed with the [REDACTED] Clinic 2006-2011

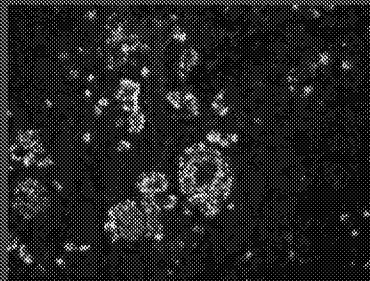
- 1. Gene expression in the developing ductus arteriosus**
- 2. Epo and VEGF expression in the developing eye**
- 3. Inflammatory cells in the developing intestine**
- 4. KLF-4 gene expression in developing skin**
- 5. Endoglin and Flt expression in developing fetus**
- 6. Endogenous gene expression in developing organs**
- 7. Effects of ESAs on cardiomyocyte development**
- 8. Methylation patterns in developing brain**

Current Research Projects Performed with the [REDACTED] Clinic 2012-2013

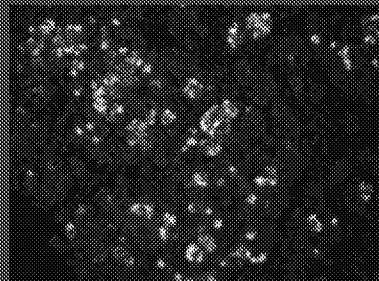
- Progenitor cells to treat BPD
- Development of pancreatic cell assay
- Effects of Epo and Darbe on neuronal cell growth and neuroprotection

Pancreatic Cell Assays

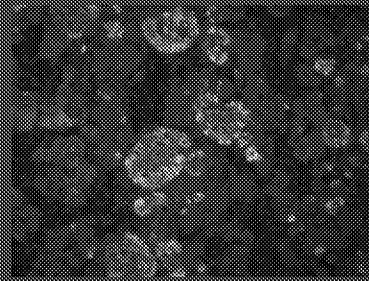
Fetal pancreas stained for insulin (red) and glucagon (green):



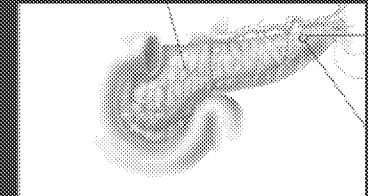
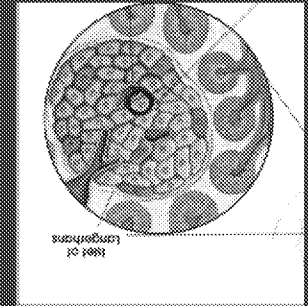
13.4 weeks



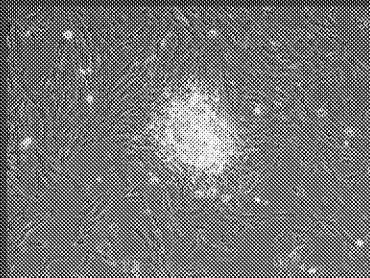
14 weeks



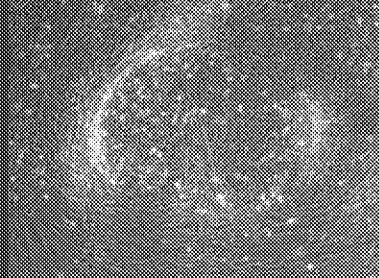
15.6 weeks



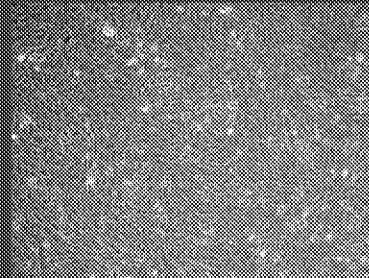
Fetal pancreas isolated, cultured and expanded:



1 week



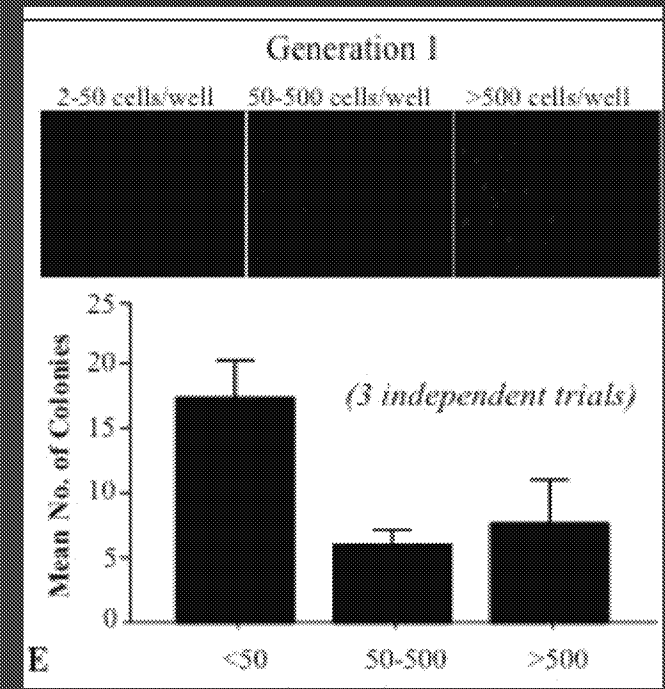
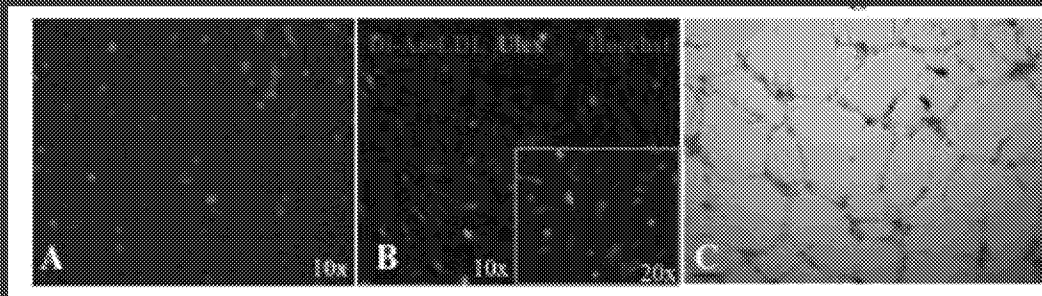
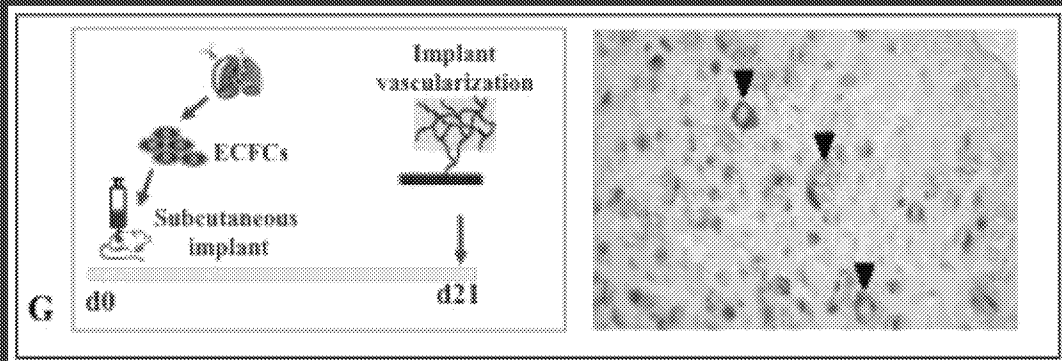
3 weeks



5 weeks

Progenitor cells and BPD

Progenitor cells (endothelial colony forming cells) are present in developing lung, can be isolated and expanded:



Fetal Brain Growth and Erythropoiesis Stimulating Agents (ESAs)

Erythropoietin (Epo): important growth factor for red cells

Hematologic properties of Epo known since 1980s

Darbe (long acting Epo) used for cancer/kidney disease

Neuroprotective properties recently being studied:

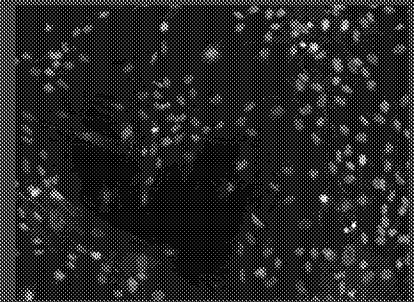
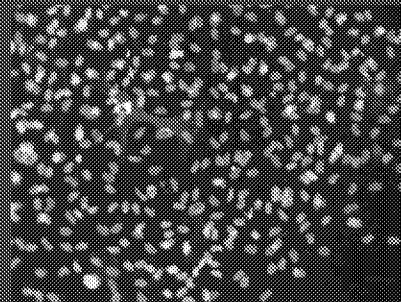
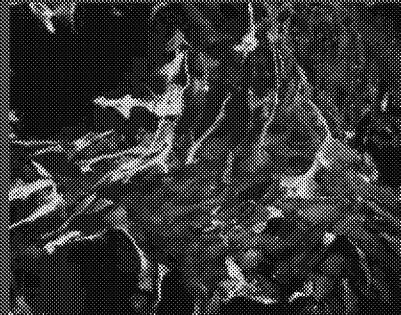
- **Protection from brain injury/bleeding in preterm infants**
- **Brain recovery in term babies with HIE**

Neuroprotective Effects of Epo

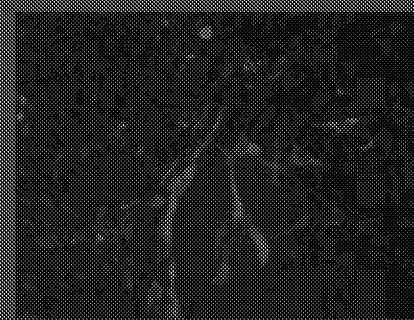
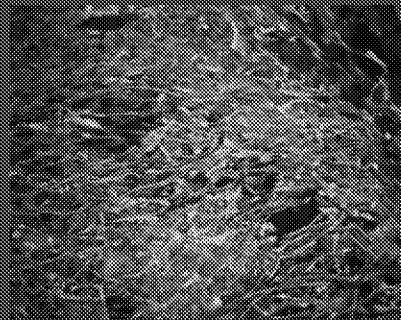
- **Increases nerve cell growth**
- **Decreases neuronal susceptibility to injury**
- **Decreases neuronal cell death (apoptosis)**
- **Epo receptors present in developing human brain**
- **Clinical trials of Erythropoiesis Stimulating Agents (ESAs) for neuroprotection in preterm infants**

Mixed Neuronal Cells Grown with Epo

No Epo



Epo
100 units/mL



**Astrocytes
(GFAP)**

**Neurons
(MAP2)**

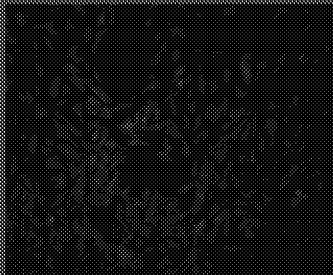
**Neuronal Prgenitors
(Nestin)**

Mixed Neuronal Cells Grown with ESAs

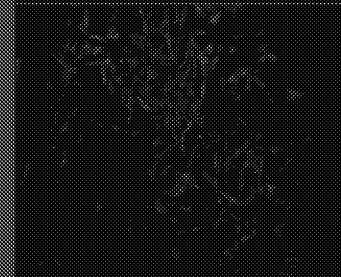
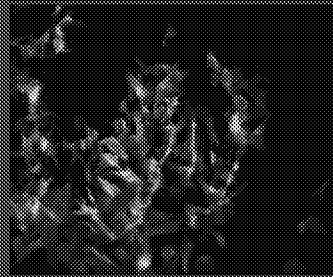
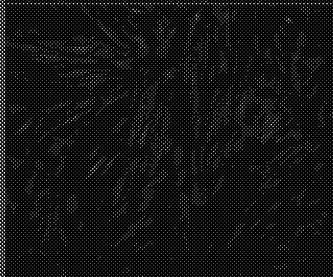
Astrocytes

Oligodendrocytes Neuronal progenitors

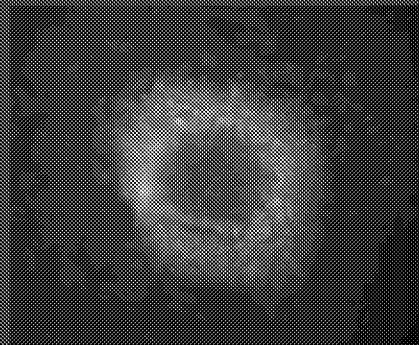
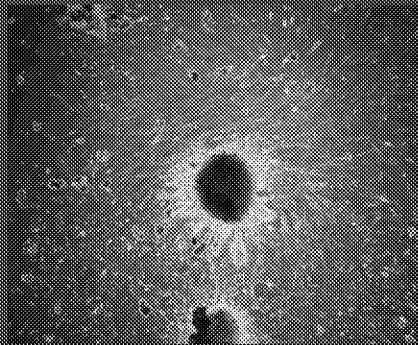
Epo



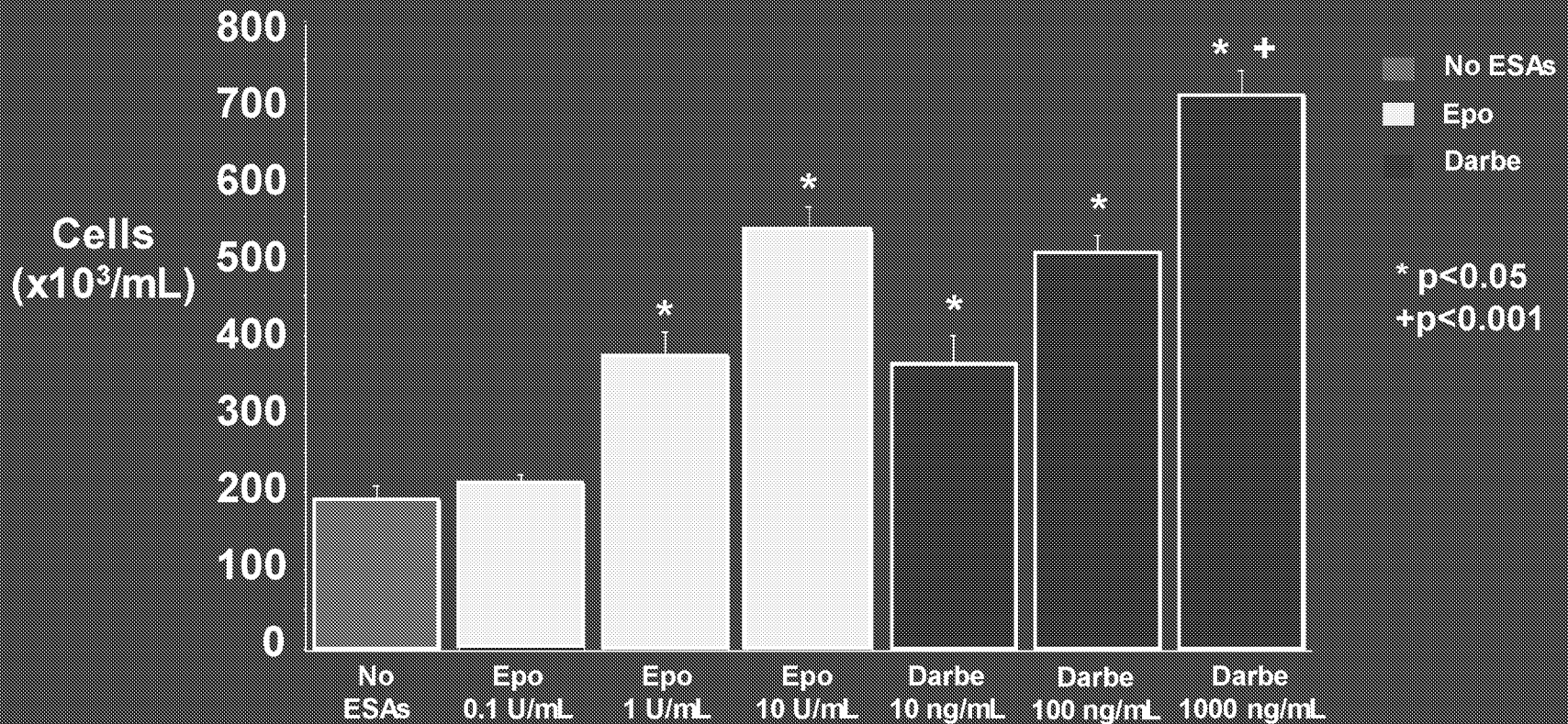
Darbe



Mature neurons
surrounding
Neurosphere:



Cell Counts Increased with Increasing Concentrations of ESAs

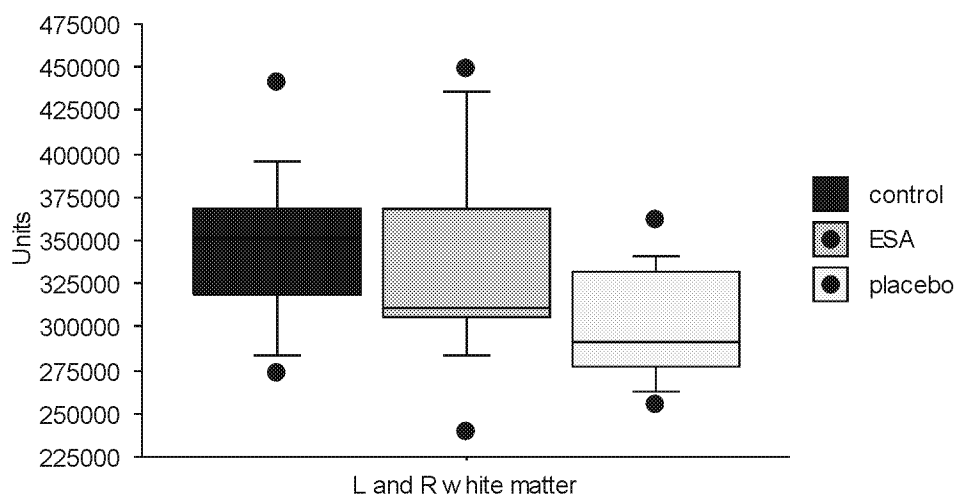
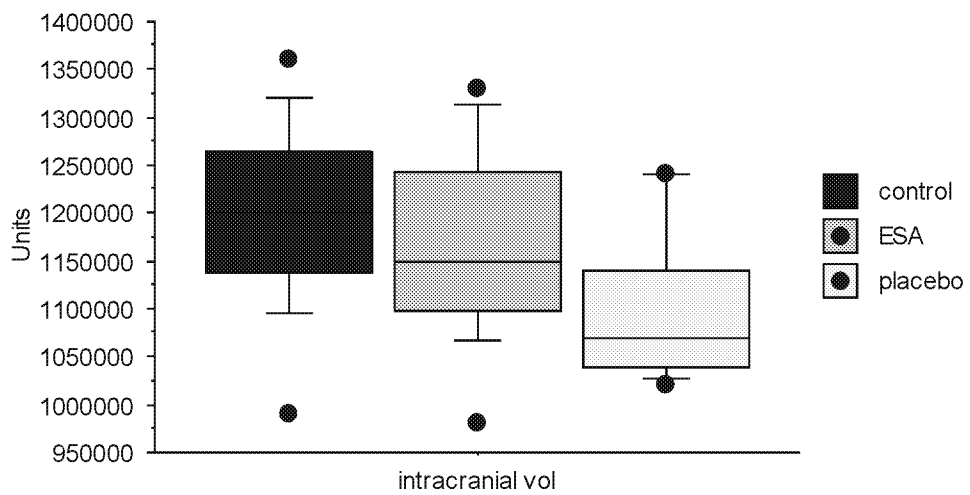


Neurodevelopmental Testing

	Darbe (n=27)	Epo (n=29)	Placebo (n=24)	P =
Composite Cognitive	97 ± 8	98 ± 14	89 ± 14	0.02
Composite Language	92 ± 13	89 ± 17	84 ± 14	0.05
Cerebral Palsy	0/27	0/29	5/24	0.002
Object Permanence	2.8 ± 0.4*	2.4 ± 0.8	2.1 ± 1.0	0.01

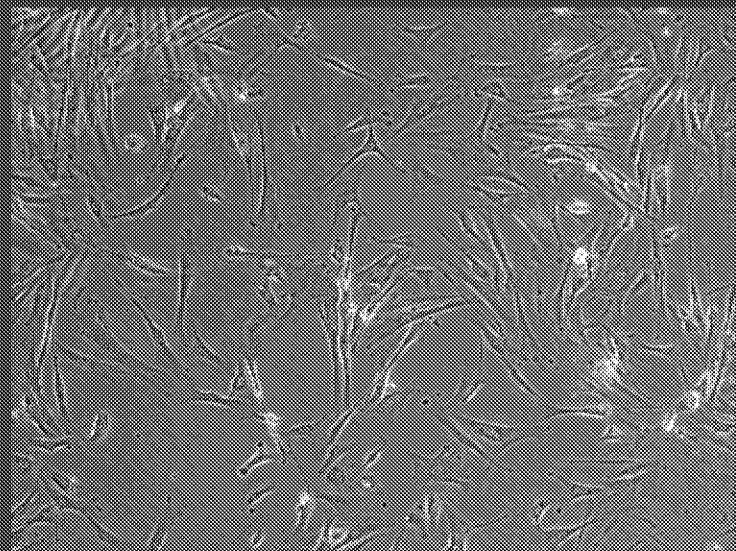
*p<0.05, Darbe versus Epo

Total brain volume and white matter volume

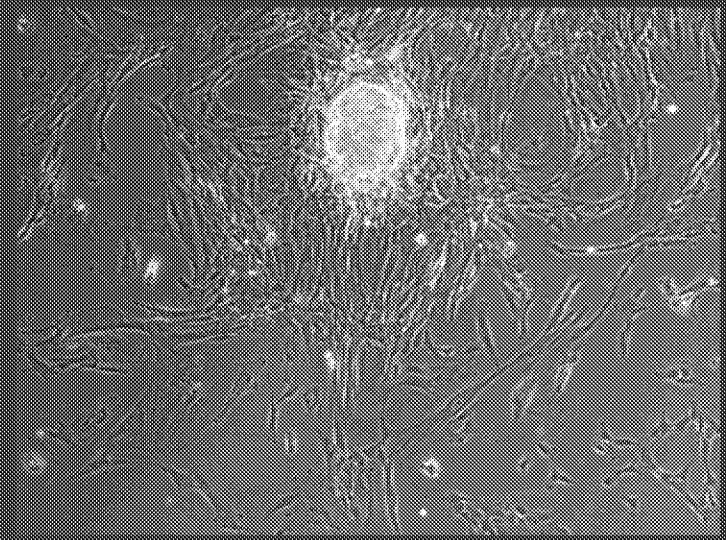


 Clinic, from the early crew....

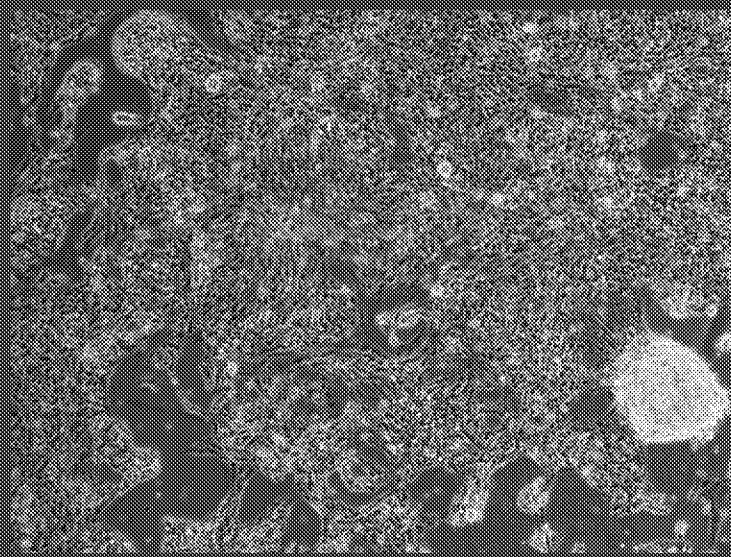
**To the current team,
thanks for all of your help and support!**



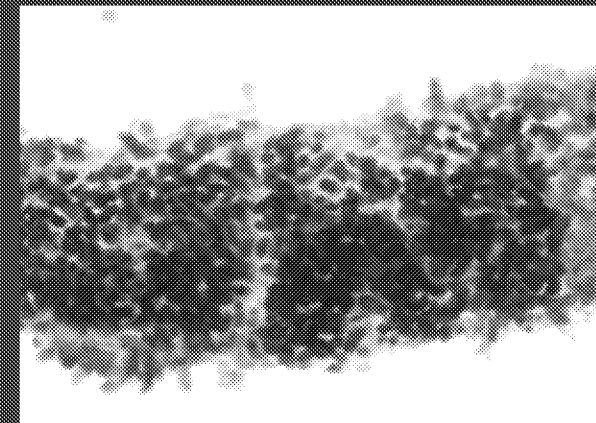
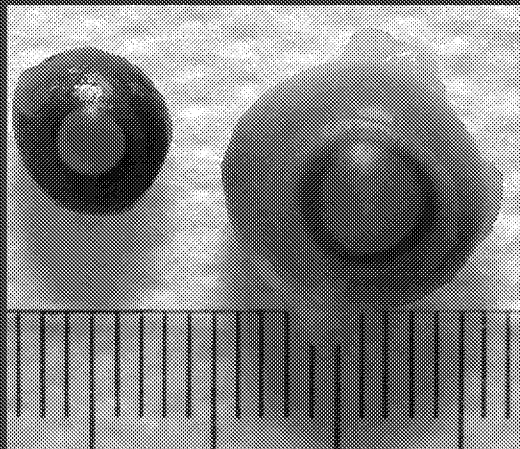
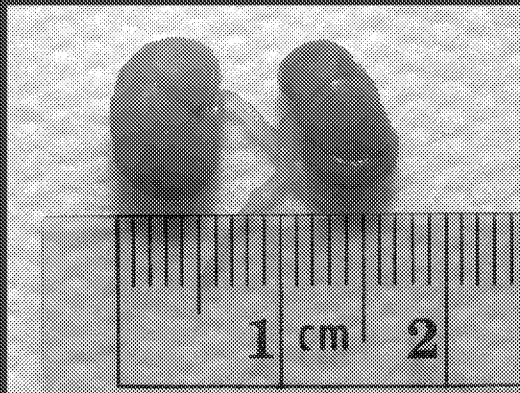
Heart



Brain



Retina



DREAM (Developmental Research, Education and Mentoring) Lab Research

- 1. Erythropoietin gene expression in developing liver and kidney (1995-2002):** Preterm infants do not produce erythropoietin and as a result require multiple transfusions. To investigate the mechanism of erythropoietin production in normal developing human, we evaluated erythropoietin gene expression in fetal liver and kidney, two organs that are known to produce erythropoietin during fetal and post-natal life. **Funded** by a grant from UNMHSC G-CRC, NIH M01 RR 00997. HRRC #96-260)
- 2. The effect of Darbepoetin on the growth of fetal and neonatal erythroid progenitors (2002-2006):** Prior to clinical studies in preterm infants, we evaluated the effects of Darbepoetin (a long acting red cell growth factor) versus erythropoietin on the growth of red cell progenitors obtained from human fetal liver, marrow, and blood. **Funded** by a grant from UNMHSC G-CRC, NIH M01 RR 00997, HRRC #02-388.
- 3. Methylation patterns in promoter and enhancer regions of the erythropoietin gene during fetal development (2004-08):** Erythropoietin gene expression occurs primarily in the fetal liver during human development, and significant production by the kidney does not occur until after birth. Infants born prematurely have decreased production of erythropoietin and develop the anemia requiring transfusions. We evaluated the regulatory regions of the erythropoietin gene during human fetal development in order to identify methylation patterns in the promoter and enhancer regions of the erythropoietin gene in the fetal liver and kidney, and determine if methylation plays a role in the mechanism of enhanced erythropoietin production in fetal liver and suppressed production in fetal kidney. **Collaborator:** ██████████ **Funded** by a grant from UNM HSC RAC.
- 4. Gene expression in the developing human eye (2004-14):** ROP is an important cause of blindness in infants born less than 28 weeks of gestation and weighing less than 1250 grams. A number of proteins responsible for blood vessel formation are required during development. Abnormal retinal blood vessel formation studies in diabetic retinopathy and mouse ROP models show increased levels of proteins such as MMP-2 and 9, VEGF, and Epo in the vitreous. We hypothesized that gene expression and protein concentrations were present in the developing human eye, and increase with gestational age. **Collaborator:** ██████████ University of South Florida. **Funded** by a grant from the Pediatric Research Committee at UNMHSC.
- 5. Cytomegalovirus-induced inflammatory response in fetal astrocytes is inversely related to glial differentiation (2006-09):** This research was performed in collaboration with ██████████ ██████████ University of South Florida). Congenital cytomegalovirus (CMV) infection is the most common cause of non-hereditary sensorineural hearing loss in children. Congenital CMV infection affects about 1% of all live births in the US, where 10% are symptomatic at birth and another 10 to 15% develop hearing loss or other developmental problems during infancy. For unknown reasons, central nervous system CMV infections are more likely to be symptomatic when the fetus is infected during the first trimester of pregnancy. Because CMV-induced lesions are characterized by inflammation, we hypothesized that CMV-induced inflammatory changes depend on the stage of fetal development, and measured inflammatory responses of human fetal glial cells. **Collaborator:** ██████████ ██████████ University of South Florida.
- 6. Immunoregulatory mechanisms in the developing intestine and their relationship to necrotizing enterocolitis in preterm neonates (2007-present):** This research is being performed in collaboration with ██████████ at the University of South Florida. Necrotizing enterocolitis (NEC) is a life-threatening gastrointestinal disease that affects 5–15% of extremely premature neonates. Existing evidence indicates that NEC develops as a severe inflammatory response to mucosal injury and bacterial invasion in the immature intestine. However, this inflammatory reaction

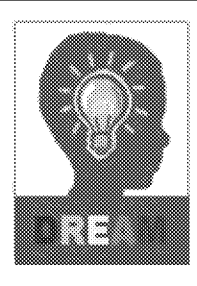
of the developing intestine during NEC contrasts with the inflammatory suppression to bacteria that is characteristic of the adult intestine. We hypothesize that NEC occurs in the premature neonate because normal mechanisms of tolerance to bacteria are developmentally regulated and therefore, deficient in the preterm intestine. **Collaborator:** [REDACTED] MD. **Funded by** NIH R01 HD59142: Role of TGF- β in NEC, [REDACTED]

7. ***Epsilon globin gene expression in the developing human fetus (2007-10)***: This research was performed with [REDACTED] neonatology fellow. We measured epsilon globin gene expression in human fetal liver, marrow, peripheral blood and placenta, as a means of determining if it can be used as a positive control in indentifying fetal nucleic acid in maternal plasma. Epsilon globin gene expression can be used to determine the presence of fetal nucleic acid in maternal plasma samples from RhD negative women, in order to identify the RhD status of the fetus, and ultimately to use this method for identification of fetal gene anomalies. **Funded** by a grant from the Pediatric Research Committee and a grant from the Signature Program in Child Health Research.
8. ***Quantification of endogenous controls during human fetal development (2008-12)***: Most studies evaluating quantitative gene expression use endogenous controls, or house keeping genes as a measure of starting RNA, however developmental expression of these genes has not been determined. We measured expression of commonly used endogenous controls in fetal tissues, in order to determine the optimal genes to use for each tissue at each gestational age.
9. ***Genetic polymorphisms in PDA development (2008-2010)***: We collaborated with [REDACTED] at the University of California San Francisco and [REDACTED] at the University of Iowa, who performed GWAS (Genome Wide Association Studies) to identify unique genetic markers associated with ductal development in the human fetus, and determining expression of genes known to be involved in persistence of the ductus arteriosus. **Collaborators:** [REDACTED]
[REDACTED]
10. ***Gene expression in developing human fetal skin (2009-present)***: The still-developing skin of extremely low birth weight (ELBW) infants functions ineffectively in maintaining hydration and preventing infection. Prior to evaluating changes in developmental gene expression in ELBW infant skin following preterm birth, we wish to determine the normal expression of genes during development, and are measuring gene expression of a number of important regulatory proteins. **Collaborators:** [REDACTED]
11. ***Effects of erythropoietin and darbepoetin on neuronal progenitors in developing human brain (2009-present)***: This research was performed with [REDACTED] and [REDACTED]. Animal and human clinical studies suggest that erythropoietin plays a potentially important role in blood vessel and brain cell formation in the central nervous system. Erythropoietin binds to receptors in the brain, activating mechanisms that include cell maturation, division, and importantly, inhibition of cell death. Few studies have evaluated the effects of erythropoietin on developing human neuronal tissue, and no studies have evaluated the effect of darbepoetin, a long acting erythropoietin currently being evaluated clinically in preterm infants, on brain cell growth. We are evaluating the effects of erythropoietin and darbepoetin on growth and differentiation of developing human neuronal cells. **Funded** by a Signature Program in Child Health Apprentice Grant.
12. ***Fetal lung stem cell isolation (2010-present)***: We are collaborating with [REDACTED] at the University of Toronto, isolating stem cells from developing human fetal lung. Animal studies suggest the lung can provide a variety of stem cells that can be used for tissue growth and repair. It is not clear whether these stem cells are present, and if so, in what quantities, in the developing human lung. **Collaborators:** [REDACTED] University of Toronto; [REDACTED] University of Indiana. **Funded** by the Canadian Institute of Health Research [REDACTED]

13. **Effects of erythropoietin on cardiomyocyte growth and differentiation during fetal development (2010-present):** Numerous animal and adult studies have reported a protective, anti-apoptotic and anti-inflammatory effect of erythropoietin on cardiac myocytes, as well as mitogenic and angiogenic effects. The effects of erythropoietin on developing human myocytes is no yet defined. We hypothesize that erythropoietin will increase cellular proliferation and differentiation of human fetal myocytes between 10 and 24 weeks gestation. **Collaborator:** [REDACTED]
14. **Methylation Patterns in Regions of Executive Function in the Developing Human Brain (2011-2013):** Methylation is a process that can change the way genes are activated or suppressed, thereby effecting cell growth and maturation. We evaluated 1) differences in patterns of methylation between specific brain regions, 2) the relationship between brain methylation and methylation in peripheral tissue such as the cheek, and 3) changes in methylation during human fetal development in prenatal and postmortem whole brain specimens. **Collaborators** [REDACTED] **Funded** by a grant from the Signature Program in Child Health Research at UNM HSC.
15. **Effects of HIP2B on Gene Expression in Human Fetal Pancreatic Cells (2012-present):** Human proislet Peptide 2B (HIP2B, developed by CureDM) is a novel active binding fragment of a protein that increases production of proteins responsible for pancreatic development and islet differentiation. HIP2B has been studied in animal models, adult pancreatic tissue, and in immortalized pancreatic cell line, but has not been evaluated in the developing human fetal pancreas. Fetal pancreatic cell cultures contain significant populations of undifferentiated cells, allowing for further investigation of the effects of HIP2B on human pancreatic cell growth and differentiation, with potential for increasing cells that make insulin. **Collaborators:** [REDACTED] University of South Florida. **Funded** by a grant from CureDM.

The following UNM collaborators worked with the DREAM lab in obtaining research samples:

1. Peds Surgery and Internal Medicine (intestinal permeability during development; [REDACTED])
2. Pharmacology (human fetal cardiac cell isolation; [REDACTED] present);
3. Pediatrics/Neonatology (expression of adrenomedullin in fetal lung; [REDACTED])



Adaptation to Preterm Birth

At birth, premature adaptation to the extra-uterine environment creates significant developmental stressors in most organ systems. In order to understand how the transition from the in utero environment to the ex-utero



preterm environment are managed by each organ system, we study gene expression in a variety of fetal tissues, including brain, heart, liver, kidney, pancreas, lung, eye and skin.

Erythropoiesis Stimulating Agents (ESAs)

Erythropoiesis stimulating agents (ESAs) such as Erythropoietin (Epo), are used to stimulate erythropoiesis (production of red blood cells). In preterm infants, ESAs have shown success in decreasing the number and volume of transfusions.

Darbepoetin alfa (Darbe) is a biologically modified long-acting ESA with an increased half life. We designed a study to assess whether, like Epo, Darbe would be effective in decreasing transfusions in preterm infants at high altitude centers in Utah, Colorado and New Mexico. We found a significant decrease in transfusions and donor exposures in the ESA treated infants, compared to placebo.

Recent studies demonstrate that ESAs may have beneficial non-hematopoietic effects, such as neuroprotection. The BRITE Team evaluated cognitive outcomes in preterm infants randomized to Darbe, Epo or placebo and found significantly higher scores in ESA recipients.

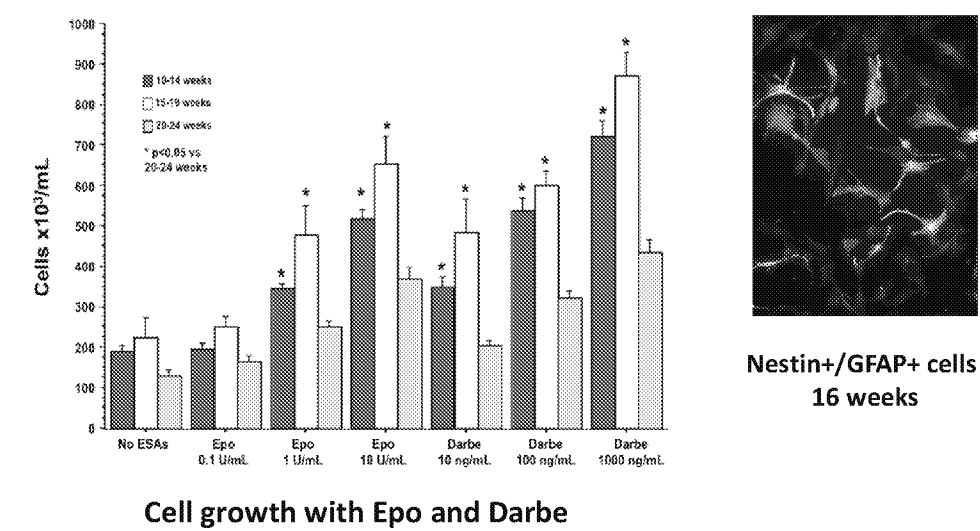
Neurodevelopmental Testing at 2 years

	Darbe (n=27)	Epo (n=29)	Placebo (n=24)	P =
Composite Cognitive	97±8	98±14	89±13	0.01
Composite Language	92±13	90±17	84±14	0.06
Object Permanence	2.8±0.4	2.4±0.8	2.2±1.0	0.05
Cerebral Palsy	0/27	0/29	5/24	0.002
Visually Impaired	2/27	0/29	3/24	0.09
Hearing Impaired	1/27	3/29	3/24	0.24
Cognitive Score <85	0/27	3/29	6/24	0.01
Cognitive Score <80	0/27	3/29	5/24	0.03
Cognitive Score <70	0/27	1/29	2/24	0.29
Overall NDI (n)	11% (3)	21% (6)	46% (11)	0.01

Cognitive outcomes of preterm infants randomized to darbepoetin, erythropoietin or placebo. Pediatrics 2014;133:1023-30.

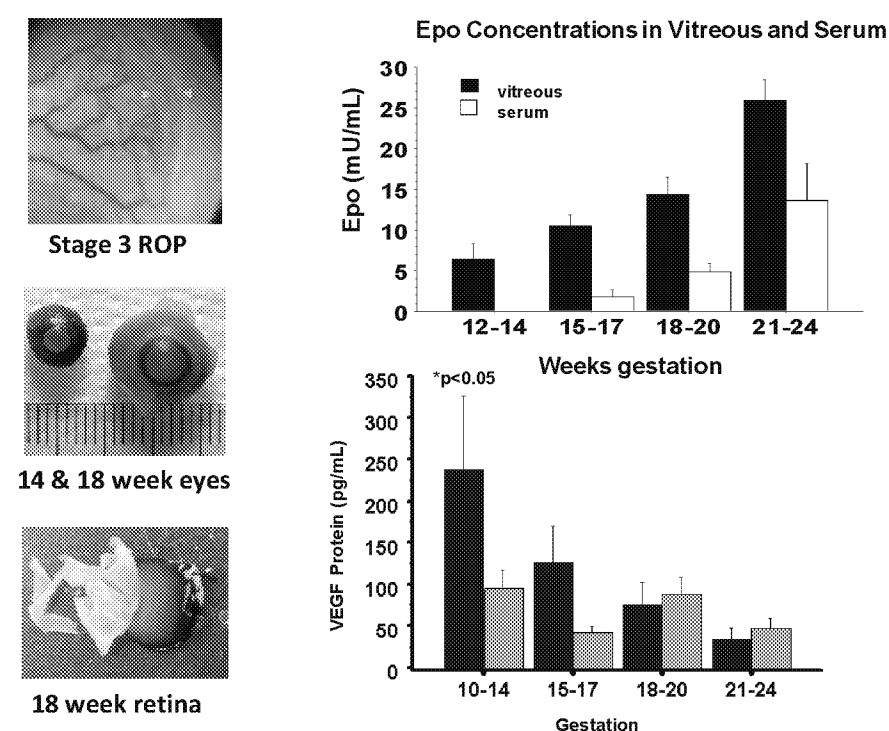
Brain

Neuroprotective Effects of ESAs: The non-hematopoietic effects of Epo have been performed in adult and neonatal animal models of neuroprotection. Epo has been shown in animal models to increase neurogenesis, improve the antioxidant response, decrease neuronal susceptibility to glutamate toxicity, and decrease neuronal apoptosis. [redacted] and DREAM Lab colleagues evaluated the effects of Epo and Darbe on the growth and phenotype of primary human fetal neuronal cells, and hypothesized that both ESAs would increase total cell numbers in a dose dependent fashion and have similar effects on cell phenotype. Absolute cell counts increased significantly in dose dependent fashion for both Epo and Darbe. Cells isolated from early and mid gestation (10-19 weeks) were more sensitive to both ESAs than cells isolated from later gestation (20-24 weeks). Immunofluorescent staining showed increased progenitors in Darbe-treated cultures.



Eye

Retinopathy of prematurity (ROP) is a well-known morbidity specific to the developing eye and involves the abnormal maturation of the retinal vasculature. Although evidence indicates ROP to be associated with multiple risk factors such as prematurity, oxygen use, low birth weight, infections, and poor postnatal weight gain, the cause of this disorder remains unclear. [redacted] and DREAM Lab colleagues evaluated concentrations of Epo and VEGF in developing eyes. We found increasing concentrations of both Epo and VEGF₁₂₁ in fetal vitreous, which are likely involved in the ontogeny of the fetal retinal vasculature during mid-gestation.

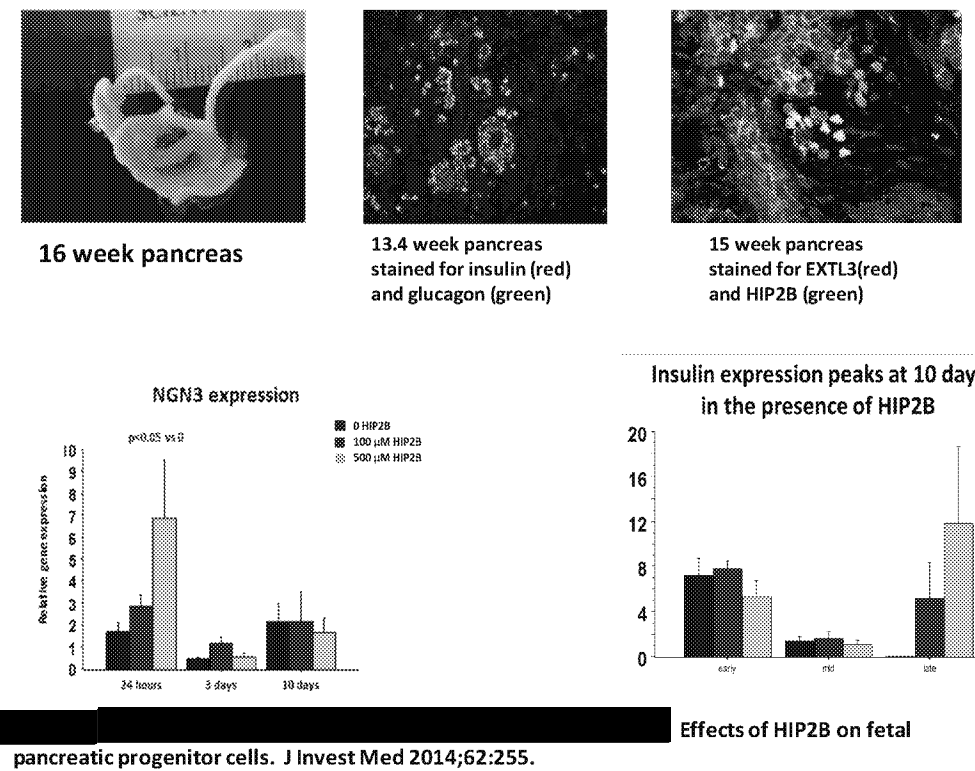


Elevated Erythropoietin mRNA and protein concentrations in the developing human eye. Pediatr Res 2008; 63:394-7. NIHMSID 447144

VEGF mRNA and protein concentrations in the developing human eye. Pediatr Res 2014; in press.

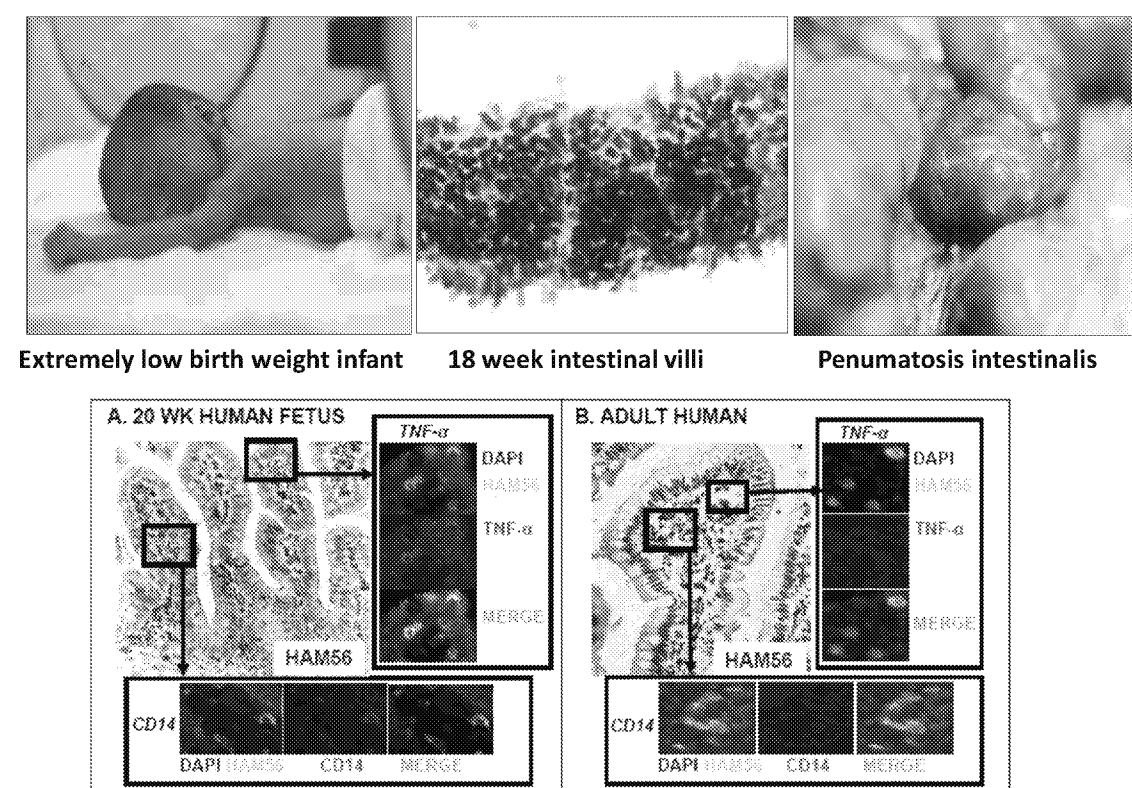
Pancreas

HIP2B is a peptide being developed by [redacted] and CureDM for human therapeutic use to stimulate islet neogenesis in both type 1 and type 2 diabetes patients. The mechanism of action of HIP2B has not been formally and fully elucidated and this research will help confirm and establish the pathway by which the peptide is active. We sought to develop a human fetal pancreatic cell model that would allow for further investigation of the effects of HIP2B on human pancreatic cell growth and differentiation. We found that gene expression of transcription factors involved in pancreatic progenitor cell differentiation was increased in dose dependent fashion in cells exposed to HIP2B. Insulin gene expression also increased in dose dependent fashion after 10 days of HIP2B culture.



GI Tract

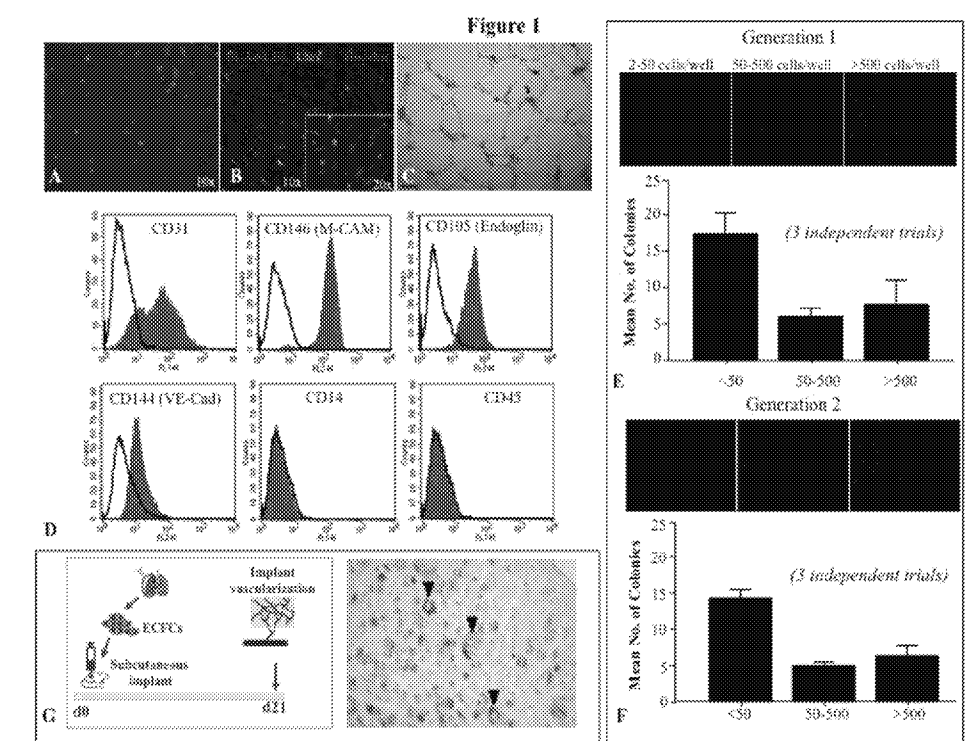
Necrotizing enterocolitis (NEC) is a life-threatening gastrointestinal disease that affects 5-15% of premature neonates that involves a severe inflammatory response in the immature intestine to mucosal injury and bacterial translocation. [redacted] and DREAM Lab colleagues showed that normal attenuation of macrophage inflammatory responses in the developing intestine is an effect of transforming growth factor (TGF)-β present in the extracellular matrix, and that TGF-β₂ is the most important of the three TGF-β isoforms in intestinal macrophage differentiation. NEC was associated with decreased TGF-β₂ expression, and in mice, deficient TGF-β signaling worsened the severity of NEC-like mucosal injury.



TGF-β2 suppresses macrophage cytokine production and mucosal inflammatory responses in the developing intestine. Gastroenterol 2011;140:242-53.

Lung

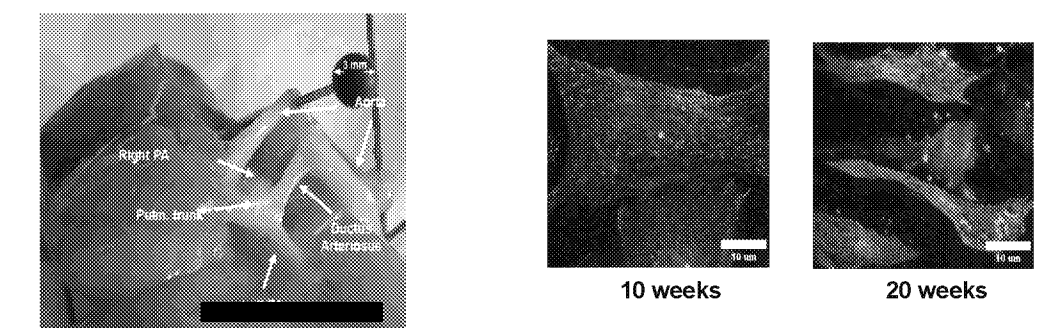
Bronchopulmonary dysplasia (BPD) and emphysema are life-threatening lung diseases characterized by alveolar simplification resulting from impaired alveolar development or alveolar destruction. Endothelial colony forming cells (ECFCs) represent a subset of endothelial progenitor cells capable of self-renewal and *de novo* vessel formation *in vivo*. [redacted] and DREAM Lab colleagues hypothesized that resident ECFCs exist in the developing lung, are impaired during arrested alveolar growth in experimental BPD and that exogenous ECFCs can restore disrupted alveolar growth. Human fetal and neonatal rat lung contain ECFCs with robust proliferative potential, secondary colony formation upon replating, and *de novo* blood vessel formation *in vivo* when transplanted into immunodeficient mice. In contrast, human fetal lung ECFCs exposed to hyperoxia *in vitro* or ECFCs isolated from hyperoxic rat lungs displaying arrested alveolar growth mimicking BPD, proliferated less, showed decreased clonogenic capacity and formed fewer capillary-like networks on matrigel.



[redacted] Existence, functional impairment and lung repair potential of endothelial colony forming cells in oxygen-induced arrested alveolar growth. Circulation 2014;129:2144-57.

Heart

The ductus arteriosus allows for *in utero* communication between the pulmonary artery and the aorta; a persistent ductus arteriosus (PDA) results in major morbidity for preterm infants after birth. The presence of the rs2817399(A) allele of the gene TFAP2beta is associated with PDAs that fail to close. [redacted] at UCSF, [redacted] and Dream Lab colleagues showed further mechanisms of changes in gene expression occurred in potassium and calcium channel genes regulating PDA after preterm birth.



Recent clinical studies have evaluated mitogenic, angiogenic and anti-apoptotic effects of Epo in cardiovascular cells. Pilot studies in adult patients with acute myocardial infarction have shown increased expression of anti-apoptotic genes, mobilization of circulating progenitors, and decreased infarction size. [redacted] and DREAM Lab colleagues found that progenitors made up 50% of cells from tissue under 15 weeks gestation, decreasing to 5% at 20+ weeks. Epo receptor gene expression increased with increasing exposure to Epo.

Patterns of gene expression in the ductus arteriosus are related to environmental and genetic risk factors for persistent ductus patency. Pediatr Res 2010;68:292-7.

Exhibit 6.30

Message

From: [REDACTED]

Sent: 5/1/2014 10:38:44 PM

To: [REDACTED]

Subject: Fetal heart tissue next week

Hi [REDACTED]

Please let me know if you end up getting more fetal tissue next week and can still spare the heart. Isolating and culturing cells from last week's heart went well. I'll analyze which cell type predominates in cultures hopefully next week. I want to try different culture conditions with the next heart.

Thanks for including me in this opportunity.

~ [REDACTED]

~~~~~

[REDACTED]  
University of New Mexico  
College of Pharmacy, Dept. of Pharmaceutical Sciences

[REDACTED]

Message

---

From:

[REDACTED]

Sent: 5/1/2014 11:56:49 PM

To:

[REDACTED]

CC:

Subject: Re: Fetal heart tissue next week

Hi [REDACTED]  
while [REDACTED] and I are in Vancouver for the PAS meetings next week, [REDACTED], our lab assistant, will be collecting tissue on Thursday and Friday. I've copied her on this email and will be sure she has your other contact info.  
Glad to hear it's going well!

On May 1, 2014, at 4:38 PM, "[REDACTED]" wrote:

Hi [REDACTED]

Please let me know if you end up getting more fetal tissue next week and can still spare the heart. Isolating and culturing cells from last week's heart went well. I'll analyze which cell type predominates in cultures hopefully next week. I want to try different culture conditions with the next heart.

Thanks for including me in this opportunity.

[REDACTED]

~~~~~

[REDACTED]

University of New Mexico
College of Pharmacy, Dept. of Pharmaceutical Sciences

[REDACTED]

[REDACTED]

Message

From: [REDACTED]

Sent: 5/21/2014 8:16:00 PM

To: [REDACTED]

CC: [REDACTED]

Subject: Brains for dissection

Hi [REDACTED] and [REDACTED]

I just spoke to the clinic about getting >22wk fetuses for our dissections. They have patients scheduled for surgery tomorrow that fit that range. I'll go pick them up later tomorrow afternoon when they're ready. Is there a specific time you'd like to do the brain floating?

Message

From:

[REDACTED]

Sent: 9/24/2014 9:11:46 PM

To:

[REDACTED]

CC:

Subject: Fetal heart tissue

Hi [REDACTED]

I'm very interested in getting a fetal heart this week if any are available. I understand that it's best for me to call you to see if one is available rather than waiting for your lab to call me. I'm hoping to check in tomorrow and/or Friday to see if you had any fetuses. What's the very best time to call you to come over and pick up the heart? Also, what is the best phone number?

I have been able to culture the cells, freeze them down and reconstitute them. However, I think that using my previous protocol, I mostly have fibroblasts. I'd like to try and select better for cardiomyocytes and cardiac progenitor cells. I'll analyze the cells by flow cytometry and immunofluorescence imaging to differentiate between populations.

I appreciate that your lab shares this tissue with us. Again, please let me know the optimum time to call (as well as the correct phone number).

Sincerely,

[REDACTED]

~~~~~

[REDACTED]

University of New Mexico  
College of Pharmacy, Dept. of Pharmaceutical Sciences

[REDACTED]

[REDACTED]

>>> [REDACTED] 5/9/2014 1:31 PM >>>

[REDACTED] please contact [REDACTED]

On May 9, 2014, at 12:11 PM, [REDACTED] wrote:

Hi there.

I'm not sure if you got fetal hearts yesterday or will get one today. I haven't heard anything about coming over to get the hearts. So I just want to make sure you have my correct contact info in case I'm just missing the calls. Or perhaps I'm supposed to just show up to your lab around 1 pm even if you don't call?

At any rate, contact info for next week if I'm supposed to wait for a call:

[REDACTED]  
[REDACTED] (My technician, [REDACTED] might answer and I've instructed her to pick up the heart if I'm not around)  
CELL: [REDACTED]

Thanks and hopefully see you next week. Have a great weekend!

~ [REDACTED]  
~~~~~

[REDACTED]
University of New Mexico
College of Pharmacy, Dept. of Pharmaceutical Sciences
[REDACTED]

[REDACTED]

>>> [REDACTED] 5/1/2014 5:56 PM >>>

Hi [REDACTED]
While [REDACTED] and I are in Vancouver for the PAS meetings next week, [REDACTED] our lab assistant, will be collecting tissue on Thursday and Friday. I've copied her on this email and will be sure she has your other contact info.
Glad to hear it's going well!
[REDACTED]

On May 1, 2014, at 4:38 PM, "[REDACTED]" > wrote:

Hi [REDACTED]

Please let me know if you end up getting more fetal tissue next week and can still spare the heart. Isolating and culturing cells from last week's heart went well. I'll analyze which cell type predominates in cultures hopefully next week. I want to try different culture conditions with the next heart.

Thanks for including me in this opportunity.

~ [REDACTED]
~~~~~

[REDACTED]  
University of New Mexico  
College of Pharmacy, Dept. of Pharmaceutical Sciences  
[REDACTED]

[REDACTED]

Message

---

**From:** [REDACTED]

**Sent:** 3/19/2015 3:52:07 PM

**To:** [REDACTED]

**CC:** [REDACTED]

**Subject:** RE: human tissue sections

Hi [REDACTED]

Next week works for me, although [REDACTED] will be on annual leave. We have some preserved developing brain samples that should work for you. Can you meet Monday morning around 11 AM?

[REDACTED]

**From:** [REDACTED]

**Sent:** Thursday, March 19, 2015 9:46 AM

**To:** [REDACTED]

**Cc:** [REDACTED]

**Subject:** human tissue sections

[REDACTED]

As we already talked about my lab would like to start using some human tissue for our research in at least two areas: 1) prenatal ethanol exposure, and 2) characterizing the function of an unknown protein that we think is involved with protein trafficking. I would like to get the process started by introducing my two students who are leading these two efforts, [REDACTED] and [REDACTED], respectively. Also, as we're trying to submit an R01 on the second project by late May I was wondering if we might try to at least stain for our protein of interest (NSG2) in some early brain sections, if you have them. Perhaps we could get together as a small group in the next few days to see what would be possible for collecting preliminary data, and perhaps proposing some experiments going forward.

Best,



Message

**From:** [REDACTED]

**Sent:** 3/19/2015 3:52:07 PM

**To:** [REDACTED]

**CC:** [REDACTED]

**Subject:** RE: human tissue sections

Hi [REDACTED]

Next week works for me, although [REDACTED] will be on annual leave. We have some preserved developing brain samples that should work for you. Can you meet Monday morning around 11 AM?

**From:** [REDACTED]

**Sent:** Thursday, March 19, 2015 9:46 AM

**To:** [REDACTED]

**Cc:** [REDACTED]

**Subject:** human tissue sections

[REDACTED],

As we already talked about my lab would like to start using some human tissue for our research in at least two areas: 1) prenatal ethanol exposure, and 2) characterizing the function of an unknown protein that we think is involved with protein trafficking. I would like to get the process started by introducing my two students who are leading these two efforts, [REDACTED] and [REDACTED], respectively. Also, as we're trying to submit an R01 on the second project by late May I was wondering if we might try to at least stain for our protein of interest (NSG2) in some early brain sections, if you have them. Perhaps we could get together as a small group in the next few days to see what would be possible for collecting preliminary data, and perhaps proposing some experiments going forward.

Best,





Message

---

**From:** [REDACTED]

**Sent:** 4/20/2015 8:48:57 PM

**To:** [REDACTED]

**CC:** [REDACTED]

**Subject:** Brain tissue/sections

Dear Dr. [REDACTED],

You may recall our discussion from a few months back about trying to stain for our protein of interest in some early brain sections. I was wondering if you have and would be kindly willing to provide us with human fetal brain tissue so we could section and try out some preliminary staining experiments.

Sincerely

[REDACTED]

Message

---

**From:** [REDACTED]  
**Sent:** 5/1/2015 5:58:59 PM  
**To:** [REDACTED]  
**Subject:** Re: brain-[REDACTED]

Okay thanks for letting me know. And thanks for contacting [REDACTED] about the [REDACTED] letter. Hopefully they will change it just a little and print on new letterhead.

What do you think about the paper?

---

**From:** [REDACTED]  
**Sent:** Friday, May 1, 2015 11:27 AM  
**To:** [REDACTED]  
**Subject:** brain--[REDACTED]

[REDACTED] just came and took some brain tissue I had in the freezer in both TriZol and TPer, and one of the fixed brains. He doesn't think he'll be able to use such a large brain, and will bring it back if he cannot. He wanted to show it to his PI.

[REDACTED]

Albuquerque, NM 87131

[REDACTED]

# Exhibit 6.31

██████████

Thanks for the update, that is fantastic data! We will try to get later gestation lung for you, sometimes we can get up to 20-22 weeks, but it is unusual these days to get non-digoxin exposed samples beyond 18 weeks (i.e., no living tissues). We can get cord blood, which I am sure you can as well. What about MSCs from tracheal aspirates of ELBW infants? I know the yield would be low, but perhaps the first 48 hours of tracheal secretions could be collected. We will continue to look for later gestational age samples for you.

>>> ██████████ 8/1/2012 1:17 PM >>>

Dear Prof. ██████████ dear ██████████

Thank you very much for the lung samples you have sent me so far. I just want to give you a quick update on what I have done by now and what I am up to:

I managed to isolate the mesenchym from those tissues and showed that at 15.6 wk of age (the latest lung) all of the cells are what we call "Mesenchymal Stem Cell" by now. I have included FACS-data, showing the positivity for the standard MSC-markers CD105 (PerCP-Cy 5.5), CD90 (FITC) and CD73 (APC) as well as for the newly proposed CD146 (PE as drop-in in CD105/CD73/CD90 cocktail). The population is negative for CD34, CD45, CD14, CD19 and HLA-DR (as "negative Cocktail", all PE), fulfilling the actual criteria to state them MSC's. Interestingly, no GD2 (Disialoganglioside 2, PE as drop-in in CD105/CD73/CD90 cocktail) can be found on those cells: This marker has been described on MSC's from the bone marrow, non-expression on our cells supports the hypothesis of a huge MSC family with a large variety of differentially expressed markers. It is obvious that the term "MSC" represents are a huge family of cells, each with different properties, abilities, living in different niches of the body.

It has been described (Hershenson et.al.: *Pediatrics*, 2010 and *Am J Physiol Lung Cell Mol Physiol*, 2012) that resident lung MSC's (e.g. the ones I've isolated) play a major roll in the development of BPD, e.g. that there is a coincidence of MSC's in the tracheal aspirate and the risk to develop BPD later on. The (premature?) differentiation of MSC's into Myofibroblasts might be one of the major processes here. However, it still remains unclear how the Mesenchym with its stem cells and all the other resident lung cells interact in the normal and disrupted development, leading to either healthy or BPD-lung.

We want to address this point using

- a) isolated MSC's from fetal lungs, showing their functional properties and abilities in Hyperoxia and Normoxia
- b) a human fetal lung explant culture in Hyperoxia and Normoxia.

We also want to see if MSC's from the human umbilical cord have beneficial effects on cell survival, growth and development in those settings.

For all the experiments, it might be best to have "older" tissue >15 week of age, for the lung explant culture the oldest lung available is best. Prof. ██████████ told me, that you are working on the effects of Digoxin (right?) in extreme premature babies - is there a chance to get one of those lungs? I'm very excited about this collaboration and happy with the way it works right now! If you have any questions, please feel free to contact me via eMail or lab-phone.

Once again, thank you very much for the opportunity to work with those tissues!

Regards from Edmonton,

██████████

P.s: I also managed to isolate SP-C positive cells form the same sample, but have to fine-tune the separation process to increase the yield. I'll keep you posted.

Attachments:

Flow Cytometry Data for human fetal lung derived MSC's

Immunocytochemistry revealing a MSC - Myofibroblast subpopulation

# Exhibit 6.32

ONE HUNDRED FOURTEENTH CONGRESS  
**Congress of the United States**  
**House of Representatives**

COMMITTEE ON ENERGY AND COMMERCE

2125 RAYBURN HOUSE OFFICE BUILDING  
WASHINGTON, DC 20515-6115

Majority (202) 225-2927  
Minority (202) 225-3641

November 18, 2016

**By Email**

University of New Mexico  
c/o Stephen M. Ryan  
McDermott Will & Emery LLP  
500 North Capitol Street, N.W.  
Washington, DC 20001-1531

Dear Mr. Ryan:

I write to follow up with the University of New Mexico (UNM) regarding two matters. First, we would like to schedule a transcribed interview by telephone of the principal tissue technician who directly handled fetal tissue transfers between Southwestern Women's Options and UNM. Please let me know at your earliest opportunity whether such an interview can be scheduled for Monday, November 28, at 11:30 Eastern Standard Time.

Second, we ask that UNM follow up with complete responses to the questions below, which relate to the items listed in the schedule to the Panel's subpoena to UNM. These apply to the period from 2011 to the present:

1. When tissue is transferred between UNM and any other entity, are there any outlays of money from any party involved in the transaction? This would include shipping costs and any other expenses.
2. UNM's production includes (apparently duplicative) material transfer agreement questionnaires detailing costs for only two institutions: the University of South Florida (UNM 921, 1132, 1138, 3263) and Ottawa Hospital Research Institute (UNM 922, 1131, 1137). Are any such documents available for any other institutions?
3. UNM's production includes only one Federal Express form reflecting a shipment of fetal tissue (UNM 1113). Please produce all documents and communications, including accounting and billing records, relating to this Federal Express account as well as any other courier used for fetal tissue transfers.

4. Please detail, with all related documents, any payments UNM (including its faculty) receives from the University of South Florida, the Ottawa Hospital Research Institute, and any other entity that receives fetal tissue from UNM. Include a description of the purpose for each payment.
5. Other than payments, did any other entity that receives fetal tissue from UNM ever transfer or give anything of value to UNM? Does UNM have any other contracts with those entities?
6. Does any component of UNM have a budget or annual or other periodic report detailing income, projects, or expenditures relating to fetal tissue?
7. Please provide IRB approvals for each study involving UNM faculty that used fetal tissue.
8. Would UNM detail the gestational age of abortions performed at UNM facilities? Please include the number of second and third trimester abortions that have been performed at each facility.

Kindly have your client provide responses no later than November 30, 2016.

Sincerely,



T. March Bell  
Chief Counsel  
Select Investigative Panel

cc: Heather Sawyer  
General Counsel to Ranking Member Jan Schakowsky  
Select Investigative Panel



# Exhibit 6.33

**MATERIAL TRANSFER AGREEMENT  
FOR THE TRANSFER OF HUMAN MATERIALS  
FOR NON-PROFIT RESEARCH PURPOSES**

This Human Material Transfer Agreement ("MTA") is between the Regents of the University of New Mexico for its public operation known as the Health Sciences Center, specifically for the School of Medicine, Department of Obstetrics and Gynecology ("PROVIDER") located at HSC Financial Services – PreAward, MSC09 5220, 1 University of New Mexico, Albuquerque, NM 87131-0001, and The University of South Florida Board of Trustees, a public body corporate, for the University of South Florida ("RECIPIENT"), for the transfer of human material, with or without accompanying data, for research purposes as further defined below. PROVIDER and RECIPIENT may each be referred to as Party or collectively as Parties. This MTA will become effective on the date of the last signature below.

PROVIDER Investigator:

██████████

RECIPIENT Investigator:

██████████

RECIPIENT and PROVIDER agree as follows:

1. PROVIDER will transfer to RECIPIENT the following: fetal GI tissue (collectively "Human Material").
2. Descriptive title of RECIPIENT's research with Human Material is: Fetal GI Development ("Research Project").
3. RECIPIENT agrees to use Human Material for teaching and non-profit research purposes only and will not use Human Material for any commercial purposes, including selling, commercial screening, or transferring Human Material to a third party for commercial purposes.
4. RECIPIENT will only use Human Material for the Research Project.
5. RECIPIENT represents that it has obtained Institutional Review Board approval, as appropriate, to use Human Material.
6. THE RECIPIENT AGREES THAT THIS HUMAN MATERIAL MAY NOT BE USED IN HUMANS OR FOR ANY DIAGNOSTIC, PROGNOSTIC, OR TREATMENT PURPOSES.
7. RECIPIENT will allow the use of Human Materials only by RECIPIENT Investigator and RECIPIENT Investigator's research team that are under the direct supervision of RECIPIENT Investigator and only after they have been informed of and agreed to the provisions and restrictions stated herein. Any transfer of Human Material to other than RECIPIENT Investigator's research team requires the advanced written approval of PROVIDER.
8. All Confidential Information that is transferred between PROVIDER and RECIPIENT is subject to the following:

All information to be deemed confidential under this MTA shall be clearly marked "CONFIDENTIAL" by the providing Party and maintained in confidence by the receiving Party for a period of three (3) years from the receiving Party's receipt of the Confidential Information. Any Confidential Information that is orally disclosed must be reduced to writing and marked "CONFIDENTIAL" by the providing Party and such notice must be provided to the receiving Party within thirty (30) days of the oral disclosure.

For the purposes of this MTA, Confidential Information includes any scientific or business data relating to the Human Material that a Party asserts are confidential and proprietary, except for data that:

- a. have been published or otherwise publicly available at the time of disclosure to the receiving Party; were in the possession of or were readily available to the receiving Party without being subject to a confidentiality obligation from another source prior to the disclosure;
  - b. have become publicly known, by publication or otherwise, not due to any unauthorized act of the receiving Party;
  - c. the receiving Party can demonstrate it developed independently, or acquired without reference to, or reliance upon, such Confidential Information; or
  - d. are required to be disclosed by law, regulation, or court order.
9. RECIPIENT will not contact or make any effort to identify individuals who are or may be the sources of Human Material, without specific written approval from PROVIDER.
  10. RECIPIENT will comply with all laws, rules and regulations applicable to the handling and use of the Human Material.
  11. Either Party may terminate this MTA with sixty (60) days written notice to the other Party.
  12. When the Research Project is completed or this MTA is terminated, whichever comes first, any unused Human Material will either be destroyed in compliance with all applicable statutes and regulations or will be returned to the PROVIDER as requested by the PROVIDER.
  13. In all oral presentations or written publications concerning the use of Human Materials, RECIPIENT will acknowledge PROVIDER's contribution of Human Material unless requested otherwise by PROVIDER.
  14. Any Human Material delivered pursuant to this MTA is understood to be experimental in nature and may have hazardous properties. PROVIDER MAKES NO REPRESENTATIONS AND EXTENDS NO WARRANTIES OF ANY KIND, EITHER EXPRESSED OR IMPLIED. THERE ARE NO EXPRESS OR IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, OR THAT THE USE OF HUMAN MATERIAL WILL NOT INFRINGE ANY PATENT, COPYRIGHT, TRADEMARK, OR OTHER PROPRIETARY RIGHTS.
  15. No indemnification for any loss, claim, damage, or liability is intended or provided by either Party under this MTA. Each Party shall be liable for any loss, claim, damage, or liability that said Party incurs as a result of said Party's activities under this MTA, except that the

PROVIDER's liability as an State Funded Public Institution of Higher Education, will be subject in all cases to the immunities and limitations of the New Mexico Tort Claims Act, sections 41-4-1 *et. seq.* NMSA 1978, as amended.

The Parties have executed this MTA by their respective duly authorized officers on the day and year hereinafter written. Any communication or notice to be given shall be forwarded in writing to the respective addresses listed below.

**FOR PROVIDER:**

[Redacted Signature]

3/24/16  
Date

(Signature of Authorized Official)  
[Redacted Name]  
Vice Chancellor for Research, HSC

Mailing Address for Notices:  
HSC Financial Services – PreAward  
MSC09 5220, 1 University of New Mexico  
Albuquerque, NM 87131-0001

**ACKNOWLEDGED BY:  
PROVIDER INVESTIGATOR**

[Redacted Signature]

3-17-16  
Date

(Signature)

**RECIPIENT INVESTIGATOR**

[Redacted Signature]

3-14-16

(Signature)

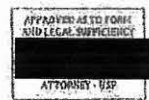
Date

**FOR RECIPIENT:**

[Redacted Signature]

3/14/16  
Date

(Signature of Authorized Official)  
(Printed Name and Title) Director, Patents & Licensing



Mailing Address for Notices:

[REDACTED]

[REDACTED]

Cell [REDACTED]

Bday [REDACTED]

Lab: U of So. FL  
12901 Bruce B Downs Blvd

[REDACTED]

Tampa FL 33612

[REDACTED]@health.usf.edu

FedEx office for Saturday pickup:  
5101 W. Waters Ave.  
Tampa, FL 33634  
(800) 463-3339

Peds FedEx acct [REDACTED]  
Ref 997647

**1 From** Please print and press hard.  
 Date 6-24-16 Sender's FedEx Account Number [Redacted]  
 Sender's Name [Redacted] Phone (505) [Redacted]  
 Company U. of N.M.  
 Address 915 Camino de Salud NE Dept./Floor/Suite/Room [Redacted]  
 City Albuquerque State NM ZIP 87131

**2 Your Internal Billing Reference**  
 First 24 characters will appear on invoice. 997647 12.3 M

**3 To**  
 Recipient's Name [Redacted] Phone (773) [Redacted]  
 Company 1/6 FedEx (800) 463-3339  
 Address 5101 W. Waters Ave. Dept./Floor/Suite/Room [Redacted]  
 Address Fa  
 Use this line for the HOLD location address or for continuation of your shipping address.  
 City Tampa State FL ZIP 33634

**4 Express Package Service** \* To most locations. Packages up to 150 lbs. For packages over 150 lbs, use the new FedEx Express Freight US AIRBILL.  
 NOTE: Service order has changed. Please select carefully.

**Next Business Day**  
 FedEx First Overnight  
 Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.  
 FedEx Priority Overnight  
 Next business morning.\* Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.  
 FedEx Standard Overnight  
 Next business afternoon.\* Saturday Delivery NOT available.

**2 or 3 Business Days**  
 FedEx 2Day A.M.  
 Second business morning.\* Saturday Delivery NOT available.  
 FedEx 2Day  
 Second business afternoon.\* Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.  
 FedEx Express Saver  
 Third business day.\* Saturday Delivery NOT available.

**5 Packaging** \* Declared value limit \$500.  
 FedEx Envelope\*  FedEx Pak\*  FedEx Box  FedEx Tube  Other

**6 Special Handling and Delivery Signature Options**  
 SATURDAY Delivery  
 NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.  
 No Signature Required  
 Package may be left without obtaining a signature for delivery.  
 Direct Signature  
 Someone at recipient's address may sign for delivery. Fee applies.  
 Indirect Signature  
 If no one is available at recipient's address, someone at a neighboring address may sign for delivery. For residential deliveries only. Fee applies.

**Does this shipment contain dangerous goods?**  
 One box must be checked.  
 No  Yes As per attached Shipper's Declaration.  Yes Shipper's Declaration not required.  Dry Ice Dry Ice, 9, UN 1845 x kg  
 Dangerous goods (including dry ice) cannot be shipped in FedEx packaging or placed in a FedEx Express Drop Box.  Cargo Aircraft Only

**7 Payment Bill to:**  
 Enter FedEx Acct. No. or Credit Card No. below.  
 Sender Acct. No. in Section 1 will be billed.  Recipient  Third Party  Credit Card  Cash/Check  
 FedEx Acct. No. Credit Card No. Exp. Date  
 Total Packages Total Weight Total Declared Value\*  
 \_\_\_\_\_ lbs. \$ \_\_\_\_\_

**Easy new Peel-and-Stick airbill. No pouch needed.**  
 Apply airbill directly to your package. See directions on back.

Our liability is limited to US\$100 unless you declare a higher value. See back for details. By using this Airbill you agree to the service conditions on the back of this Airbill and in the current FedEx Service Guide, including terms that limit our liability. 644  
 Rev. Date 1/12 • Part #157002 • ©2012 FedEx • PRINTED IN U.S.A. SRF

Subject to additional charges. See FedEx Service Guide at [fedex.com](http://fedex.com) for details. All merchandise sales final.

H = Weight entered manually  
 S = Weight read from scale  
 T = Taxable item

Visit us at: [fedex.com](http://fedex.com)  
 Or call 1.800.GoFedEx  
 1.800.463.3339

June 24, 2016 4:25:12 PM

Shipment subtotal: 118.99  
 Total Due: 118.99  
 FedEx Account: \*\*\*\*\*

**FIRST OVERNIGHT**  
 807952165260 3:00 T6 (M) 118.99  
 SBR Delivery

Scheduled Delivery Date 06/25/2016

Location: ABQA  
 Device ID: ABQA-POS2  
 Employee: 5042520  
 Transaction: 870210605672

1501 RENAISSANCE BLVD  
 Albuquerque, NM 87107

**1 From** Please print and press hard.  
 Date 5.25.16 Sender's FedEx Account Number [Redacted]  
 Sender's Name [Redacted] Phone ( 505 ) [Redacted]  
 Company U of N.M.  
 Address 915 Camino de Salud NE, [Redacted] Dept./Floor/Suite/Room  
 City ABQ State NM ZIP 87131

**2 Your Internal Billing Reference**  
 First 24 characters will appear on invoice. 997647 12.3 m

**3 To**  
 Recipient's Name [Redacted] Phone ( 773 ) [Redacted]  
 Company U. of So. FL  
 Address 12901 Bruce B. Downs Blvd. [Redacted] HOLD Weekday  
 We cannot deliver to P.O. boxes or P.O. ZIP codes. Dept./Floor/Suite/Room REQUIRED. NOT available for FedEx First Overnight.  
 Address [Redacted] HOLD Saturday  
 Use this line for the HOLD location address or for continuation of your shipping address. Dept./Floor/Suite/Room REQUIRED. Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.  
 City Tampa State FL ZIP 33612

**4 Express Package Service** \*To most locations. Packages up to 150 lbs. For packages over 150 lbs., use the new FedEx Express Freight US Airbill.  
 NOTE: Service order has changed. Please select carefully.  
 Next Business Day  
 FedEx First Overnight  
 FedEx Priority Overnight  
 FedEx Standard Overnight  
 2nd Business Days  
 FedEx 2Day A.M.  
 FedEx 2Day  
 FedEx Express Saver

**5 Packaging** \*Declared value limit \$500.  
 FedEx Envelope\*  FedEx Pak\*  FedEx Box  FedEx Tube  Other

**6 Special Handling and Delivery Signature Options**  
 SATURDAY Delivery  
 No Signature Required  
 Direct Signature  
 Indirect Signature  
 Does this shipment contain dangerous goods?  
 No  Yes  Yes  
 Dry Ice  Cargo Aircraft Only

**7 Payment Bill to:**  
 Sender Acct. No. in Section 1 will be billed.  Recipient  Third Party  Credit Card  Cash/Check  
 Enter FedEx Acct. No. or Credit Card No. below.

Total Packages 1 Total Weight 5.60 lbs. Total Declared Value! 34.29 \$

Our liability is limited to US\$100 unless you declare a higher value. See back for details. By using this Airbill you agree to the service conditions on the back of this Airbill and to the current FedEx Service Guide, including terms that limit our liability. **644**  
 Rev. Date 1/12 • Part #167002 • ©2012 FedEx • PRINTED IN U.S.A. SWF

**Easy new Peel-and-Stick airbill. No pouch needed.**  
 Apply airbill directly to your package. See directions on back.

**FedEx**  
 1501 N RENAISSANCE BLVD  
 Albuquerque, NM 87107

Location: ABQA  
 Device ID: ABQA-POS3  
 Employee: 7758868  
 Transaction: 8702035886874

PRIORITY OVERNIGHT  
 807952165270 5.60 lb (S) 34.29  
 Scheduled Delivery Date 05/26/2016

Shipment subtotal: 34.29  
 Total Due: 34.29  
 FedEx Account: \*\*\*\*\* [Redacted] 34.29

M = Weight entered manually  
 S = Weight read from scale  
 T = Taxable item

Subject to additional charges. See FedEx Service Guide at [fedex.com](http://fedex.com) for details. All merchandise sales final.

Visit us at: [fedex.com](http://fedex.com)  
 Or call 1.800.GoFedEx  
 1.800.463.3339  
 May 25, 2016 4:31:23 PM

**1 From** Please print and press hard.  
 Date 4-14-16 Sender's FedEx Account Number [Redacted]  
 Sender's Name [Redacted] Phone (505) [Redacted]  
 Company University of New Mexico  
 Address 915 Camino de Salud NE Dept./Floor/Suite/Room [Redacted]  
 City Albuquerque State NM ZIP 87131  
**2 Your Internal Billing Reference** 997647  
 First 24 characters will appear on invoice. Research 13 wk G1+BM  
**3 To** Recipient's Name [Redacted] Phone (773) [Redacted]  
 Company Univ. of So. Florida  
 Address [Redacted] Dept./Floor/Suite/Room [Redacted]  
 Address 12901 Bruce B. Downs Blvd.  
 Use this line for the HOLD location address or for continuation of your shipping address.  
 City Tampa State FL ZIP 33612

**4 Express Package Service** \*To most locations. Packages up to 150 lbs. For packages over 150 lbs, use the new FedEx Express Freight US Airbill.  
 NOTE: Service order has changed. Please select carefully.

| Next Business Day                                                                                                                                                                                 | 2013 Business 4 Days                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> FedEx First Overnight<br>Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected. | <input type="checkbox"/> FedEx 2Day A.M.<br>Second business morning.* Saturday Delivery NOT available.                                                  |
| <input checked="" type="checkbox"/> FedEx Priority Overnight<br>Next business morning.* Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.                        | <input type="checkbox"/> FedEx 2Day<br>Second business afternoon.* Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected. |
| <input type="checkbox"/> FedEx Standard Overnight<br>Next business afternoon.* Saturday Delivery NOT available.                                                                                   | <input type="checkbox"/> FedEx Express Saver<br>Third business day.* Saturday Delivery NOT available.                                                   |

**5 Packaging** \*Declared value limit \$500.  
 FedEx Envelope\*  FedEx Pak\*  FedEx Box  FedEx Tube  Other

**6 Special Handling and Delivery Signature Options**

SATURDAY Delivery  
NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.

No Signature Required  
Packages may be left without obtaining a signature for delivery.

Direct Signature  
Someone at recipient's address may sign for delivery. Fee applies.

Indirect Signature  
If no one is available at recipient's address, someone at a neighboring address may sign for delivery. For residential deliveries only. Fee applies.

Does this shipment contain dangerous goods?  
 One box must be checked.  
 No  Yes As per attached Shipper's Declaration.  Yes Shipper's Declaration not required.  Dry Ice Dry Ice, S, UN 1845 x \_\_\_\_\_ kg  
 Dangerous goods (including dry ice) cannot be shipped in FedEx packaging or placed in a FedEx Express Drop Box.  Cargo Aircraft Only

**7 Payment Bill to:** Enter FedEx Acct. No. or Credit Card No. below.

Sender Acct. No. Section 1 will be billed.  Recipient  Third Party  Credit Card  Cash/Check  
 FedEx Acct. No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Credit Card No. \_\_\_\_\_

Total Packages \_\_\_\_\_ Total Weight \_\_\_\_\_ Total Declared Value<sup>1</sup> \_\_\_\_\_  
 lbs. \$ \_\_\_\_\_ 00

**Easy new Peel-and-Stick airbill. No pouch needed.**  
 Apply airbill directly to your package. See directions on back.

<sup>1</sup>Our liability is limited to US\$100 unless you declare a higher value. See back for details. By using this Airbill you agree to the service conditions on the back of this Airbill and in the current FedEx Service Guide, including terms that limit our liability.

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 Or call 1.800.GoFedEx  
 1.800.463.3339

April 14, 2016 4:41:32 PM

H = Weight entered manually  
 S = Weight read from scale  
 T = Taxable item

Shipment subtotal: 31.02  
 Total Due: 31.02  
 FedEx Account: \*\*\*\*\*

**PRIORITY OVERNIGHT**  
 807952165292 13.50 lb (M) 31.02  
 Scheduled Delivery Date 04/15/2016

Location: ABQA  
 Device ID: ABQA-POS2  
 Employee: 5042520  
 Transaction: 870193827696

1501 RENAISSANCE BLVD  
 Albuquerque, NM 87107

**FedEx**





1501 RENAISSANCE BLVD  
Albuquerque, NM 87107

Location: ABQA  
Device ID: ABQA-POS2  
Employee: 5042520  
Transaction: 870188546818

**PRIORITY OVERNIGHT**  
807952165307 3.20 lb (M) 32.38

Scheduled Delivery Date 03/24/2016

Shipment subtotal: 32.38  
Total Due: 32.38  
FedEx Account: 32.38  
\*\*\*\*\*

M = Weight entered manually  
S = Weight read from scale  
T = Taxable item

Subject to additional charges. See FedEx Service Guide at fedex.com for details. All merchandise sales final.

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Or call 1.800.GoFedEx  
1.800.463.3339

March 23, 2016 6:30:27 PM

Form ID No 0200

4 **Express Package Service** \* To most locations. For packages over 150 lbs, use the new FedEx Express freight US Airmail. **2nd Business Day**

5 **Packaging** \* Declared value limit \$500  
 FedEx Envelope\*  FedEx Pak\*  FedEx Box  FedEx Tube  Other

6 **Special Handling and Delivery Signature Options**  
 **SATURDAY Delivery** \*Not available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.  
 **No Signature Required** \*Obtaining a signature for delivery. (Signature may be waived.)  
 **Direct Signature** \*Someone at recipient's address may sign for delivery. *Fee applies.*  
 **Indirect Signature** \*If no one is available at recipient's address, someone in neighborhood residential delivers only. *Fee applies.*

7 **Payment Bill to:**  
 **Sender** \*FedEx Account No. or Credit Card No. below.  
 **Recipient** \*Third Party  
 **Cash/Check** \*FedEx Account No. or Credit Card No. below.  
 Total Packages Total Weight Total Declared Value  
 Total \$ 00

8 **Shipping Information**  
 Dangerous goods (packing type) cannot be shipped in FedEx packaging or packed in a FedEx Express freight box.  
 **Yes** \*Shipper's Declaration not required.  
 **No** \*Shipper's Declaration required.  
 Dry Ice UN 1845 kg  
 **Yes** \*Shipper's Declaration not required.  
 **No** \*Shipper's Declaration required.  
 One box must be checked.  
 Does this shipment contain dangerous goods?  
 **HOLD Saturday** \*FedEx location address required. Not available for FedEx First Overnight.  
 **HOLD Weekday** \*FedEx location address required. Not available for FedEx First Overnight.  
 Dept./Floor/Station

9 **Address**  
 12901 Bruce B. Downs Blvd.  
 Tampa FL 33612

10 **Sender's Information**  
 Company: U of So. Florida  
 Address: 12901 Bruce B. Downs Blvd.  
 City: Tampa FL 33612  
 Phone: 773

11 **Recipient's Information**  
 Company: U. of New Mexico  
 Address: 915 Camino de Salud NE,  
 Albuquerque NM 87131  
 Phone: 505

12 **Your Internal Billing Reference**  
 19 wk Tampa STL SPI

13 **Sender's FedEx Account Number**  
 3.23.16

14 **From** \*Please print and press hard.  
 Date: 3.23.16  
 Account Number: [Redacted]

15 **Apply airbill directly to your package. See directions on back.**

**FedEx NEW Package** Express US Airbill  
 Tracking Number 8079 5216 5307

1 **From** \*Please print and press hard.  
 Date: 3.23.16  
 Account Number: [Redacted]

2 **Your Internal Billing Reference**  
 19 wk Tampa STL SPI

3 **Recipient's Information**  
 Company: U. of New Mexico  
 Address: 915 Camino de Salud NE,  
 Albuquerque NM 87131  
 Phone: 505

4 **Sender's FedEx Account Number**  
 3.23.16

5 **Address**  
 12901 Bruce B. Downs Blvd.  
 Tampa FL 33612

6 **Special Handling and Delivery Signature Options**  
 **SATURDAY Delivery** \*Not available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.  
 **No Signature Required** \*Obtaining a signature for delivery. (Signature may be waived.)  
 **Direct Signature** \*Someone at recipient's address may sign for delivery. *Fee applies.*  
 **Indirect Signature** \*If no one is available at recipient's address, someone in neighborhood residential delivers only. *Fee applies.*

7 **Payment Bill to:**  
 **Sender** \*FedEx Account No. or Credit Card No. below.  
 **Recipient** \*Third Party  
 **Cash/Check** \*FedEx Account No. or Credit Card No. below.  
 Total Packages Total Weight Total Declared Value  
 Total \$ 00

8 **Shipping Information**  
 Dangerous goods (packing type) cannot be shipped in FedEx packaging or packed in a FedEx Express freight box.  
 **Yes** \*Shipper's Declaration not required.  
 **No** \*Shipper's Declaration required.  
 Dry Ice UN 1845 kg  
 **Yes** \*Shipper's Declaration not required.  
 **No** \*Shipper's Declaration required.  
 One box must be checked.  
 Does this shipment contain dangerous goods?  
 **HOLD Saturday** \*FedEx location address required. Not available for FedEx First Overnight.  
 **HOLD Weekday** \*FedEx location address required. Not available for FedEx First Overnight.  
 Dept./Floor/Station

9 **Address**  
 12901 Bruce B. Downs Blvd.  
 Tampa FL 33612

10 **Sender's Information**  
 Company: U of So. Florida  
 Address: 12901 Bruce B. Downs Blvd.  
 City: Tampa FL 33612  
 Phone: 773

11 **Recipient's Information**  
 Company: U. of New Mexico  
 Address: 915 Camino de Salud NE,  
 Albuquerque NM 87131  
 Phone: 505

12 **Your Internal Billing Reference**  
 19 wk Tampa STL SPI

13 **Sender's FedEx Account Number**  
 3.23.16

14 **From** \*Please print and press hard.  
 Date: 3.23.16  
 Account Number: [Redacted]

15 **Apply airbill directly to your package. See directions on back.**

11-10-10

**1 From** Please print and press hard.

Date 11-16-15 Sender's FedEx Account Number [Redacted]

Sender's Name [Redacted] Phone (505) [Redacted]

Company Univ. of N.M.

Address 915 Camino de Salud NE, [Redacted] Dept./Floor/Suite/Room

City ABQ State NM ZIP 87131

**2 Your Internal Billing Reference** First 24 characters will appear on invoice. 997647 12761

**3 To** Recipient's Name [Redacted] Phone (773) [Redacted]

Company U of So. FL, [Redacted]

Address 12901 Bruce B. Downs Blvd. Dept./Floor/Suite/Room

Address [Redacted]

City Tampa State FL ZIP 33612

**HOLD Weekday**  
FedEx location address REQUIRED, NOT available for FedEx First Overnight.

**HOLD Saturday**  
FedEx location address REQUIRED. Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.

**4 Express Package Service** \*To most locations. NOTE: Service order has changed. Please select carefully.

Packages up to 150 lbs. For packages over 150 lbs. use the new FedEx Express Freight US Airbill.

**Next Business Day**

- FedEx First Overnight: Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- FedEx Priority Overnight: Next business morning. \* Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- FedEx Standard Overnight: Next business afternoon. \* Saturday Delivery NOT available.

**2 or 3 Business Days**

- FedEx 2Day A.M.: Second business morning. \* Saturday Delivery NOT available.
- FedEx 2Day: Second business afternoon. \* Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- FedEx Express Saver: Third business day. \* Saturday Delivery NOT available.

**5 Packaging** \*Declared value limit \$500.

FedEx Envelope\*  FedEx Pak\*  FedEx Box  FedEx Tube  Other

**6 Special Handling and Delivery Signature Options**

**SATURDAY Delivery**  
NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.

No Signature Required: Packages may be left without obtaining a signature for delivery.

Direct Signature: Someone at recipient's address may sign for delivery. Fee applies.

Indirect Signature: If no one is available at recipient's address, someone at a neighboring address may sign for delivery. For residential deliveries only. Fee applies.

**Does this shipment contain dangerous goods?** One box must be checked.

No  Yes As per attached Shipper's Declaration.  Yes Shipper's Declaration not required.

Dry Ice: Dry Ice, 5, UN 1845 x kg

Cargo Aircraft Only

Dangerous goods (including dry ice) cannot be shipped in FedEx packaging or placed in a FedEx Express Drop Box.

**7 Payment Bill to:** Enter FedEx Acct. No. or Credit Card No. below.

Sender Acct. No. in Section 1 will be billed.  Recipient  Third Party  Credit Card  Cash/Check

FedEx Acct. No. [Redacted] Credit Card No. [Redacted] Exp. Date [Redacted]

Total Packages 1 Total Weight 3 lbs. s. 00 Total Declared Value† 644

†Your liability is limited to US\$100 unless you declare a higher value. See back for details. By using this Airbill you agree to the service conditions on the back of this Airbill and in the current FedEx Service Guide, including terms that limit our liability.

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**!** Easy new Peel-and-Stick airbill. No pouch needed. Apply airbill directly to your package. See directions on back.

FedEx Tracking Number **8088 4715 1305**

Form ID No. **0200** 11-3-15

**1 From** Please print and press hard.  
 Date 11-3-15 Sender's FedEx Account Number 1902-6110-7

Sender's Name [Redacted] Phone (505) [Redacted]

Company UNM Dept. of Pediatrics

Address 915 Camino de Salud NE

City Albuquerque State NM ZIP 87131

**2 Your Internal Billing Reference**  
 First 24 characters will appear on invoice. 997647

**3 To**  
 Recipient's Name [Redacted] Phone (708) [Redacted]

Company USF

Address 12901 Bruce B. Downs Blvd

Address [Redacted]

City Tampa State FL ZIP 33612

**Hold Weekday**  
 FedEx location address REQUIRED. NOT available for FedEx First Overnight.

**Hold Saturday**  
 FedEx location address REQUIRED. Available DAILY for FedEx Priority Overnight and FedEx 2Day to select locations.

**4 Express Package Service** \* To most locations. Packages up to 150 lbs. For packages over 150 lbs., use the FedEx Express Freight US Airbill.

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Next Business Day</b></p> <p><input type="checkbox"/> <b>FedEx First Overnight</b><br/> <small>Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless Saturday Delivery is selected.</small></p> <p><input type="checkbox"/> <b>FedEx Priority Overnight</b><br/> <small>Next business morning.* Friday shipments will be delivered on Monday unless Saturday Delivery is selected.</small></p> <p><input checked="" type="checkbox"/> <b>FedEx Standard Overnight</b><br/> <small>Next business afternoon.* Saturday Delivery NOT available.</small></p> | <p><b>2 or 3 Business Days</b></p> <p><input type="checkbox"/> <b>FedEx 2Day A.M.</b><br/> <small>Second business morning.* Saturday Delivery NOT available.</small></p> <p><input type="checkbox"/> <b>FedEx 2Day</b><br/> <small>Second business afternoon.* Thursday shipments will be delivered on Monday unless Saturday Delivery is selected.</small></p> <p><input type="checkbox"/> <b>FedEx Express Saver</b><br/> <small>Third business day.* Saturday Delivery NOT available.</small></p> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

- 5 Packaging** \* Declared value limit \$500.
- FedEx Envelope\*  FedEx Pak\*  FedEx Box  FedEx Tube  Other

**6 Special Handling and Delivery Signature Options** Fees may apply. See the FedEx Service Guide.

- Saturday Delivery**  
NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.
- No Signature Required**  
Package may be left without obtaining a signature for delivery.
- Direct Signature**  
Someone at recipient's address may sign for delivery.
- Indirect Signature**  
If no one is available at recipient's address, someone at a neighboring address may sign for delivery. For residential deliveries only.
- Does this shipment contain dangerous goods?** One box must be checked.
- No**  **Yes** As per attached Shipper's Declaration.  **Yes** Shipper's Declaration not required.  **Dry Ice** Dry Ice, 9, UN 1845 \_\_\_\_\_ x \_\_\_\_\_ kg
- Cargo Aircraft Only**
- Restrictions apply for dangerous goods — see the current FedEx Service Guide.

**7 Payment Bill to:** Enter FedEx Acct. No. or Credit Card No. below.

- Sender** Acct. No. in Section 1 will be billed.  **Recipient**  **Third Party**  **Credit Card**  **Cash/Check**
- FedEx Acct. No. [Redacted] Exp. Date \_\_\_\_\_

Total Packages \_\_\_\_\_ Total Weight \_\_\_\_\_ Total Declared Value\$ \_\_\_\_\_

Our fee is limited to US\$100 unless you declare a higher value. See back for details. By using this airbill you agree to use service conditions on the back of this airbill and in the current FedEx Service Guide, including terms that limit our liability.

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**644**



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Four liability is limited to US\$100 unless you declare a higher value. See back for details. By using the Airbill you agree to the service conditions on the back of this Airbill and in the current FedEx Service Guide, including terms that limit our liability.

644

Total Packages: 1  
Total Weight: 1 lbs. 00  
Total Declared Value: \$ 00

Sender:  Individual  
 Recipient  
 Third Party  
 Credit Card  
 Cash/Check

7 Payment Bill to: Enter FedEx Acct. No. or Credit Card No. below.

Does this shipment contain dangerous goods?  
 No  
 Yes  
 Yes per Declaration  
 Shipper's Declaration not required

8 Special Handling and Delivery Signature Options  
 SATURDAY Delivery  
 No Signature Required  
 Direct Signature  
 Indirect Signature  
 Signature Required  
 Signature required for delivery.  
 Signature required for delivery. Free applies.  
 Signature required for delivery. Free applies.  
 Signature required for delivery. Free applies.

9 Packaging  
 FedEx Envelope  
 FedEx Pak  
 FedEx Box  
 Other

4 Express Package Service • To most locations.  
 10FE: Service offer has changed. Please select carefully.  
 Packages up to 150 lbs.  
 For packages over 150 lbs, use the new FedEx Express Freight US Airbill.

Apply airbill directly to your package. No pouch needed.

1 From Please print and press hard.  
 Date: 8.24.15  
 Sender's FedEx Account Number: [Redacted]

2 Internal Billing Reference  
 City: ABQ State: NM ZIP: 87131

3 To Recipient's Name: [Redacted]  
 Phone: [Redacted] 708  
 Company: NSF, [Redacted]

Address: 915 Camino de Salud NE  
 City: Albuquerque State: NM ZIP: 87131

Address: 12901 Bruce B Downs Blvd  
 City: Tampa State: FL ZIP: 33612

Use this line for the HOLD location address or for continuation of your shipping address.  
 We cannot deliver to P.O. boxes or P.O. ZIP codes.  
 Dept./Floor/Suite/Room: [Redacted]

Sender's Name: [Redacted]  
 Phone: [Redacted] 505  
 Company: UMM Dept of Pediatrics, [Redacted]  
 Address: 915 Camino de Salud NE  
 City: Albuquerque State: NM ZIP: 87131

Dept./Floor/Suite/Room: [Redacted]

7743 5012 8260  
 8077 5236 4554  
 Form ID No. 0200  
 FedEx Tracking Number  
 Express NEW Package US Airbill  
 FedEx

*10/28/15*

**1 From** Please print and prefill hard.

Date **10.28.15** Sender's FedEx Account Number [Redacted]

Sender's Name [Redacted] Phone **505** [Redacted]

Company **UNM Dep't. of Pediatrics**, [Redacted]

Address **915 Camino de Salud NE** Dept./Floor/Suite/Room

City **Albuquerque** State **NM** ZIP **87131**

**2 Your Internal Billing Reference** First 24 characters will appear on invoice. **997647**

**3 To** Recipient Name [Redacted] Phone **(708)** [Redacted]

Company **USF**, [Redacted]

Address **12901 Bruce B Downs Blvd.** Dept./Floor/Suite/Room

Address [Redacted] Use this line for the HOLD location address or for continuation of your shipping address.

City **Tampa** State **FL** ZIP **33612**

**HOLD Weekday**  
FedEx location address REQUIRED, NOT available for FedEx First Overnight.

**HOLD Saturday**  
FedEx location address REQUIRED. Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.

**4 Express Package Service** \*To meet locations. \*To meet locations. Packages up to 150 lbs. For packages over 150 lbs., use the new FedEx Express Freight US Airbill.

**Next Business Day**

FedEx First Overnight  
Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

FedEx Priority Overnight  
Next business morning.\* Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

FedEx Standard Overnight  
Next business afternoon.\* Saturday Delivery NOT available.

**2nd Business Day**

FedEx 2Day A.M.  
Second business morning.\* Saturday Delivery NOT available.

FedEx 2Day  
Second business afternoon.\* Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

FedEx Express Saver  
Third business day.\* Saturday Delivery NOT available.

**5 Packaging** \*Declared value limit \$500.

FedEx Envelope\*  FedEx Pak\*  FedEx Box  FedEx Tube  Other

**6 Special Handling and Delivery Signature Options**

SATURDAY Delivery  
NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.

No Signature Required  
Package may be left without obtaining a signature for delivery.

Direct Signature  
Someone at recipient's address may sign for delivery. Fee applies.

Indirect Signature  
If no one is available at recipient's address, someone at a neighboring address may sign for delivery. For residential deliveries only. Fee applies.

Does this shipment contain dangerous goods?  
One box must be checked.

No  Yes As per attached Shipper's Declaration.  Yes Shipper's Declaration not required.  Dry Ice Dry Ice, UN 1845 \_\_\_\_\_ x \_\_\_\_\_ kg

Dangerous goods (including dry ice) cannot be shipped in FedEx packaging or placed in a FedEx Express Drop Box.  Cargo Aircraft Only

**7 Payment Bill to:** Enter FedEx Acct. No. or Credit Card No. below.

Sender Acct. No. in Section 1 will be billed.  Recipient  Third Party  Credit Card  Cash/Check

FedEx Acct. No. [Redacted] Exp. Date

Total Pack **1** Total Weight \_\_\_\_\_ Total Declared Value\* \_\_\_\_\_

lbs. \$ \_\_\_\_\_ 00

\*Over \$500  
agrees to that limit

limited to US\$100 unless you declare a higher value. See back for details. By using this AS441, you agree to conditions on the back of this Airbill and in the current FedEx Service Guide, including terms and conditions.

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**644**





**1 From** Please print and press hard.

Date 11-17-15 Sender's FedEx Account Number [Redacted]

Sender's Name [Redacted] Phone 505 [Redacted]

Company University of New Mexico,

Address 915 Camino de Salud NE, [Redacted] Dept./Floor/Suite/Room

City Albuquerque State NM ZIP 87131

**2 Your Internal Billing Reference**  
First 24 characters will appear on invoice. 997647

**3 To**

Recipient's Name [Redacted] Phone (713) [Redacted]

Company Univ. of So. FL, [Redacted]

Address 12901 Bruce B Downs Blvd. Dept./Floor/Suite/Room

We cannot deliver to P.O. boxes or P.O. ZIP codes.

Address [Redacted]

Use this address for the HOLD location address or for continuation of your shipping address.

City Tampa State FL ZIP 33612

**4 Express Package Service** \* To most locations. **Packages up to 150 lbs.**

**Next Business Day**

FedEx First Overnight  
Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless Saturday Delivery is selected.

FedEx Priority Overnight  
Next business morning.\* Friday shipments will be delivered on Monday unless Saturday Delivery is selected.

FedEx Standard Overnight  
Next business afternoon.\* Saturday Delivery NOT available.

**2 or 3 Business Days**

FedEx 2Day A.M.  
Second business morning.\* Saturday Delivery NOT available.

FedEx 2Day  
Second business afternoon.\* Thursday shipments will be delivered on Monday unless Saturday Delivery is selected.

FedEx Express Saver  
Third business day.\* Saturday Delivery NOT available.

**5 Packaging** \* Declared value limit \$500.

FedEx Envelope\*  FedEx Pak\*  FedEx Box  FedEx Tube  Other

**6 Special Handling and Delivery Signature Options** Fees may apply. See the FedEx Service Guide.

Saturday Delivery  
NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.

No Signature Required  
Package may be left without obtaining a signature for delivery.

Direct Signature  
Someone at recipient's address may sign for delivery.

Indirect Signature  
If no one is available at recipient's address, someone at a neighboring address may sign for delivery. For residential deliveries only.

**Does this shipment contain dangerous goods?**  
One box must be checked.

No  Yes  
As per attached Shipper's Declaration.

Yes  
Shipper's Declaration not required.

Dry Ice  
Dry Ice, 9 UN 1845 x kg

Cargo Aircraft Only

Restrictions apply for dangerous goods — see the current FedEx Service Guide.

**7 Payment Bill to:**

Enter FedEx Acct. No. or Credit Card No. below.

Sender Acct. No. in Section 1 will be billed.  Recipient  Third Party  Credit Card  Cash/Check

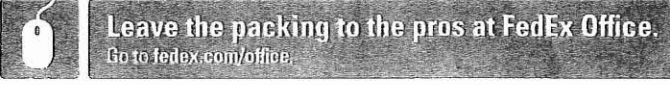
FedEx Acct. No. Credit Card No. Exp. Date

Total Packages 1 Total Weight \_\_\_\_\_ lbs. Total Declared Value† \$ \_\_\_\_\_ .00

†Our liability is limited to US\$100 unless you declare a higher value. See back for details. By using this airbill you agree to the service conditions on the back of this airbill and in the current FedEx Service Guide, including terms that limit our liability.

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**644**



FedEx Tracking Number **8058 4715 1280**

Form ID No. **0200**

**1 From** Please print and press hard.

Date **11.18.15** Sender's FedEx Account Number [Redacted]

Sender's Name [Redacted] Phone **(505)** [Redacted]

Company **University of N.M.**

Address **915 Camino de Salud NE,** [Redacted] Dept./Floor/Suite/Room

City **Albuquerque** State **NM** ZIP **87131**

**2 Your Internal Billing Reference**

First 24 characters will appear on invoice. **997647**

**3 To**

Recipient's Name [Redacted] Phone **(773)** [Redacted]

Company **Univ. of So. FL**, [Redacted]

Address **12901 Bruce B Downs Blvd** Dept./Floor/Suite/Room

Address [Redacted] Use this line for the HOLD location address or for continuation of your shipping address.

City **Tampa** State **FL** ZIP **33612**

**4 Express Package Service** \* To most locations.

Packages up to 150 lbs. For packages over 150 lbs., see FedEx Express Freight USA

- |                                                                                                                                                                                                   |                                                                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Next Business Day</b>                                                                                                                                                                          | <b>2 or 3 Business Days</b>                                                                                                                            |
| <input type="checkbox"/> FedEx First Overnight<br>Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless Saturday Delivery is selected. | <input type="checkbox"/> FedEx 2Day A.M.<br>Second business morning. Saturday Delivery NOT available.                                                  |
| <input type="checkbox"/> FedEx Priority Overnight<br>Next business morning. Friday shipments will be delivered on Monday unless Saturday Delivery is selected.                                    | <input type="checkbox"/> FedEx 2Day<br>Second business afternoon. Thursday shipments will be delivered on Monday unless Saturday Delivery is selected. |
| <input checked="" type="checkbox"/> FedEx Standard Overnight<br>Next business afternoon. Saturday Delivery NOT available.                                                                         | <input type="checkbox"/> FedEx Express Saver<br>Third business day. Saturday Delivery NOT available.                                                   |

**5 Packaging** \* Declared value limit \$500.

- FedEx Envelope\*     FedEx Pak\*     FedEx Box     FedEx Tube     C

**6 Special Handling and Delivery Signature Options** Fees may apply. See the FedEx Service

- Saturday Delivery  
NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.
- No Signature Required  
Package may be left without obtaining a signature for delivery.
- Direct Signature  
Someone at recipient's address may sign for delivery.
- Indirect Signature  
If no one is available at recipient address, someone at a neighbor address may sign for delivery. Ft. residential deliveries only.

- Does this shipment contain dangerous goods?** One box must be checked.
- No     Yes As per attached Shipper's Declaration.     Yes Shipper's Declaration not required.     Dry Ice Dry Ice, 9 UN 1845 x
- Restrictions apply for dangerous goods — see the current FedEx Service Guide.     Cargo Aircraft Only

**7 Payment Bill to:**

- Enter FedEx Acct. No. or Credit Card No. below.
- Sender Acct. No. in Section 1 will be billed.     Recipient     Third Party     Credit Card     Cash/C

FedEx Acct. No. [Redacted]    Exp. Date [Redacted]

Credit Card No. [Redacted]

Total Packages    Total Weight    Total Declared Value\*

lbs. \$ .00

\*Our liability is limited to US\$100 unless you declare a higher value. See back for details. By using this airbill you agree to the service conditions on the back of this airbill and in the current FedEx Service Guide, including terms that limit our liability.

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**644**

fedex.com 1.800.GoFedEx 1.800.463.3339



FedEx Tracking Number **8088 4715 1279**

Form ID No. **0200**

**1 From** Please print and press hard.  
Date **11-20-15** Sender's FedEx Account Number [Redacted]

Sender's Name [Redacted] Phone ( **505** ) [Redacted]

Company **University of N.M.**

Address **915 Camino de Salud NE,** [Redacted]  
Dept./Floor/Suite/Room

City **Albuquerque** State **NM** ZIP **87131**

**2 Your Internal Billing Reference**  
First 24 characters will appear on invoice. **997647 2051+pen**

**3 To**  
Recipient's Name [Redacted] Phone ( **773** ) [Redacted]

Company **(U. So. FL) FedEx** **800-463-3339**

Address **5101 W. Waters Ave.**  
We cannot deliver to P.O. boxes or P.O. ZIP codes. Dept./Floor/Suite/Room

Address [Redacted]  
Use this line for the HOLD location address or for continuation of your shipping address.

City **Tampa** State **FL** ZIP **33634**

**Hold Weekday**  
FedEx location address REQUIRED, NOT available for FedEx First Overnight.  
 **Hold Saturday**  
FedEx location address REQUIRED, NOT available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.

**4 Express Package Service** \*To most locations. Packages up to 150 lbs. For packages over 150 lbs., use the FedEx Express Freight US Airbill.

- Next Business Day**
- FedEx First Overnight**  
Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless Saturday Delivery is selected.
  - FedEx Priority Overnight**  
Next business morning.\* Friday shipments will be delivered on Monday unless Saturday Delivery is selected.
  - FedEx Standard Overnight**  
Next business afternoon.\* Saturday Delivery NOT available.
- 2 or 3 Business Days**
- FedEx 2Day A.M.**  
Second business morning.\* Saturday Delivery NOT available.
  - FedEx 2Day**  
Second business afternoon.\* Thursday shipments will be delivered on Monday unless Saturday Delivery is selected.
  - FedEx Express Saver**  
Third business day.\* Saturday Delivery NOT available.

**5 Packaging** \*Declared value limit \$500.

FedEx Envelope\*  FedEx Pak\*  FedEx Box  FedEx Tube  Other

**6 Special Handling and Delivery Signature Options** Fees may apply. See the FedEx Service Guide.

- Saturday Delivery**  
NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.
- No Signature Required**  
Package may be left without obtaining a signature for delivery.
- Direct Signature**  
Someone at recipient's address may sign for delivery.
- Indirect Signature**  
If no one is available at recipient's address, someone at a neighboring address may sign for delivery. For residential deliveries only.
- Does this shipment contain dangerous goods?**  
One box must be checked.
- No**  **Yes** As per attached Shipper's Declaration.  **Yes** Shipper's Declaration not required.  **Dry Ice** Dry Ice, 5 UN 1845 \_\_\_\_\_ x \_\_\_\_\_ kg
- Restrictions apply for dangerous goods—see the current FedEx Service Guide.  **Cargo Aircraft Only**

**7 Payment Bill to:** Enter FedEx Acct. No. or Credit Card No. below.

**Sender** Acct. No. in Section 1 will be billed.  **Recipient**  **Third Party**  **Credit Card**  **Cash/Check** Exp. Date

Total Packages \_\_\_\_\_ Total Weight \_\_\_\_\_ lbs. Total Declared Value\* \$ \_\_\_\_\_ .00

\*Our liability is limited to US\$100 unless you declare a higher value. See back for details. By using this airbill you agree to the service conditions on the back of this airbill and in the current FedEx Service Guide, including terms that limit our liability.  
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**644**

FedEx Tracking Number **8088 4715 1268**

Form ID No. **0200**

DE

**1 From** Please print and press hard.

Date **11-24-15** Sender's FedEx Account Number [Redacted]

Sender's Name [Redacted] Phone ( **505** ) [Redacted]

Company **Univ. of N.M.**

Address **915 Camino de Salud NE**, [Redacted] Dept./Floor/Suite/Room

City **Albuquerque** State **NM** ZIP **87131**

**2 Your Internal Billing Reference** First 24 characters will appear on invoice. **997647 15:6 61**

**3 To**

Recipient's Name [Redacted] Phone ( **773** ) [Redacted]

Company **U. of So. FL**, [Redacted]

Address **12901 Bruce B. Downs Blvd** Dept./Floor/Suite/Room

We cannot deliver to P.O. boxes or P.O. ZIP codes.

Address Use this line for the HOLD location address or for continuation of your shipping address.

City **Tampa** State **FL** ZIP **33612**

Hold Weekday  
FedEx location address REQUIRED. NOT available for FedEx First Overnight.

Hold Saturday  
FedEx location address REQUIRED. Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.

**4 Express Package Service** \* To most locations. Packages up to 150 lbs. For packages over 150 lbs., use the FedEx Express Freight US Airbill.

**Next Business Day**

FedEx First Overnight  
Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless Saturday Delivery is selected.

FedEx Priority Overnight  
Next business morning.\* Friday shipments will be delivered on Monday unless Saturday Delivery is selected.

FedEx Standard Overnight  
Next business afternoon.\* Saturday Delivery NOT available.

**2 or 3 Business Days**

FedEx 2Day A.M.  
Second business morning.\* Saturday Delivery NOT available.

FedEx 2Day  
Second business afternoon.\* Thursday shipments will be delivered on Monday unless Saturday Delivery is selected.

FedEx Express Saver  
Third business day.\* Saturday Delivery NOT available.

**5 Packaging** \* Declared value limit \$500.

FedEx Envelope\*  FedEx Pak\*  FedEx Box  FedEx Tube  Other

**6 Special Handling and Delivery Signature Options** Fees may apply. See the FedEx Service Guide.

Saturday Delivery  
NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.

No Signature Required  
Package may be left without obtaining a signature for delivery.

Direct Signature  
Someone at recipient's address may sign for delivery.

Indirect Signature  
If no one is available at recipient's address, someone at a neighboring address may sign for delivery. For residential deliveries only.

**Does this shipment contain dangerous goods?** One box must be checked.

No  Yes As per attached Shipper's Declaration.  Yes Shipper's Declaration not required.  Dry Ice Dry Ice, 9, UN 1845 \_\_\_\_\_ x \_\_\_\_\_ kg

Restrictions apply for dangerous goods — see the current FedEx Service Guide.  Cargo Aircraft Only

**7 Payment Bill to:**

Enter FedEx Acct. No. or Credit Card No. below.

Sender Acct. No. in Section 1 will be billed.  Recipient  Third Party  Credit Card  Cash/Check

FedEx Acct. No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Credit Card No. \_\_\_\_\_

Total Packages \_\_\_\_\_ Total Weight \_\_\_\_\_ lbs. Total Declared Value\* \_\_\_\_\_ \$

\*Our liability is limited to US\$100 unless you declare a higher value. See back for details. By using this airbill you agree to the service conditions on the back of this airbill and in the current FedEx Service Guide, including terms that limit our liability.

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644



1. Sender:

[REDACTED]

University of New Mexico

915 Camino de Salud NE, [REDACTED]

Albuquerque, NM 87131 USA

2. Internal Billing Reference: 997647

3. Recipient:

[REDACTED]

University of South Florida, MDC 4011

12901 Bruce B. Downs Blvd.

Tampa, FL 33612

*"Samples" Harmonized Code: 300190 Value: \$500 USD*

4. FedEx Priority Overnight

5. Other

6. No dangerous goods

7. Bill to: Sender's FedEx #: [REDACTED]

Please email tracking # to:

- 1. [REDACTED]
- 2. [REDACTED]
- 3. [REDACTED]
- 4. [REDACTED]
- 5. [REDACTED]







# Expanded Service International Air Waybill

For FedEx services worldwide including express freight services, dangerous goods, broker select, and letter of credit.

**1 From** Please print and press hard.

Date 3/23/16 Sender's FedEx Account Number [Redacted]

Sender's Name [Redacted] Phone 505-[Redacted]

Company U. of New Mexico

Address 915 Camino de Salud NE

Address [Redacted]

City Albuquerque State NM

Country USA ZIP Postal Code 87131

**2 To**

Recipient's Name [Redacted] Phone 613-[Redacted]

Company Ottawa Hospital Research Institute

Address Critical Care Wing, 6th Floor,

Address 501 Smyth Road

City Ottawa State ON

Country CAN ZIP Postal Code K1H 8L6

Recipient's Tax ID Number for Customs Purposes  
e.g., GST/RFC/VAT/IN/EIN/ABN, or as locally required.

**3 Shipment Information**

Total Packages 1 Total Weight 4.5  lbs.  kg DIM 12 110 110  in.  cm

| Commodity Description | Harmonized Code | Country of Manufacture | Value for Customs |
|-----------------------|-----------------|------------------------|-------------------|
| lung tissue           | 300190          | USA                    | 200 USD           |
|                       |                 |                        |                   |
|                       |                 |                        |                   |
|                       |                 |                        |                   |
|                       |                 |                        |                   |

Has EEI been filed in AES? For U.S. Export Only: Check One  
 No EEI required, value \$2,500 or less per Schedule B Number, no license required (NLR), not subject to TIAR.  
 No EEI required, enter exemption number: \_\_\_\_\_ If other than NLR, enter License Exemption:  
 Yes - Enter AES proof of filing citation: \_\_\_\_\_

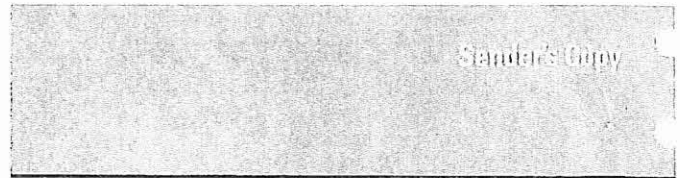
Total Declared Value for Carriage: \_\_\_\_\_ Total Value for Customs (Specify Currency): 200 USD

For Completion Instructions, see back of fifth page.

Questions?  
Go to our Web site at [fedex.com](http://fedex.com).

In the U.S., call 1.800.GoFedEx 1.800.463.3339.  
Outside the U.S., call your local FedEx office.

The terms and conditions of service may vary from country to country. Consult our local office for specific information.  
Non-Negotiable International Air Waybill ©1994-2008 FedEx



## The World On Time.

Not all services and options are available to all destinations.

**4a Express Package Service** Packages up to 150 lbs. / 68 kg

FedEx Intl. Priority  FedEx Intl. First Available to select locations.  FedEx Intl. Economy FedEx Envelope and FedEx Pak rate not available.

**4b Express Freight Service** Packages over 150 lbs. / 68 kg

FedEx Intl. Priority Freight  FedEx Intl. Economy Freight

Booking Number REQUIRED

Please call your local FedEx office to book shipments.

**5 Packaging** \*These unique brown boxes with special pricing are provided by FedEx for FedEx Intl. Priority only.

FedEx Envelope  FedEx Pak  FedEx Box  FedEx Tube

Other  FedEx 10kg Box\*  FedEx 25kg Box\*

**6a Special Handling**

HOLD at FedEx Location  SATURDAY Delivery Available to select locations for FedEx Intl. Priority and FedEx Intl. Priority Freight only.

Does this shipment contain dangerous goods? (No box must be checked/checked.)  
 No  Yes As per attached Shipper's Declaration.  Yes Shipper's Declaration not required.  Dry Ice Dry Ice, 9, UN 1845  Cargo Aircraft Only

Dangerous goods (including dry ice) cannot be shipped in FedEx packaging or placed in a FedEx Express Drop Box.

**6b Broker Selection** Not available with FedEx Intl. First.  Intl. Broker Select To specify a broker other than FedEx.

Broker's Name \_\_\_\_\_  
 City / State / Province / Country \_\_\_\_\_  
 ZIP / Postal Code XXXXXXXXXX Phone \_\_\_\_\_

**7 Payment** Complete payment options for both transportation charges and duties and taxes.  
**Bill transportation charges to:**

Sender Acct. No. in Section 1 will be billed.  Recipient  Third Party  Credit Card

FedEx Acct. No. 123626583

Cash Check/ Cheque  FedEx Use Only

Credit Card No. \_\_\_\_\_  
 Credit Card Exp. Date \_\_\_\_\_

**Bill duties and taxes to:** ALL shipments may be subject to Customs charges, which FedEx does not estimate prior to clearance.

Sender Acct. No. in Section 1 will be billed.  Recipient  Third Party

FedEx Acct. No. 123626583

**8 Your Internal Billing Reference** First 24 characters will appear on invoice.  
19 WKPTI0001

**9 Required Signature**

Use of this Air Waybill constitutes your agreement to the Conditions of Contract on the back of this Air Waybill, and you represent that this shipment does not require a U.S. State Department license. Certain international treaties, including the Warsaw Convention, may apply to this shipment and limit our liability for damage, loss, or delay, as described in the Conditions of Contract.

WARNING: These commodities, technology, or software were exported from the United States in accordance with Export Administration regulations. Diversion contrary to U.S. law prohibited.

Sender's Signature: [Redacted]  
 This is not authorized for letter of credit shipments only.  
 FedEx Courier Receipt: \_\_\_\_\_ Date: \_\_\_\_\_



FedEx Tracking Number 8000 9390 5061 Form ID No. 0425



PART 158412 • Rev. Date 11/03 ©1994-2008 FedEx • PRINTED IN U.S.A. BRDA

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1501 RENAISSANCE BLVD  
Albuquerque, NM 87107

Location: ABQA  
Device ID: ABQA-POS2  
Employee: 5042520  
Transaction: 870188547890

**INTL PRIORITY**

800093905061 4.50 lb (M) 175.40  
Total Declared Value 200

Shipment subtotal: 175.40

Total Due: 175.40

FedEx Account: 175.40

\*\*\*\*

M = Weight entered manually  
S = Weight read from scale  
T = Taxable item

Subject to additional charges. See FedEx Service Guide  
at [fedex.com](http://fedex.com) for details. All merchandise sales final.

Visit us at: [fedex.com](http://fedex.com)  
Or call 1.800.GoFedEx  
1.800.463.3339

March 23, 2016 6:33:34 PM

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UNM03478

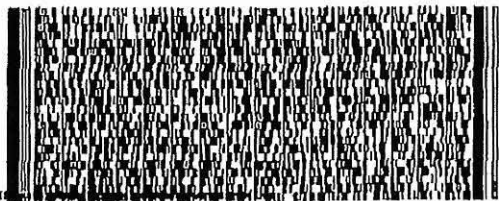
16.3 10g

ORIGIN ID: ONMA (505) 899-8298  
UNM  
815 CAMINO DE SALUD NE, BR# 136  
UNIV OF NEW MEXICO, NM 87131 US  
SIGN: [REDACTED]

SHIP DATE: 17DEC15  
ACTWT: 8.40 LB  
CAD: 006995205/SSFE1621  
DIMS: 15x12x13 IN  
BILL RECIPIENT  
NO REF SHIP

Printed on 11/18/15 10:23 AM

TO [REDACTED]  
**OTTAWA HOSPITAL RESEARCH INSTITUTE**  
**501 SMYTH RD**  
**CRITICAL CARE WING 6TH FLOOR W6137**  
**OTTAWA ON K1H8L6 (CA)**  
(813) 737-8899 REF: DEPT:



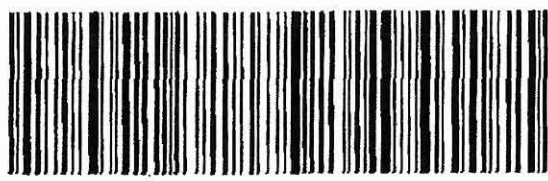
Do not use for other than shipping purposes. Do not use for other than shipping purposes. Do not use for other than shipping purposes.

TRK# 7819 8681 4917  
0430

AM  
INTL PRIORITY

**XQ YOWA**

K1H 8L6  
OH-CA YOW





ORIGIN ID:DNMA (SOS) 999-8296

UN#  
915 CAMINO DE SALUD NE, BR# 136

Univ of new mexico, NM 87131  
UNITED STATES, US

Ship Date: 17DEC15  
Act Wgt: 8.40 LB  
CAO: 006995205/SSFE1621

Dim: 15x12x13 IN

EIN/VAT:

Part # 156297-425

10

(613) 737-8888

OTTAWA HOSPITAL RESEARCH INSTITUTE  
501 SMYTH RD  
CRITICAL CARE WING 6TH FLOOR W6137  
Ottawa, ON K1H8L6

**FedEx**  
Express

(CA)



AWB



**XQ YOWA**

PKG TYPE: CUSTOMER

TRK# 7819 8681 4917

Form  
0430

**INTL PRIORITY**

REF:  
DESC1: ANY MARKED OR MUTILATED ARTICLE OR STRIP CUT FROM FABRIC FOR  
DESC2:  
DESC3:  
DESC4:  
EET: NO EE1 30.36

COUNTRY MFG: US  
CARRIAGE VALUE: 500.00 USD  
CUSTOMS VALUE: 500.00 USD

SIGN: [REDACTED]  
T/C: R 123626583  
D/T: R

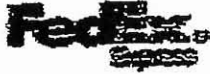
These commodities, technology, or software were exported from the United States in accordance with the export administration regulations. Diversion contrary to US law is prohibited.

The Montreal or Warsaw Convention may apply and will govern and in most cases limit the liability of Federal Express for loss or delay of or damage to your shipment. Subject to the conditions of the receipt on this service.

**ORIGIN AWB COPY — PLEASE PLACE IN POUCH**

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UNM03480



130 Thad Johnson Rd.  
Ottawa, Ont. K1V6X1

**Attention Broker**

Please note that AWE 7819 8681.4917 arrived in our warehouse without any customs documentation. Memorandum D17-4-0 appendix B, clause 5 indicates that under the LVS Program the courier is required to make every possible effort to provide brokers with supporting documentation or the shipment declaration provided by the shipper. Please be advised that we have provided you with all information that was received from the shipper. Please communicate with the importer of record to determine any additional specifics with regards to this shipment.

Sincerely,

FedEx Express Ottawa  
Import Representatives.

NOTICE: This communication is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are notified that any use, dissemination or distribution of this communication is strictly prohibited. If you have received this communication in error, please notify the sender immediately by e-mail at the address above.

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UNM03481

# Commercial Invoice

|                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1 Shipper/Exporter</b><br>Tax ID No. <small>OPTIONAL</small><br>Contact Name [REDACTED]<br>Contact Phone 505- [REDACTED]<br>Email [REDACTED]<br>Company Name <u>U. of New Mexico</u><br>Address 1 <u>715 Camino de Salud NE</u><br>Address 2 [REDACTED]<br>City <u>ABQ</u> State <u>NM</u> ZIP <u>87131</u><br>Country <u>USA</u>                                                                | <b>3 Ship Date</b> <u>12-17-15</u><br><b>4 Air Waybill No./Tracking No./Bill of Lading</b><br><input type="checkbox"/> FedEx Express International Air Waybill Tracking No(s).<br><u>7819 8681 4917</u><br><input type="checkbox"/> FedEx International Ground® Tracking No(s).                                                                                  |
| <b>2 Parties to Transactions:</b> <input type="checkbox"/> Related or <input checked="" type="checkbox"/> Non-related                                                                                                                                                                                                                                                                               | <b>5 Reference No.</b><br>(e.g., purchase order, invoice no.) <u>16.3</u> <small>OPTIONAL</small><br><b>6 Purpose of Shipment</b> <u>research</u>                                                                                                                                                                                                                |
| <b>7 Recipient</b><br>Tax ID No. <small>OPTIONAL</small><br>Contact Name [REDACTED]<br>Contact Phone <u>613</u> [REDACTED]<br>Email [REDACTED]<br>Company Name <u>Ottawa Hospital Research Institute</u><br>Address 1 <u>Critical Care Wing, 6th Floor,</u> [REDACTED]<br>Address 2 <u>501 Smyth Road</u><br>City <u>Ottawa</u> Province <u>ON</u> Postal Code <u>K1H 8L6</u><br>Country <u>CAN</u> | <b>8 Importer - if other than recipient</b><br><input checked="" type="checkbox"/> Same as RECIPIENT<br>Tax ID No. <small>OPTIONAL</small><br>Contact Name [REDACTED]<br>Contact Phone [REDACTED]<br>Company Name [REDACTED]<br>Address 1 [REDACTED]<br>Address 2 [REDACTED]<br>City [REDACTED] Province [REDACTED] Postal Code [REDACTED]<br>Country [REDACTED] |

## 9 Broker Information

FedEx Express® shipments will be cleared by our in-house broker. If you wish to designate your own broker for this express shipment, please provide contact information in the Broker Selection section of the FedEx® Expanded Service International Air Waybill.

FedEx International Ground shipments will be cleared by our in-house broker. The shipper is responsible for clearance entry fees. The importer will be billed for duties and taxes and other surcharges, unless they are charged to an authorized FedEx account number.

**10** For FedEx Ground only.

**Duties and taxes payable by:**  Shipper  Recipient  Other If other, please provide FedEx Account Number

| 11 No. of Pkgs                                         | 12 No. of Units | 13 Unit of Measure | 14 Description of Goods                                     | 15 Harmonized Code                | 16 Country of Origin    | 17 Unit Value | 18 Total Value |
|--------------------------------------------------------|-----------------|--------------------|-------------------------------------------------------------|-----------------------------------|-------------------------|---------------|----------------|
| 1                                                      | 10              | g                  | Lung tissue                                                 | <small>OPTIONAL</small><br>300190 | USA                     | 50 USD        | 500 USD        |
| <b>19 Total Pkgs</b> 1                                 |                 |                    | <b>20 Total Weight</b> (Indicate lbs., or kg) <u>8.4 lb</u> |                                   | Subtotal                |               |                |
| <b>21 Terms of Sale</b> <small>OPTIONAL</small>        |                 |                    |                                                             |                                   | Insurance               |               |                |
| <b>22 Special Instructions</b> <small>OPTIONAL</small> |                 |                    |                                                             |                                   | Freight                 |               |                |
|                                                        |                 |                    |                                                             |                                   | Packing                 |               |                |
|                                                        |                 |                    |                                                             |                                   | Handling                |               |                |
|                                                        |                 |                    |                                                             |                                   | Other                   |               |                |
|                                                        |                 |                    |                                                             |                                   | <b>23 Invoice Total</b> |               |                |
| <b>24 Currency Code</b>                                |                 |                    |                                                             |                                   |                         |               |                |

**25** These commodities, technology, or software were exported from the United States in accordance with Export Administration regulations. Diversion contrary to U.S. law prohibited.

I declare all the information contained in this invoice to be true and correct.

Signature and Title of Authorized Person [REDACTED]

Date 12-17-15

M-1054 REV 7/10 Part 116547 RRD

0002769PM

CONFIDENTIAL

UNM03482



Address: 3720 SPIRIT DRIVE S E  
 ALBUQUERQUE  
 NM 87106  
 Location: ABQR  
 Device ID: -BTC02

Sender Address:

UNM  
 915 CAMINO DE SALUD NE,  
 Univ of new mexico, NM 87131  
 505

Recipient Address:

OTTAWA HOSPITAL RESEARCH INSTITUTE  
 501 SMYTH RD  
 CRITICAL CARE WING 6TH FLOOR  
 Ottawa, ON K1H8L6  
 613

Commodities:  
 SAMPLES

Bill Duties/Taxes:  
 RECIPIENT

Package Information:  
 YOUR\_PACKAGING  
 15 x 12 x 13

Payment Type:  
 RECIPIENT

Total Declared Value:  
 500

Total Declared Value for Customs:  
 500.00

FedEx International Priority  
 8.4 LB (S) \*\*\*



Address: 3720 SPIRIT DRIVE S E  
 ALBUQUERQUE  
 NM 87106  
 Location: ABQR  
 Device ID: -BTC02  
 Transaction: 860125638598

FedEx International Priority  
 781986814917 8.4 LB (S) \*\*\*  
 Declared Value 500

FedEx Recipient Account  
 \*\*\*\*

M = Weight entered manually  
 S = Weight read from scale  
 T = Taxable item

Terms and Conditions apply. See  
[fedex.com/us/service-guide](http://fedex.com/us/service-guide) for details.

Visit us at: [fedex.com](http://fedex.com)  
 Or call 1.800.GoFedEx  
 1.800.463.3339

December 17, 2015 5:45:21 PM

12 17 15 / 1200

**1** Please print and press hard.

Date: 12/15/15 Sender's FedEx Account Number: SECRET'S FEDEX ACCOUNT NUMBER ONLY

Sender's Name: [Redacted] Phone: 505-[Redacted]

Company: University of New Mexico

Address: 915 Camino de Salud NE

Address: [Redacted]

City: Albuquerque State/Province: NM

Country: USA ZIP Postal Code: 87131

**2** To Recipient's Name: PO# OHRIT 25338 Phone: 613-[Redacted]

Company: Ottawa Hospital Research Institute

Address: Critical Care Wing, 6th Floor, [Redacted] Dept./Floor: [Redacted]

Address: 501 Smyth Road

City: Ottawa State/Province: ON

Country: CANADA ZIP Postal Code: K1H 8L6

Recipient's Tax ID Number for Customs Purposes: [Redacted]  
e.g. GST#RQ/VAT#N/EIN/ABN, or as locally required.

**3** Shipment Information  For EU Only. Tick here if goods are not in free circulation and provide CI.

Total Packages: 1 Total Weight: 7 lbs  kg  DIM: 13 13 11 in  cm

| Commodity Description                                | Harmonized Code | Country of Manufacture | Value for Customs                                          |
|------------------------------------------------------|-----------------|------------------------|------------------------------------------------------------|
| <u>Lung tissue</u>                                   | <u>300190</u>   | <u>USA</u>             | <u>500</u>                                                 |
| Total Declared Value for Carriage: <u>[Redacted]</u> |                 |                        | Total Value for Customs (Specify Currency): <u>500 USD</u> |

Has EEI been filed in AES?  No EEI required, enter exemption number: [Redacted]  Yes - Enter AES proof of filing citation: [Redacted]

**4** Express Package Service

FedEx Intl. Priority  FedEx Intl. First Available to select locations.

FedEx Intl. Economy FedEx Envelope and FedEx Pak rate not available.

**5** Packaging \*These unique brown boxes with special pricing are provided by FedEx for FedEx Intl. Priority only.

FedEx Envelope  FedEx Pak  FedEx Box  FedEx Tube

Other  FedEx 10kg Box\*  FedEx 25kg Box\*

**6** Special Handling  HOLD at FedEx Location  SATURDAY Delivery Available to select locations for FedEx Intl. Priority only.

**7** Payment Complete payment options for both transportation charges and duties and taxes.

Bill transportation charges to:  Sender Acct. No. in Section 1 will be billed.  Recipient  Third Party  Credit Card  Cash Check/Cheque FedEx Use Only

Enter FedEx Acct. No. or Credit Card No. below.

FedEx Acct. No.: [Redacted] Credit Card No.: [Redacted]

Bill duties and taxes to:  Sender Acct. No. in Section 1 will be billed.  Recipient  Third Party

FedEx Acct. No.: [Redacted]

**8** Your Internal Billing Reference: 12.17.15 WK1

**9** Required Signature

Use of this Air Waybill constitutes your agreement to the Conditions of Contract on the back of this Air Waybill, and you represent that this shipment does not require a U.S. State Department License or contain dangerous goods. Certain international treaties, including the Warsaw Convention, may apply to this shipment and limit our liability for damage, loss, or delay, as described in the Conditions of Contract. **WARNING:** These commodities, technology, or software were exported from the United States in accordance with Export Administration Regulations. Diversion contrary to U.S. Law is prohibited.

Sender's Signature: [Redacted]

This is not authorized.

For Completion Instructions, see back of fifth page.

FedEx Tracking Number: **8754 7931 6241**

Ship and track packages at [fedex.com](http://fedex.com)

Questions? Go to our Web site at [fedex.com](http://fedex.com). Or in the U.S., call 1.800.GoFedEx 1.800.463.3339. Outside the U.S., call your local FedEx office.

Subject to additional charges. See FedEx Service Guide at [fedex.com](http://fedex.com) for details. All merchandise sales final.

Visit us at: [fedex.com](http://fedex.com)  
Or call 1.800.GoFedEx  
1.800.463.3339

December 16, 2015 5:18:01 PM

\*\*\* See payer invoice

H = Weight entered manually  
S = Weight read from scale  
T = Taxable item

INTL PRIORITY  
875479316241 6.75 lb (S) \*\*\*

Location: ABOR  
Device ID: ABOR-P052  
Employee: 632033  
Transaction: 860165973626

3720 SPIRIT DRIVE S E  
ALBUQUERQUE, NM 87106

**FedEx**



# Expanded Service International Air Waybill

For FedEx services worldwide including express freight services, dangerous goods, broker select, and letter of credit.

**1 From** Please print and press hard. Sender's FedEx Account Number [REDACTED]

Date 02/13/2013

Sender's Name [REDACTED] Phone 505 [REDACTED]

Company UNM

Address [REDACTED]

Address 915 Camino de Salud NE

City Albuquerque State Province NM

Country USA ZIP Postal Code 87131

**2 To** Recipient's Name [REDACTED] Phone 788 [REDACTED]

Company U of Alberta Phone 780 [REDACTED]

Address 3-032 Katz Dept/Floor Speed code PD 122

Address [REDACTED]

City Edmonton State Province AB

Country CAN ZIP Postal Code T6G 2S2

Recipient's Tax ID Number for Customs Purposes e.g. GST/RFC/VAT/IN/EIN/ABN, or as locally required.

**3 Shipment Information**

Total Packages 1 Total Weight 1 lbs. 1 in. 1 kg 1 DIM 1 1 1 cm

| Commodity Description    | Harmonized Code | Country of Manufacture | Value for Customs |
|--------------------------|-----------------|------------------------|-------------------|
| <u>human lung tissue</u> | <u>300190</u>   | <u>USA</u>             | <u>\$750</u>      |
| <u>18</u>                |                 |                        |                   |
| <u>non-hazardous</u>     |                 |                        |                   |
| <u>non-pathogenic</u>    |                 |                        |                   |

Has EEI been filed in AES? For U.S. Export Only: Check One

No EEI required, value \$2,500 or less per Schedule B Number, no license required (NLR), not subject to ITAR.

No EEI required, enter exemption number: \_\_\_\_\_

Enter AES proof of filing citation: \_\_\_\_\_

Total Value for Customs (Specify Currency) \$750 USD

For Completion Instructions, see back of fifth page.

**Questions?**  
Go to our Web site at [fedex.com](http://fedex.com).

or

In the U.S., call 1.800.GoFedEx 1.800.463.3339.  
Outside the U.S., call your local FedEx office.

The terms and conditions of service may vary from country to country. Consult our local office for specific information.  
Non-Negotiable International Air Waybill • ©1994-2008 FedEx

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## The World On Time.

Not all services and options are available to all destinations.

**4a Express Package Service** Packages up to 150 lbs. / 68 kg

FedEx Intl. Priority  FedEx Intl. First Available to select locations.  FedEx Intl. Economy FedEx Envelope and FedEx Pak rate not available.

**4b Express Freight Service** Packages over 150 lbs. / 68 kg

FedEx Intl. Priority Freight  FedEx Intl. Economy Freight

Booking Number RECEIVED  
Please call your local FedEx office to book shipments.

**5 Packaging** These unique brown boxes with special pricing are provided by FedEx for FedEx Intl. Priority only.

FedEx Envelope  FedEx Pak  FedEx Box  FedEx Tube

Other  FedEx 10kg Box\*  FedEx 25kg Box\*

**6a Special Handling**

HOLD at FedEx Location  SATURDAY Delivery Available to select locations for FedEx Intl. Priority and FedEx Intl. Priority Freight only.

Does this shipment contain dangerous goods?  No  Yes As per attached Shipper's Declaration.  Yes Shipper's Declaration not required.  Dry Ice Dry Ice, 9, UN 1845  Cargo Aircraft Only

Dangerous goods (including dry ice) cannot be shipped in FedEx packaging or placed in a FedEx Express Drop Box.

**6b Broker Selection** Not available with FedEx Intl. First.  Intl. Broker Select To specify a broker other than FedEx.

Broker's Name \_\_\_\_\_

City / State / Province / Country \_\_\_\_\_

ZIP / Postal Code RECEIVED Phone \_\_\_\_\_

**7 Payment** Complete payment options for both transportation charges and duties and taxes.

Bill transportation charges to:

Sender Acct. No. in Section 1 will be billed.  Recipient  Third Party  Credit Card  Cash / Check / Cheque

FedEx Acct. No. [REDACTED] FedEx Use Only

Credit Card No. \_\_\_\_\_

Credit Card Exp. Date \_\_\_\_\_

**Bill duties and taxes to:** ALL shipments may be subject to Customs charges, which FedEx does not estimate prior to clearance.

Sender Acct. No. in Section 1 will be billed.  Recipient  Third Party

FedEx Acct. No. [REDACTED]

**8 Your Internal Billing Reference** First 24 characters will appear on invoice.

2-13-13 18 01010101

**9 Required Signature**

Use of this Air Waybill constitutes your agreement to the Conditions of Contract on the back of this Air Waybill, and you represent that this shipment does not require a U.S. State Department license. Certain international treaties, including the Warsaw Convention, may apply to this shipment and limit our liability for damage, loss, or delay, as described in the Conditions of Contract.

WARNING: These commodities, technology, or software were exported from the United States in accordance with Export Administration regulations. Diversion contrary to U.S. law prohibited.

Sender's Signature: [REDACTED] 2/13/03

This is not authorization to deliver this shipment without a required signature.

FedEx Courier Receipt: \_\_\_\_\_ Date: \_\_\_\_\_

For letter of credit shipments only.



FedEx Tracking Number **8000 9390 5040** Form ID No. **0425**

569

PART 158412 • Rev. Date 11/08  
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UNM03485



1501 RENAISSANCE BLVD  
ALBUQUERQUE, NM 87107

Location: ABQA  
Device ID: ABQA-POS1  
Employee: 874695  
Transaction: 78075930405

---

INTL PRIORITY  
800093905040 7.05 lb (S) \*\*\*  
Total Declared Value 750

Bill Recipient/Third Party

\*\*\* See payer invoice

H = Weight entered manually  
S = Weight read from scale  
I = Taxable item

Subject to additional charges. See FedEx Service Guide  
at [fedex.com](http://fedex.com) for details. All merchandise sales final.

Visit us at: [fedex.com](http://fedex.com)  
Or call 1.800.GoFedEx  
1.800.463.3339

February 13, 2013 5:27:26 PM

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UNM03486





# Expanded Service International Air Waybill

For FedEx services worldwide including express freight services, dangerous goods, broker select, and letter of credit.

**1 From** Please print and press hard.  
 Date 02/04/2013 Sender's FedEx Account Number [Redacted]  
 Sender's Name [Redacted] Phone 505- [Redacted]  
 Company University of New Mexico  
 Address 915 Camino de Salud NE  
 Address [Redacted]  
 City Albuquerque State NM  
 Country USA ZIP Postal Code 87131

**2 To**  
 Recipient's Name [Redacted] Phone 780- [Redacted]  
 Company University of Alberta  
 Address 3-032 Katz Dept./Floor [Redacted]  
 Address [Speed code PD437]  
 City Edmonton State AB  
 Country CAN ZIP Postal Code T6G 2S2  
 Recipient's Tax ID Number for Customs Purposes  
 e.g. GST/RFC/VAT/NEIN/ABN, or as locally required.

**3 Shipment Information**  
 Total Packages 1 Total Weight 4  lbs.  in.  
 Shipper's Load and Count/SLAC 1 kg DIM 1111  cm  

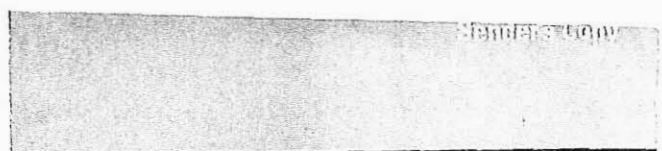
| Commodity Description    | Harmonized Code    | Country of Manufacture | Value for Customs |
|--------------------------|--------------------|------------------------|-------------------|
| <u>human lung tissue</u> | <u>17.8 300190</u> | <u>USA</u>             | <u>1750.00</u>    |
| <u>-non-hazardous</u>    |                    |                        |                   |
| <u>-non-pathogenic</u>   |                    |                        |                   |

Has EEI been filed in AES? For U.S. Export Only: Check One  
 No EEI required, value \$2,500 or less per Schedule B Number, no license required (NLR), not subject to TIR.  For EU Only: Tick here if goods are not in free circulation and provide C.I. Total Declared Value for Carriage  
 No EEI required, enter exemption number.  Other than NLR, enter License Exception:  
 Enter AES proof of filing citation:  
 Total Value for Customs (Specify Currency) \$750 USD

For Completion Instructions, see back of fifth page.

Questions? Go to our Web site at [fedex.com](http://fedex.com).  
or  
In the U.S., call 1.800.GoFedEx 1.800.463.3339.  
Outside the U.S., call your local FedEx office.

The terms and conditions of service may vary from country to country. Consult our local office for specific information.  
Non-Negotiable International Air Waybill • ©1994-2008 FedEx



## The World On Time.

Not all services and options are available to all destinations.  
**4a Express Package Service** Packages up to 150 lbs. / 68 kg  
 FedEx Intl. Priority  FedEx Intl. First Available to select locations.  FedEx Intl. Economy FedEx Envelope and FedEx Pak rate not available.

**4b Express Freight Service** Packages over 150 lbs. / 68 kg  
 FedEx Intl. Priority Freight  FedEx Intl. Economy Freight  
 Booking Number REQUIRED  
 Please call your local FedEx office to book shipments.

**5 Packaging** \*These unique brown boxes with special pricing are provided by FedEx for FedEx Intl. Priority only.  
 FedEx Envelope  FedEx Pak  FedEx Box  FedEx Tube  
 Other  FedEx 10kg Box\*  FedEx 25kg Box\*

**6a Special Handling**  
 HOLD at FedEx Location  SATURDAY Delivery Available to select locations for FedEx Intl. Priority and FedEx Intl. Priority Freight only.  
 Does this shipment contain dangerous goods? (One box must be checked/checked.)  
 No  Yes As per attached Shipper's Declaration.  Yes Shipper's Declaration not required.  Dry Ice Dry Ice, 9 UN 1845 x kg  Cargo Aircraft Only  
 Dangerous goods (including dry ice) cannot be shipped in FedEx packaging or placed in a FedEx Express Drop Box.

**6b Broker Selection** Not available with FedEx Intl. First.  Intl. Broker Select To specify a broker other than FedEx.  
 Broker's Name \_\_\_\_\_  
 City / State / Province / Country \_\_\_\_\_  
 ZIP / Postal Code REQUIRED Phone \_\_\_\_\_

**7 Payment** Complete payment options for both transportation charges and duties and taxes.  
 Bill transportation charges to:  
 Sender Acct. No. in Section 1 will be billed.  Recipient  Third Party  Credit Card  Cash Check/ Cheque FedEx Use Only  
 FedEx Acct. No. [Redacted]  
 Credit Card No. \_\_\_\_\_  
 Credit Card Exp. Date \_\_\_\_\_

Bill duties and taxes to: ALL shipments may be subject to Customs charges, which FedEx does not estimate prior to clearance.  
 Sender Acct. No. in Section 1 will be billed.  Recipient  Third Party  
 Enter FedEx Acct. No. below.  
 FedEx Acct. No. [Redacted]

**8 Your Internal Billing Reference** First 24 characters will appear on invoice  
2-6-13 17.8 SERIAL

**9 Required Signature**  
 Use of this Air Waybill constitutes your agreement to the Conditions of Contract on the back of this Air Waybill, and you represent that this shipment does not require a U.S. State Department license. Certain international treaties, including the Warsaw Convention, may apply to this shipment and limit our liability for damage, loss, or delay, as described in the Conditions of Contract.  
 WARNING: These commodities, technology, or software were exported from the United States in accordance with Export Administration regulations. Diversion contrary to U.S. law prohibited.  
 Sender's Signature: [Redacted]  
 This is not authorized for use as a signature.  
 FedEx Courier Receipt: \_\_\_\_\_ Date: \_\_\_\_\_  
 For letter of credit shipments only.



FedEx Tracking Number **8000 9390 5039** Form 10 No. **042!**

569

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UNM03487





3720 SPIRIT DRIVE S E  
ALBUQUERQUE, NM 87106

Location: ABQR  
Device ID: ABQR-POS2  
Employee: 399382  
Transaction: 78075301527

---

INTL PRIORITY  
800093905039 3.60 lb (S) 84.39  
Total Declared Value 750

Shipment subtotal: 84.39

Total Due: 84.39

FedEx Account: 84.39

\*\*\*\*

M = Weight entered manually

S = Weight read from scale

T = Taxable item

Subject to additional charges. See FedEx Service Guide  
at [fedex.com](http://fedex.com) for details. All merchandise sales final.

Visit us at: [fedex.com](http://fedex.com)  
Or call 1.800.GoFedEx  
1.800.463.3339

February 6, 2013 5:20:56 PM

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UNM03488



# Expanded Service International Air Waybill

For FedEx services worldwide including express freight services, dangerous goods, broker select, and letter of credit.

## The World On Time.

Not all services and options are available to all destinations.

**1 From** Please print and press hard.  
 Date 11/28/2012 Sender's FedEx Account Number [REDACTED] DUPLICATE ONLY  
 Sender's Name [REDACTED] Phone 505- [REDACTED]  
 Company Univ. of New Mexico  
 Address [REDACTED]  
 Address 915 Camino de Salud NE  
 City Albuquerque State NM  
 Country USA ZIP Postal Code 87131

**4a Express Package Service** Packages up to 150 lbs. / 68 kg  
 FedEx Intl. Priority  FedEx Intl. First Available to select locations.  FedEx Intl. Economy FedEx Envelope and FedEx Pak rate not available.

**4b Express Freight Service** Packages over 150 lbs. / 68 kg  
 FedEx Intl. Priority Freight  FedEx Intl. Economy Freight  
 Booking Number REQUIRED  
 Please call your local FedEx office to book shipments.

**2 To**  
 Recipient's Name [REDACTED] Phone 780- [REDACTED]  
 Company University of Alberta  
 Address 3-032 Katz Dept./Floor  
 Address [speedcode PD437]  
 City Edmonton State AB  
 Country CAN ZIP Postal Code T6G 2S2  
 Recipient's Tax ID Number for Customs Purposes e.g., GST/RFC/VAT/IN/EIN/ABN, or as locally required.

**5 Packaging** \*These unique brown boxes with special pricing are provided by FedEx for FedEx Intl. Priority only.  
 FedEx Envelope  FedEx Pak  FedEx Box  FedEx Tube  
 Other  FedEx 10kg Box\*  FedEx 25kg Box\*

**6a Special Handling**  
 HOLD at FedEx Location  SATURDAY Delivery Available to select locations for FedEx Intl. Priority and FedEx Intl. Priority Freight only.  
 Does this shipment contain dangerous goods?  
 No  Yes As per attached Shipper's Declaration  Yes Shipper's Declaration not required.  Dry Ice Dry Ice, 9, UN 1845 \_\_\_\_\_ kg  Cargo Aircraft Only  
 Dangerous goods (including dry ice) cannot be shipped in FedEx packaging or placed in a FedEx Express Drop Box.

**6b Broker Selection** Not available with FedEx Intl. First.  Intl. Broker Select To specify a broker other than FedEx.  
 Broker's Name \_\_\_\_\_  
 City / State / Province / Country \_\_\_\_\_  
 ZIP / Postal Code REQUIRED Phone \_\_\_\_\_

**3 Shipment Information**  
 Total Packages 1 Total Weight \_\_\_\_\_ lbs. \_\_\_\_\_ in. \_\_\_\_\_ kg DIM L / W / H \_\_\_\_\_ cm  
 Shipper's Load and Count/SLAC \_\_\_\_\_

**7 Payment** Complete payment options for both transportation charges and duties and taxes.  
**Bill transportation charges to:** Enter FedEx Acct. No. or Credit Card No. below.  
 Sender Acct. No. In Section 1 will be billed  Recipient  Third Party  Credit Card  Cash / Check / Cheque  
 FedEx Acct. No. [REDACTED] FedEx Use Only  
 Credit Card No. \_\_\_\_\_  
 Credit Card Exp. Date \_\_\_\_\_

| Commodity Description                                                                                                                                                                                                                                                                                                                                                                                        | Harmonized Code | Country of Manufacture | Value for Customs                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------|----------------------------------------------------------------|
| human lung tissue<br>17.4, 16.7, 15                                                                                                                                                                                                                                                                                                                                                                          | 300190          | USA                    | \$750                                                          |
| non-hazardous                                                                                                                                                                                                                                                                                                                                                                                                |                 |                        |                                                                |
| non-pathogenic                                                                                                                                                                                                                                                                                                                                                                                               |                 |                        |                                                                |
| Has EEI been filed in AES? For U.S. Export Only: Check One<br><input type="checkbox"/> No EEI required, value \$2,500 or less per Schedule B Number, no license required (NLR), not subject to ITR. If other than NLR, enter License Exception: _____<br><input type="checkbox"/> No EEI required, enter exemption number: _____<br><input type="checkbox"/> Yes - Enter AES proof of filing citation: _____ |                 |                        | Total Declared Value for Carriage                              |
|                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                        | Total Value for Customs (Specify Currency)<br><b>\$750 USD</b> |

**Bill duties and taxes to:** ALL shipments may be subject to Customs charges, which FedEx does not estimate prior to clearance.  
 Enter FedEx Acct. No. below.  
 Sender Acct. No. In Section 1 will be billed  Recipient  Third Party  
 FedEx Acct. No. [REDACTED]

**8 Your Internal Billing Reference** First 24 characters will appear on invoice.  
11-28-12 17.4, 16.7, 15

**9 Required Signature**  
 Use of this Air Waybill constitutes your agreement to the Conditions of Contract on the back of this Air Waybill, and you represent that this shipment does not require a U.S. State Department license. Certain international treaties, including the Warsaw Convention, may apply to this shipment and limit our liability for damage, loss, or delay, as described in the Conditions of Contract.  
 WARNING: These commodities, technology, or software were exported from the United States in accordance with Export Administration Regulations. It is prohibited to re-export or transfer (in any form) to any person or entity, anywhere, the commodities, technology, or software so exported or to provide technical assistance in the design, development, production, use, or maintenance of any such commodities, technology, or software.  
 Sender's Signature: [REDACTED]  
 FedEx Courier Receipt: \_\_\_\_\_ Date: \_\_\_\_\_  
 For letter of credit shipments only.

For Completion Instructions, see back of fifth page.

Questions?  
Go to our Web site at [fedex.com](http://fedex.com).  
or  
In the U.S., call 1.800.GoFedEx 1.800.463.3339.  
Outside the U.S., call your local FedEx office.



FedEx Tracking Number **8755 4885 6459** Form ID No. **0425**

**569**

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UNM03489

NOV 28 2012



1501 RENAISSANCE BLVD  
ALBUQUERQUE, NM 87107

Location: ABQA  
Device ID: ABQA-POS1  
Employee: 874695  
Transaction: 78068884516

INTL PRIORITY  
875548856459 5.75 lb (S) 90.07  
Total Declared Value 750

Shipment subtotal: 90.07

Total Due: 90.07

FedEx Account: 90.07

\*\*\*[REDACTED]

H = Weight entered manually  
S = Weight read from scale  
T = Taxable item

Subject to additional charges. See FedEx Service Guide  
at [fedex.com](http://fedex.com) for details. All merchandise sales final.

Visit us at: [fedex.com](http://fedex.com)  
Or call 1.800.GoFedEx  
1.800.463.3339

November 28, 2012 4:48:44 PM

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UNM03490



# Expanded Service International Air Waybill

For FedEx services worldwide including express freight services, dangerous goods, broker select, and letter of credit.

1. **From** Please print and press hard. Sender's FedEx Account Number [REDACTED] **DATE** 08/08/2012

**Sender's Name** [REDACTED] **Phone** 505-[REDACTED]

**Company** Univ. of New Mexico

**Address** [REDACTED]

**Address** 915 Camino de Salud NE

**City** Albuquerque **State** NM **Province** NM

**Country** USA **ZIP Postal Code** 87131

2. **To** Recipient's Name [REDACTED] **Phone** 780-[REDACTED]

**Company** Univ. of Alberta

**Address** 3-032 Katz **Dept./Floor**

**Address** [speed code PD437]

**City** Edmonton **State** AB **Province** AB

**Country** CAN **ZIP Postal Code** T6G 2S2

Recipient's Tax ID Number for Customs Purposes  
e.g., GST/REG/VAT/IN/EIN/ABN, or as locally required.

3. **Shipment Information**

**Total Packages** 1 **Total Weight** [ ] lbs. [ ] in. [ ] kg **DIM** L / W / H [ ] cm

| Commodity Description                                                                                          | Harmonized Code | Country of Manufacture | Value for Customs |
|----------------------------------------------------------------------------------------------------------------|-----------------|------------------------|-------------------|
| DETAIL REQUIRED. PREPARED IN ENGLISH.<br>human Lung Tissue 24<br>non-haz<br>non-path<br>on ice<br>(NO DRY ICE) | 300190          | USA                    | 500.00            |

Has EEI been filed in AES? For U.S. Export Only, Check One  
 No EEI required, value \$2,500 or less per Schedule B Number, no license required (NLR), not subject to IITAR. If other than NLR, enter License Exception:  
 No EEI required, enter exemption number:  
 Yes - Enter AES proof of filing citation:

Total Declared Value for Carriage  
Total Value for Customs (Specify Currency)  
500.00 USD

For Completion Instructions, see back of fifth page.

Questions?  
Go to our Web site at [fedex.com](http://fedex.com).

In the U.S., call 1.800.GoFedEx 1.800.463.3339.  
Outside the U.S., call your local FedEx office.

The terms and conditions of service may vary from country to country. Consult our local office for specific information.  
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## The World On Time.

Not all services and options are available to all destinations.

4a. **Express Package Service** Packages up to 150 lbs. / 68 kg

FedEx Intl. Priority  FedEx Intl. First Available to select locations.  FedEx Intl. Economy FedEx Envelope and FedEx Pak rate not available.

4b. **Express Freight Service** Packages over 150 lbs. / 68 kg

FedEx Intl. Priority Freight  FedEx Intl. Economy Freight

Booking Number [REDACTED]  
Please call your local FedEx office to book shipments.

5. **Packaging** \*These unique brown boxes with special pricing are provided by FedEx for FedEx Intl. Priority only.

FedEx Envelope  FedEx Pak  FedEx Box  FedEx Tube

Other [ ] FedEx 10kg Box\*  FedEx 25kg Box\*

6a. **Special Handling**

HOLD at FedEx Location  SATURDAY Delivery Available to select locations for FedEx Intl. Priority and FedEx Intl. Priority Freight only.

Does this shipment contain dangerous goods?  
 No  Yes As per attached Shipper's Declaration.  Yes Shipper's Declaration not required.  Dry Ice Dry Ice, 9, UN 1845 [ ] kg  Cargo Aircraft Only

Dangerous goods (including dry ice) cannot be shipped in FedEx packaging or placed in a FedEx Express Drop Box.

6b. **Broker Selection** Not available with FedEx Intl. First.  Intl. Broker Select To specify a broker other than FedEx.

Broker's Name [REDACTED]

City / State / Province / Country [REDACTED]

ZIP / Postal Code [REDACTED] Phone [REDACTED]

7. **Payment** Complete payment options for both transportation charges and duties and taxes.

Bill transportation charges to:  
 Sender Acct. No. in Section 1 will be billed.  Recipient  Third Party  Credit Card  Cash / Check / Cheque

FedEx Acct. No. [REDACTED] FedEx Use Only

Credit Card No. [REDACTED]

Credit Card Exp. Date [REDACTED]

Bill duties and taxes to:  
 ALL shipments may be subject to Customs charges, which FedEx does not estimate prior to clearance.

Enter FedEx Acct. No. below.  
 Sender Acct. No. in Section 1 will be billed.  Recipient  Third Party

FedEx Acct. No. [REDACTED]

8. **Your Internal Billing Reference** First 24 characters will appear on invoice.  
8/8/12 24 INTERNAL

9. **Required Signature**

Use of this Air Waybill constitutes your agreement to the Conditions of Contract on the back of this Air Waybill, and you represent that this shipment does not require a U.S. State Department license. Certain international treaties, including the Warsaw Convention, may apply to this shipment and limit our liability for damage, loss, or delay, as described in the Conditions of Contract.

WARNING: These commodities, technology, or software were exported from the United States in accordance with Export Administration Regulations and are subject to export controls and may be prohibited.

Sender's Signature: [REDACTED]

This is not authorization to uncover this shipment without a letter of credit.

FedEx Courier Receipt: [REDACTED] Date: 8/8/12

For letter of credit shipments only.



FedEx Tracking Number 8755 4885 6448 Form ID No. 0425



PART 158412 • Rev. Date 11/09  
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UNM03491

# FedEx International Air Waybill

Express

Sender's Copy

PACKAGE LABEL

COMMERCIAL INVOICE LABEL

DELIVERY RECORD LABEL

8607 5639 0061

**1 From** Please print or print out  
 Date 6-14-12 Sender's FedEx Account Number [Redacted]  
 Sender's Name [Redacted] Phone 505-[Redacted]  
 Company University of N.M.  
 Address [Redacted]  
 Address 915 Camino de Salud NE  
 City Albuquerque State NM  
 Country USA ZIP Postal Code 87131

**2 To**  
 Recipient's Name [Redacted] Phone 780-[Redacted]  
 Company U. of Alberta  
 Address 3-032 Katz  
 Address [speed code PD437]  
 City Edmonton State AB  
 Country CANADA ZIP Postal Code T6G 2S2  
 Recipient's Tax ID Number for Customs Purposes  
e.g. GST#/VAT#/EORI# or as locally required

**3 Shipment Information**  For TO Only. Tick here if goods are not in free circulation and provide C.I.  
 Total Packages 1 Total Weight 1 kg 1 lb 1 in cm  
 Commodity Description human lung tissue non-hazardous non-pathologic on ice Harmonized Code 300190 Country of Manufacture USA Value for Customs \$1500  
 Has EPCED been filed in AES?  No EPCED required unless BLST or less per Sch. B Member.  Yes EPCED required unless exemption number.  Yes - Enter AES serial of filing location.  
 Total Declared Value 1500 Total Value for Customs 1500

**4 Express Package Service**  
 FedEx Intl Priority  FedEx Intl First Available in select countries. Higher rates apply.  
 FedEx Intl Economy FedEx Envelope and FedEx IA not available.

**5 Packaging**  
 FedEx Envelope  FedEx Pak  FedEx Box  FedEx Tube  
 Other  FedEx 10kg Box\*  FedEx 25kg Box\*

**6 Special Handling**  
 HOLD at FedEx Location  SATURDAY Delivery Available in select countries for FedEx Intl Priority only.

**7a Payment Bill transportation charges for:**  
 Sender Assn No in Section 7b is required  Recipient  Third Party  Credit Card  Cash/Check/Check/Order  
 FedEx Acct No. [Redacted] FedEx Card No. [Redacted]

**7b Payment Bill duties and taxes for:** All shipments may be subject to Customs charges, which FedEx does not collect prior to clearance.  
 Sender Assn No in Section 7b is required  Recipient  Third Party  
 FedEx Acct No. [Redacted]

**8 Your Internal Billing Reference**  
6-14-12 17

**9 Required Signature**  
 Use of this Air Waybill constitutes your agreement to the Conditions of Contract on the back of this Air Waybill, and you represent that this shipment does not require a U.S. State Department License or contain dangerous goods. Certain international treaties, including the Warsaw Convention, may apply to this shipment and limit our liability for damage, loss, or delay, as described in the Conditions of Contract. **WARNING:** These commodities, technologies or software may be controlled from the United States in accordance with Export Administration Regulations. **Signature:** [Redacted]

Not all services and options are available to all destinations. Dangerous goods cannot be shipped using this Air Waybill.

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For Completion Instructions, see back of fifth page.

FedEx Tracking Number **8607 5639 0061** Form ID No. **0402**

**Ship and track packages at fedex.com**

The terms and conditions of service may vary from country to country. Contact our local office for specific information. How to track the International Air Waybill: 010-209-1422

Questions? Go to our Web site at [fedex.com](http://fedex.com). Or in the U.S., call 1.800.247.4747. Outside the U.S., call your local FedEx office.



**1 From** Please print and press hard.  
Date 4-11-12 Sender's FedEx Account Number [Redacted]  
Sender's Name [Redacted] Phone 505- [Redacted]  
Company University of N.M.  
Address [Redacted]  
Address 915 Camino de Salud NE  
City Albuquerque State N.M.  
Country USA ZIP Postal Code 87131

**2 To** Recipient's Name [Redacted] Phone 780- [Redacted]  
Company University of Alberta  
Address 3-032 Katz  
Address [speed code PD437] Dept./Floor Please process immediately  
City Edmonton State AB  
Country CANADA ZIP Postal Code T6G 2S2  
Recipient's Tax ID Number for Customs Purposes  
e.g. GST/RFCVAT/IN/EN/ABN, or as locally required.

**3 Shipment Information**  For EU Only. Tick here if goods are not in free circulation and provide C.I.  
Total Packages 1 Total Weight 8 kg  kg  DIM 16x12x10 in  cm  
Commodity Description **DETAIL REQUIRED** Harmonized Code Country of Manufacture Value for Customs REQUIRED  
human lung tissue 17 300190 USA 400  
non-haz  
non-path  
on ice  
Has EE/SED been filed in AES?  No EE/SED required, value \$2,500 or less per Sch. B Number, no license required (NLR), not subject to ITR.  Total Declared Value for Carriage 400  
 No EE/SED required, enter exemption number: \_\_\_\_\_ If other than NLR, enter License Exception: \_\_\_\_\_  
 Yes - Enter AES proof of filing citation: \_\_\_\_\_

**4 Express Package Service** Packages up to 150 lbs. / 68 kg For packages over 150 lbs. (68 kg), use the FedEx Expanded Service Intl. Air Waybill.  
 FedEx Intl. Priority  FedEx Intl. First Available in select locations. Higher rates apply.  
 \_\_\_\_\_  FedEx Intl. Economy FedEx Envelopes and FedEx Pak rate not available.

**5 Packaging** \*These unique brown boxes with special pricing are provided by FedEx for FedEx Intl. Priority only.  
 FedEx Envelope  FedEx Pak  FedEx Box  FedEx Tube  
 Other  FedEx 10kg Box\*  FedEx 25kg Box\*

**6 Special Handling**  
 HOLD at FedEx Location  SATURDAY Delivery Available to select locations for FedEx Intl. Priority only.

**7a Payment Bill transportation charges to:** Enter FedEx Acct. No. or Credit Card No. below.  
 Sender Acct. No. in Section 1 will be billed  Recipient  Third Party  Credit Card  Cash/Check/Cheque  
FedEx Acct. No. [Redacted] FedEx Use Only  
Credit Card No. \_\_\_\_\_  
Credit Card Exp. Date \_\_\_\_\_

**7b Payment Bill duties and taxes to:** ALL shipments may be subject to Customs charges, which FedEx does not estimate prior to clearance.  
Enter FedEx Acct. No. below.  
 Sender Acct. No. in Section 1 will be billed  Recipient  Third Party  
FedEx Acct. No. [Redacted]

**8 Your Internal Billing Reference** First 24 characters will appear on invoice.

**9 Required Signature**  
Use of this Air Waybill constitutes your agreement to the Conditions of Contract on the back of this Air Waybill, and you represent that this shipment does not require a U.S. State Department License or contain dangerous goods. Certain international treaties, including the Warsaw Convention, may apply to this shipment and limit our liability for damage, loss, or delay, as described in the Conditions of Contract. **WARNING:** These commodities, technology, or software were exported from the United States in accordance with Export Administration Regulations. Shipment contracts to U.S. are prohibited.  
Sender's Signature: [Redacted]  
This is not authorized.

For Completion Instructions, see back of fifth page.

8607 5639 0050 Form ID No. 0



The terms and conditions of service may vary from country to country. Consult our local office for specific information. Non-Negotiable International Air Waybill • ©1994-2006 FedEx

Questions? Go to our Web site at [fedex.com](http://fedex.com).  
Or in the U.S., call 1.800.247.4747. Outside the U.S., call your local FedEx office.

**From** Please print and press hard.

Date 02/15/12 Sender's FedEx Account Number [Redacted]

Sender's Name [Redacted] Phone 505- [Redacted]

Company University of New Mexico

Address [Redacted]

Address 915 Camino de Salud NE

City Albuquerque State NM

Country USA ZIP Postal Code 87131

**To** Recipient's Name [Redacted] Phone 780- [Redacted]

Company University of Alberta

Address 3-032 Katz Dept/Floor [Redacted]

Address [speed code PD437]

City Edmonton State AB

Country CANADA ZIP Postal Code T6G 2S2

Recipient's Tax ID Number for Customs Purposes  
e.g., GST/RFCVAT/VIN/ABN, or as locally required.

**Shipment Information**  For EU Only; Tick here if goods are not in free circulation and provide CL.

Total Packages 1 lbs. 14.6 kg 300 DIM 190 in. 300 cm

| Commodity Description<br>DETAIL (REQUIRED) | Harmonized Code | Country of<br>Manufacture | Value for Customs<br>REQUIRED |
|--------------------------------------------|-----------------|---------------------------|-------------------------------|
| <u>human lung tissue</u>                   | <u>300190</u>   | <u>USA</u>                | <u>300 USD</u>                |
| <u>non-hazardous</u>                       |                 |                           |                               |
| <u>non-pathogenic</u>                      |                 |                           |                               |
| <u>on ice</u>                              |                 |                           |                               |

EE/SED been filed in AES?  No EE/SED required, value \$2,500 or less per Sch. B Number, S. Export Only; Check Box.  No EE/SED required, value \$2,500 or less per Sch. B Number, no license required (MLR), not subject to ITR.

Total Declared Value for Carriage \$300 USD

Total Value for Customs (Specify Currency) \$300 USD

**4 Express Package Service**

FedEx Intl. Priority  FedEx Intl. First Available to select locations. Higher rates apply.

FedEx Intl. Economy FedEx Envelope and FedEx Pak rate not available.

Packages up to 150 lbs./68 kg For packages over 150 lbs. (68 kg), use the FedEx Expanded Service Intl. Air Waybill.

Not all services and options are available to all destinations. Dangerous goods can be shipped using the Air Waybill.

**5 Packaging** \*These unique brown boxes with special pricing are provided by FedEx for FedEx Intl. Priority only.

FedEx Envelope  FedEx Pak  FedEx Box  FedEx Tube

Other  FedEx 10kg Box\*  FedEx 25kg Box\*

**6 Special Handling**

HOLD at FedEx Location  SATURDAY Delivery Available to select locations for FedEx Intl. Priority only.

**7a Payment Bill transportation charges to:**

Sender Acct. No. in Section 1 will be billed.  Recipient  Third Party  Credit Card  Cash Check/ Cheque

FedEx Acct. No. [Redacted] FedEx Use Only

Credit Card No. [Redacted]

Credit Card Exp. Date [Redacted]

**7b Payment Bill duties and taxes to:** ALL shipments may be subject to Customs charges, which FedEx does not estimate prior to clearance.

Sender Acct. No. in Section 1 will be billed.  Recipient  Third Party

FedEx Acct. No. [Redacted]

**8 Your Internal Billing Reference** First 24 characters will appear on invoice.

**9 Required Signature**

Use of this Air Waybill constitutes your agreement to the Conditions of Contract on the back of this Air Waybill, and you represent that this shipment does not require a U.S. State Department License or contain dangerous goods. Certain international treaties, including the Warsaw Convention, may apply to this shipment and limit our liability for damage, loss, or delay, as described in the Conditions of Contract. WARNING: These commodities, technology, or software were exported from the United States in accordance with Export Administration Regulations. Export of certain commodities, technology, or software is prohibited.

Sender's Signature: [Redacted]

This is not authorized.

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For Completion Instructions, see back of fifth page.

FedEx Tracking Number

8607 5639 0040 Form ID No.

040



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Questions? Go to our Web site at fedex.com.

Or in the U.S., call 1.800.247.4747. Outside the U.S., call your local FedEx office.



**edEx** International Air Waybill  
Express For FedEx services worldwide.

**1 From** Please print and press hard.  
 Date 01/18/2012 Sender's FedEx Account Number [Redacted]  
 Sender's Name [Redacted] Phone 505- [Redacted]  
 Company University of New Mexico  
 Address [Redacted]  
 Address 915 Camino de Salud NE  
 City Albuquerque State NM  
 Country USA ZIP Postal Code 87131

**2 To**  
 Recipient's Name [Redacted] Phone 780- [Redacted]  
 Company University of Alberta  
 Address 3-032 Katz  
 Address [Speed Code PD437] Dept/Floor  
 City Edmonton State AB  
 Country CANADA ZIP Postal Code T6G 2S2  
 Recipient's Tax ID Number for Customs Purposes  
 e.g., GST/RFCVAT/VNE/VABN, or as locally required.

**3 Shipment Information**  For EU Only. Tick here if goods are not in free circulation and provide C.I.  
 Total Packages 1 Total Weight 5  kg  DIM 10, 10, 12  cm  

| Commodity Description<br>DETAIL REQUIRED | Harmonized Code | Country of<br>Manufacture | Value for Customs<br>REQUIRED |
|------------------------------------------|-----------------|---------------------------|-------------------------------|
| <u>human lung tissue</u>                 | <u>300190</u>   | <u>USA</u>                | <u>300.00</u>                 |
| <u>non-hazardous 17wk</u>                |                 |                           |                               |
| <u>non-pathologic</u>                    |                 |                           |                               |

Has EE/SED been filed in AES?  No EE/SED required, value \$2,500 or less per Sch. B Number, no license required (NLR), not subject to ITR.  Total Declared Value for Carriage 300 USD  
 No EE/SED required, enter exemption number. If other than NLR, enter License Exception:  
 Yes - Enter AES proof of filing citation.

**4 Express Package Service** Packages up to 150 lbs. / 68 kg for packages over 150 lbs. (68 kg), use the FedEx Expanded Service Intl. Air Waybill. Not all service options are available to all destinations. Dangerous goods may be shipped via Air Waybill.

FedEx Intl. Priority  FedEx Intl. First Available to select locations. Higher rates apply.  
  FedEx Intl. Economy FedEx Envelope and FedEx PAK rate not available.

**5 Packaging** \*These unique brown boxes with special pricing are provided by FedEx for FedEx Intl. Priority only.  
 FedEx Envelope  FedEx Pak  FedEx Box  FedEx Tube  
 Other  FedEx 10kg Box\*  FedEx 25kg Box\*

**6 Special Handling**  
 HOLD at FedEx Location  SATURDAY Delivery Available to select locations for FedEx Intl. Priority only.

**7a Payment Bill transportation charges to:**  
 Sender Acct. No. in Section 1 will be billed.  Recipient  Third Party  Credit Card  Cash/Check/Cheque  
 FedEx Acct. No. [Redacted] FedEx Use Only  
 Credit Card No. \_\_\_\_\_  
 Credit Card Exp. Date \_\_\_\_\_

**7b Payment Bill duties and taxes to:** ALL shipments may be subject to Customs charges, which FedEx does not estimate prior to clearance.  
 Sender Acct. No. in Section 1 will be billed.  Recipient  Third Party  
 FedEx Acct. No. [Redacted]

**8 Your Internal Billing Reference** First 24 characters will appear on invoice.

**9 Required Signature**  
 Use of this Air Waybill constitutes your agreement to the Conditions of Contract on the back of this Air Waybill, and you represent that this shipment does not require a U.S. State Department License or contain dangerous goods. Certain international treaties, including the Warsaw Convention, may apply to this shipment and limit our liability for damage, loss, or delay, as described in the Conditions of Contract. WARNING: These commodities, technology, or software were exported from the United States in accordance with Export Administration Regulations and may be subject to export controls. Signature: [Redacted]  
 This is not authorized.

For Completion Instructions, see back of fifth page.  
 FedEx Tracking Number **8607 5639 0039** Form ID No. **01**



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**1 From** Please print and attach hard copy. Sender's FedEx Account Number [Redacted]

Date 1-17-2012

Sender's Name [Redacted] Phone 505 [Redacted]

Company University of New Mexico

Address [Redacted]

Address 915 Camino de Salud NE

City Albuquerque State NM Province NM

Country USA ZIP Postal Code 87131

**2 To** Recipient's Name [Redacted] Phone 780 [Redacted]

Company University of Alberta

Address 3-032 Katz

Address [Redacted] Dept./Floor [Redacted]

Address Speed code PD437

City Edmonton State AB Province AB

Country CANADA ZIP Postal Code T6G 2S2

Recipient's Tax ID Number for Customs Purposes e.g., GST/RFC/VAT/IN/EIN/ABN, or as locally required.

**3 Shipment Information**  For EU Only; Tick here if goods are not in free circulation and provide C.I.

Total Packages 1 Total Weight 1 lbs. 0 kg 0 DIM 1 1 1 in. 0 cm

| Commodity Description<br>DETAIL REQUIRED                                  | Harmonized Code | Country of Manufacture | Value for Customs<br>REQUIRED |
|---------------------------------------------------------------------------|-----------------|------------------------|-------------------------------|
| <u>Human Lung Tissue</u><br><u>non-hazardous</u><br><u>non-pathologic</u> | <u>300190</u>   | <u>USA</u>             | <u>300,00</u>                 |
|                                                                           |                 | <u>1.5 wk</u>          |                               |

Has EEI/SED been filed in AES? For U.S. Export Only; Check One  No EEI/SED required, value \$2,500 or less per Sch. B Number, no license required (W/LR), not subject to ITAR.  Yes - Enter AES proof of filing citation: \_\_\_\_\_

Total Declared Value for Carriage: \_\_\_\_\_ Total Value for Customs (Specify Currency): 300. USD

**4 Express Package Service** Packages up to 150 lbs./68 kg For packages over 150 lbs./68 kg, use the FedEx Expanded Service Intl. Air Waybill.

FedEx Intl. Priority  FedEx Intl. First  FedEx Intl. Economy

**5 Packaging** \*These unique brown boxes with special pricing are provided by FedEx for FedEx Intl. Priority only.

FedEx Envelope  FedEx Pak  FedEx Box  FedEx Tube

Other  FedEx 10kg Box\*  FedEx 25kg Box\*

**6 Special Handling**  HOLD at FedEx Location  SATURDAY Delivery Available to select locations for FedEx Intl. Priority only.

**7a Payment Bill transportation charges to:** Enter FedEx Acct. No. or Credit Card No. below.

Sender Acct. No. in Section 1 will be billed  Recipient  Third Party  Credit Card  Cash Check/ Cheque

FedEx Acct. No. [Redacted] Credit Card No. [Redacted] Credit Card Exp. Date [Redacted]

**7b Payment Bill duties and taxes to:** ALL shipments may be subject to Customs charges, which FedEx does not estimate prior to clearance.

Sender Acct. No. in Section 1 will be billed  Recipient  Third Party

FedEx Acct. No. [Redacted]

**8 Your Internal Billing Reference** First 24 characters will appear on invoice.

**9 Required Signature** Use of this Air Waybill constitutes your agreement to the Conditions of Contract on the back of this Air Waybill, and you represent that this shipment does not require a U.S. State Department License or contain dangerous goods. Certain international treaties, including the Warsaw Convention, may apply to this shipment and limit our liability for damage, loss, or delay, as described in the Conditions of Contract. WARNING: These commodities, technology, or software were exported from the United States in accordance with Export Administration Regulations. Diversion contrary to U.S. law prohibited.

Sender's Signature: [Redacted]

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FedEx Tracking Number 8607 5639 0028 Form ID No. 01



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**From** Please print and press hard.

Date 06/27/12 Sender's FedEx Account Number [Redacted]

Sender's Name [Redacted] Phone 505 [Redacted]

Company Univ. of N.M.

Address [Redacted]

Address 915 Camino de Salud NE

City Albuquerque State/Province NM

Country USA ZIP Postal Code 87131

To Recipient's Name [Redacted] Phone 780 [Redacted]

Company Univ. of Alberta

Address 3-032 Katz

Address [Speed code PD437]

City Edmonton State/Province AB

Country CAN ZIP Postal Code T6G 2S2

Recipient's Tax ID Number for Customs Purposes  
e.g., GST/RFCVAT/VEN/ABN, or as locally required.

**4 Express Package Service**

FedEx Intl. Priority  FedEx Intl. First  
Available to select locations. Higher rates apply.

[ ]  FedEx Intl. Economy  
FedEx Envelope and FedEx Pak rate not available.

*Packages up to 150 lbs./68 kg. For packages over 150 lbs./68 kg, use the FedEx Expanded Service Intl. Air Waybill.*

Not all services and options are available to all destinations. Dangerous goods can be shipped using this Air Waybill.

**5 Packaging**

FedEx Envelope  FedEx Pak  FedEx Box  FedEx Tube

Other  FedEx 10kg Box\*  FedEx 25kg Box\*

\*These unique brown boxes with special pricing are provided by FedEx for FedEx Intl. Priority only.

**6 Special Handling**

HOLD at FedEx Location  SATURDAY Delivery  
Available to select locations for FedEx Intl. Priority only.

**7a Payment Bill transportation charges to:**

Sender Acct. No. in Section 1 will be billed.  Recipient  Third Party  Credit Card  Cash/Check/Cheque

FedEx Acct. No. [Redacted] FedEx Use Only

Credit Card No. [Redacted]

Credit Card Exp. Date [Redacted]

**7b Payment Bill duties and taxes to:**

Sender Acct. No. in Section 1 will be billed.  Recipient  Third Party

FedEx Acct. No. [Redacted]

ALL shipments may be subject to Customs charges, which FedEx does not estimate prior to clearance.

**8 Your Internal Billing Reference** 15.6

First 24 characters will appear on invoice.

**9 Required Signature**

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Sender's Signature: [Redacted]

This is not authorized.

**Shipment Information**  For EU Only: Tick here if goods are not in free circulation and provide C.I.

Total Packages 1 lbs. 1 kg. 1 in. 1 cm. DIM

| Commodity Description<br>DETAIL REQUIRED                                                                                                                                                                                                  | Harmonized Code | Country of Manufacture | Value for Customs<br>REQUIRED     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------|-----------------------------------|
| <u>human lung tissue</u><br><u>non-haz</u><br><u>non-path</u><br><u>on ice</u>                                                                                                                                                            | <u>300190</u>   | <u>USA</u>             | <u>400.00</u>                     |
| VISED been filed in AES? <input type="checkbox"/> No EEVISED required, value \$2,500 or less per Sch. D Number, report only; check box. EEVISED required, enter exemption number: _____ If other than NLR, enter License Exemption: _____ |                 |                        | Total Declared Value for Carriage |
| s - Enter AES proof of filing citation:                                                                                                                                                                                                   |                 |                        | <u>400.00</u>                     |

For Completion Instructions, see back of fifth page.

FedEx Tracking Number **8607 5639 0072** Form ID No. **0402**



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OM Please print and press hard.  
 Date 6-14-12 Sender's FedEx Account Number [REDACTED]

Under's name [REDACTED] Phone 505-[REDACTED]

Company University of N.M.

Address [REDACTED]

Address 915 Camino de Salud NE

City Albuquerque State NM

Country USA ZIP Postal Code 87131

Shipper's name [REDACTED] Phone 780-[REDACTED]

Company U. of Alberta

Address 3-032 Katz

Address [Speed code PD437]

City Edmonton State AB

Country CANADA ZIP Postal Code T6G 2S2

Shipper's Tax ID Number for Customs Purposes  
EST/REG/VAT/IN/EN/ARN, or as locally required.

Shipment Information  For EU Only: Tick here if goods are not in free circulation and provide C.I.  
 # of Packages 1 Total Weight 77 kg  DIM  in.  cm

| Commodity Description<br><small>DETAIL REQUIRED</small> | Harmonized Code | Country of<br>Manufacture | Value for Customs<br><small>REQUIRED</small> |
|---------------------------------------------------------|-----------------|---------------------------|----------------------------------------------|
| <u>non-hazardous</u>                                    | <u>300190</u>   | <u>USA</u>                | <u>\$1500</u>                                |
| <u>non-hazardous</u>                                    |                 |                           |                                              |
| <u>non-hazardous</u>                                    |                 |                           |                                              |
| <u>on ice</u>                                           |                 |                           |                                              |

No EEVSED required, value \$2500 or less per Sch. B Number, no license required (NLR), not subject to FTAR.  Total Declared Value for Carriage 1500  
 If other than NLR, enter License Exception: \_\_\_\_\_ Total Value for Customs (Specify Currency)

**4 Express Package Service**  
 FedEx Intl. Priority  FedEx Intl. First Available to select locations. Higher rates apply.  
 \_\_\_\_\_  FedEx Intl. Economy FedEx Envelope and FedEx Pak rates not available.  
 Packages up to 150 lbs./68 kg For packages over 150 lbs. (68 kg), use the FedEx Expanded Service Intl. Air Waybill.  
 Not all services and options are available to all destinations. Dangerous goods cannot be shipped using this Air Waybill.

**5 Packaging**  
 FedEx Envelope  FedEx Pak  FedEx Box  FedEx Tube  
 Other \_\_\_\_\_  FedEx 10kg Box\*  FedEx 25kg Box\*  
\*These unique brown boxes with special pricing are provided by FedEx for FedEx Intl. Priority only.

**6 Special Handling**  
 HOLD at FedEx Location  SATURDAY Delivery Available to select locations for FedEx Intl. Priority only.

**7a Payment Bill transportation charges to:**  
 Sender Acct. No. in Section 1 will be billed.  Recipient  Third Party  Credit Card  Cash/Check/Cheque  
 Enter FedEx Acct. No. or Credit Card No. below.  
 FedEx Acct. No. [REDACTED] Credit Card No. \_\_\_\_\_  
 Credit Card Exp. Date \_\_\_\_\_

**7b Payment Bill duties and taxes to:**  
 ALL shipments may be subject to Customs charges, which FedEx does not estimate prior to clearance.  
 Sender Acct. No. in Section 1 will be billed.  Recipient  Third Party  
 Enter FedEx Acct. No. below.  
 FedEx Acct. No. [REDACTED]

**8 Your Internal Billing Reference**  
 First 24 characters will appear on invoice.

**9 Required Signature**  
 Use of this Air Waybill constitutes your agreement to the Conditions of Contract on the back of this Air Waybill, and you represent that this shipment does not require a U.S. State Department License or contain dangerous goods. Certain International treaties, including the Warsaw Convention, may apply to this shipment and limit our liability for damage, loss, or delay, as described in the Conditions of Contract. WARNING: These commodities, technology, or software were exported from the United States in accordance with Export Administration Regulations. Diversion contrary to U.S. law prohibited.  
 Sender's Signature: [REDACTED]  
This is not authorization to do

For Completion Instructions, see back of fifth page.  
 FedEx Tracking Number 8607 5639 0061 Form ID No. 0402

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# Exhibit 6.34

November 30, 2016

Jessica R. Hertz

Tel + [REDACTED]  
[REDACTED]  
[REDACTED]

VIA HAND DELIVERY AND ELECTRONIC MAIL

The Honorable Marsha Blackburn, Chair  
Select Investigative Panel  
H2-316 Ford House Office Building  
Washington, D.C. 20515

Dear Representative Blackburn:

As counsel for Southwestern Women's Options ("Southwestern"), we write in response to the letter sent by T. March Bell, Chief Counsel for the Select Investigative Panel (the "Panel"), on November 18, 2016. Southwestern provides this response without waiving any procedural or substantive objections, including those objections articulated in previous correspondence with the Panel.

Mr. Bell has inquired whether "Southwestern Women's Options or its individual personnel receive any payment from any entity in connection to their participation in research, study, or other work involving fetal tissue."

As stated in Southwestern's February 12, 2016 response to the Panel's initial request for information, Southwestern "does not sell fetal tissue or recoup expenses associated with tissue donation, nor has it ever done so." Moreover, Southwestern does not participate "in research, study, or other work involving fetal tissue."<sup>1</sup> Neither do any of Southwestern's individual personnel. Accordingly, to the best of Southwestern's knowledge, the answer to Mr. Bell's inquiry is no, and there are no documents or communications responsive to the request.

To ensure the continued safety and security of clinic staff and their families, Southwestern renews its request that its continued dialogue with the Panel be kept confidential. Southwestern further requests that, in the event that the Panel seeks to pursue disclosure of documents, interviews, or other material produced by or related to Southwestern, the Panel redact all individual names in accordance with its pledge "to do everything possible to protect names and identities" and to "do redactions as necessary to

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<sup>1</sup> See Southwestern Letter Response to Panel's Initial Request for Information (February 12, 2016), at Appendix A.

The Honorable Marsha Blackburn

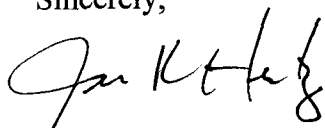
Page 2 of 2

November 30, 2016

protect privacy,”<sup>2</sup> and that Southwestern be afforded the opportunity to review any such redactions prior to any disclosures.

Please let us know if you have any questions.

Sincerely,



Jessica Hertz  
*Counsel for Southwestern Women's Options*



Mary Ellen Callahan  
*Counsel for Southwestern Women's Options*

cc: March Bell, Chief Counsel, Select Investigative Panel  
Heather Sawyer, Democratic Staff Director and General Counsel, Select Investigative Panel

---

<sup>2</sup> [http://www.huffingtonpost.com/entry/republicans-fetal-tissue-research\\_us\\_56d71ddee4b0871f60ed7512](http://www.huffingtonpost.com/entry/republicans-fetal-tissue-research_us_56d71ddee4b0871f60ed7512).



# Exhibit 6.35



March 8, 2013

Southwest Women's Options

[REDACTED]

[REDACTED]

We are embarking on a clinical study to determine the Rh status of fetuses of Rh negative women, in the hopes that we can develop a test such that these women would not need to be administered Rhogam if their fetus were also Rh negative.

In speaking with [REDACTED] yesterday, [REDACTED] understood that when your clinic is finished with the blood drawn from your patients, it is eventually discarded. If a 1-2 mL aliquot of this blood that was to be discarded were placed in an unlabeled tube, it might be used in our study.

In thinking further about this in our lab, we realized how valuable it would be to be able to match the individual patient's blood to the fetal tissue obtained. Note that there still would be no identification of patients involved, but we would need your help in matching the blood to the fetal tissue. Specifically, we would like to obtain 1-2 mL of the remaining blood sample obtained on the individual undergoing the procedure, as soon as possible after you have completed the blood type analysis. Our goal is to isolate the free fetal RNA and DNA present in the plasma, and perform molecular analyses to determine fetal Rh status. We would confirm the fetal Rh status by performing the same analysis on fetal marrow.

We would like to use all blood samples (both Rh positive and Rh negative) that you would be discarding otherwise, and a small aliquot of the remaining blood along with the fetal tissue collected that day, all de-identified.

Sincerely,

[REDACTED]

PI, DREAM Lab  
University of New Mexico

**Mailing Address:**

MSC 10 5590  
1 University of New Mexico  
Albuquerque, NM 87131-0001

[REDACTED]

**Location:**

[REDACTED]  
Albuquerque, NM 87131-0001

# Exhibit 6.36

Client Information for Informed Consent

DONATION OF FETAL TISSUE FOR MEDICAL RESEARCH

Research using fetal tissue has been used to develop vaccines and seek treatments for many diseases and disorders. At Southwestern Women's Options, we provide our patients the opportunity to donate fetal tissue from their pregnancies to medical research.

You can choose to donate tissue from your pregnancy to medical research by filling out this form. Before you give your consent, please read each of the following statements and initial the lines to the right. **If you do not want to donate tissue from your pregnancy, do not fill out this form.**

We are available to answer any questions.

Before I was given this consent form, I had already decided to have an abortion and signed a separate consent form for my abortion. \_\_\_\_\_

I agree to donate tissue from my pregnancy after my abortion to researchers at the University of New Mexico as a gift to be used for research, treatment, or education. \_\_\_\_\_

I understand that I have no control over who will receive my donation or what specific research it will be used for. \_\_\_\_\_

I understand that Southwestern Women's Options will not disclose my name or personal information in connection with my donation. \_\_\_\_\_

I understand that there will be no changes to how or when my abortion is done in order to preserve the tissue. \_\_\_\_\_

I understand that I will not be paid for this donation. \_\_\_\_\_

I understand that Southwestern Women's Options does not profit from or collect any fee associated with this donation. \_\_\_\_\_

I understand that I do not have to donate tissue from my pregnancy, and this will not affect my current or future care at Southwestern Women's Options. \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

# Exhibit 6.37

**AFFIDAVIT OF** [REDACTED]

1. My name is [REDACTED]
2. I am a resident of Bernalillo County, New Mexico.
3. I am familiar with Southwestern Women's Options and [REDACTED].
4. In the fall of 2012, I had an unexpected pregnancy.
5. I was referred to Southwestern Women's Options to receive a consultation about a possible abortion.
6. On October 5, 2012, I went to receive a consult at Southwestern Women's Options. I became hesitant and left.
7. I returned to Southwestern Women's Options on October 10, 2012 for a possible abortion.
8. As a prerequisite for the abortion, I signed an agreement attached hereto as Exhibit "A".
9. The doctors and staff at Southwestern Women's Options did not explain this consent to me.
10. I did not understand that I was allegedly giving consent for Southwestern Women's Options to donate my baby's parts to the University of New Mexico or other entities.
11. I was not explained the procedure by Southwestern Women's Options, their doctors or staff.
12. At the time I went to the visit on October 10, 2012, I knew that I was approximately 11 to 13 weeks into my pregnancy.
13. The staff at Southwestern Women's Options informed me that I was 12 to 13

weeks pregnant.

14. The staff at Southwestern Women's Options informed me that I could apply for medicaid.

15. [REDACTED] was the doctor at Southwestern Women's Options that performed my procedure.

16. I never saw [REDACTED], a physician that signed my medical records including my medicaid form.

17. [REDACTED] signed off on my medical records certifying the reasons for medicaid.

18. [REDACTED], the doctors and staff at Southwestern Women's Options failed to inform me that [REDACTED] was a volunteer faculty member of the University of New Mexico.

19. [REDACTED], the doctors and staff at Southwestern Women's Options failed to inform me that [REDACTED] was a volunteer faculty member of the University of New Mexico.

20. [REDACTED], the doctors and staff at Southwestern Women's Options failed to inform me that Southwestern Women's Options and the University of New Mexico had been collaborating on fetal tissue research since 1995.

21. [REDACTED], the doctors and staff at Southwestern Women's Options failed to inform me of the nature and extent in which the fetal tissue was going to be used.

22. At no time did [REDACTED], the doctors and staff at Southwestern Women's Options tell me which body parts were going to be used or donated.

23. At no time did [REDACTED], the doctors and staff at Southwestern Women's Options inform me that Southwestern Women's Options were the sole supplier of

body parts to the University of New Mexico.

24. At no time did [REDACTED], the doctors and staff at Southwestern Women's Options inform me of the procedures to be followed and their purposes including identification of any procedures that might be experimental if I chose to donate body parts for any research study.

25. At no time did [REDACTED], the doctors and staff at Southwestern Women's Options inform me of any attendant discomforts to be expected if I chose to donate any body parts to [REDACTED].

26. At no time did [REDACTED], the doctors and staff at Southwestern Women's Options inform me of any benefits reasonably to be expected if I chose to donate the body parts.

27. At no time did [REDACTED], the doctors and staff at Southwestern Women's Options inform me of any appropriate alternative procedures that might be an advantage to me if I chose to donate the body parts from my procedure.

28. At no time did [REDACTED], the doctors and staff at Southwestern Women's Options offer to answer any inquiries concerning the procedure if I chose to donate body parts.

29. At no time did [REDACTED], the doctors and staff at Southwestern Women's Options inform me that I was free to withdraw my consent at any time if I chose to donate the body parts from my procedure.

30. At no time was I given a separate consent to donate tissue that was separate from the consent for the procedure.

31. My abortion was ultrasound guided and I was never told why it was ultrasound



guided.

32. I asked Southwestern Women's Options for the medical records regarding the donation of tissue.

33. A true and accurate copy of the letter where I asked for the disposition of the tissue is attached as Exhibit "B".

34. I never received a response to my request for medical records. I still do not have copies of records showing how the tissue was disposed.

35. In September, 2016, I read procurement notes attached to the Select Panel on Infant Lives Criminal Referral issued on June 23, 2016.

36. I noticed that the University of New Mexico picked up brain tissue from a 11.5 week baby and a 12.7 week baby on October 17, 2012.

37. On October 5, 2012, my ultrasound stated I was 12 weeks and 2 days pregnant.

38. I believe that my baby was one of the two babies given to the University of New Mexico for their research.

39. If I had known my baby was going to be used for research I would have probably changed my mind about going through with the abortion.

40. It is my body and I feel I had a complete right to know where my baby's parts were going to be disposed and if they were to be used for experimentation.

41. I believe my rights under New Mexico and Federal Law have been violated and I request the Select Panel On Infant Lives to fully investigate my case.

42. I have suffered emotional distress and mental anguish as a result of the actions of

██████████ ██████████ and Southwestern Women's Options.

43. I will fully cooperate with the Select Panel and I will give authorization to view my medical records.

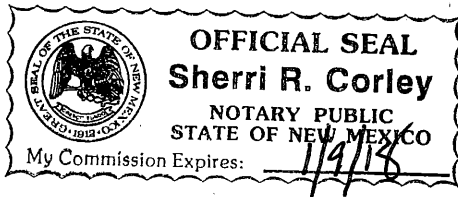
Further, Affiant sayeth not.



SUBSCRIBED AND SWORN TO before me this 18<sup>th</sup> day of November, 2016, by [REDACTED]



  
NOTARY PUBLIC



**INFORMED CONSENT FOR  
PREGNANCY TERMINATION TREATMENT, ANESTHETIC, AND  
OTHER MEDICAL SERVICES**

Name of client [REDACTED]  
Address [REDACTED]  
Birth Date [REDACTED]  
Date ~~10/5/12~~ 10/10/12 [REDACTED]

I, [REDACTED] request and consent to the performance upon me of a pregnancy termination procedure by vacuum aspiration or standard dilation and evacuation at [REDACTED]'s office by any of the physicians employed by [REDACTED] M.D., P.C.

I further consent to the taking of cultures and performance of reasonably indicated tests and procedures, whether or not relating to presently known conditions, if my medical provider finds these necessary or advisable in the course of evaluation or treatment for pregnancy termination or management of complications.

I have fully and completely disclosed my medical history, including allergies, medical conditions, prior medications, over the counter or other drugs taken, and reactions I have had to anesthetics, medicines, or drugs. I consent to my physicians relying on this disclosure as complete.

I consent that the physician or medical staff may administer such anesthesia and medications as deemed necessary or advisable (including a medication called misoprostol given to prevent bleeding and enhance safety, which has been associated with birth defects), with the exception of *(list any medications which you do not want or are allergic to):*

NKDA

I understand that local and IV anesthetics do not always eliminate all pain, that in a small number of cases, those anesthetics cause severe reactions or even shock or death, and that no guarantee to the contrary has been made to me. I further understand that any anesthetic will affect my level of consciousness and may, in a small number of cases, cause bodily reactions or complications requiring additional measures and treatment. I understand that the affect on my level of consciousness will impair my ability to make important decisions or operate machinery; I agree to not drive for a period of 30 minutes - 24 hours postoperatively depending on medications given to me. I request and consent to local and/or IV anesthetics.

I understand that the gestation of my pregnancy is determined through multiple methods that may include a urine test, the first date of my last normal menstrual period, and ultrasound measurements taken here in the clinic. Based on these findings, I consent to treatment deemed appropriate by the physician(s) of the [REDACTED] Clinic, M.D., P.C.

I fully understand that the purpose is to terminate this pregnancy, and I affirm this to be my personal choice in light of the alternative of continuing the pregnancy to term. No one has coerced or compelled me to make this decision.

I understand that tissue and parts will be removed during the procedure, and I consent to their examination and their use in medical research and their disposal by the clinic and/or physician in the manner they deem appropriate.

I understand that the complications associated with early pregnancy termination are generally much less severe and less frequent than with childbirth. Nonetheless, I realize, as is true of childbirth and any kind of surgery, that there are inherent risks of minor and major complications and death which may occur without the fault of the physician.

No guarantee or assurance has been made to me as to the results that may be obtained. The risk of terminating a pregnancy gradually increases throughout the course of the pregnancy. These comparative risks become approximately equal at 16 -18 weeks of pregnancy and increase so that pregnancy termination at 18 weeks and above involves a greater risk than carrying the pregnancy to term.

Exhibit   A

The risks and possible complications of pregnancy termination procedures most likely to occur, though only in a small number of cases, include the following:

**Perforation:** An instrument used in the procedure may go through the wall of the uterus. If this happens, hospitalization may be necessary for repair and/or observation of the perforation and any internal injuries and/or completion of the abortion.

**Laceration:** In rare cases, the cervical opening and/or cervical canal may be torn. A few stitches to repair the tear are usually all that is necessary. However, this complication can cause severe bleeding and require hospitalization.

**Bleeding:** This may require an immediate repeat of the abortion procedure, or hospitalization for observation and treatment. If the excessive bleeding occurs some hours or days after the abortion, hospitalization may be necessary, and dilation and curettage may need to be done to remove material retained in the uterus.

**Infections:** Infections usually respond to antibiotics, but in a few cases, hospitalization is necessary.

**Failure to Terminate Pregnancy:** (i.e. The procedure fails to end the pregnancy): It is this possibility, among others, that makes a post-operative examination essential. In such a case, another procedure must be performed, since the first one may have affected normal development of the pregnancy.

**Tubal Pregnancy:** A tubal pregnancy occurs when the fertilized egg implants in the fallopian tube instead of in the uterus. If this condition is unchecked, the fetus develops in the tube until it is large enough to burst the tube. Although the chances of a tubal pregnancy are small, the risk of death from a ruptured tubal pregnancy is very great. This procedure cannot terminate a tubal pregnancy. I understand that this is a preexisting medical condition for which [REDACTED]'s office assumes no medical or financial responsibility.

[REDACTED] **Hysterectomy** (i.e. removal of the uterus): I understand that as a result of certain conditions or some complications (such as perforating, bleeding, or severe infection) a hysterectomy may be necessary.

**Pulmonary (Lung) Embolism:** (i.e. Blood clot or amniotic fluid clot that may go to the lungs and cause difficulty breathing;) It may require transport to a hospital for evaluation and treatment.

**Infertility** Although rare, infertility may result from certain complications (such as infection) that remain untreated.

**Unintended expulsion:** When dilators are inserted and/or Misoprostol is used, the intent is to perform a D&C (suction curettage) or a standard D&E procedure. On rare occasions, unintended expulsion of products of conception may occur.

**Emotional Distress:** Individual women cope differently with pregnancy termination; most patients go through the process with minimal emotional effects, but in some cases professional help is required. I release the attending physicians and staff from any liability or responsibility for any condition that may result from this procedure, including but not limited to short range or long term psychological effects resulting from my decision to have this procedure.

I understand that my physician and/or counselor will answer any questions or concerns I have, and I will ask such questions before leaving the clinic. If I have concerns or complications after leaving, I agree to call the office of [REDACTED] M.D., P.C. immediately. I also agree to have an examination and pregnancy test in two (2) weeks after the abortion, in order to rule out a continued pregnancy or the existence of other problems.

I UNDERSTAND THAT, WHEN POSSIBLE, I MAY BE TREATED FOR ANY RESULTING COMPLICATIONS AT DR. [REDACTED] OFFICE, AT NO CHARGE TO ME; HOWEVER, SHOULD HOSPITALIZATION BE NECESSARY, I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR ANY CHARGES.

I further understand that the medical practice of my physician(s) at [REDACTED] M.D., P.C. is to be judged according to those standards reasonably acceptable to other physicians practicing in similar facilities in the United States.

I certify that I have read, had explained to me, and fully understand the above informed consent, and that I agree, in light of the consent, to the pregnancy termination procedure I have requested.

Date 10/5/12 10/10/12 [REDACTED]

Signature of Client [REDACTED]

Provider [REDACTED]

Witness - Staff Person [REDACTED]

Southwestern Women's Options Clinic 000004

December 2, 2015

Southwest Woman's Options  
[REDACTED] PC  
522 Lomas Blvd NE  
Albuquerque, NM 87102

Dear [REDACTED]

This is a request to release to my attorney, Michael J. Seibel, all records regarding the disposal of medical waste.

Please forward all information regarding the disposal, donation or sale of any medical waste to any other person pursuant to the release.

Sincerely,

[REDACTED]

Exhibit B

# Exhibit 6.38

STATE OF NEW MEXICO  
COUNTY OF BERNALILLO  
SECOND JUDICIAL DISTRICT COURT

No.: [REDACTED]

[REDACTED],

Plaintiff,

vs.

[REDACTED], M.D. P.C. D/B/A SOUTHWESTERN  
WOMEN'S OPTIONS, [REDACTED] INDIVIDUALLY, [REDACTED],  
INDIVIDUALLY AND [REDACTED], INDIVIDUALLY,

Defendants.

**COMPLAINT FOR UNFAIR TRADE PRACTICES, UNCONSCIONABLE TRADE  
PRACTICES, INFORMED CONSENT, NEGLIGENCE PER SE, NEGLIGENT  
SUPERVISION, INJUNCTIVE RELIEF, BREACH OF CONTRACT AND  
EMOTIONAL DISTRESS**

COMES NOW the Plaintiff [REDACTED], by and through her attorney of record,  
Michael J. Seibel, and for her complaint states as follows:

1. Plaintiff, [REDACTED] is a resident of Bernalillo County, New Mexico.
2. Defendant, [REDACTED] M.D. P.C is a New Mexico Corporation doing business in Bernalillo County, Albuquerque, New Mexico as Southwestern Women's Options.
3. Defendant, [REDACTED] is a licenced physician doing business in Albuquerque, New Mexico. Upon information and belief, [REDACTED] supervises all employees of Southwestern Women's Options.
4. Defendant, [REDACTED], is a licenced physician doing business in Albuquerque, New Mexico. Upon information and belief, [REDACTED] is employed by Southwestern Women's Options
5. Defendant, [REDACTED], is a licenced physician residing and doing business in Albuquerque New Mexico. Upon information and belief, [REDACTED] is an employee of

Southwestern Women's Options.

6. The events are the subject of this complaint occurred in Bernalillo County, New Mexico.

7. [REDACTED] M.D. P.C. is a New Mexico Corporation and provides abortion services under the name Southwestern Women's Options, [REDACTED] M.D P.C. herein this complaint it will be referred to as "Southwestern Women's Options" within the body of this complaint.

#### STATEMENT OF FACTS

8. On or about October 5, 2010, Plaintiff, [REDACTED], went to the [REDACTED] M.D., d/b/a/ Southwestern Women's Options to obtain a consultation and counseling for an abortion.

9. The Plaintiff was examined by the doctors and staff, in preparation for the possible abortion of her pregnancy.

10. Plaintiff told the doctor's and staff at Southwestern Women's Options of her history of depression and anxiety.

11. [REDACTED] was given a form for the consent for treatment and an alleged consent to donate body parts to the [REDACTED] Clinic MD. P.C. A true and accurate copy of the consent is attached hereto as Exhibit "A".

12. The Consent for treatment and the consent to allegedly donate unborn infant baby body parts were contained within the same document.

13. The consent for treatment did not inform Plaintiff [REDACTED] that [REDACTED] [REDACTED] was a volunteer faculty member at the University of New Mexico.

14. At all times relevant, [REDACTED] was a volunteer faculty member at the University of New Mexico.



15 At all times relevant, [REDACTED] was a volunteer faculty member at the University of New Mexico.

16. The consent did not contain any disclosure that [REDACTED] and [REDACTED] were faculty members at the University of New Mexico.

17. The Congressional Select Panel on Infant Lives has been investigating Southwestern Women's Options and its relationship with the University of New Mexico.

18. On June 23, 2016, the Congressional Select Panel on Infant Lives issued a Criminal Referral to the Attorney General of the State of New Mexico for prosecution of various acts.

19. The Congressional Select panel Published the Criminal Referral of June 23, 2016 on its website.

20. The Law Firm of Jenner and Block LLP was hired by the doctors and staff at Southwestern Women's Options to defend them with regard to the Criminal Referral.

21. At all times relevant, Jessica Hertz and her law firm, Jenner and Block, LLP, were agents of Southwestern Women's Options and the Defendants.

22. According to the Congressional Select Panel on Infant Lives, the law firm of Jenner and Block issued a letter dated February 12, 2016, in Appendix "B" to her letter, Ms. Hertz stated that the University of New Mexico is the only entity to which Southwestern Women's Options donates unborn infant baby body parts (See Appendix "B" of the letter to Marsha Blackburn of February 12, 2016 attached as Attachment 26 Select Panel on Infant Lives criminal referral issued on June 23, 2016).

23. Additionally, the University of New Mexico responded to a Subpoena from the Select Panel on Infant Lives on January 29, 2016 . In its response, The University of New Mexico stated

that Southwestern Women's Options was the sole supplier of infant baby body parts to the University of New Mexico (See Response to the Select Panel on Infant lives Criminal Referral to the Attorney General attachment Number 24).

24. Plaintiff, [REDACTED], was not informed that Southwestern Women's Options was the sole supplier of unborn infant baby body parts to the University of New Mexico.

25. The fact that Southwestern Women's Options was the sole supplier of unborn infant baby body parts was not disclosed to [REDACTED] in any written document.

26. Additionally, numerous documents in the Select Panel on Infant Lives Criminal Referral of June 23, 2015 display that Southwestern Women's Options and its doctors collaborated with the University of New Mexico regarding Fetal Tissue research since 1995.

27. On November 18, 2005, [REDACTED] on behalf of Southwestern Women's Options, issued a letter stating that he had reviewed the research protocols for the University of New Mexico and felt that the use of fetal tissue was appropriate.

28. Upon Information and belief, [REDACTED] has issued several letters to the University of New Mexico for their fetal tissue research regarding his collaboration with the University of New Mexico.

29. Southwestern Women's Options and [REDACTED] have been acknowledged in studies and thanked for their technical assistance in their published studies.

30. According to the letter of Jessica Hertz of February 12, 2016, Southwestern Women's Options purchased a freezer to store the unborn baby body parts at its facilities.

31. Southwestern Women's Options, its doctors, employees and staff were active participants in the studies with the University of New Mexico.

32. Southwestern Women's Options, its employees, doctors and staff did not inform Plaintiff,

[REDACTED], that Southwestern Women's Options was collaborating with University of New Mexico on its fetal tissue research.

33. At all times relevant, [REDACTED] was the treating Physician of [REDACTED] at Southwestern Women's Options.

34. Upon information and belief [REDACTED] the agents and employees of Southwestern Women's Options knew or should have known of the collaboration between the University of New Mexico and Southwestern Women's Options regarding the fetal tissue research.

35. [REDACTED], the agents and employees of Southwestern Women's Options failed to disclose to [REDACTED] the nature and extent of how her unborn infant baby's body parts were to be used in fetal tissue research.

36. At no time did [REDACTED], the agents and employees of Southwestern Women's Options give Plaintiff, [REDACTED], a fair explanation of the procedures to be followed and their purposes, including identification of any procedures which are experimental with regard to the donation of her baby's body parts to fetal tissue research as a result of the termination of the pregnancy.

37. At no time did [REDACTED], the agents and employees of Southwestern Women's Options provide the Plaintiff, [REDACTED], a statement that she was a participant of a research study, an explanation of the purposes of the research and the expected duration of the subject's participation, a description of the procedures to be followed, and identification of any procedures which are experimental.

38. At no time did [REDACTED] the agents and employees of Southwestern Women's Options provide the Plaintiff, [REDACTED], a description of any benefits to herself or to others which may reasonably be expected from the donation of her baby's body parts for fetal tissue

research.

39. At no time did [REDACTED], the agents and employees of Southwestern Women's Options provide the Plaintiff, [REDACTED], a statement describing the extent, if any, to which confidentiality of records identifying [REDACTED] will be maintained with regards to the donation of her baby's body parts.

40. At no time did [REDACTED] the agents and employees of Southwestern Women's Options provide a statement to [REDACTED] with an explanation of whom to contact for answers to pertinent questions about the donation of her baby's body parts and whom to contact in the event of an injury to herself in relation to the donation of her baby's body parts.

41. At no time did [REDACTED] the agents and employees of Southwestern Women's Options provide a statement that the donation of fetal tissue was voluntary and [REDACTED]'s refusal to participate will involve no penalty or loss of benefits to which [REDACTED] was otherwise entitled, and the subject may discontinue participation at any time without penalty or loss of benefits.

42. At no time did [REDACTED] the agents and employees of Southwestern Women's Options provide [REDACTED] a description of any attendant discomforts and risks reasonably to be expected as a result of the donation of fetal tissue.

43. At no time did [REDACTED] the agents and employees of Southwestern Women's Options provide [REDACTED] a description of any attendant discomforts and risks reasonably to be expected as a result of the donation of her baby's body parts.

44. At no time did [REDACTED] the agents and employees of Southwestern Women's Options disclose any appropriate alternative procedures that might be advantageous for the Plaintiff, [REDACTED] when she was donating her baby's body parts for fetal tissue research.

45. At no time did [REDACTED], the agents and employees of Southwestern Women's

Options provide an instruction that Plaintiff, [REDACTED], that she was free to withdraw her consent and to discontinue the donation of body parts.

46. At no time did [REDACTED], the Agents or employees of Southwestern Women's Options inform [REDACTED] she was free to withdraw her consent to donate infant baby body parts.

47. At no time did [REDACTED], the agents and employees of Southwestern Women's Options provide a consent to donate her baby's body parts that was separate and distinct from the consent for the termination of the pregnancy.

48. The custom and practice in the medical community is to provide a separate consent form for the donation of body parts.

49. On October 5, 2012, [REDACTED] did gestational dating and performed an ultrasound on [REDACTED].

50. As of October 5, 2012 [REDACTED] and the staff estimated the approximate gestational age of [REDACTED]'s baby at 12 weeks 2 days.

51. On October 10, 2012, [REDACTED] estimated the age of [REDACTED]'s baby at 13 weeks 3 days.

52. According to the procurement notes, attached as exhibit 28 to the Congressional Select Panel on Infant Lives Criminal Referral, The University of New Mexico picked up two specimens on October 17, 2012. Specifically two samples were picked up, a 11.5 week old baby and a 12.7 week old unborn baby were provided to the University of New Mexico.

53. Both unborn babies were in the approximate gestational age range of [REDACTED]'s baby.

54. Plaintiff, [REDACTED], has requested her medical records from the Defendants.

55. The medical records delivered to Plaintiff, [REDACTED], were different than the medical records provided by Defendants to her attorney.

56. On December 2, 2015, Plaintiff's attorney included a letter from the Plaintiff specifically requesting the disposition of her baby's body parts.

57. Plaintiff received a portion of the medical records but did not receive records regarding the disposition of her baby's body parts.

58. Defendants should have copies of all the medical records of the Plaintiff, [REDACTED], including the disposition of her baby's body parts.

59. Without any documentation as to the disposition of the babies body parts, and the correlation between the University of New Mexico's pickup of babies of the same approximate gestational age. [REDACTED] reasonably believes her baby's body parts were donated to the University of New Mexico for fetal tissue research.

60. As a result of the actions of the Defendants, [REDACTED] has sustained a loss of money and property and sustained extreme mental anguish and emotional distress which she should be compensated for at trial.

61. Included within the medical records was a signed statement by [REDACTED] regarding the medicaid eligibility of [REDACTED] for the abortion.

62. Upon information and belief the Plaintiff was not medically treated by [REDACTED].

63 Upon information and belief [REDACTED] was supervising [REDACTED]

64 . Despite not having personal first hand knowledge of the treatment of [REDACTED], [REDACTED] made affirmative statements regarding the medical condition of [REDACTED].

#### **COUNT I. UNFAIR TRADE PRACTICES**

65. Plaintiff realleges and incorporates by reference the allegations of paragraphs 1 through 64 as if set fourth fully again herein.

66. New Mexico has a Statute which defines unfair trade practices, in part, as follows:.

D. "unfair or deceptive trade practice" means an act specifically declared unlawful pursuant to the Unfair Practices Act [ 57-12-1 NMSA 1978], a false or misleading oral or written statement, visual description or other representation of any kind knowingly made in connection with the sale, lease, rental or loan of goods or services or in the extension of credit or in the collection of debts by a person in the regular course of his trade or commerce, which may, tends to or does deceive or mislead any person and includes:

- (1) representing goods or services as those of another when the goods or services are not the goods or services of another;
- (2) causing confusion or misunderstanding as to the source, sponsorship, approval or certification of goods or services;
- (3) causing confusion or misunderstanding as to affiliation, connection or association with or certification by another;
- .....
- (14) using exaggeration, innuendo or ambiguity as to a material fact or failing to state a material fact if doing so deceives or tends to deceive;

67. Defendant, [REDACTED] M.D. Clinic, its agents and employees have engaged in unfair trade practices by:

(A) Failing to inform the Plaintiff that [REDACTED] M.D. P.C. is in active collaboration with the University of New Mexico and that its staff members are voluntary professors at the University of New Mexico.

(B) Failing to inform the Plaintiff that [REDACTED] is the provider of infant unborn body parts to the University of New Mexico.

(C) Failing to Inform the Plaintiff of a fair explanation of the procedures to be followed and their purposes, including identification of any procedures which are experimental with regard to the parts donated for fetal tissue research

(D) Failing to inform the Plaintiff of a description of any attendant discomforts and risks reasonably to be expected as a result of the donation of unborn infant body parts.

(E) Failure to inform the Plaintiff of a description of any benefits reasonably to be expected of the donation of the unborn infant body parts.

(F) Failure to inform the Plaintiff of a disclosure of any appropriate alternative procedures that might be advantageous for the subject in donating the unborn infant body parts.

(G) Failing to offer to answer any inquiries concerning the procedure associated with regard to the unborn infant baby parts donated by [REDACTED]

(H) Failing to inform the Plaintiff of an instruction that she was free to withdraw her consent and to discontinue participation in the project or activity at any time without prejudice.

(I) Failing to inform the Plaintiff of how the unborn infant body parts were going to be used.

(J) Failing to give the Plaintiff informed consent Under *45 C.F.R 46*.

(K) Failing to give the Plaintiff informed consent under New Mexico Law

(L) Failing to provide a clear conspicuous informed consent to donate unborn infant body parts separate from the consent to receive treatment as required by the Federal Regulations and industry standards.

68. As a result of the acts of Defendant, [REDACTED] Clinic MD PC, [REDACTED] has sustained damages in loss of property, emotional distress, mental anguish, consequential damages and other damages to be proven at trial.

69. Pursuant to *57-12-1 et seq.* [REDACTED] is entitled to attorneys fees.

70. Pursuant to *57-12-1 et seq.* [REDACTED] is entitled to treble damages.

## **COUNT II. UNCONSCIONABLE TRADE PRACTICES**

71. Plaintiff realleges and incorporates by reference the allegations of paragraphs 1 through 70 as if set forth again herein.

72. "Unconscionable Trade Practice" means an act or practice in connection with the sale, lease, rental or loan, or in connection with the offering for sale, lease, rental or loan, of any goods or



services, including services provided by licensed professionals, or in the extension of credit or in the collection of debts which to a person's detriment:

(1) takes advantage of the lack of knowledge, ability, experience or capacity of a person to a grossly unfair degree; or

(2) results in a gross disparity between the value received by a person and the price paid.

73. [REDACTED] at the time of the abortion, did not have the financial means to pay for the abortion.

74. [REDACTED], at the time of the abortion, had limited experience and didn't know she was donating her unborn infant babies parts for medical research.

75. [REDACTED] did not have the capacity to fully understand the consent agreement.

76. The Defendants failed to give her proper informed consent to donate unborn infant baby body parts when they asked for informed consent to donate her baby's body parts.

77. The actions of the Defendants took advantage of the lack of knowledge, ability and capacity of [REDACTED] to an unfair degree.

78. [REDACTED] has sustained damages.

79. [REDACTED] is entitled to attorney's fees pursuant to The Unfair Trade Practices Act.

80. [REDACTED] is entitled to treble damages pursuant to the Unfair Trade Practices Act.

### **COUNT III. INFORMED CONSENT**

81. The Plaintiff realleges and incorporates by reference the allegations of paragraphs 1 through 80 of the complaint as if set forth again fully herein.

82. The decision to undergo an abortion is a decision that is subject to a variety of material, emotional, spiritual, relational, financial and physical factors.

83. In order to have the freedom to make the best possible decision, a woman contemplating

the decisions about her pregnancy should be able to consider all material facts that may affect her decision.

84 Defendants, Southwestern Women's Options, [REDACTED], [REDACTED], and [REDACTED] have a duty to inform the patient of all material facts that may affect the person's decision to engage their services, including the disposition of tissue and parts..

85. Defendants, Southwestern Women's Options, [REDACTED], [REDACTED] and [REDACTED] when seeking a patient's consent for a medical procedure, in order to satisfy his fiduciary duty and to obtain the patient's informed consent, they must disclose personal interests unrelated to the patient's health, whether research, financial, economic or personal interest, that may effect her medical judgment.

86. Defendants have been actively engaged in corroborating with the University of New Mexico on research using unborn baby body parts.

87. Defendants knew that they were the sole baby body part providers for the medical research conducted at the University of New Mexico

88. In numerous letters, [REDACTED] acknowledged that he had reviewed the protocols for the researchers at the University of New Mexico.

89. Defendants, Southwestern Women's Options and [REDACTED] participated in giving technical assistance for research studies.

90. At all times relevant, Defendants knew that the unborn infant body parts were being used for medical research.

91. Defendants, Southwestern Women's Options, [REDACTED], [REDACTED] and [REDACTED] [REDACTED] breached their duty of providing informed consent by failing to disclose the following information to [REDACTED] and others who engaged their services

(A). Failing to disclose their collaboration with the University of New Mexico in research projects for the last 20 years.

(B). Failing to disclose the faculty status of [REDACTED] and [REDACTED].

(C). Failing to inform [REDACTED] that Defendants were providing unborn infant body parts to the University of New Mexico and participating in the University of New Mexico's research study by providing technical assistance.

(D). Failing to Inform the Plaintiff of a fair explanation of the procedures to be followed and their purposes, including identification of any procedures which are experimental with regard to the unborn infant body parts donated for fetal tissue research

(E) failing to inform the Plaintiff of a description of any attendant discomforts and risks reasonably to be expected as a result of the donation of unborn infant body parts.

(F) failure to inform the Plaintiff of a description of any benefits reasonably to be expected of the donation of the unborn infant body parts.

(G) Failure to inform the plaintiff of a disclosure of any appropriate alternative procedures that might be advantageous for the subject in donating the unborn infant body parts .

(H) Failing to an offer to answer any inquiries concerning the procedure associated with regard to the unborn infant body parts donated by [REDACTED]

(I) Failing to inform the plaintiff of an instruction she was free to withdraw her consent and to discontinue participation in the project or activity at any time without prejudice.

(J) Failing to inform the Plaintiff of how the unborn infant body parts were going to be used.

(K) Failing to give the plaintiff informed consent Under 45 C.F.R 46.

(L) Failing to comply with the provisions of the Maternal, Fetal and Infant Experimentation Act Section 24-9A-1 et seq.NMSA (1978).

(M) Failing to provide a clear conspicuous informed consent to donate unborn infant body parts separate from the consent to receive treatment as required by the Federal Regulations and industry standards.

92. As a direct and proximate cause of the failure Defendants to provide proper informed Consent the Plaintiff, [REDACTED] has incurred damages, emotional distress and mental anguish to be proven at the time of trial.

93. Upon information and belief the Defendants have failed to provide the proper informed consent for hundreds of women dating back to 1995 when they first started corroborating with the University of New Mexico. The Defendants blatant violation of State Statutes, Federal laws, and the rights of the Plaintiff, [REDACTED] is wilful, wanton, and reckless. Such conduct requires the imposition of punitive damages.

**COUNT IV. NEGLIGENCE PER SE MATERNAL FETAL AND INFANT  
EXPERIMENTATION ACT**

94. Plaintiff realleges and incorporates by reference the allegations of paragraphs 1 through 93 as if set forth again fully herein.

95. The New Mexico Statute enacted a Maternal, Fetal and Infant Experimentation Act 24-9A-1 to 24-9A-7 (NMSA 1978) for the protection of pregnant women, fetus and live born infants.

96. The Statute provides a standard of conduct for which all people partitipating in clinical research must follow.

97. The statute is to be construed liberally.

98. The Defendants, Southwestern Women's Options, [REDACTED], [REDACTED] and [REDACTED] have been corroborating, providing technical assistance for research and assisting in the clinical research with the University of New Mexico since 1995.

99. Defendants violated the above mentioned Statute by participating in the research also having full participation of [REDACTED]'s timing method and procedures used to determine the pregnancy.

100. Defendants violated 24-9A-5(C) by failing to give the proper informed consent to [REDACTED] when she allegedly donated the baby for medical research.

101. The informed consent provided to [REDACTED] to allegedly donate tissue was invalid as she was not provided the proper disclosures under 24-9A-5 ( C ) (1 through 6) (NMSA 1978).

102. Plaintiff, [REDACTED], is in the class of persons sought to be protected by the statute.

103. The act was intended to prevent severe physical and psychological harm to persons such as Plaintiff, [REDACTED]

104. As a direct and proximate cause of Defendants violations of the Maternal, Fetal and Infant Experimentation Act, Plaintiff, [REDACTED] has suffered emotional distress and mental anguish and other damages to be proven at trial.

105. The Defendants, Southwestern Women's Options, [REDACTED], [REDACTED] and [REDACTED] are liable under a theory of negligence per se as a matter of law.

106. Plaintiff, [REDACTED] is entitled to equitable tolling of the Statute of Limitations as it was previously not public knowledge that Defendants were the supplier of unborn infant baby body parts to the University of New Mexico.

107. The acts of Southwestern Women's Options, [REDACTED] [REDACTED] and [REDACTED] [REDACTED] were so wilful, wanton and reckless and done without any concern for the rights of the Plaintiff or any other woman allegedly donating body parts that the imposition of punitive damages is required.

#### **V. NEGLIGENT SUPERVISION**

108. Plaintiff realleges and incorporates by reference the allegations of paragraphs 1 through

107 as if fully set forth again herein.

109. According to the letter from Jessica Hertz to the Select Panel on Infant Lives, [REDACTED] [REDACTED] trains all physicians regarding the laws, develops medical protocol and supervises all physicians at Southwestern Women's Options.

110. [REDACTED] signed [REDACTED]'s medicaid eligibility form and upon information and belief, [REDACTED] was the physician in charge of [REDACTED]'s treatment.

111. Upon information and belief, [REDACTED] had a duty to supervise [REDACTED] when she performed services for [REDACTED]

112. Both [REDACTED] and [REDACTED] had a duty to ensure that [REDACTED] and the employees of Southwestern Women's Options complied with the New Mexico Maternal, Fetal and Infant Experimentation Act, complied with the standards in the industry, complied with 45 CFR 46 and gave the proper informed consent to Plaintiff [REDACTED].

113. [REDACTED] and [REDACTED] were negligent in their supervision of [REDACTED] as she violated the Maternal, Fetal and Infant Experimentation Act, failed to comply with Federal laws, and failed to give the proper informed consent to the Plaintiff, [REDACTED].

114. [REDACTED] and [REDACTED] breached the duty of care they had to [REDACTED]

115. As a direct and proximate cause of [REDACTED] and [REDACTED]'s failure to adequately train and supervise [REDACTED], [REDACTED] has sustained damages, emotional distress and mental anguish.

116. The acts of [REDACTED] and [REDACTED] were so wilful, wanton and reckless that they require the imposition of punitive damages

#### **VI. INJUNCTIVE RELIEF**

117. Plaintiff realleges and incorporates by reference the allegations of paragraphs 1 through

116 as if set forth again fully herein.

118. Pursuant to 57-12-10 (N.M.S.A. 1978) a person likely to be damaged by an unfair or deceptive trade practice or by an unconscionable trade practice of another may be granted an injunction against it under the principles of equity and on terms that the court considers reasonable.

119. Southwestern Women's Options has engaged in a pattern and practice of withholding material facts and proper informed consent to women since 1995.

120. Defendants have engaged in unconscionable trade practices as stated above.

121. If Defendants are allowed to continue these practices severe physical and psychological harm could come to women seeking care from the Defendants.

122. [REDACTED] is entitled to an injunction restraining [REDACTED] [REDACTED] [REDACTED] and Southwestern Women's Options for seeking the donation of unborn baby infant body parts until the Defendants can comply with 45 CFR 46.117, complying with all provisions of the Maternal, Fetal and Infant Experimentation Act, disclosing to women who wish to donate how the unborn infant baby body parts will be used and for what purpose, and providing a complete disclosure of all personal and financial interests that Defendants may have with the University of New Mexico and other institutions that seek to procure the body parts from the clinic.

123. [REDACTED] is entitled to her attorney's fees in bringing this action pursuant to the New Mexico Unfair Trade Practices Act.

#### **COUNT VII. BREACH OF CONTRACT**

124. Plaintiff realleges and incorporates by reference the allegations of paragraphs 1 through 123 as if set forth again fully herein.

125. The contract between [REDACTED] and [REDACTED] specifically stated that "I UNDERSTAND THAT WHEN POSSIBLE I MAY BE TREATED FOR ANY RESULTING

COMPLICATIONS WHEN POSSIBLE AT [REDACTED]'S OFFICE AT NO CHARGE TO ME.

126. Emotional distress was listed as a complication of the termination of the pregnancy in the contract.

127. [REDACTED] has sustained emotional distress as a result of the termination of pregnancy procedure performed by the [REDACTED] MD P.C. d/b/a Southwestern Women's Options.

128. [REDACTED] has reported the complication to the [REDACTED] MD P.C. d/b/a Southwestern Women's Options.

129. The Defendants did not offer to treat this complication as they agreed to in the contract.

130. The contract is ambiguous and all inferences must be construed against the drafter of the contract.

131. The drafter of the contract was Southwestern Women's Options.

132. The Defendant has breached the terms of its contract.

133. As a result of the breach of the contract, [REDACTED] has sustained damages.

134. The conduct of the Defendants that it requires the imposition of punitive damages.

**COUNT VIII**  
**INTENTIONAL INFLICTION OF EMOTIONAL DISTRESS**

135. Plaintiff realleges and incorporates by reference the allegations of paragraphs 1 through 134 of the complaint as if set forth again full herein.

136. Plaintiff, [REDACTED], has a right to freedom from severe emotional distress.

137. The failure of the Defendant to follow Federal, State and local laws regarding informed consent was extreme and outrageous.

138. The failure to adequately inform [REDACTED] of the donation of the unborn infant body parts to the University of New Mexico was extreme and outrageous.



139. The failure to secure the consent to donate unborn infant baby body parts from [REDACTED] in a separate consent from the consent to treat, was extreme and outrageous in light of industry standards.

140. The Defendants failure to follow the New Mexico Maternal, Infant and Fetal Experimentation Act was extreme and outrageous.

141. The Defendants have acted wilfully and recklessly in failing to follow State laws, Federal laws and industry standards in giving [REDACTED] proper informed consent is so willful, wanton, and reckless.

142. As a result of the conduct of the Defendants, [REDACTED] has suffered and continues to suffer severe emotional distress and mental anguish.

143. The acts of the Defendants are so willful, wanton, and reckless they require the imposition of punitive damages.

#### **PRAYER FOR RELIEF**

**WHEREFORE**, Plaintiff respectfully requests that this Court enter judgment against Defendants for the following amounts:

- A. For damages to be proven at trial;
- B. For damages for emotional distress and mental anguish;
- C. For treble damages under the New Mexico Unfair Trade Practices Act;
- D. For reasonable costs and attorneys fees;
- E. For an injunction against Southwest Women's Options to prevent them for seeking the donation of Fetal Tissue until they comply with the Maternal, Fetal and Infant Experimentation Act, provide proper informed consent, and comply with all State and Federal Laws regarding fetal tissue research, and to disclose their personal and financial interests to all potential patients..


F. For Punitive damages against all Defendants.

G. For such other and further relief is as deemed just and proper.

H. For such other and further relief as the Court deems just and proper.

Respectfully submitted,

MICHAEL J. SEIBEL & ASSOCIATES

By: /s/Michael J. Seibel  
Michael J. Seibel  
Attorney for Plaintiff  
P.O. Box 14066  
Albuquerque, NM 87191-4066  


**INFORMED CONSENT FOR  
PREGNANCY TERMINATION TREATMENT, ANESTHETIC, AND  
OTHER MEDICAL SERVICES**

Name of client \_\_\_\_\_  
Address \_\_\_\_\_  
Birth Date \_\_\_\_\_  
Date ~~10/5/12~~ 10/10/12 \_\_\_\_\_

I, \_\_\_\_\_ request and consent to the performance upon me of a pregnancy termination procedure by vacuum aspiration or standard dilation and evacuation at \_\_\_\_\_'s office by any of the physicians employed by \_\_\_\_\_, M.D., P.C.

I further consent to the taking of cultures and performance of reasonably indicated tests and procedures, whether or not relating to presently known conditions, if my medical provider finds these necessary or advisable in the course of evaluation or treatment for pregnancy termination or management of complications.

I have fully and completely disclosed my medical history, including allergies, medical conditions, prior medications, over the counter or other drugs taken, and reactions I have had to anesthetics, medicines, or drugs. I consent to my physicians relying on this disclosure as complete.

I consent that the physician or medical staff may administer such anesthesia and medications as deemed necessary or advisable (including a medication called misoprostol given to prevent bleeding and enhance safety, which has been associated with birth defects), with the exception of *(list any medications which you do not want or are allergic to):*

NKDA

I understand that local and IV anesthetics do not always eliminate all pain, that in a small number of cases, those anesthetics cause severe reactions or even shock or death, and that no guarantee to the contrary has been made to me. I further understand that any anesthetic will affect my level of consciousness and may, in a small number of cases, cause bodily reactions or complications requiring additional measures and treatment. I understand that the affect on my level of consciousness will impair my ability to make important decisions or operate machinery; I agree to not drive for a period of 30 minutes - 24 hours postoperatively depending on medications given to me. I request and consent to local and/or IV anesthetics.

I understand that the gestation of my pregnancy is determined through multiple methods that may include a urine test, the first date of my last normal menstrual period, and ultrasound measurements taken here in the clinic. Based on these findings, I consent to treatment deemed appropriate by the physician(s) of the \_\_\_\_\_ Clinic, M.D., P.C.

I fully understand that the purpose is to terminate this pregnancy, and I affirm this to be my personal choice in light of the alternative of continuing the pregnancy to term. No one has coerced or compelled me to make this decision.

I understand that tissue and parts will be removed during the procedure, and I consent to their examination and their use in medical research and their disposal by the clinic and/or physician in the manner they deem appropriate.

I understand that the complications associated with early pregnancy termination are generally much less severe and less frequent than with childbirth. Nonetheless, I realize, as is true of childbirth and any kind of surgery, that there are inherent risks of minor and major complications and death which may occur without the fault of the physician.

No guarantee or assurance has been made to me as to the results that may be obtained. The risk of terminating a pregnancy gradually increases throughout the course of the pregnancy. These comparative risks become approximately equal at 16 -18 weeks of pregnancy and increase so that pregnancy termination at 18 weeks and above involves a greater risk than carrying the pregnancy to term.

**Exhibit A**

The risks and possible complications of pregnancy termination procedures most likely to occur, though only in a small number of cases, include the following:

**Perforation:** An instrument used in the procedure may go through the wall of the uterus. If this happens, hospitalization may be necessary for repair and/or observation of the perforation and any internal injuries and/or completion of the abortion.

**Laceration:** In rare cases, the cervical opening and/or cervical canal may be torn. A few stitches to repair the tear are usually all that is necessary. However, this complication can cause severe bleeding and require hospitalization.

**Bleeding:** This may require an immediate repeat of the abortion procedure, or hospitalization for observation and treatment. If the excessive bleeding occurs some hours or days after the abortion, hospitalization may be necessary, and dilation and curettage may need to be done to remove material retained in the uterus.

**Infections:** Infections usually respond to antibiotics, but in a few cases, hospitalization is necessary.

**Failure to Terminate Pregnancy:** (i.e. The procedure fails to end the pregnancy): It is this possibility, among others, that makes a post-operative examination essential. In such a case, another procedure must be performed, since the first one may have affected normal development of the pregnancy.

**Tubal Pregnancy:** A tubal pregnancy occurs when the fertilized egg implants in the fallopian tube instead of in the uterus. If this condition is unchecked, the fetus develops in the tube until it is large enough to burst the tube. Although the chances of a tubal pregnancy are small, the risk of death from a ruptured tubal pregnancy is very great. This procedure cannot terminate a tubal pregnancy. I understand that this is a preexisting medical condition for which [redacted]'s office assumes no medical or financial responsibility.

[redacted] **Hysterectomy** (i.e. removal of the uterus): I understand that as a result of certain conditions or some complications (such as perforating, bleeding, or severe infection) a hysterectomy may be necessary.

**Pulmonary (Lung) Embolism:** (i.e. Blood clot or amniotic fluid clot that may go to the lungs and cause difficulty breathing;) It may require transport to a hospital for evaluation and treatment.

**Infertility** Although rare, infertility may result from certain complications (such as infection) that remain untreated.

**Unintended expulsion:** When dilators are inserted and/or Misoprostol is used, the intent is to perform a D&C (suction curettage) or a standard D&E procedure. On rare occasions, unintended expulsion of products of conception may occur.

**Emotional Distress:** Individual women cope differently with pregnancy termination; most patients go through the process with minimal emotional effects, but in some cases professional help is required. I release the attending physicians and staff from any liability or responsibility for any condition that may result from this procedure, including but not limited to short range or long term psychological effects resulting from my decision to have this procedure.

I understand that my physician and/or counselor will answer any questions or concerns I have, and I will ask such questions before leaving the clinic. If I have concerns or complications after leaving, I agree to call the office of [redacted], M.D., P.C. immediately. I also agree to have an examination and pregnancy test in two (2) weeks after the abortion, in order to rule out a continued pregnancy or the existence of other problems.

I UNDERSTAND THAT, WHEN POSSIBLE, I MAY BE TREATED FOR ANY RESULTING COMPLICATIONS AT [redacted]'S OFFICE, AT NO CHARGE TO ME; HOWEVER, SHOULD HOSPITALIZATION BE NECESSARY, I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR ANY CHARGES.

I further understand that the medical practice of my physician(s) at [redacted] M.D., P.C. is to be judged according to those standards reasonably acceptable to other physicians practicing in similar facilities in the United States.

I certify that I have read, had explained to me, and fully understand the above informed consent, and that I agree, in light of the consent, to the pregnancy termination procedure I have requested.

Date 10/5/12 10/10/12 [redacted] Signature of Client [redacted]  
Provider [redacted] Witness - Staff Person [redacted]  
Southwestern Women's Options Clinic 000004

# Exhibit 6.39

## Oversight of Human Tissue in Research

|                                                            |                                 |                                                                                                                       |
|------------------------------------------------------------|---------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| Title: Oversight of Human Tissue in Research               |                                 |                                                                                                                       |
| Doc Type: Policy- Procedure                                | Policy #: RC.05.002.PP          | Effective Date: Initially approved by HTOC December 14, 2007<br>Updates effective June 3, 2013 and September 16, 2015 |
| Owner(s) (Name and Title):<br>Vice Chancellor for Research | Revision Date:<br>Sept 16, 2015 | Applies To: HSC Investigators                                                                                         |

### PURPOSE

The UNM HSC policy for the Oversight of Human Tissue in Research sets forth the policies and procedures for the collection, storage, and dissemination of human tissue specimens to support research conducted by UNM HSC investigators.

### APPLICABILITY

This policy applies to all tissues collected from volunteers and from nonliving human subjects for the purpose of research.

### DEFINITIONS

**Human Tissue Repository (HTR):** A central human tissue repository, a tissue repository database, and the human tissue holdings in all satellite UNM human tissue repositories and the electronic connections between these satellite repositories and the central repository is hereinafter referred to as the UNM Human Tissue Repository (HTR).

**Research Tissues:** Tissues are defined as body fluids, solid tissues, bone, and cellular constituents including, but not limited to, DNA, RNA, proteins and human embryonic stem cells (hESCs). Tissues removed for diagnosis ONLY are NOT included in this policy statement, because they do not constitute tissues for research. A computer-based mechanism shall be developed to capture the data that correlates with each sample collected, listing where the sample is to be stored and whether appropriate permission or waiver of permission has been obtained before dissemination. The database system shall capture the essentials of the permission, including categorizing the type of permission as Type A, B, C or D (see definition below), whether permission has been granted for future contact of the volunteer and/or permission to do future, undescribed research, including DNA studies. Compliance with applicable HIPAA privacy regulations is required.

Tissue categories are defined as follows:

- a. **Type A.** Tissue collected for possible future diagnostic purposes. Thus HTRC oversight or informed consent is not required, because the tissue was collected for medically necessary diagnostic study.
- b. **Type B.** Tissue obtained for known HTRC- approved active research project with HTRC- approved consent status.



- c. **Type C.** Excess tissue alternatively prepared for tissue banking for unknown future research project with consent of patient for such storage.
- d. **Type D.** Excess tissue alternatively prepared for tissue banking for unknown future research project with waiver of informed consent, waiver of HIPAA authorization, HTR as honest broker for identifiers, and dispensed as de-identified samples.

## POLICY STATEMENT

Oversight of this policy and these tissues are the responsibility of the University of New Mexico Health Sciences Center (UNMHSC) Office of Research through its Human Research Protections Office. The Office of Research governs the collection, storage and dissemination of human research tissues using an administrative structure jointly sponsored by the Department of Pathology and the UNM Cancer Center UNM Cancer Center. The UNM Office of Research oversees the Human Tissue Repository (HTR) for compliance with federal and state laws and regulations.

### 1. Governance of the Human Tissue Repository (HTR)

A Human Tissue Oversight Committee (HTOC) will serve in a governing and advisory role to the HTR. The HTOC will not govern the administration of satellite tissue repositories, but has authority over the collection, reporting and distribution of the tissues held. The HTOC is responsible for developing new policies and making changes in all standing policies for the HTR, approving the appointment of the Director of the HTR, enforcing policy as needed, approving annual budgets, approving requests for funding submitted to the Office of Research or SOM Dean's office, and other duties as assigned.

### 2. Appointment, membership and terms of the Human Tissue Oversight Committee (HTOC)

The Vice Chancellor for Research has the authority to appoint, evaluate and remove members of HTOC and ensures that composition of the HTOC is in compliance with this policy. The HTOC will be chaired by the Senior Associate Dean for Research or his designee.,  
 The HTOC will consist of at least ten (10) members to include the following eight (8) voting ex officio members: The Chair of the Department of Pathology, the Director of the UNM Cancer Center, a representative from the hematology-oncology division of Internal Medicine, a representative from at least one of the satellite tissue repositories, a Chair or Executive Chair of the Human Research Review Committees (HRRC), a representative from the Surveillance, Epidemiology, and End Results (SEER) Program, the Director of Human Research Protections, and a representative from the UNM HSC Institute for Ethics. The term for members, other than appointments based on specific positions such as Chair of Clinical Pathology, shall be three years, with one additional term permitted by mutual agreement of the Vice Chancellor for Research and the HTOC member. Members can designate an alternate member who may attend meetings and vote as proxy for the member.

### 3. Where research tissues will be held

Tissues entered into the database and available for research as outlined in Policy Statement 3 above shall be banked in either the central HTR, managed by the Department of Pathology and UNM Cancer Center, or in an approved satellite tissue repository. Tissues for which volunteers have given

informed consent (HRRC-approved) are generally the only types of tissues that may be stored in satellite tissue repositories. However, exceptions may be made if the satellite repository has sought and received specific HRRC approval for this type of collection. All faculty members shall complete full disclosure of human tissues stored in satellite tissue repositories and seek permission from the HRRC for their maintenance (if they have not already done so). Faculty members who do not wish to seek HRRC approval for continued storage and participation in the HTR must transfer the tissues to the UNM central HTR. Once the UNM HTR software is operational, all tissue in the satellite repositories will be entered into the central database.

#### 4. Eligibility criteria for investigators to withdraw tissues from the HTR

Only faculty members of UNM or a bona fide researcher from outside of UNM under the sponsorship of a UNM faculty member are eligible to request/receive archived specimens from UNM HTR. The UNMHSC does not allow for the purchase, donation or sale of human tissue to or from any outside entity. Samples collected by UNMHSC faculty and stored in the HTR are derived from humans who have signed informed consent forms stating that the tissue may be used by the investigator for research purposes. These consent forms do not include the right to sell tissues to other entities for profit. Under no circumstance will processes that appear to gift or sell human tissue, in actuality or perception, be allowed.

The shared use of archived tissue or hESC cannot occur in the absence of a collaborative research agreement with an HSC principle investigator and appropriate investigator at another institution or entity. In circumstances where a collaborative research agreement exists with another institution or commercial entity, the sharing of human tissue with outside investigators requires IRB approval at both institutions and appropriate informed consent from the patients involved. All external IRB approvals must be submitted to the UNM HSC Human Research Review Committee (HRRC) before samples are shared. Authorization for approved tissue use and transfer can be part of a sponsor contract or a material transfer agreement signed by the appropriate institutional official (e.g. Vice Chancellor for Research).

#### 5. HRRC and ESCRO Approval

**a. Human Research Review Committee (HRRC)** - All research involving the use of human tissues (whether identifiable or de-identified) must be submitted to the HRRC for review and determination. *Investigators must submit requests for archived specimens to the Scientific Review Committee (SRC) before submitting the corresponding proposal for review by the HRRC.* Decisions of the SRC may influence subsequent review of the proposal by the HRRC if, for example, the SRC deems the proposal to lack merit sufficient to release the tissues, especially those tissues which are valuable to the investigator holding the tissue or which are deemed rare or exist in limited amounts. Access to archived specimens will be granted if, and only if, the research proposal is approved by the HRRC or if the HRRC determines that the proposed research is exempt from review.

**b. Embryonic Stem Cell Research Oversight (ESCRO) Committee** – All research involving the use of embryonic stem cells must be submitted to the ESCRO Committee prior to submission to the HRRC. The ESCRO Committee will conduct a scientific and ethical review and provide recommendations to the HRRC. The HRRC will consider the Committee's recommendation in the HRRC's analysis of risk and benefit.



**6. Special considerations for fetal tissue**

The collection and storage of all fetal tissue for research requires HRRC approval and appropriate informed consent by the mother.

**7. Determining availability of tissue for research investigation**

The investigator interested in the use of tissue for research must provide the UNM HTR a description of the tissue of interest needed for the research project. The investigator may either search the UNM HTR website or request the UNM HTR to search their database for availability of their tissue of interest. The search may be based on type of specimen (block, slide, blood, etc.), the anatomical site of origin, histological diagnosis, relevant patient characteristics (as applicable), including sex, race/ethnicity, age at diagnosis and residency at diagnosis for population-based studies, number of samples required to address research objectives of proposed study and other relevant selection criteria. Upon receipt of the request, the UNM HTR staff will query the database of archived tissue to determine their availability. If the tissue is available from the UNM HTR, the investigator must make appropriate application to the Human Tissue Scientific Review Committee (SRC) to gain access to the relevant specimens. If any of the tissue was originally acquired specifically for diagnostic studies and stored as a slide, paraffin block or frozen tissue for possible future diagnostic/prognostic study through the Department of Pathology, the HTR and SRC can facilitate the use of the tissue but will require that an appropriate pathology faculty member be part of the study to assure that all tissue will be used appropriately and the head of the appropriate Section/Division or his/her designee must verify that the tissue to be used will not exhaust the tissue nor compromise future use for patient care. No further action is required if the tissue of interest is not available from the UNM HTR. However, with an HRRC-approved protocol, the PI must request that the UNM HTR collect the tissue prospectively.

**8. Research proposal to request use of tissue from the HTR**

Proposals to utilize archived specimens must be submitted to the SRC. Proposals should include 1) background, rationale and significance; 2) research objectives with specific aims; 3) specific methods, including a detailed description of tissue to be acquired, i.e., numbers of samples and types of requested tissue (block, slide, etc.), anatomical site of origin, histology; a detailed description of protocol for handling and processing each specimen, i.e., tissue procurement and handling; tissue processing; tissue tracking; plans to return remaining tissue to archive; and statistical considerations, including statistical power of the study to achieve research objectives, as appropriate; 4) personnel involved; 5) facilities; and 6) any relevant references. Documentation of funding and other pertinent information should also be attached, but would not need to fit within the five page limit. If a proposal is approved, but additional samples are needed for the proposed study, for example, increased numbers or tissue of a different type, an amended version of the proposal must be submitted to the SRC.

**9. Appointment, Membership and Terms of the human tissue Scientific Review Committee (SRC)**

The Senior Associate Dean for Research in the School of Medicine shall appoint a standing Scientific Review Committee (SRC) and its Chair. The SRC shall be composed of voting ex officio members and regular members and ad hoc members (principal investigators of satellite repositories). There will be

at least three (3) ex officio members to include a UNM HTR Director (either a Medical or Scientific Director), a member of the Cancer Research and Treatment Center (UNM Cancer Center) Medical Scientific Review Committee (MSRC) and a member of the Surgical Pathology Section of the Department of Pathology. Ex officio members shall have ongoing membership with no limits to their term. There will be at least three additional regular members, broadly representative of the clinical and research communities of UNMHSC including at least one epidemiologist or biostatistician familiar with epidemiology research. Regular members will have a three (3) year term of membership. If no ex officio or regular member of the SRC has expertise relevant to the proposal under review, an appropriate subject matter expert(s) will be identified to participate in the review process by the Chair of the SRC. A subject matter expert(s) may be recruited by the SRC from inside or outside the UNMHSC community to assist in evaluating the scientific merit of the study when those individuals possess expertise relevant to the specific proposal under consideration but this expert will not have a vote. In addition, when a request/proposal involves specimens from a source other than the UNM HTR, the Principal Investigator (PI) who oversees those satellite specimens shall serve as an ad hoc member of the SRC during the review process and shall have a vote on that protocol only. A quorum needed to decide on a particular protocol will be a majority of committee members including voting ad hoc members (e.g., 4 if the committee consists of 6 or 7 members).

#### 10. Function of the human tissue Scientific Review Committee (SRC)

The Scientific Review Committee of the HTR **assesses** the scientific merit of all human tissue proposals for the use of archived specimens. The SRC review can influence subsequent IRB approval of the proposed study.

##### a. SRC review of proposals

1. Each proposal will be assigned a *primary* and *secondary*- reviewer from the membership of the SRC. These Reviewers will (a) conduct a careful and comprehensive review of the assigned proposal prior to the meeting, (b) submit a written review of the assigned proposal to other SRC members, (c) lead discussion of the assigned proposal during review process, and (d) make recommendations regarding approval, revision or denial of the assigned proposal.
2. The SRC will review proposed use of human tissue at either a convened meeting at which a majority of the members of the SRC are present or electronically wherein the majority of members should certify officially that they have reviewed the proposals and read the reports of the primary and secondary reviewers and indicate same by entering their vote. A face-to-face meeting will be called at the request of any reviewer(s) or the SRC Chair. If the tissue being requested is from a satellite tissue bank, the director of that satellite tissue bank must also be either present at the convened meeting or participate in the electronic review process. In order for the request to be approved, it must receive the approval of a majority of those members present at the meeting. If the tissue (slides, paraffin blocks, frozen tissue or other specimen) was initially acquired for diagnostic purposes and might be used for future diagnostic studies for living or deceased patients, then the head of the appropriate Department of Pathology Section/Division must participate in the meeting, review the proposal, and have the power to veto the proposal if he/she deems use of the tissue, as proposed, might compromise future patient care and/or potential use of the resource.

3. In instances where a subject matter expert has been recruited by the SRC for their relevant expertise, the expert shall serve as *primary reviewer* only if s/he can participate in the relevant meeting of the SRC.
4. Research proposals will be evaluated by the SRC based on the following criteria:
  - a. Scientific merit of the proposed study, including:
    - i. Context/background of proposed investigation
    - ii. Novel vs. confirmatory nature of proposed investigation
    - iii. Feasibility of proposed study
  - b. Demonstrated expertise of the investigator/research team to appropriately address the objectives of the proposed investigation, including:
    - i. Record of relevant publications
    - ii. Record of relevant funding
  - c. Demonstrated availability of sufficient funding and physical resources and human resources to successfully achieve the objectives of the proposed study; including:
    - i. Availability of funds specific for this project or reference to existing grant proposal
    - ii. Adequate and appropriate facilities
    - iii. Personnel with adequate and appropriate experience
  - d. Specific statement addressing the potential risk to study subjects vs. the possible benefits to be derived from the proposed project
  - e. Certification by signature of the Medical Director of the HTR that the tissue is available and indicate that it is (or is not) rare.
- b. Proposals for the use of unique, rare or nearly exhausted tissue samples**

The SRC review and approval process shall be more stringent for tissue samples that are unique, rare, or "nearly exhausted". SRC members must agree that a proposed use of unique, rare, or "nearly exhausted" specimens is of high scientific value and that such research could not be reasonably conducted with other tissue obtained elsewhere. Approval of a request to utilize specimens that are unique, rare, or "nearly exhausted" requires the approval of two-thirds (2/3rds) of those members present at the convened SRC meeting.
- c. Suspension or termination of SRC approval**

The SRC has authority to suspend or terminate approval of research that has previously been approved by the SRC. This stipulation protects the HTR's right to return unused tissues to the database to be listed as "available" should the PI not follow appropriate policy or fail to exercise his access within a reasonable period of time.
- d. Veto and appeals process**

The SRC recognizes the special role of faculty members who have invested considerable time, money and effort to develop tissue collections that exist outside of the Tissue Repository. These investigators will be asked to serve as an **ad hoc member** of the SRC

when a request/proposal seeks to utilize specimens that are under her/his control. The ad hoc member shall have the option to veto such proposals. A veto by an ad hoc member may also be appealed using the SRC appeals process. A researcher or member of the SRC may appeal a decision of the SRC or a veto by an ad hoc member. Appeals must be submitted in writing and must address, on a point-by-point-basis, the appellant's specific disagreements with the judgment of the SRC. The ad-hoc member may not veto during an appeals process. A second level of appeal may be made to the Vice Chancellor for Research.

#### 11. Relationship of UNM Human Tissue Repository (HTR) to cooperative tissue procurement efforts

- a. Principles: A growing effort at the national level seeks to create a National Biospecimen Collection Network. Such a network would involve regional repositories near cancer referral and academic centers, Cooperative Group tissue collection efforts and a connecting network. A national network would facilitate distribution of specimens to participating institutions. UNM participation in such a network would support a national tissue procurement effort and improve availability of tissue to UNM tissue researchers. It is therefore in the strategic interest of the UNMHSC to foster and maintain relationships with Cooperative Tissue Procurement efforts and with Cooperative Groups.
- b. Role of Surgical Pathology: Proper tissue collection and triage is essential to proper evaluation and triage by UNM Surgical Pathology faculty and staff. Priority is given to diagnostic studies and patient care. See per UNMH policy ("Handling of Specimen, Foreign Bodies, Care and Disposition of", University Hospital and Children's Hospital of New Mexico, Clinical Practice Policies and Procedures). Nonexempt tissues must be submitted to Surgical Pathology for assessment and selection of diagnostic tissue prior to selecting tissue for banking. Surgical Pathology will assist in harvesting as agreed upon between the local PI collecting tissues, Surgical Pathology and the UNM HTR (in its UNM HRRC-approved protocol).
- c. Cooperative Group Protocols: The cooperative effort will ensure tissue is collected, whenever appropriate, for national and local research needs. The UNM HTR may provide a trained tech working closely with Surgical Pathology, trained in handling tissues for banking. Close cooperation between Surgical Pathology, the UNM HTR and Cooperative Groups will ensure that tissue is handled and shipped as appropriate to Cooperative Group efforts with documentation for tracking. The UNM HTR will account for technical and administrative services provided in collecting and shipping these tissues, and will charge the research protocol for these services, according to a standardized and approved fee schedule. This usually represents a pass through of funds from the Cooperative Group to the local P.I. The UNM HTR will document tissue collection and shipping for accountability and funding, but will not retain control of the tissue collected for the Cooperative Group. The responsibility and control resides with the Cooperative Group, whether the Cooperative Repository is in Albuquerque or other location. This responsibility includes storage, quality control, and dispensing of tissues. Cooperative Group collections housed at UNM, are not to be maintained in the HTR database as stored tissues, but are entered as collected and shipped. In addition, the



UNM HTR will not be involved in the receipt of tissues sent to a Cooperative Group collection housed at UNM. These tissue specimens belong to the Cooperative Group and will be managed by the local P.I., who is also responsible for the HRRC (IRB) approval, consent status, storage, quality control and distribution. The UNM HTR will refer all requests for tissue from the cooperative bank to the administrator of the relevant Cooperative Group.

In the event that a Cooperative Group collection effort ceases due to lack of funding or other reasons, the UNM HTR will consider assuming that collection on a case by case basis, depending on the needs of the UNM HTR and the quality/type of the collection.

- d. Other Cooperative Relationships: The UNM HTR will also consider contractual relationships with external tissue repositories and with virtual human tissue repositories, with full consideration to patient care, ethical, privacy, and conflict of interest issues.

**REFERENCES**

Guidelines for Human Tissue Repository. [World Wide Web site]. Bethesda, MD: National Institutes of Health, U.S. Department of Health and Human Services, National Heart, Lung and Blood Institute, Revised: April 14, 2000 [cited Monday, September 14, 2015]

2009 Guidelines on Human Stem Cell Research. In *Stem Cell Information* [World Wide Web site]. Bethesda, MD: National Institutes of Health, U.S. Department of Health and Human Services, 2011 [cited Monday, September 14, 2015] Available at <http://stemcells.nih.gov/policy/pages/2009guidelines.aspx>

Title 3 -The President, Executive Order 13505 of March 9, 2009. Removing Barriers to Responsible Scientific Research Involving Human Stem Cells. Federal Register/ Vol. 74, No. 46, page 10667- 10668.

**RESPONSIBILITY**

1. The HTOC is responsible for developing new policies and making changes in all standing policies for the HTR.
2. The Vice Chancellor for Research ensures that composition of the HTOC is in compliance with this policy.

**RESOURCES AND TRAINING**

| Resource/Department                                                           | Contact Information  |
|-------------------------------------------------------------------------------|----------------------|
| ████████████████████<br>Vice Chancellor for Research                          | ████████████████████ |
| ████████████████████<br>Sr. Associate Dean for Research<br>School of Medicine | ████████████████████ |



**SUMMARY OF CHANGES**

Replaces *Policy for the Oversight of Human Tissue in Research*, Approved by HTOC December 14, 2007 and updated June 3, 2013

**DOCUMENT APPROVAL & TRACKING**

| Item                                                                                           | Contact                                                                                 | Date  | Approval                 |
|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-------|--------------------------|
| Owner                                                                                          | Vice Chancellor for Research, Office of Research                                        |       |                          |
| Consultant(s)                                                                                  |                                                                                         |       |                          |
| Recommender(s)                                                                                 |                                                                                         |       | [Y or N/A]               |
| Committee(s)                                                                                   | Human Tissue Oversight Committee (HTOC)<br>Research Strategic Planning Committee (RSPC) |       | [Y or N/A]               |
| HSC Legal Office                                                                               |                                                                                         |       | [Y or N/A]               |
| Official Approver                                                                              | [REDACTED]                                                                              |       | Yes                      |
| Official Approver Signature                                                                    |                                                                                         |       | Date: September 16, 2015 |
| 2nd Approver                                                                                   |                                                                                         |       |                          |
| 2nd Approver Signature (Optional)                                                              |                                                                                         | Date: |                          |
| <b>Policy Origination Date:</b> December 14, 2007, updated June 3, 2012 and September 16, 2015 |                                                                                         |       |                          |

**ATTACHMENTS**

None

# Exhibit 6.40

## Oversight of Human Tissue in Research

|                                                                   |                                         |                                                                                                                                                  |
|-------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Title:</b> Oversight of Human Tissue in Research               |                                         |                                                                                                                                                  |
| <b>Doc Type:</b> Policy- Procedure                                | <b>Policy #:</b><br>RC.05.002.PP        | <b>Effective Date:</b><br>Initially approved by HTOC December 14, 2007<br>Updates effective June 3, 2013, September 16, 2015, and April 11, 2016 |
| <b>Owner(s) (Name and Title):</b><br>Vice Chancellor for Research | <b>Revision Date:</b><br>April 11. 2016 | <b>Applies To:</b> HSC Investigators                                                                                                             |

### I. PURPOSE

Unprecedented advances in health care technology have greatly increased the power and precision of analytical tools used in research. Human tissue specimens that are analyzed using these new and developing technology platforms have emerged as a critical resource for basic and translational research. Standardization of human tissue resources using state-of-science approaches has become a pressing need across the research enterprise. The UNM HSC policy for the **Oversight of Human Tissue in Research** sets forth the policies, standards, procedures, and guidelines with respect to the receipt, collection, storage, dissemination, and transfer (both intra-institutionally and to entities outside of the UNM HSC) of human tissue specimens to support research conducted by UNM HSC investigators. In general, all tissues and data obtained or maintained under the auspices of the UNM HSC are assumed to be the property of the UNM HSC unless a formal agreement with the UNM HSC designates otherwise. One of the intents of this Policy is to allow for Research Tissue exchange for collaborative research under the auspices of the UNM HSC’s research policies, procedures, and processes but not to allow for Research Tissue donation, purchase, or sale outside of those research policies, procedures, and processes. The UNM HSC has robust compliance systems to ensure research conducted at the UNM HSC involving Research Tissues comports with applicable state and federal laws, rules, and regulations and the ethics in research that they seek to further.

### II. APPLICABILITY

This policy applies to all Research Tissues collected at the UNM HSC, including those obtained by UNM School of Medicine, Department of Pathology faculty members at the OMI, from volunteers and from nonliving Human Subjects for the purpose of Research. Human tissues removed for diagnosis **ONLY** are NOT included in, or subject to this Policy, because they do not constitute Research Tissues.

### III. DEFINITIONS

**“Collaboration”** means an equal partnership between two researchers who are pursuing mutually interesting and beneficial research.

**“Collaborative Agreement”** means an agreement between two or more researchers that sets forth the nature of their working relationship in a research project. The agreement may include provisions concerning the intent of the parties to share data, research materials and facilities, and to publish research findings. Since collaboration agreements are usually executed between researchers, they are typically not documents that legally bind the researchers' institutions to a commitment of any resources.



**“Collaborative Research”** means researchers working together, often under the auspices of a Collaborative Agreement, to achieve the common goal of producing new scientific knowledge.”

**“Donate”** means giving away of something of value where the donor expects nothing in return. In the context of Research, neither the donor nor donee are actively involved in Collaborative Research.

**“Honest Broker”** means an individual who has access to the desired data by virtue of his or her UNM HSC responsibilities and who is not involved as a listed researcher on the respective research study.

**“Human Subject”** is defined per U.S. Department of Health & Human Services regulations as “living individual about whom an investigator (whether professional or student) conducting research obtains (1) Data through intervention or interaction with the individual, or (2) Identifiable private information.” 45 C.F.R. § 46.102(f).

**“Human Subjects Research”** means Research involving one or more Human Subjects.

**“Human Tissue Repository” or “HTR”:** A central human tissue repository, a tissue repository database, and the human tissue holdings in all satellite UNM human tissue repositories.

**“HTOC”** means the Human Tissue Oversight Committee established, described, and chartered as set forth in Section IV.2 and IV.3 of this Policy.

**“Research”** means a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge.

**“Research Tissues”** means any biological product or byproduct obtained from a living or deceased individual that is sufficient in type and quantity to permit an analysis of its physical or biochemical properties. This includes body fluids, solid tissues, bone, and cellular constituents including, but not limited to, DNA, RNA, proteins and human embryonic stem cells (hESCs).

## IV. POLICY STATEMENT

### 1. In General.

Oversight of this Policy and the Research Tissues are the responsibility of the University of New Mexico Health Sciences Center (UNM HSC) Office of Research through its Human Research Protections Office. The UNM HSC Office of Research governs the collection, storage and dissemination of human research tissues using an administrative structure jointly sponsored by the Department of Pathology and the UNM Cancer Center UNM Cancer Center. The UNM HSC Office of Research oversees the HTR for compliance with federal and state laws and regulations. The UNM HSC adheres to high ethical principles and complies with all applicable laws, rules, and regulations. The UNM HSC requires ethical review and, in most cases, a prior informed consent of the donor before collection, acquisition or use of Research Tissues. In many cases, applicable laws, rules, and regulations do not provide clear or comprehensive guidance on the use of Research Tissues; accordingly, this Policy sets a minimum standard.

## 2. Establishment of the HTOC; Authority; Membership

### a. *Establishment and Authority of the HTOC*

With this Policy, the HTOC is established to serve in a governing and advisory role to the HTR and any satellite Research Tissue repositories. The HTOC has authority to oversee the collection, reporting, distribution, and transfer of the Research Tissues held in those repositories, whether intra-institutionally or with researchers or entities outside of the UNM HSC, and ensure compliance with this Policy.

The HTOC is responsible for developing new policies and making changes in all standing policies for the HTR, enforcing policy as needed, approving requests for funding submitted to the Office of Research or SOM Dean's office, and other duties as assigned.

### b. *Appointment, membership and terms of the Members of the HTOC*

The Vice Chancellor for Research has the authority to appoint, evaluate and remove members of HTOC and ensures that composition of the HTOC is in compliance with this policy. The HTOC will be chaired by the Senior Associate Dean for Research or his designee.

The HTOC will consist of at least ten (10) members to include the following eight (8) voting *ex officio* members: The Chair of the Department of Pathology, the Director of the UNM Cancer Center, a representative from the hematology-oncology division of Internal Medicine, a representative from at least one of the satellite tissue repositories, a Chair or Executive Chair of the Human Research Review Committees (HRRC), a representative from the Surveillance, Epidemiology, and End Results (SEER) Program, the Director of Human Research Protections, and a representative from the UNM HSC Institute for Ethics. The term for members, other than appointments based on specific positions such as Chair of Clinical Pathology, shall be three years, with one additional term permitted by mutual agreement of the Vice Chancellor for Research and the HTOC member. Members can designate an alternate member who may attend meetings and vote as proxy for the member.

## 2. Acquisition of Research Tissues

The UNM HSC will not acquire Research Tissues from others (i.e., outside entities) without their contractual and/or written assurance that the Research Tissue being acquired was collected in accordance with applicable informed consent (and assent, where appropriate) requirements and in accordance with all applicable laws, rules and regulations. With respect to Research that utilizes "fetal tissue" as defined in the National Institutes of Health Revitalization Act of 1993, Pub. L. No. 103-43 (the "NIH Act"), the UNM HSC will not acquire such fetal tissue from outside entities (a) without contractual and/or written assurance that the fetal tissue being acquired was collected in accordance with a process that separates the informed consent for the abortion procedure from the informed consent to donate such fetal tissue to the UNM HSC for Research, and (b) where there is contractual assurance that the terms of the acquisition complies fully with Section 112(a) of the NIH Act (42 U.S.C. § 289g-2(a)). In addition, the contractual assurance contemplated in this Subsection 2 must indicate that there are no legal, ethical, or other restrictions against transferring the Research Tissues to the UNM HSC, nor against the UNM HSC's use of them. In addition, with respect to Research Tissues whose obtainment would fall within the coverage of the Jonathan Spradling Revised Uniform Anatomical Gift Act, Section 24-6b-1 et seq., NMSA 1978, as amended (the "JSRUAGA"), the UNM HSC will obtain such Research Tissues in

accordance with the provisions of the JSRUAGA and/or with contractual assurance that it was obtained in accordance with the JSRUAGA.

### **3. Where Research Tissues will be held and the Method and Manner by which it will be Stored and Maintained**

Research Tissues entered into the database and available for research as outlined in this Policy shall be banked in either the central HTR, which is managed by the Department of Pathology and the UNM Comprehensive Cancer Center, or in an approved satellite Research Tissue repository. Research Tissues for which volunteers have given informed consent (HRRC-approved) are generally the only types of Research Tissues that may be stored in satellite Research Tissue repositories. However, exceptions may be made if the satellite Research Tissue Repository has sought and received specific HRRC approval for this type of collection. All faculty members shall complete full disclosure of human tissues stored in satellite Research Tissue repositories and seek permission from the HRRC for their maintenance (if they have not already done so). Faculty members who do not wish to seek HRRC approval for continued storage and participation in the HTR must transfer the Research Tissues to the central HTR.

Daily and long-term responsibilities essential for efficient Research Tissue management, either in the central HTR or in satellite Research Tissue repositories, can be diverse and include organizational considerations, space planning and functional design, resource development, evaluation and solidification of infrastructure requirements, constant and consistent review of operational issues, and regular resource evaluation. When executed and practiced in harmony, all of these factors can dramatically improve success in managing and operating a high-quality, highly utilized, and valuable research resource. To this end, the UNM HSC endeavors to meet the standards enunciated by the National Cancer Institute's *NCI Best Practices for Biospecimen Resources* (the "NCI Best Practices"), which incorporates key aspects of the *Best Practices for Repositories: Collection, Storage, Retrieval and Distribution of Biological Materials for Research*, published by the International Society for Biological and Environmental Repositories (Third Ed. 2012) (the "ISBER Best Practices"), relative to organizing, managing, storing, securing, accessing, shipping, and receiving Research Tissues, whether in the central HTR or in satellite Research Tissue repositories. The HTOC, by and through the HRPO, will develop standard operating procedures, to implement these best practices, which cover the following areas:

- Equipment monitoring, calibration, maintenance, and repair
- Control of Research Tissue collection supplies
- Research Tissue identification and labeling conventions
- Research Tissue collection, handling, processing, and preservation methods
- Procedures for storage and retrieval of Research Tissue
- Packaging, shipping, and receiving
- Laboratory tests performed in-house including Research Tissue quality control
- Research Tissue data collection and maintenance (Informatics)
- Biosafety
- Training of employees
- Administrative, technical, and physical safeguards

#### 4. Eligibility criteria for investigators to withdraw Research Tissues from the HTR; Transfers of Research Tissues

Only faculty members of UNM or a bona fide researcher from outside of UNM under the sponsorship of a UNM faculty member are eligible to request/receive archived Research Tissues from the HTR. Samples collected by UNM HSC faculty and stored in the HTR are derived from humans who have signed informed consent forms stating that the tissue may be used by the investigator for Research purposes. These consent forms do not include the right to sell tissues to other entities for profit, and in fact, certain federal laws, rules, and regulations expressly prohibit and make it a crime to transfer Research Tissues for a profit.

The shared use of archived Research Tissue cannot occur in the absence of a collaborative research agreement between an HSC principal investigator and appropriate investigator at an outside institution or entity and/or an inter-institutional agreement such as a services agreement or a MTA between the UNM HSC and the outside entity or institution. Although use of a collaborative research agreement, an inter-institutional agreement, or a MTA is not required by law, it is considered a best practice for setting forth the terms under which the Research Tissue is shared and/or transferred to an outside institution or entity. Accordingly, commencing April 11, 2016, having in place a collaborative research agreement, an inter-institutional agreement, or a MTA with the outside institution or entity prior to the sharing and/or transfer of Research Tissue, in light of the NCI Best Practices and the ISBER Best Practices, may be a condition precedent to the approval of any such sharing and/or transfer of Research Tissue. In circumstances where a collaborative research agreement exists with another institution or commercial entity, the sharing and/or transfer of Research Tissue with outside investigators and/or institutions requires IRB approval at both institutions and appropriate informed consent from the patients involved. All external IRB approvals must be submitted to the UNM HSC Human Research Review Committee (HRRC) before Research Tissues are shared and/or transferred outside of the UNM HSC.

##### a. *Principles Guiding the Transfer of Research Assets*

- The UNM HSC will comply with all legal and regulatory obligations.
- The UNM HSC will protect the welfare of participants in research and honor their expectations with respect to the use of their Research Tissues.
- The UNM HSC will protect the value to investigators and their use of Research Tissues for the conduct of research.
- The UNM HSC will protect the value to the UNM HSC of Research Tissues as property and resources of the UNM HSC, and for the development of intellectual property.

b. *Material Transfer Agreement (MTA)*

As indicated previously, from and after April 11, 2016, if an investigator's research involves the collection and use of Research Tissues and the investigator intends to transfer these samples to a location outside of the UNM HSC, a Materials Transfer Agreement (MTA) is strongly advised and should be processed according to procedures in fiscal services. This is because research protocols are not designed to document material transfers and are usually inappropriate for this purpose. An MTA is needed for:

- All transfers that involve Research Tissues; or
- All transfers that involve Research Tissues that may result in the limitation of access to these research resources by investigators at the UNM HSC.

In this connection, such an MTA will be required unless:

- The Research Tissue transfer is part of a contract or grant agreement that adequately specifies the management of the Research Tissues and associated data; or
- A testing, research or professional agreement or collaborative agreement has been approved with a provision that the Research Tissue samples and data will not be retained or used for research purposes other than for the purposes stated in the agreement.

c. *Investigator's Responsibilities*

The use of Research Tissues may only be done as specified in the study participant's consent forms. The investigator is responsible for reviewing the original consent forms to confirm the appropriate use of the samples that the investigator wishes to transfer. Investigators should understand that there are some cases in which the UNMHSC cannot permit transfer of samples to another entity.

## 5. HRRC and ESCRO Approval

a. *Human Research Review Committee (HRRC) –*

- i. All research involving the use and/or transfer of Research Tissues (whether identifiable or de-identified) must be submitted to the HRRC for review and determination. *Investigators must submit requests for archived specimens of Research Tissues to the Scientific Review Committee (SRC) before submitting the corresponding proposal for review by the HRRC.* Decisions of the SRC may influence subsequent review of the proposal by the HRRC if, for example, the SRC deems the proposal to lack merit sufficient to release the Research Tissues, especially those Research Tissues which are valuable to the investigator holding the Research Tissue or which are deemed rare or exist in limited amounts. Access to archived specimens of Research Tissue will be granted if, and only if, the research proposal is approved by the HRRC or if the HRRC determines that the proposed research is exempt from review. If the request involves a transfer of Research Tissues for research purposes outside the UNMHSC, the Principal

Investigator must notify the HRRC. This notice is shared with the HRRC and the HRPO and the HRRC reviews the proposed transfer to ensure the following:

- The intended use is not inconsistent with the consent given by participants under the original collection protocol(s), to the extent applicable.
  - The intended use will not conflict with any pre-existing obligations attached to the samples.
  - The intended use is consistent with the UNM HSC's obligations under federal and state laws, regulations, and guidelines, including HIPAA and IRB guidelines.
- ii. HRRC review and approval is required for the storage of human tissue for human research purposes as defined by 45 CFR § 46. The storage of human tissue for future use in human research studies is considered a separate human research activity from any current or future human research study involving the use of the stored tissue, and requires separate HRRC review and approval.

HRRC approval and informed consent is required to store the following categories of human tissue for future use in human research:

- Identifiable human tissue originally collected for use in human research.
- Identifiable human tissue originally collected for clinical purposes.
- De-identified or coded human tissue originally collected for use in human research.

HRRC approval and informed consent is not required to store the following types of human tissue for future use in human research:

- Tissue collected from non-human subjects as defined by 45 CFR 46.
- De-identified tissue originally collected for clinical purposes (provided, however, that these tissues may be subject to compliance with the repository requirements of this Policy, any guidance published by the HRPO, and any applicable SOPs).

In some cases, as in FDA regulated research involving in-vitro diagnostic devices, human tissue specimens are considered to be human subjects. As such, HRRC review and approval is required, but obtaining informed consent may not be possible. Investigators should consult with the HRPO if you plan to engage in this kind of research.

- b. *Embryonic Stem Cell Research Oversight (ESCRO) Committee* – All research involving the use of embryonic stem cells must be submitted to the ESCRO Committee prior to submission to the HRRC. The ESCRO Committee will conduct a scientific and ethical review and provide recommendations to the HRRC. The HRRC will consider the Committee's recommendation in the HRRC's analysis of risk and benefit.

## **6. Determining availability of Research Tissue for research investigation**

The investigator interested in the use of Research Tissue for Research must provide the HTR a description of the Research Tissue of interest needed for the Research project. The investigator may either search the HTR website or request the HTR to search its database for availability of the Research Tissue of interest. The search may be based on type of specimen (block, slide, blood, etc.), the anatomical site of origin, histological diagnosis, relevant patient characteristics (as applicable), including sex, race/ethnicity, age at diagnosis and residency at diagnosis for population-based studies, number of samples required to address research objectives of proposed study and other relevant selection criteria. Upon receipt of the request, the HTR staff will query the database of archived tissue to determine their availability.

If the tissue is available from the HTR, the investigator must make appropriate application to the Human Tissue Scientific Review Committee (SRC) to gain access to the relevant specimens. If any of the tissue was originally acquired specifically for diagnostic studies and stored as a slide, paraffin block or frozen tissue for possible future diagnostic/prognostic study through the Department of Pathology, the HTR and SRC can facilitate the use of the tissue but will require that an appropriate pathology faculty member be part of the study to assure that all tissue will be used appropriately and the head of the appropriate Section/Division or his/her designee must verify that the tissue to be used will not exhaust the tissue nor compromise future use for patient care. No further action is required if the tissue of interest is not available from the HTR. However, with an HRRC-approved protocol, the PI must request that the HTR collect the tissue prospectively.

## **7. Research proposal to request use of Research Tissue from the HTR**

Proposals to utilize archived specimens must be submitted to the SRC. Proposals should include 1) background, rationale and significance; 2) research objectives with specific aims; 3) specific methods, including a detailed description of tissue to be acquired, i.e., numbers of samples and types of requested tissue (block, slide, etc.), anatomical site of origin, histology; a detailed description of protocol for handling and processing each specimen, i.e., tissue procurement and handling; tissue processing; tissue tracking; plans to return remaining tissue to archive; and statistical considerations, including statistical power of the study to achieve research objectives, as appropriate; 4) personnel involved; 5) facilities; and 6) any relevant references. Documentation of funding and other pertinent information should also be attached, but would not need to fit within the five page limit. If a proposal is approved, but additional samples are needed for the proposed study, for example, increased numbers or tissue of a different type, an amended version of the proposal must be submitted to the SRC.

## **8. Appointment, Membership and Terms of the human tissue Scientific Review Committee (SRC)**

The Senior Associate Dean for Research in the School of Medicine shall appoint a standing Scientific Review Committee (SRC) and its Chair. The SRC shall be composed of voting ex officio members and regular members and ad hoc members (principal investigators of satellite repositories). There will be at least three (3) ex officio members to include a UNM HTR Director (either a Medical or Scientific Director), a member of the Cancer Research and Treatment Center (UNM Cancer Center) Medical Scientific Review Committee (MSRC) and a member of the Surgical Pathology Section of the Department of Pathology. Ex officio members shall have ongoing membership with no limits to their term. There will be at least three additional regular members, broadly representative of the clinical and research



communities of UNM HSC including at least one epidemiologist or biostatistician familiar with epidemiology research. Regular members will have a three (3) year term of membership. If no ex officio or regular member of the SRC has expertise relevant to the proposal under review, an appropriate subject matter expert(s) will be identified to participate in the review process by the Chair of the SRC. A subject matter expert(s) may be recruited by the SRC from inside or outside the UNM HSC community to assist in evaluating the scientific merit of the study when those individuals possess expertise relevant to the specific proposal under consideration but this expert will not have a vote. In addition, when a request/proposal involves specimens from a source other than the HTR, the Principal Investigator (PI) who oversees those satellite specimens shall serve as an ad hoc member of the SRC during the review process and shall have a vote on that protocol only. A quorum needed to decide on a particular protocol will be a majority of committee members including voting ad hoc members (e.g., 4 if the committee consists of 6 or 7 members).

### 9. Function of the human tissue Scientific Review Committee (SRC)

The SRC **assesses** the scientific merit of all Research Tissue proposals for the use of archived specimens. The SRC review can influence subsequent IRB approval of the proposed study.

#### a. SRC review of proposals

- i. Each proposal will be assigned a *primary* and *secondary*- reviewer from the membership of the SRC. These Reviewers will (a) conduct a careful and comprehensive review of the assigned proposal prior to the meeting, (b) submit a written review of the assigned proposal to other SRC members, (c) lead discussion of the assigned proposal during review process, and (d) make recommendations regarding approval, revision or denial of the assigned proposal.
- ii. The SRC will review proposed use of Research Tissue at either a convened meeting at which a majority of the members of the SRC are present or electronically wherein the majority of members should certify officially that they have reviewed the proposals and read the reports of the primary and secondary reviewers and indicate same by entering their vote. A face-to-face meeting will be called at the request of any reviewer(s) or the SRC Chair. If the tissue being requested is from a satellite tissue bank, the PI that oversees that satellite tissue bank must also be either present at the convened meeting or participate in the electronic review process. In order for the request to be approved, it must receive the approval of a majority of those members present at the meeting. If the tissue (slides, paraffin blocks, frozen tissue or other specimen) was initially acquired for diagnostic purposes and might be used for future diagnostic studies for living or deceased patients, then the head of the appropriate Department of Pathology Section/Division must participate in the meeting, review the proposal, and have the power to veto the proposal if he/she deems use of the tissue, as proposed, might compromise future patient care and/or potential use of the resource.
- iii. In instances where a subject matter expert has been recruited by the SRC for their relevant expertise, the expert shall serve as *primary reviewer* only if s/he can participate in the relevant meeting of the SRC.



- iv. Research proposals will be evaluated by the SRC based on the following criteria:
- (a) Scientific merit of the proposed study, including:
    - i. Context/background of proposed investigation
    - ii. Novel vs. confirmatory nature of proposed investigation
    - iii. Feasibility of proposed study
  - (b) Demonstrated expertise of the investigator/research team to appropriately address the objectives of the proposed investigation, including:
    - i. Record of relevant publications
    - ii. Record of relevant funding
  - (c) Demonstrated availability of sufficient funding and physical resources and human resources to successfully achieve the objectives of the proposed study; including:
    - i. Availability of funds specific for this project or reference to existing grant proposal
    - ii. Adequate and appropriate facilities
    - iii. Personnel with adequate and appropriate experience
  - (d) Specific statement addressing the potential risk to study subjects vs. the possible benefits to be derived from the proposed project
  - (e) Certification by signature of the Medical Director of the HTR that the tissue is available and indicate that it is (or is not) rare.
- b. *Proposals for the use of unique, rare or nearly exhausted tissue samples*

Investigators should understand that the SRC review and approval process will be more stringent for tissue samples that are unique, rare, or “nearly exhausted.” SRC members must agree that a proposed use of unique, rare, or “nearly exhausted” specimens is of high scientific value and that such research could not be reasonably conducted with other tissue obtained elsewhere. Approval of a request to utilize specimens that are unique, rare, or “nearly exhausted” requires the approval of two-thirds (2/3rds) of those members present at the convened SRC meeting.

c. *Suspension or termination of SRC approval*

The SRC has authority to suspend or terminate approval of research that has previously been approved by the SRC. This stipulation protects the HTR’s right to return unused tissues to the database to be listed as “available” should the PI not follow appropriate policy or fail to exercise his access within a reasonable period of time.

d. *Veto and appeals process*

The SRC recognizes the special role of faculty members who have invested considerable time, money, and effort to develop tissue collections that exist outside of the Tissue Repository. These investigators will be asked to serve as an **ad hoc member** of the SRC when a request/proposal seeks to utilize

specimens that are under her/his control. The ad hoc member shall have the option to veto such proposals. A veto by an ad hoc member may also be appealed using the SRC appeals process. A researcher or member of the SRC may appeal a decision of the SRC or a veto by an ad hoc member. Appeals must be submitted in writing and must address, on a point-by point-basis, the appellant's specific disagreements with the judgment of the SRC. The ad-hoc member may not veto during an appeals process. A second level of appeal may be made to the Vice Chancellor for Research.

#### **10. Relationship of HTR to cooperative tissue procurement efforts**

- a. *Principles:* A growing effort at the national level seeks to create a National Biospecimen Collection Network. Such a network would involve regional repositories near cancer referral and academic centers, Cooperative Group tissue collection efforts and a connecting network. A national network would facilitate distribution of specimens to participating institutions. UNM participation in such a network would support a national tissue procurement effort and improve availability of tissue to UNM tissue researchers. It is therefore in the strategic interest of the UNM HSC to foster and maintain relationships with Cooperative Tissue Procurement efforts and with Cooperative Groups.
- b. *Role of Surgical Pathology:* Proper tissue collection and triage is essential to proper evaluation and triage by UNM Surgical Pathology faculty and staff. Priority is given to diagnostic studies and patient care. See per UNMH policy ("Handling of Specimen, Foreign Bodies, Care and Disposition of," University Hospital and Children's Hospital of New Mexico, Clinical Practice Policies and Procedures). Nonexempt tissues must be submitted to Surgical Pathology for assessment and selection of diagnostic tissue prior to selecting tissue for banking. Surgical Pathology will assist in harvesting as agreed upon between the local PI collecting tissues, Surgical Pathology and the UNM HTR (in its UNM HRRC-approved protocol).
- c. *Cooperative Group Protocols:* The cooperative effort will ensure tissue is collected, whenever appropriate, for national and local research needs. The UNM HTR may provide a trained tech working closely with Surgical Pathology, trained in handling tissues for banking. Close cooperation between Surgical Pathology, the UNM HTR and Cooperative Groups will ensure that tissue is handled and shipped as appropriate to Cooperative Group efforts with documentation for tracking. The UNM HTR will account for technical and administrative services provided in collecting and shipping these tissues, and will charge the research protocol for these services, according to a standardized and approved fee schedule. This usually represents a pass through of funds from the Cooperative Group to the local P.I. The UNM HTR will document tissue collection and shipping for accountability and funding, but will not retain control of the tissue collected for the Cooperative Group. The responsibility and control resides with the Cooperative Group, whether the Cooperative Repository is in Albuquerque or other location. This responsibility includes storage, quality control, and dispensing of tissues. Cooperative Group collections housed at UNM, are not to be maintained in the HTR database as stored tissues, but are entered as collected and shipped. In addition, the UNM HTR will not be involved in the receipt of tissues sent to a Cooperative Group collection housed at UNM. These tissue specimens belong to the Cooperative Group and will be managed by the local P.I., who is also responsible for the HRRC (IRB) approval, consent status, storage, quality control and distribution. The UNM HTR will refer all requests for tissue from the cooperative bank to the administrator of the relevant Cooperative Group.

In the event that a Cooperative Group collection effort ceases due to lack of funding or other reasons, the UNM HTR will consider assuming that collection on a case by case basis, depending on the needs of the UNM HTR and the quality/type of the collection.

- d. *Other Cooperative Relationships*: The UNM HTR will also consider contractual relationships with external tissue repositories and with virtual human tissue repositories, with full consideration to patient care, ethical, privacy, and conflict of interest issues.

## REFERENCES/RESOURCES

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National Institutes of Health Revitalization Act of 1993, Pub. L. No. 103-43, 42 U.S.C. § 289g-1 et seq.

Jonathan Spradling Revised Uniform Anatomical Gift Act, Section 24-6b-1 et seq., NMSA 1978, as amended.

Title 3 -The President, Executive Order 13505 of March 9, 2009. Removing Barriers to Responsible Scientific Research Involving Human Stem Cells. Federal Register/ Vol. 74, No. 46, page 10667- 10668.

Katz, J.S., Martin, B.R. (1997). What is research collaboration? *Research Policy*, 26, 1-18.

## RESPONSIBILITY

1. The HTOC is responsible for developing new policies and making changes in all standing policies for the HTR.
2. The Vice Chancellor for Research ensures that composition of the HTOC is in compliance with this policy.

## RESOURCES AND TRAINING



| Resource/Department                                                                                                                                | Contact Information                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| <div style="background-color: black; width: 150px; height: 15px; margin-bottom: 5px;"></div> Vice Chancellor for Research                          | <div style="background-color: black; width: 150px; height: 15px;"></div> |
| <div style="background-color: black; width: 150px; height: 15px; margin-bottom: 5px;"></div> Sr. Associate Dean for Research<br>School of Medicine | <div style="background-color: black; width: 150px; height: 15px;"></div> |

**SUMMARY OF CHANGES**

Replaces *Policy for the Oversight of Human Tissue in Research*, Approved by HTOC December 14, 2007 and updated June 3, 2013


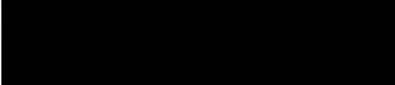
**DOCUMENT APPROVAL & TRACKING**

| Item                                                                                           | Contact                                                                                 | Date                 | Approval   |
|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|----------------------|------------|
| <b>Owner</b>                                                                                   | Vice Chancellor for Research, Office of Research                                        |                      |            |
| <b>Consultant(s)</b>                                                                           |                                                                                         |                      |            |
| <b>Recommender(s)</b>                                                                          |                                                                                         |                      | [Y or N/A] |
| <b>Committee(s)</b>                                                                            | Human Tissue Oversight Committee (HTOC)<br>Research Strategic Planning Committee (RSPC) |                      | [Y or N/A] |
| <b>HSC Legal Office</b>                                                                        |                                                                                         |                      | [Y or N/A] |
| <b>Official Approver</b>                                                                       | <div style="background-color: black; width: 250px; height: 15px;"></div>                |                      | Yes        |
| <b>Official Approver Signature</b>                                                             | <div style="background-color: black; width: 250px; height: 15px;"></div>                | Date: April 11, 2016 |            |
| <b>2nd Approver</b>                                                                            |                                                                                         |                      |            |
| <b>2nd Approver Signature (Optional)</b>                                                       |                                                                                         | Date:                |            |
| <b>Policy Origination Date:</b> December 14, 2007, updated June 3, 2012 and September 16, 2015 |                                                                                         |                      |            |

**ATTACHMENTS**

None

# Exhibit 6.41

| Standard Operating Procedures          |                                                                                             |                             |
|----------------------------------------|---------------------------------------------------------------------------------------------|-----------------------------|
| <b>SOP #511.0</b><br><b>Revision 0</b> | <b>TITLE: Compliance with Applicable Laws and Regulations</b>                               | Effective Date:<br>3/1/2016 |
| Approved By:<br>OIRB Director          | Signature  | Date<br>3/22/2016           |
| Approved By:<br>IRB Chair              | Signature  | Date<br>3/23/16             |

**PURPOSE**

This purpose of this policy is to provide a summary of local laws and state statutes that may be applicable to human research.

**REVISIONS FROM PREVIOUS VERSION**

None

**POLICY**

All researchers must know and comply with relevant laws in the localities where they conduct research on human participants, including U.S. tribal, territorial and foreign localities. In the case of variances between U.S. federal laws and state or local laws, or between U.S. and foreign laws and regulations, the more protective standard typically takes precedence. UNM researchers should contact the UNM Office of University Counsel for additional guidance.

**RESPONSIBILITIES**

Execution of SOP: Researchers, IRB.

**PROCEDURE**

*Informed Consent to Participate in Research*

1. Age of majority: For purposes of consenting to participate in research, the age of majority is determined by the locality in which the participant is physically located. In 47 US states and the US Virgin Islands the age of majority is 18 years. In Nebraska and Alabama it is 19 years and in Mississippi and Puerto Rico it is 21 years.
2. Internet surveys and interviews: For internet based survey research for purposes of providing independent consent to participate, the minimum age is 18 years. Surveys and internet-based interviews involving persons under the age of 18 require either documented parental/guardian permission, or a waiver from the IRB.

*New Mexico Laws Pertaining to Research on Human Participants*

Research activity concerning fetuses, infants or pregnant women:

**N.M. Stat. Ann. § 24-9A-5** - Establishes limits for research activity involving fetuses, live-born infants or pregnant women. No inducements, monetary or otherwise, are allowed. Valid consent by the pregnant woman or the parent or guardian of the infant is required. Elements of the valid consent





include explanation of the procedures and their purpose, disclosure of all experimental procedures, descriptions of discomforts, risks, benefits expected, alternative procedures, availability for follow-up questions, and an explanation of voluntary withdrawal option.

Genetic Information Privacy Act:

**N.M. Stat. Ann. § 24-21-1 et seq.** - Genetic analysis without informed consent is prohibited. Listed exceptions include DNA testing for the purpose of medical or scientific research and education so long as such DNA testing is for retention of gene products, genetic information or genetic analysis involved in research and if the identity of the individual or the individual's family members is not disclosed. See § 24-21-3.

Human Immunodeficiency Virus Test Act:

**N.M. Stat. Ann. § 24-2B-1 et seq.** - No person shall perform a test designed to identify the human immunodeficiency virus or its antigen or antibody without first obtaining the informed consent of the person upon whom the test is performed. The act sets out requirements for informed consent. However, under § 24-2B-5, informed consent for testing is not required for the purpose of research if the testing is performed in a manner by which the identity of the test subject is not known and may not be retrieved by the researcher or the performance of a test done in a setting where the identity of the test subject is not known, such as in public health testing programs and sexually transmitted disease clinics.

*Research on Participants in a Foreign Country*

1. To identify relevant foreign laws pertaining to research regulations see the OHRP guidance [International Compilation of Human Research Protections](#).
2. If the proposed research is conducted in whole or part in a foreign country or territory then authorization to conduct the study must be provided in the form of an official attestation issued by an appropriate official in the local (foreign) jurisdiction that the project is in compliance with local regulations and laws. In many cases this will involve approval of the study by a local IRB or ethics board.
3. If the proposed research is conducted on tribal land, appropriate authorizations must be obtained such as Navajo Nation IRB and/or tribal council approval.
4. If there are no relevant regulations or laws in the foreign country pertaining to the proposed research, or no local IRB or ethics board, then a letter of support must be provided in English by an academic administrator or government official from the local jurisdiction. The person providing the attestation may not be a collaborator on the research project with the UNM faculty or student researcher. In most cases it will be sufficient to have the equivalent of a department head or dean from a local academic institution provide the letter.

*Research Involving Non-U.S. Institutions*

1. UNM researchers who conduct research activities at or collaborate with non-U.S. institutions in human research must meet the requirements of U.S. Federal laws pertaining to human subjects research, as specified in the UNM policies and procedures, as well as any laws that govern research that is conducted in the foreign locality.
2. Formal review and approval by the IRB is required, including for research that is determined by the IRB to be exempt from the federal regulations.
3. Researchers also must provide, as appropriate, evidence of approval(s) from foreign institution(s) before the research may commence.



*Additional NM Laws, Administrative Codes and Statutes*

Adult Abuse:

**N.M. Stat. Ann. § 27-7-30** - This statute requires any person having reasonable cause to believe that an incapacitated adult is being abused, neglected or exploited to immediately report that information to NM Adult Protective Services.

Child Abuse and Required Reporting:

**N.M. Stat. Ann. § 32A-4-1, et seq.** - Every person who knows or has a reasonable suspicion that a child is an abused or a neglected child must report the matter immediately to a local law enforcement agency, a department such as New Mexico Children, Youth and Families Department (CYFD), or a tribal law enforcement or social services agency for any Indian child residing in Indian country. Examples of abuse encompass physical, emotional or psychological abuse, sexual abuse, exploitation, abandonment, or neglect, torture, confinement, and cruel punishment. Reporting obligation applies to everyone, including school officials whose communications would ordinarily be protected by privilege such as, but not limited to, a physician, medical resident, an intern, a nurse, police officer, school official, or member of the clergy. These laws also apply to information gained as a researcher.

Mental Health:

**N.M. Code R. § 16.27.18.17** - This administrative code states that mental health counselors, therapists, and alcohol and drug counselors may not disclose confidential information pertaining to a client without written consent with the exception of reporting the abuse of children and vulnerable adults.

**N.M. Code R. § 7.1.20.11** - Research organizations, state agencies, and federal agencies may be granted access to the data and information contained in the NM Health Information System (HIS) with specific confidentiality requirements. All data that is used for research and analytic purposes must protect the confidentiality of the individual's identity, providers, and third party payers.

Public Health:

**N.M. Stat. Ann. § 24-1-20** - This statute is intended to protect and promote the public health. Information shared with the Department of Health in connection with medical research studies is confidential and shall be used only for the purposes of medical research. The information shall not be admissible as evidence in any action of any kind in any court or before any administrative proceeding or other action.

Status of Minors:

**N.M. Stat. Ann. § 32A-21-1, et seq.** – Minors are defined as persons less than 18 years old. This statute also establishes criteria and procedures that lead to the emancipation of a minor who is 16 years or older. Among other things, a formally emancipated minor has the right to consent to medical, dental or psychiatric care or capacity to enter into a binding contract. See **§ 32A-21.5**.

Additional Guidance on Minor's Consent to Medical Care:

**N.M. Stat. Ann. § 24-10-1** - Consent to Medical Treatment if married or emancipated: an emancipated minor or any minor that is legally married may consent to hospital, medical and surgical care. Subsequent judgment of annulment of the marriage or judgment of divorce shall not deprive the minor of his or her adult status once attained.

Age of Majority Act of 1978:

**N.M. Stat. Ann. § 28-6-1** - Except as otherwise specifically provided by existing law, any person who has reached his or her eighteenth birthday shall be considered to have reached his or her majority and is an adult for all purposes the same as if he or she had reached his or her twenty-first birthday.





Patient Care Monitoring Act and Legal Representative:

**N.M. Stat. Ann. § 28-6-1** A legally authorized representative (LAR) is authorized to consent on behalf of someone to participate in procedure(s) involved in health care. Under New Mexico statutes, the closest definition of LAR is of a "surrogate" under the Patient Care Monitoring Act, which addresses use of monitoring devices for patients receiving medical care. Surrogate is defined as a legal guardian or a legally appointed substitute decision-maker who is authorized to act on behalf of a patient.

Blood Donation; minors:

**N.M. Stat. Ann. § 24-10-6** - A minor who is at least seventeen years of age may donate blood to a licensed, accredited or approved blood bank, storage facility or hospital without parental consent. No monetary payment is allowed.

**REFERENCES**

45 CFR 46.111(a)(3)

45 CFR 56.111(a)(3)

<http://www.nmcompcomm.us/>

# Exhibit 6.42

## Project Information

5R24HD000836-51

DESCRIPTION DETAILS RESULTS HISTORY SUBPROJECTS

Project Number: 5R24HD000836-51

Contact PI / Project Leader: 

Title: LABORATORY OF DEVELOPMENTAL BIOLOGY

Awardee Organization: UNIVERSITY OF WASHINGTON

**Abstract Text:**

DESCRIPTION (Provided by Applicant): For 46 years, the Birth Defects Research Laboratory (BDRL) has been the major NIH-funded site for collection and distribution of conceptual tissues. The availability of viable conceptual organs and tissues has made the Laboratory a unique and critical non-profit resource for biomedical research. This application seeks to continue and further develop the core fundamental goal of the laboratory: the systematic collection, staging, identification, and processing of normal specimens and distribution of their tissues to recipients. In this renewal application, we will build upon this central aim to extend the biomedical research resource further by making available samples for DNA/RNA extraction and epigenetic assays. In addition, the investigator will develop the resource by 1) extending the systematic collection, identification, and distribution to abnormal fetuses; 2) correlating prenatal data with the post-termination findings from examination/postmortem; 3) exploiting the virtual histological and phenotyping capabilities of tissue imaging platforms after performing proof-of-principle studies in genitourinary tract and cardiovascular tissues; 4) capitalizing on the expected enrichment of genetic defects underlying fetal congenital anomalies by generating copy number variant data through array-based comparative genomic hybridization studies; 5) systematically making accessible tissues and their data for investigators; and 6) engaging and working with key collaborators to improve services and increase recipient numbers in their respective fields. This application builds upon ARRA support, evaluating the utility of novel tissue imaging systems to enhance BDRL services, and stimulating and supporting research based in part on this resource into the bases of birth defects and normal development. Systematically characterizing abnormal fetuses and distributing tissues from these fetuses will exploit the unique positioning of the BDRL to develop this as a significant research resource and service to researchers who seek to understand the underlying developmental biology of normal and abnormal human development.

**Public Health Relevance Statement:**

None described

**NIH Spending Category:**

Biotechnology; Cardiovascular; Clinical Research; Congenital Structural Anomalies; Diagnostic Radiology; Genetics; Human Genome; Neurosciences; Pediatric; Urologic Diseases

**Project Terms:**

Address; Autopsy; Barker Hypothesis; base; Biological Assay; Biology; Biomedical Research; Cardiovascular system; Clinical Data; Collection; comparative genomic hybridization; Congenital Abnormality; congenital anomaly; Congenital Heart Defects; Copy Number Polymorphism; cost; Data; Development; Developmental Biology; Dissection; DNA; DNA Sequence Alteration; Embryology; Epigenetic Process; fetal; Fetal Development; Fetal Tissues; Fetus; Funding; Genetic; Genitourinary system; Genomics; Goals; Grant; Human; Human Development; human disease; imaging platform; imaging system; Imaging technology; Improved; Institution; Interest; Laboratories; Laboratory Research; Leadership; Molecular; Mutation; novel; Optics; Organ; Patients; Phenotype; Positioning Attribute; postnatal; prenatal; Prenatal Diagnosis; Process; Research; Research Personnel; Research Support; Resources; RNA; Sampling; Scanning; Services; Site; Specimen; Staging; Techniques; Time; Tissues; tomography; United States National Institutes of Health; Universities; virtual; Work; X-Ray Computed Tomography

**Contact PI Information:**

Name:   
 Email: [Click to view contact PI email address](#)

Title:

**Program Official Information:**

Name:   
 Email: [Click to view PO email address](#)

**Other PI Information:**

Not Applicable

**Organization:**

Name: UNIVERSITY OF WASHINGTON  
 City: SEATTLE Country: UNITED STATES (US)

**Department / Educational Institution Type:**

PEDIATRICS  
 SCHOOLS OF MEDICINE

**Congressional District:**

State Code: WA  
 District: 07

**Other Information:**

FOA:   
 Study Section: Biobehavioral and Behavioral Sciences Subcommittee (CHHD)   
 Fiscal Year: 2015 Award Notice Date: 27-JUN-2015

DUNS Number: 605799469   
 Project Start Date: 1-MAY-1979   
 Budget Start Date: 1-JUL-2015

CFDA Code: 853   
 Project End Date: 30-JUN-2017   
 Budget End Date: 30-JUN-2017

**Administering Institutes or Centers:**

EUNICE KENNEDY SHRIVER NATIONAL INSTITUTE OF CHILD HEALTH &amp; HUMAN DEVELOPMENT

**Project Funding Information for 2015:**

Total Funding: \$719,457   
 Direct Costs: \$474,059   
 Indirect Costs: \$245,398

Year

Funding IC

FY Total Cost by IC

|      |                                                                                     |           |
|------|-------------------------------------------------------------------------------------|-----------|
| 2015 | EUNICE KENNEDY SHRIVER NATIONAL<br>INSTITUTE OF CHILD HEALTH & HUMAN<br>DEVELOPMENT | \$619,457 |
| 2015 | NATIONAL INSTITUTE OF NEUROLOGICAL<br>DISORDERS AND STROKE                          | \$100,000 |

Categorical Spending by IC:

[Click here for more information on NIH Categorical Spending](#)**History:**

| Project Number    | Sub # | Project Title                          | Contact Principal Investigator | Organization             | FY   | Admin IC | Funding IC     | FY Total Cost by IC    |
|-------------------|-------|----------------------------------------|--------------------------------|--------------------------|------|----------|----------------|------------------------|
| 5R24HD000836-51   |       | LABORATORY OF DEVELOPMENTAL BIOLOGY    | ██████████                     | UNIVERSITY OF WASHINGTON | 2015 | NICHD    | NICHD<br>NINDS | \$619,457<br>\$100,000 |
| 5R24HD000836-50   |       | LABORATORY OF DEVELOPMENTAL BIOLOGY    | ██████████                     | UNIVERSITY OF WASHINGTON | 2014 | NICHD    | NICHD<br>NINDS | \$568,537<br>\$100,000 |
| 5R24HD000836-49   |       | LABORATORY OF DEVELOPMENTAL BIOLOGY    | ██████████                     | UNIVERSITY OF WASHINGTON | 2013 | NICHD    | NICHD<br>NINDS | \$523,612<br>\$100,000 |
| 5R24HD000836-48   |       | LABORATORY OF DEVELOPMENTAL BIOLOGY    | ██████████                     | UNIVERSITY OF WASHINGTON | 2012 | NICHD    | NICHD<br>NINDS | \$522,638<br>\$100,000 |
| 2R24HD000836-47   |       | LABORATORY OF DEVELOPMENTAL BIOLOGY    | ██████████                     | UNIVERSITY OF WASHINGTON | 2011 | NICHD    | NICHD<br>NINDS | \$513,963<br>\$100,000 |
| 5R24HD000836-46   |       | LABORATORY OF DEVELOPMENTAL BIOLOGY    | ██████████                     | UNIVERSITY OF WASHINGTON | 2010 | NICHD    | NICHD          | \$579,091              |
| 2R24HD000836-45   |       | LABORATORY OF DEVELOPMENTAL BIOLOGY    | ██████████                     | UNIVERSITY OF WASHINGTON | 2009 | NICHD    | NICHD          | \$569,153              |
| 3R24HD000836-45S1 |       | LABORATORY OF DEVELOPMENTAL BIOLOGY    | ██████████                     | UNIVERSITY OF WASHINGTON | 2009 | NICHD    | NICHD          | \$128,429              |
| 5R24HD000836-44   |       | LABORATORY OF DEVELOPMENTAL BIOLOGY    | ██████████                     | UNIVERSITY OF WASHINGTON | 2008 | NICHD    | NICHD          | \$422,013              |
| 2R24HD000836-43   |       | LABORATORY OF DEVELOPMENTAL BIOLOGY    | ██████████                     | UNIVERSITY OF WASHINGTON | 2007 | NICHD    | NICHD          | \$417,857              |
| 5R24HD000836-42   |       | LABORATORY OF DEVELOPMENTAL BIOLOGY    | ██████████                     | UNIVERSITY OF WASHINGTON | 2006 | NICHD    | NICHD          | \$379,518              |
| 2R24HD000836-41   |       | LABORATORY OF DEVELOPMENTAL BIOLOGY    | ██████████                     | UNIVERSITY OF WASHINGTON | 2005 | NICHD    | NICHD          | \$377,329              |
| 5R24HD000836-40   |       | LABORATORY FOR THE STUDY OF EMBRYOLOGY | ██████████                     | UNIVERSITY OF WASHINGTON | 2004 | NICHD    | NICHD          | \$405,797              |
| 5R24HD000836-39   |       | LABORATORY FOR THE STUDY OF EMBRYOLOGY | ██████████                     | UNIVERSITY OF WASHINGTON | 2003 | NICHD    | NICHD          | \$393,979              |
| 5R24HD000836-38   |       | LABORATORY FOR THE STUDY OF EMBRYOLOGY | ██████████                     | UNIVERSITY OF WASHINGTON | 2002 | NICHD    | NICHD          | \$382,502              |
| 5R24HD000836-37   |       | LABORATORY FOR THE STUDY OF EMBRYOLOGY | ██████████                     | UNIVERSITY OF WASHINGTON | 2001 | NICHD    | NICHD          | \$371,365              |
| 2R24HD000836-36   |       | LABORATORY FOR THE STUDY OF EMBRYOLOGY | ██████████                     | UNIVERSITY OF WASHINGTON | 2000 | NICHD    | NICHD          | \$360,546              |
| 5R24HD000836-35   |       | LABORATORY FOR THE STUDY OF EMBRYOLOGY | ██████████                     | UNIVERSITY OF WASHINGTON | 1999 | NICHD    | NICHD          | \$346,743              |
| 5R24HD000836-34   |       | LABORATORY FOR THE STUDY OF EMBRYOLOGY | ██████████                     | UNIVERSITY OF WASHINGTON | 1998 | NICHD    | NICHD          | \$333,408              |
| 5R24HD000836-33   |       | LABORATORY FOR THE STUDY OF EMBRYOLOGY | ██████████                     | UNIVERSITY OF WASHINGTON | 1997 | NICHD    | NICHD          | \$320,585              |

|                                                          |              |                                                        |                                       |                                        |            |                 |                            |
|----------------------------------------------------------|--------------|--------------------------------------------------------|---------------------------------------|----------------------------------------|------------|-----------------|----------------------------|
| 5R24HD000836-32                                          |              | LABORATORY FOR THE STUDY OF EMBRYOLOGY                 | [REDACTED]                            | UNIVERSITY OF WASHINGTON               | 1996 NICHD | NICHD           | \$308,255                  |
| 2R24HD000836-31                                          |              | LABORATORY FOR THE STUDY OF EMBRYOLOGY                 | [REDACTED]                            | UNIVERSITY OF WASHINGTON               | 1995 NICHD | NICHD           | \$300,458                  |
| 5R01HD000836-30                                          |              | LABORATORY FOR THE STUDY OF EMBRYOLOGY                 | [REDACTED]                            | UNIVERSITY OF WASHINGTON               | 1994 NICHD | NICHD           | \$129,792                  |
| 5R01HD000836-29                                          |              | LABORATORY FOR THE STUDY OF EMBRYOLOGY                 | [REDACTED]                            | UNIVERSITY OF WASHINGTON               | 1993 NICHD | NICHD           | \$124,800                  |
| 2R01HD000836-28                                          |              | LABORATORY FOR THE STUDY OF EMBRYOLOGY                 | [REDACTED]                            | UNIVERSITY OF WASHINGTON               | 1992 NICHD | NICHD           | \$140,760                  |
| 5R01HD000836-27                                          |              | LABORATORY FOR THE STUDY OF EMBRYOLOGY                 | [REDACTED]                            | UNIVERSITY OF WASHINGTON               | 1991 NICHD | NICHD           | \$138,436                  |
| 5K08HD000836-03                                          |              | IMPAIRED SOMATOMEDIN RESPONSIVENESS AND GROWTH FAILURE | [REDACTED]                            | UNIVERSITY OF CALIFORNIA SAN FRANCISCO | 1990 NICHD | NICHD           | \$62,763                   |
| 5R01HD000836-26                                          |              | LABORATORY FOR THE STUDY OF EMBRYOLOGY                 | [REDACTED]                            | UNIVERSITY OF WASHINGTON               | 1990 NICHD | NICHD           | \$132,128                  |
| 5K08HD000836-02                                          |              | IMPAIRED SOMATOMEDIN RESPONSIVENESS AND GROWTH FAILURE | [REDACTED]                            | UNIVERSITY OF CALIFORNIA SAN FRANCISCO | 1989 NICHD | NICHD           | \$64,554                   |
| 5R01HD000836-25                                          |              | LABORATORY FOR THE STUDY OF EMBRYOLOGY                 | [REDACTED]                            | UNIVERSITY OF WASHINGTON               | 1989 NICHD | NICHD           | \$128,764                  |
| 1K08HD000836-01                                          |              | IMPAIRED SOMATOMEDIN RESPONSIVENESS AND GROWTH FAILURE | [REDACTED]                            | UNIVERSITY OF CALIFORNIA SAN FRANCISCO | 1988 NICHD | NICHD           | \$64,908                   |
| 5R01HD000836-24                                          |              | LABORATORY FOR THE STUDY OF HUMAN EMBRYOS AND FETUSES  | [REDACTED]                            | UNIVERSITY OF WASHINGTON               | 1988 NICHD | NICHD           | \$129,466                  |
| 2R01HD000836-23                                          |              | LABORATORY FOR THE STUDY OF HUMAN EMBRYOS AND FETUSES  | [REDACTED]                            | UNIVERSITY OF WASHINGTON               | 1987 NICHD | NICHD           | \$124,542                  |
| 5R01HD000836-22                                          |              | STUDY OF EMBRYOLOGY                                    | [REDACTED]                            | UNIVERSITY OF WASHINGTON               | 1985 NICHD | NICHD           | \$97,157                   |
| <b>Subprojects:</b>                                      |              |                                                        |                                       |                                        |            |                 |                            |
| <b>Project Number</b>                                    | <b>Sub #</b> | <b>Project Title</b>                                   | <b>Contact Principal Investigator</b> | <b>Organization</b>                    | <b>FY</b>  | <b>Admin IC</b> | <b>FY Total Cost by IC</b> |
| No Subprojects information available for 5R24HD000836-51 |              |                                                        |                                       |                                        |            |                 |                            |

Page Last Updated on December 4, 2016  
 This site is best viewed with Internet Explorer (8.0 or higher) or Mozilla Firefox (11.0 or higher).

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# Exhibit 6.43



Response to Subpoena dated April 29, 2016, received by the University of Washington on May 3, 2016. In all responses below, as indicated by the Subpoena, "UW" means and refers to the University of Washington School of Medicine Birth Defects Research Laboratory.

1. Documents sufficient to show all entities, including firms, corporations, non-profit organizations, and educational institutions, from which UW receives or procures fetal tissue. UW may produce a list of such entities in lieu of documents. (footnote omitted).

*List of such entities attached.*

2. Documents sufficient to show all entities, including firms, corporations, non-profit organizations, and educational institutions, to which UW sells or donates fetal tissue. UW may produce a list of such entities in lieu of documents.

*The UW does not sell fetal tissue. Attached is a list of those entities to which the UW provides fetal tissue for research.*

3. Documents sufficient to show all entities, including firms, corporations, non-profit organizations, and educational institutions, to which UW transferred, subcontracted, or sold any business interest or business assets related to the procurement or sale of fetal tissue. UW may produce a list of such entities in lieu of documents.

*None. There are no such entities.*

4. Documents sufficient to reflect UW's organization chart, including information detailing UW personnel that procure(d) fetal tissue at the clinic level and the supervisory personnel for those procurers of fetal tissue.

*Attached.*

5. All communications, whether internal or external, that direct or relate to a direction to UW personnel to procure fetal tissue, including, but not limited to memoranda, emails, telephone messages, and purchase orders or bills of sale.

*Due to the breadth of the Subpoena, the UW is not able to provide documents as of 5/11/2016. The UW is continuing to search, locate and collect any responsive documents and they will be provided as soon as possible.*

6. All UW accounting records, including accounting memoranda related to the cost and pricing of fetal tissue.

*Due to the breadth of the Subpoena, the UW is not able to provide documents as of 5/11/2016. The UW is continuing to search, locate and collect any responsive documents and they will be provided as soon as possible.*

7. Documents sufficient to show all institutions or entities to which UW donated or provided fetal tissues for the following years: 2010, 2011, 2012, 2013, 2014 and 2015. You may provide a list of such institutions and entities in lieu of producing these documents.

*List of such entities attached.*

8. Copies of all invoices (by month and year), reflecting the billing that UW issued to all institutions or entities to which UW donated or provided fetal tissues for the following years: 2010, 2011, 2012, 2013, 2014 and 2015.

*Due to the breadth of the Subpoena, the UW is not able to provide documents as of 5/11/2016. The UW is continuing to search, locate and collect any responsive documents and they will be provided as soon as possible.*

9. Documents sufficient to show all institutions or entities from which UW obtained fetal tissues for the following years: 2010, 2011, 2012, 2013, 2014 and 2015. You may provide a list of such institutions and entities in lieu of producing these documents.

*List of such entities attached.*

10. Copies of all invoices (by month and year) reflecting the billing or payment of funds for fetal tissues obtained by for the following years: 2010, 2011, 2012, 2013, 2014 and 2015.

*The UW does not purchase tissue. There are no invoices.*

11. A copy of any chart of accounts for UW, including but limited to account descriptions from any financial recording system relating to UW.

*There are no documents responsive to this request. The UW (Birth Defects Research Lab) does not have a chart of accounts.*



12. UW's end of year trial balance report and trial balance details for the following years: 2010, 2011, 2012, 2013, 2014 and 2015.

*There are no documents responsive to this request. The UW (Birth Defects Research Lab) does not have a trial balance report.*

13. All documents reflecting UW's statement of revenues (i.e., a breakdown by product categories) for the following years: 2010, 2011, 2012, 2013, 2014 and 2015.

*There are no documents responsive to this request. The UW (Birth Defects Research Lab) is a non-profit research institution and does not have a statement of revenues.*

14. All documents reflecting UW's record of costs and expenses (i.e., a breakdown by operations, including fetal tissue acquisition) for administrative costs and expenses as well as compensation and benefits, for the following years: 2010, 2011, 2012, 2013, 2014 and 2015. Where applicable, records should include identification of vendors and descriptions of expenses.

*Due to the breadth of the Subpoena, the UW is not able to provide documents as of 5/11/2016. The UW is continuing to search, locate and collect any responsive documents and they will be provided as soon as possible.*

15. UW's balance sheets for the following years 2010, 2011, 2012, 2013, 2014 and 2015. Audited statements should be provided, if available.

*There are no documents responsive to this request. The UW (Birth Defects Research Lab) does not have balance sheets or audited statements.*

16. UW's income statements, including but not limited to any profit and loss statements, statements of operations and statements of activities for the following years: 2010, 2011, 2012, 2013, 2014 and 2015. Audited statements should be provided, if available.

*There are no documents responsive to this request. The UW (Birth Defects Research Lab) does not have income statements or audited statements.*

17. Copies of UW's filed tax returns for the following years: 2010, 2011, 2012, 2013, 2014 and 2015.

*There are no documents responsive to this request. The UW (Birth Defects Research Lab) does not file tax returns. The University of Washington, which is a public institution of higher education, files a tax return; however, the BDRL is not a separate item in that return.*

18. All UW bank statements from any financial institution where UW has maintained an account for the following years: 2010, 2011, 2012, 2013, 2014 and 2015.

*There is no account for the UW (Birth Defects Research Lab), but there may be an account maintained by the University of Washington and we are continuing to search for any responsive documents.*

19. Documents sufficient to show how UW calculates(d) the cost of a fetal tissue and all factors applied in determining pricing of fetal tissue. In lieu of these documents, you may provide a written explanation.

*The UW does not sell fetal tissue or its derivatives so does not set a price for fetal tissue. The UW makes tissue available for research use by academic and non-profit research facilities. The recipient is invoiced a flat fee of \$200. This fee is intended to cover the UW's costs associated with the technical effort and related expenses in preparing the tissues that are not covered by the NIH grant.*

20. All specific requests made to UW for fetal tissue made by any and all firms, corporations, non-profit organizations, educational institutions, or other entities, including but not limited to, order lists, billing records, payment records, payment vouchers, and receipts.

*Due to the breadth of the Subpoena, the UW is not able to provide documents as of 5/11/2016. The UW is continuing to search, locate and collect any responsive documents and they will be provided as soon as possible.*

21. All documents relating to the purchase, ownership, or rental by UW of equipment involving fetal tissue research, the preparation of fetal tissue for research, the modification of fetal tissue into cell lines, or any other actions taken by UW related to fetal tissue, including but not limited to, the date the equipment was purchased, its purchase price, its maintenance costs, and records of the depreciation treatment under the tax code of any such equipment.

*Attached. These documents contain the names of individuals, including University of Washington faculty, staff and persons associated with the University. The UW trusts that the Panel will not compromise the safety of these individuals.*

22. An inventory record of all fetal tissues obtained, sold, or retained by UW, as well as an inventory of current fetal tissue including, in particular, any records that refer to multiple tissue samples or organs or body parts harvested from a single fetus.

*The UW does not sell fetal tissue. See attached inventory.*

23. All records related to any fetal tissue or cell lines procured or sold from twin fetuses.

*There are no responsive documents. The UW does not solicit, request or specifically procure twin fetuses. There are no cell lines procured or sold from twin fetuses. Fetal tissues from twins are sometimes donated. The UW uses the same process for single and twin fetal tissue.*

24. All documents relating to rent or site fees paid to entities from which UW obtained, sold, or donated fetal tissue.

*Due to the breadth of the Subpoena, the UW is not able to provide documents as of 5/11/2016. The UW is continuing to search, locate and collect any responsive documents and they will be provided as soon as possible.*

25. All training materials used by UW for the procurement of fetal tissue, preparation of fetal tissue, storage of fetal tissue, and training materials or guidance documents related to UW Staff relations with personnel or patients at the source entities from which fetal tissue is procured.

*Attached. These documents contain the names of individuals, including University of Washington faculty, staff and persons associated with the University. The UW trusts that the Panel will not compromise the safety of these individuals*

26. All communications and documents referring or relating to Institutional Review Board (IRB), as defined by Title 45 of the Code of Federal Regulations, Part 46, consents for the period of March 29, 2012 through January 26, 2013.

*Attached. These documents contain the names of individuals, including University of Washington faculty, staff and persons associated with the University. The UW trusts that the Panel will not compromise the safety of these individuals*

# Exhibit 6.44

## Between 1/1/2010 and 12/31/2010

### Source

All Women's Health - North  
Allentown Women's Center  
Aurora Medical Services  
Cedar River Clinic - Renton  
Cedar River Clinic - Tacoma  
Cedar River Clinic - Yakima  
Group Health Cooperative  
Seattle Children's  
Seattle Medical and Wellness Clinic  
University of Washington Medical Center

## Between 1/1/2011 and 12/31/2011

Source

All Women's Health - North

Allentown Women's Center

Aurora Medical Services

Cedar River Clinic - Renton

Cedar River Clinic - Tacoma

Cedar River Clinic- Yakima

Evergreen Hospital and Medical Center

Seattle Children's

Seattle Medical and Wellness Clinic

University of Washington Medical Center

## Between 1/1/2012 and 12/31/2012

### Source

All Women's Health - North  
Allentown Women's Center  
Aurora Medical Services  
Cedar River Clinic - Renton  
Cedar River Clinic - Tacoma  
Cedar River Clinic- Yakima  
Evergreen Hospital and Medical Center  
Harborview Medical Center  
Seattle Children's  
Seattle Medical and Wellness Clinic  
Swedish Hospital and Medical Center  
University of Washington Medical Center

---

## Between 1/1/2013 and 12/31/2013

### Source

All Women's Health - North

Aurora Medical Services

Cedar River Clinic - Renton

Cedar River Clinic - Tacoma

Group Health Cooperative

Seattle Children's

Seattle Medical and Wellness Clinic

Swedish Medical Center

University of Washington Medical Center



## Between 1/1/2014 and 12/31/2014

### Source

All Women's Health - North

Aurora Medical Services

Cedar River Clinic - Renton

Cedar River Clinic - Tacoma

Cedar River Clinic - Seattle

Seattle Children's

Seattle Medical and Wellness Clinic

Seattle Reproductive Medicine

Planned Parenthood of Greater Washington and North Idaho

Swedish Medical Center

Evergreen Healthcare

University of Washington Medical Center

## Between 1/1/2015 and 12/31/2015

### Source

All Women's Health - North

Cedar River Clinic - Renton

Cedar River Clinic - Tacoma

Cedar River Clinic - Seattle

Seattle Children's

Seattle Medical and Wellness Clinic

Seattle Reproductive Medicine

Planned Parenthood of Greater Washington and North Idaho

Evergreen Healthcare

Swedish Medical Center - Edmonds

Seattle Reproductive Medicine

University of Washington Medical Center

Current (2016) List of Clinic Collection Sites named in the IRB:

Cedar River Clinics – Renton, Tacoma, and Seattle (Aurora Medical Services)

All Women's Health North

Seattle Medical and Wellness clinic

Planned Parenthood of Greater Washington and North Idaho

Seattle Reproductive Medicine – this clinic provides tissues from pregnancy losses and not elective terminations.

Pacific Northwest Fertility – this clinic provides tissues from pregnancy losses and not elective terminations.

Evergreen Medical Center

Seattle Children's

University of Washington Medical Center

# Exhibit 6.45

## Between 1/1/2010 and 12/31/2010

Institutions/Entities that received tissue form BDRL

Allen Institute for Brain Science

Children's Hospital of Philadelphia

Children's National Medical Center

Cold Springs Harbor Laboratory (not-for-profit)

Duke University

Johns Hopkins University

Lady Davis Institute

McGill University

Medical College of Georgia

New York State - Dept. of Health

Scripps Whittier Diabetes Institute

Stanford University

Temple University

The Rockefeller University

UCLA

UCSD

University College London

University of Miami

University of Michigan

University of Nebraska

University of Pittsburgh

University of Puerto Rico

University of South Carolina

University of Washington

University of Wisconsin

Washington University

Yale University

## Between 1/1/2011 and 12/31/2011

### Institutions/Entities Obtaining Tissues from BDRL

Allen Institute for Brain Science  
Children's Hospital of Philadelphia  
Children's Mercy Hospital  
Children's National Medical Center  
Fred Hutchinson Cancer Research Center  
Indiana University  
Johns Hopkins University  
McGill University  
New York State - Dept. of Health  
Oregon State University  
Scripps Whittier Institute  
Stanford University  
Temple University  
The Rockefeller University  
UCLA  
UCSD  
University of Miami  
University of Michigan  
University of Nebraska  
University of Pittsburgh  
University of South Carolina  
University of Washington  
University of Wisconsin  
Washington University  
Yale University

## Between 1/1/2012 and 12/31/2012

Institutions/Entities Obtaining Tissues from BDRL

University of Washington  
University of British Columbia  
University of Wisconsin  
UCLA  
University of Michigan  
University of Miami  
University of North Texas  
University of Nebraska  
Fred Hutchinson Cancer Research Center  
Children's Hospital of Philadelphia  
Stanford  
University of Indiana  
McGill University  
Washington University  
Yale University  
NIH  
University of South Carolina  
Temple University  
University of Pittsburgh  
Cedars Sinai Medical Center  
Oregon State University

## Between 1/1/2013 and 12/31/2013

### Institutions/Entities Obtaining Tissues from BDRL

Allen Institute for Brain Science  
Children's Mercy Hospital  
Children's National Medical Center  
Fred Hutchinson Cancer Research Center  
Indiana University  
Johns Hopkins University  
McGill University  
NIH  
Scripps Whittier Institute  
Stanford University  
Temple University  
UCLA  
UCSD  
University of Miami  
University of British Columbia  
University of Miami  
University of Nebraska  
University of Pittsburgh  
University of South Carolina  
University of Washington  
University of Wisconsin  
Washington University  
Yale University



## Between 1/1/2014 and 12/31/2014

### Institutions/Entities Obtaining Tissues from BDRL

Allen Institute for Brain Science  
Children's Mercy Hospital  
Children's National Medical Center  
Fred Hutchinson Cancer Research Center  
Indiana University  
Johns Hopkins University  
McGill University  
NIH  
Scripps Whittier Institute  
Stanford University  
Temple University  
UCLA  
UCSD  
University of Miami  
University of British Columbia  
University of Miami  
University of Nebraska  
University of Pittsburgh  
University of South Carolina  
University of Washington  
University of Wisconsin  
Washington University  
Yale University  
Pacific Northwest National Lab

## Between 1/1/2015 and 12/31/2015

Institutions/Entities Obtaining Tissues from BDRL

Allen Institute for Brain Science  
Harvard University  
Indiana University  
NIH  
Temple University  
UC Merced  
UCLA  
UCSD  
University of Kent - Canterbury  
University of Nebraska  
University of Pittsburgh  
University of Washington  
University of Wisconsin  
US Environmental Protection Agency -Virginia  
Washington University  
Yale University

# Exhibit 6.46

# The Kenneth J. Ryan RESIDENCY TRAINING PROGRAM in Abortion and Family Planning



About the Ryan Program

Why start a Ryan Program?

Apply to start a program

Ryan Program Milestones

Partial Participation Tool

"To address the shortage of health care providers who perform abortions, the College encourages programs to train physicians and other licensed health care professionals to provide abortion services in a collaborative setting."

—The American College of Obstetricians and Gynecologists (ACOG) Executive Board, January 7, 1994

## Map and locations of Ryan Program sites



- [Abington Memorial Hospital](#), Abington, Pennsylvania
- [Albert Einstein College of Medicine](#), Bronx, New York
- [Baystate Medical Center](#), Springfield, Massachusetts
- [Beth Israel Deaconess Medical Center](#), Boston, Massachusetts
- [Beth Israel Medical Center](#), New York, New York
- [Boston University](#), Boston, Massachusetts
- [Brigham and Women's Hospital](#), Boston, Massachusetts
- [Brown University](#), Providence, Rhode Island
- [Case Western Reserve University](#), Cleveland, Ohio
- [Christiana Care Obstetrics Gynecology and Reproductive Health](#), Newark, Delaware
- [Cleveland Clinic](#), Cleveland, Ohio
- [Columbia University](#), New York, New York
- [Dartmouth-Hitchcock Medical Center](#), Lebanon, New Hampshire
- [Duke University Medical Center and Affiliated Hospitals](#), Raleigh-Durham, North Carolina
- [Emory University](#), Atlanta, Georgia
- [George Washington University](#), Washington, District Of Columbia
- [Hofstra Northwell – LIJ](#), Manhasset, New York
- [Indiana University School of Medicine](#), Indianapolis, Indiana
- [John Stroger Jr. Hospital of Cook County](#), Chicago, Illinois
- [Johns Hopkins University](#), Baltimore, Maryland
- [Kaiser Permanente Medical Group, Oakland](#), Oakland, California
- [Kaiser Permanente Medical Group, San Francisco](#), San Francisco, California
- [Kings County Hospital Center](#), Brooklyn, New York

[Lincoln Medical and Mental Health Center](#), Bronx, New York  
[Los Angeles County Harbor—UCLA Medical Center](#), Torrance, California  
[Maimonides - Brooklyn](#), Brooklyn, New York  
[MCP Hahnemann University/Drexel University](#), Philadelphia, Pennsylvania  
[Medical College of Wisconsin](#), Milwaukee, Wisconsin  
[Medical University of South Carolina](#), Charleston, South Carolina  
[Medstar Franklin Square Medical Center](#), Baltimore, Maryland  
[Meharry Medical College](#), Nashville, Tennessee  
[Mount Sinai School of Medicine](#), New York, New York  
[New York University Medical Center](#), New York, New York  
[Northwestern University](#), Chicago, Illinois  
[Ohio State University](#), Columbus, Ohio  
[Oregon Health & Science University](#), Portland, Oregon  
[Pennsylvania Hospital](#), Philadelphia, Pennsylvania  
[Rush University Medical Center](#), Chicago, Illinois  
[Rutgers New Jersey Medical School - UMDNJ](#), Newark, New Jersey  
[Santa Clara Valley Medical Center](#), San Jose, California  
[Stanford University](#), Stanford, California  
[Stony Brook University School of Medicine](#), Stony Brook, New York  
[SUNY Health Science Center at Syracuse](#), Syracuse, New York  
[Thomas Jefferson University](#), Philadelphia, Pennsylvania  
[Tufts Medical Center](#), Boston, Massachusetts  
[University of Arizona](#), Tucson, Arizona  
[University of British Columbia](#), Vancouver, British Columbia  
[University of California, Davis](#), Sacramento, California  
[University of California, Irvine](#), Irvine, California  
[University of California, Los Angeles](#), Los Angeles, California  
[University of California, San Diego](#), San Diego, California  
[University of California, San Francisco](#), San Francisco, California  
[University of Chicago](#), Chicago, Illinois  
[University of Colorado](#), Denver, Colorado  
[University of Connecticut/Hartford Hospital](#), Hartford, Connecticut  
[University of Hawaii](#), Honolulu, Hawaii  
[University of Illinois, Chicago](#), Chicago, Illinois  
[University of Iowa](#), Iowa City, Iowa  
[University of Louisville](#), Louisville, Kentucky  
[University of Manitoba, Winnipeg—Winnipeg Women's Hospital](#), Winnipeg, Ontario  
[University of Maryland](#), Baltimore, Maryland  
[University of Massachusetts](#), Worcester, Massachusetts  
[University of Miami/Jackson Memorial Medical Center](#), Miami, Florida  
[University of Michigan](#), Ann Arbor, Michigan  
[University of Minnesota](#), Minneapolis, Minnesota  
[University of Nevada School Of Medicine, Dept OB/GYN](#), Las Vegas, Nevada  
[University of New Mexico](#), Albuquerque, New Mexico  
[University of North Carolina Hospitals at Chapel Hill](#), Chapel Hill, North Carolina  
[University of Pennsylvania Medical Center](#), Philadelphia, Pennsylvania  
[University of Pittsburgh](#), Pittsburgh, Pennsylvania  
[University of Puerto Rico](#), San Juan, Puerto Rico  
[University of Rochester](#), Rochester, New York  
[University of Southern California](#), Los Angeles, California  
[University of Utah](#), Salt Lake City, Utah

[University of Washington](#), Seattle, Washington

[University of Wisconsin Hospital](#), Madison, Wisconsin

[Vanderbilt University](#), Nashville, Tennessee

[Virginia Commonwealth University](#), Richmond, Virginia

[Wake Forest University](#), Winston-Salem, North Carolina

[Washington Hospital Center](#), Washington, District Of Columbia

[Washington University School of Medicine](#), St. Louis, Missouri

[Wayne State University/Detroit Medical Center](#), Detroit, Michigan

[Yale-New Haven Hospital](#), New Haven, Connecticut

Ryan Residency Training Program | Bixby Center for Global Reproductive Health | UCSF

What is FFP?

Why become a fellow?

[Locations of FFP fellowship sites](#)

[Contact us](#)

[Follow us:](#)

## Where are the Fellowships located?

The Fellowship in Family Planning is offered at 30 leading universities throughout the United States and one in Canada:



### Departments of Obstetrics and Gynecology

Albert Einstein College of Medicine, Obstetrics and Gynecology  
 Boston University  
 Columbia University  
 Emory University  
 Harvard Medical School  
 Icahn School of Medicine at Mount Sinai  
 Johns Hopkins University  
 New York University  
 Northwestern University  
 Oregon Health & Science University  
 Stanford University  
 University of British Columbia  
 University of California, Davis  
 University of California, Los Angeles  
 University of California, San Diego  
 University of California, San Francisco, Obstetrics & Gynecology  
 University of Chicago  
 University of Colorado  
 University of Hawaii  
 University of Michigan  
 University of New Mexico  
 University of North Carolina  
 University of Pennsylvania  
 University of Pittsburgh  
 University of Southern California  
 University of Utah



University of Washington  
Washington Hospital Center  
Washington University  
Yale University

**Departments of Family Medicine**

Albert Einstein College of Medicine, Family Medicine  
Columbia University, Family Medicine  
University of California, San Francisco, Family Medicine

Fellowship in Family Planning | Bixby Center for Global Reproductive Health | UCSF | 3333 California Street, Suite 335 | San Francisco, CA 94118

# Exhibit 6.47

### **Counseling suggestions for discussing tissue donation:**

- You have a choice with what happens to your tissue – it can be cremated (destroyed as medical waste) or it can help further research for treatment of many diseases
- Research that requires fetal tissue includes: Alzheimer's, Multiple sclerosis, Prostate and lung cancers, Diabetes, Spinal cord regeneration, Arthritis, Parkinson's, Brain tumors, Neuropathy of HIV, Macular degeneration, Osteoarthritis, Sickle-cell anemia, Hepatitis and liver regeneration, Respiratory distress syndrome, and Blindness.
- You have already made a heart-wrenching decision. We know this is one more decision to make. Only fetal tissue and stem cells can further birth defects research. By donating your tissue, you have given researchers all over the US the means to advance medical science.
- Some tissue is already being used to help regenerate spinal cells so paralyzed people can walk someday. Some is used to help projects looking for a cure and or treatment for Alzheimer's and other diseases that could affect you or someone you love in the future. Some studies are race specific and many researchers are gaining insight into things like sickle-cell anemia, Tay-Sachs, and possible cures / treatments for them.
- You are guaranteed anonymity and will only have a control number to identify you.
- Only fetal cells can be used for this research. Adult cells are mature and therefore, unusable.
- Like organ donation, donating your tissue is a way that you can help better the lives of others.

### **Counselor FYI:**

The University of Washington (UW) does some research on birth defects and the patient can have a copy of an analysis of her fetal tissue if she wants one (UW sends the report to us). UW also provides the fetal tissue for various research studies that apply for it. All of the research studies that UW works with are government funded (by the NIH) and approved by an IRB. UW has a highly reputable program and does not sell any fetal tissue.

UW is mainly interested in the brain, liver, thymus, and heart.

**Only tissue 9 weeks or over can be used.** Any remaining tissue not used for studies is incinerated and buried in a common burial plot at a local cemetery in Seattle. It is not sold or kept on a shelf. UW is very respectful of the remains.

**AWC receives no compensation for donating fetal tissue.**

# Exhibit 6.48

# BDRL Organization Chart



## Principal Investigator

Research Scientist  
Lead

Research Scientist

Research Scientist

Research Scientist  
(on call)

Student  
Lab Helper

Student  
Lab Helper

# Exhibit 6.49

**CONFIDENTIAL INVESTIGATIVE REPORT**

**PREPARED FOR THE  
MEDICAL QUALITY ASSURANCE COMMISSION**

\*\*\*\*\*

**CASE #2012-4919MD**

**Respondent:**  
ILRS Address:

[REDACTED]  
1 - DOH Licensee Health Professional Home Address ...

**Attorney:** Robert L. Christie  
2100 Westlake Ave. N.  
Suite 206  
Seattle, WA 98109

**Specialty:** Gynecology  
**Board Certification:** No. Self-designation: Gynecology  
**Type of Practice:** Office based  
**DOB:** [REDACTED]  
**Licensed since:** [REDACTED]  
**Expiration date:** [REDACTED]  
**License #:** [REDACTED]  
**Licenses:** WA-Active; IA - Inactive  
**Medical School:** [REDACTED]  
**Residency:** [REDACTED]

---

**Complainant:** Admiral Insurance Company  
1255 Caldwell Road  
PO Box 5725  
Cherry Hill, NJ 08034

**Attorney:**

Investigative Case File completed by Investigator Bonita James, HCI 3  
Date: July 26, 2012

APPROVED: James H. Smith DATE: 7-27-12

PRIOR CASE HISTORY:

None.

GENERAL CASE SUMMARY

COMPLAINT / ALLEGATIONS:

A medical malpractice payment report in the amount of \$60,000.00. The respondent performed a dilation and evacuation on a 19-year-old patient with a 25+ week anencephalic fetus. The patient lost an excessive amount of blood and needed a hysterectomy. The patient alleged the termination of the fetus was negligently performed. **See pages 2-4.**

CASE REVIEW:

The respondent's statement was provided on his behalf by his Attorney, Robert L. Christie.

On November 28, 2007, the patient had imaging studies of her 24-week fetus which was significant for funneling of the distal cervix and non visualization of the intracranial compartment or contents of the fetus skull. The patient elected to undergo a D&E procedure to terminate the pregnancy.

On December 11, 2007, the patient was admitted to Cedar River. The patient was informed about the D&E procedure and the risks associated with it. After giving her consent, the patient underwent laminaria insertion to dilate the cervix.

On December 13, 2007, the respondent performed the D&E procedure. After the procedure, the patient's temperature rose to 103 degrees and she developed uterine bleeding. The patient was given pitocin, methergine, misoprostol and uterine massage to induce uterine contractions to stop the bleeding but she continued to lose blood. The respondent's counsel said that unbeknownst to the medical staff at Cedar River, the patient's vaginal tract was infected with E-coli. The patient was transported to Valley Medical Center.

While in the emergency room at Valley Medical Center, the patient became hypotensive and tachycardic. She was taken to the operating room where a uterine curettage was performed, but the bleeding continued. Upon laparoscopic inspection, the uterus was intact and showed no evidence of perforation. Fluid was noted over the bladder and in the cul-de-sac of the uterus. During the procedure, the patient became hypoxic and acidotic and she was believed to be in respiratory distress. Because the patient's bleeding continued, an emergency hysterectomy was performed. The patient fully recovered.

The respondent's counsel said that due to the unforeseen presence of E-coli bacteria in the patient's vaginal area, she experienced a rare complication requiring an emergency hysterectomy. He further said the respondent's treatment was at all times within the standard of care. **See pages 5-12.**

Case # 2012-4919MD – [REDACTED]



CONTACTS:

Robert L. Christie, Attorney  
Christie Law Group  
2100 Westlake Avenue North  
Suite 206  
Seattle, WA 98109

ACTIVITY:

| <u>Date</u> | <u>Activity</u>                                                                                                                                                                                                        |
|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 06-12-12    | Case review.                                                                                                                                                                                                           |
| 06-16-12    | Letter of cooperation.                                                                                                                                                                                                 |
| 06-15-12    | Telephone message for the respondent stating that he is on his way out of town for a week and a half, so he will not be able to respond within the 14 days timeframe. He said that he will contact me when he returns. |
| 06-25-12    | Telephone message from Ann Trivett stating that Mr. Robert Christie would be representing the respondent and he needs an extension.                                                                                    |
| 06-25-12    | Telephone call to Ann Trivett. Ms. Trivett said the respondent is out of town and they just received the LOC and need an extension. A 2-week extension was granted.                                                    |
| 07-06-12    | Telephone message from Ann Trivett stating that they need a little more time.                                                                                                                                          |
| 07-10-12    | Telephone call to Ann Trivett. Left a voicemail message granting a brief extension.                                                                                                                                    |
| 07-19-12    | Respondent's statement and records received.                                                                                                                                                                           |
| 07-26-12    | Records reviewed.                                                                                                                                                                                                      |
| 07-26-12    | Report writing and file forwarded for review.                                                                                                                                                                          |

# MQAC ASSIGNMENT MEMO

Case #: 2012-4919

Respondent: [REDACTED]

Date Received: 6-6-12 Date Assigned: 6-6-12

Investigator: Ronita James

Priority: A  B  C  D  Code: 01

- Respondent Notification Letter
- Complainant Acknowledgement Letter
- Whistleblower Letter & Waiver
- Malpractice Letter

|                                   |                             |                 |                              |                                                     |
|-----------------------------------|-----------------------------|-----------------|------------------------------|-----------------------------------------------------|
| Abandonment                       | Health & Safety Violations  | Neglect         | Possible Summary Action      | Sexual Misconduct                                   |
| Abduction                         | High visibility             | No Patient Harm | Practice Beyond Scope        | Single Complaint Process                            |
| Abuse                             | Imminent Harm               | Non-Compliance  | Prohibition in another state | Standard of Care                                    |
| Action w/other state/jurisdiction | Inappropriate Communication | Other           | Sanitation                   | Substance Abuse <input checked="" type="checkbox"/> |
| Credential Application            | Inspection Issues           | Patient Abuse   | Serious Injury               | Testing Issues                                      |
| EMTALA                            | Jurisdictional Questions    | Patient Death   | Serious Physical Harm        | Transfusion Fatality                                |
| Exposure to physical/fire hazards | Mandatory Suspension        | Physical Plant  | Sexual Contact               | Unlicensed Practice                                 |

Comments: \_\_\_\_\_  
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Background Check Processed *[Signature]*  
 JUN 06 2012 *Report*  
 NPDB/HIPDB  
 DEPARTMENT OF HEALTH  
 MEDICAL COMMISSION

# Exhibit 6.50

## Division of Genetic Medicine

[Home](#) | [Faculty Research Interests](#) | [Clinics & Research Centers](#) | [Education](#) | [Directory](#) | [Administration](#) | [About This Website](#)

### Home

[Faculty Research Interests](#)

[Clinics & Research Centers](#)

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### Professor, Pediatrics - Division of Genetics

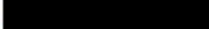
Center for Integrative Brain Research;  
 Director, Genetic Services, Clinical Genetics;  
 Director, Congenital Defects Lab;  
 Hindbrain Malformation Research Program

Seattle Children's Hospital





Seattle, WA 98105

Phone: 

Email: 

[Seattle Children's Profile](#)

Research interests: Hindbrain malformations

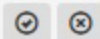
Dr.  is Director of Medical Genetics, Seattle Children's and Co-Director, Alaska Genetics & Birth Defects Clinic. These programs provide virtually all of the pediatric genetic services for the states of Washington and Alaska. He also serves on the Genetics advisory committee and the Newborn Screening Committee, Department of Health, Washington State. He also participates in a focused research project involving Joubert syndrome and related disorders of brain development. His recent work with this group includes two important discoveries, both of which have been reported in medical literature. The first is a description of the **NPNH1** gene deletions in patients with a subset of Joubert syndrome. The second is with Dr.  and other specialists in imaging to develop and verify a prenatal diagnosis imaging protocol for Joubert syndrome.

# Exhibit 6.51

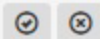
Filter

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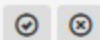


Year

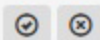


- 3 2009
- 1 2015
- 1 2014
- 1 2013
- 1 2012
- 1 2011
- 1 2010
- 1 2008
- 1 2007
- 1 2006
- 1 2005

Author



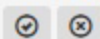
Institution



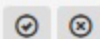
Grant type



Institute



Study Section

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Search



Show 10 entries

Previous

1

2

Next

|                    |                                                                                       |           |
|--------------------|---------------------------------------------------------------------------------------|-----------|
| NIH 2015<br>R24    | Laboratory of Developmental Biology<br>[REDACTED] / University of Washington          |           |
| NIH 2014<br>R24    | Laboratory of Developmental Biology<br>[REDACTED] / University of Washington          |           |
| NIH 2013<br>R24 HD | Laboratory of Developmental Biology<br>[REDACTED] / University of Washington          | \$623,612 |
| NIH 2012<br>R24 HD | Laboratory of Developmental Biology<br>[REDACTED] / University of Washington          | \$622,638 |
| NIH 2011<br>R24 HD | Laboratory of Developmental Biology<br>[REDACTED] / University of Washington          | \$613,963 |
| NIH 2010<br>R24 HD | Laboratory of Developmental Biology<br>[REDACTED] / University of Washington          | \$579,091 |
| NIH 2009<br>R24 HD | Laboratory of Developmental Biology<br>[REDACTED] / University of Washington          | \$569,153 |
| NIH 2009<br>R24 HD | Laboratory of Developmental Biology<br>[REDACTED] / University of Washington          | \$128,429 |
| NIH 2009<br>K24 HD | Genetic analyses of cerebellar malformations<br>[REDACTED] / University of Washington | \$102,582 |
| NIH 2008<br>K24 HD | Genetic analyses of cerebellar malformations<br>[REDACTED] / University of Washington | \$100,381 |

Showing 1 to 10 of 13 entries (3 ms)

Previous

1

2

Next

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Reset

Funder



Year



- 3 2009
- 1 2015
- 1 2014
- 1 2013
- 1 2012
- 1 2011
- 1 2010
- 1 2008
- 1 2007
- 1 2006
- 1 2005

Search



Show 10 entries

Previous

1

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Next

NIH 2007  
K24 HD

Genetic analyses of cerebellar malformations

[REDACTED] / University of Washington

\$98,243

NIH 2006  
K24 HD

Genetic analyses of cerebellar malformations

[REDACTED] / University of Washington

\$96,168

NIH 2005  
K24 HD

Genetic analyses of cerebellar malformations

[REDACTED] / University of Washington

\$94,153

Showing 11 to 13 of 13 entries (2 ms)

Previous

1

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Visualize



# Exhibit 6.52



May 10, 2016

Matthew Tallmer  
Investigator for Select Investigative Panel  
Committee on Energy and Commerce  
Select Investigative Panel on Infant Lives  
Ford House Office Building, Room 316  
Washington, D.C. 20515

Subject: Subpoena to the University of Washington Birth Defects Research Laboratory

Dear Mr. Tallmer:

I am the Vice Dean for Research and Graduate Education for the University of Washington School of Medicine (UWSoM). In that capacity, I am transmitting the enclosed response of the UWSoM Birth Defects Research Lab (BDRL) to the Subpoena issued by the U.S. House of Representatives Committee on Energy and Commerce, Select Investigative Panel on Infant Lives (Panel) on April 29, 2016 and received by the University of Washington on May 3, 2016.

By way of background, the BDRL is funded by the National Institutes of Health (NIH) to collect, identify and provide fetal tissue for research purposes solely for use by academic and non-profit research facilities. In operating the repository and making the tissue available for research, the BDRL must follow the terms and requirements of the NIH grant, which prohibit the BDRL from interacting with commercial research enterprises and require that all recipients of fetal tissue from the BDRL qualify as an academic or non-profit research entity. In addition to complying with the requirements of the NIH grant, the BDRL takes great care in maintaining compliance with federal and state requirements.

The BDRL only accepts tissue that is donated on a voluntary basis. There is no compensation for the donation of the tissue provided to either the donor or the clinic or hospital. As allowed by federal law, the clinics or hospitals are reimbursed for costs associated with obtaining the fetal tissue for research. Upon receipt of the donated tissue, the BDRL examines the donated tissue and places it in its tissue storage bank (repository). The BDRL then makes the de-identified fetal tissue available to appropriately qualified researchers. Researchers must provide documentation of approval from their institution's Institutional Review Board (IRB) for the research they are conducting. Researchers must agree to not distribute the tissue to any third party without prior authorization. Additionally, the BDRL does not sell tissue to researchers. It does charge a flat fee which partially recovers the costs associated with the technical effort and related expenses in preparing the tissues that are not covered by the NIH grant.

Office of Research and Graduate Education

The BDRL's distribution of fetal tissue has benefited crucial research projects, including research on regenerating damaged heart muscles and understanding and preventing newborn brain malformations, including Dandy Walker Syndrome and Joubert Syndrome. These examples demonstrate the wide and significant range of academic research supported by the BDRL.

I hope this information is helpful in providing a context for the production of the information requested. The BDRL is providing responsive documents or information as indicated in the enclosed document. We have worked diligently to meet the deadline of May 11, 2016 set by the Panel. Due to the breadth of the Subpoena, one week has not provided sufficient time for us to search, locate, collect and produce all of the 26 requested categories of documents. Nonetheless, we felt it important to provide the Panel with the documents and information that we have been able to gather to date.

The documents enclosed and documents yet to be produced include the names of individuals participating in legal activities in support of science. The University of Washington is concerned about the personal safety of these individuals. The University appreciates that the Panel shares these concerns and trusts that the Panel will not compromise the safety of individuals participating in legal activities in support of science.

For those items where no response has been provided so far, we explain the reason for not doing so and will continue to locate and collect responsive records. These additional materials will be provided as soon as possible. We assure you and the Panel that the UW SoM BDRL will fully comply with the Subpoena.

Sincerely yours,

[REDACTED]  
[REDACTED]  
[REDACTED]

Vice Dean for Research and Graduate Education  
University of Washington, School of Medicine

cc: March Bell  
Heather Sawyer  
[REDACTED]

# Exhibit 6.53



**Bob Ferguson**  
**ATTORNEY GENERAL OF WASHINGTON**

Administration Division

PO Box 40100 • Olympia WA 98504-0100 • (360) 753-6200

**MEMORANDUM**

DATE: November 12, 2015

TO: Bob Ferguson, Attorney General

FROM: Paige Dietrich, Deputy Attorney General  
Kristen Mitchell, Senior Assistant Attorney General

SUBJECT: **Review of Legal Issues Related to Legislators' Letters  
Regarding Planned Parenthood**

**I. QUESTION PRESENTED**

In response to letters received from various members of the Washington State Legislature on July 22 and 29, 2015,<sup>1</sup> you asked us to conduct a review of the allegations made in the letters. The two letters request that the Attorney General investigate all Planned Parenthood Federation of America affiliates in Washington for alleged violations of state and federal law. Specifically, the letter asks whether Planned Parenthood affiliates in Washington perform partial-birth abortions and, second, whether any Washington affiliate sells fetal tissue for profit, rather than simply recovering costs.

**II. BRIEF ANSWER**

The procedures described in the Center for Medical Progress videos that aired and in the letters this office received from legislators do not meet the definition of partial-birth abortion. We found no indication that procedures performed by Planned Parenthood are anything other than performance of a legally authorized medical procedure.

The sale of fetal tissue is unlawful. Planned Parenthood, however, does not sell fetal tissue. While federal law permits Planned Parenthood to recover costs associated with fetal tissue donations for research purposes, the organization does not recover such costs. It only accepts mailing materials provided by the fetal tissue repository for transport of the tissue. We found no basis to believe that Planned Parenthood is selling fetal tissue or profiting from fetal tissue donations.

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<sup>1</sup> Letter dated July 22, 2015 from 34 members of the Washington State House of Representatives; Letter dated July 29, 2015 from 10 members of the Washington State Senate. Copies of letters attached.

ATTORNEY GENERAL OF WASHINGTON

November 12, 2015

Page 2

**III. SUMMARY OF THE ISSUES AND BACKGROUND**

In July 2015, a group called the Center for Medical Progress began releasing undercover videos purportedly showing Planned Parenthood officials discussing the sale of fetal tissue obtained during abortions. The videos received significant press coverage and the U.S. Congress and a number of states initiated investigations of Planned Parenthood. Each video identifies the Planned Parenthood employees recorded and the date and location of the video. None of the videos were recorded in Washington state.

Planned Parenthood of Greater Washington and North Idaho (PPGWNI) has nine health centers in Eastern Washington. One of the health centers has an agreement to donate fetal tissue to the University of Washington School of Medicine, which manages and operates the Birth Defects Research Laboratory (UW BDRL). The UW BDRL receives, stores and provides fetal tissue for research purposes. The National Institutes of Health (NIH), a medical research agency within the U.S. Department of Health and Human Services, funds the laboratory.

The NIH requires that the program adhere to strict guidelines for tissue donation and storage, and the repository may provide tissue only for academic or non-profit research. The NIH requirements prohibit the UW BDRL from having any interaction with commercialized research enterprises. PPGWNI has an agreement with the UW BDRL to donate fetal tissue in compliance with federal laws for research involving human subjects, including 42 U.S.C. § 289g-1(b) and 45 CFR § 46.204, the terms of the NIH grant, and the conditions of approval from the University of Washington Institutional Review Board.

We have completed a review of the available information related to the allegations, gathering information from PPGWNI and the UW BDRL. We reviewed the Center for Medical Progress videos and transcripts made publicly available. The Center for Medical Progress has published many videos, some described as edited and others described as “full” or unedited. The videos and associated transcripts appear to be extensively edited. The transcripts are not formal or professional and contain noted deletions, editorial comments, and redactions. As mentioned above, none of the videos were recorded in Washington state.<sup>2</sup>

We spoke with [REDACTED], President and CEO of PPGWNI, who explained their procedures, provided copies of consent forms, and provided an affidavit supporting his explanation of PPGWNI’s agreement with UW BDRL and procedures relevant to this inquiry.<sup>3</sup> In addition, staff at the University of Washington and UW BDRL provided information, including copies of consent forms, the agreement with PPGWNI, and pertinent federal law related to the UW BDRL, as well as information about the NIH. The University of Washington also provided a copy of a

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<sup>2</sup> Incidentally, if a recording were made in Washington under similar circumstances, the act could violate Washington state law, which requires consent before recording a private conversation. RCW 9.73.030.

<sup>3</sup> Affidavit of [REDACTED], dated October 8, 2015. Copy attached. We also spoke with officials of the other Planned Parenthood affiliates in Washington to confirm that they do not donate fetal tissue.

ATTORNEY GENERAL OF WASHINGTON

November 12, 2015

Page 3

letter from the Vice Dean for Research and Graduate Education to Senator Mike Padden, explaining its program and its value to medical research.<sup>4</sup>

Both entities cooperated fully. They answered our questions and provided information at our request.

**IV. PLANNED PARENTHOOD PROCEDURES**

The July 2015 letters ask the Attorney General to investigate potential violations of state and federal law. In Washington state, abortion is a legal medical procedure and “the state may not deny or interfere with a woman’s right to choose to have an abortion prior to viability of the fetus, or to protect her life or health.” RCW 9.02.110, Initiative Measure No. 120, approved November 5, 1991.

**A. Consent to Donate Fetal Tissue for Research**

The Planned Parenthood health centers follow protocols to obtain informed consent for abortions. Federal law addresses the type of informed consent required for fetal tissue donation. 42 U.S.C. § 289g-1(b). Pursuant to the requirements for the NIH grant, no monetary or other type of inducement may be offered a woman to terminate a pregnancy. 45 CFR § 46.204(h). Typically, women seeking an abortion speak with health center medical providers twice prior to the procedure. If a woman decides to have the abortion, she is counselled a second time about options and risks and then formally consents to the abortion in writing.<sup>5</sup> Once the decision to abort is made, the fetal tissue will either be discarded or donated for research. By a separate process, following consent to the abortion, the woman is then informed about the option to donate and the risks associated with donation, and informed consent is obtained.<sup>6</sup>

**B. Partial-Birth Abortion**

Both letters ask for investigation into whether Planned Parenthood affiliates have performed partial-birth abortions. Partial-birth abortions are criminalized by federal law. 18 U.S.C. § 1531(a). A partial-birth abortion is defined as an abortion in which the entire fetal head or trunk is outside the body of the mother at the time the physician performs the act that kills the fetus. 18 U.S.C. § 1531(b)(1). Even prior to the federal ban, state law barred partial-birth abortions in Washington by requiring medical resuscitation in the event of a partial-birth. RCW 18.71.240. With respect to fetal tissue donation, federal law prohibits a change in the timing and method of procedures used to terminate the pregnancy solely for the purpose of obtaining the tissue. 42 U.S.C. § 289g-1(b)(2), 45 CFR § 46.204(i).

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<sup>4</sup> [REDACTED], Vice Dean for Research and Graduate Education, University of Washington, School of Medicine, letter to Senator Mike Padden, dated September 17, 2015. Copy attached.

<sup>5</sup> Consent forms. Copies attached.

<sup>6</sup> Consent forms. Copies attached.

ATTORNEY GENERAL OF WASHINGTON

November 12, 2015

Page 4

Turning a fetus in the womb, as described in the July 29, 2015 letter, does not meet the definition of a partial-birth abortion under federal law. Similarly, none of the videos or transcripts publicized by the Center for Medical Progress contain any description of a procedure that would meet the federal definition of a partial-birth abortion. Based upon information provided by both PPGWNI and the UW BDRL, there are no changes to abortion procedure by the PPGWNI health center, even if fetal tissue is to be donated. To the contrary, in order to comply with federal law and the NIH grant, there can be no changes to the procedure. 42 U.S.C. § 289g-1(b) and 45 CFR § 46.204(i).

There has been no information presented to indicate that partial-birth abortions have been performed at any Planned Parenthood health center in Washington, and [REDACTED] has offered a sworn affidavit attesting that PPGWNI health centers do not perform partial-birth abortions.

**C. Sale of Donated Fetal Tissue**

The letters also express concern that Planned Parenthood may be in violation of federal law prohibiting sale of human body parts. Research on fetal tissue is legal and widespread.<sup>7</sup> Federal law does prohibit payment of “valuable consideration” for donated fetal tissue, but allows “reasonable payments associated with the transportation, implantation, processing, preservation, quality control, or storage of human fetal tissue.” 42 U.S.C. § 289g-2(a) and (e)(3).

As described above, one PPGWNI health center donates fetal tissue. It only donates to the UW BDRL, which is funded by the NIH. PPGWNI accepts shipping materials from the UW BDRL, but does not seek or receive any form of reimbursement by the UW BDRL.<sup>8</sup> There have been no specific facts alleged, nor did our inquiry result in any indication that PPGWNI sells fetal tissue or profits from fetal tissue donation.

**V. CONCLUSION**

Our review found no information to support any of the alleged violations of Washington or federal law by Planned Parenthood or the UW BDRL. This concludes our review of this matter.

PLD/KM/jlg

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<sup>7</sup> [REDACTED] letter. Copy enclosed.

<sup>8</sup> Affidavit of [REDACTED] Copy enclosed.

**Memorandum Enclosure – Footnote 1**

Copies of Letters to the Attorney General  
From Members of Washington State Legislature



State of  
Washington  
House of  
Representatives



July 22, 2015

The Honorable Bob Ferguson  
Attorney General, State of Washington  
PO Box 40100  
Olympia, WA 98504

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OSS

2015 JUL 28 A 8:25

ATTORNEY GENERAL  
OF  
WASHINGTON

Dear Attorney General Ferguson,

Recent reports have surfaced alleging improper, unethical, and illegal actions relating to the trafficking of human organs and body parts by some Planned Parenthood Federation of America affiliates. The actions outlined in recent media reports describe employees extracting organs and body parts from aborted babies and maintaining them for sale or transfer. Additionally, [REDACTED], the Senior Medical Director for Planned Parenthood Federation of America, is seen in one video graphically describing performing partial-birth abortion procedures to preserve high-value organs. If these practices are occurring in Washington it would be a violation of both state and federal law – and completely unacceptable.

Federal law states, "It shall be unlawful for any person to knowingly acquire, receive, or otherwise transfer any human fetal tissue for valuable consideration if the transfer affects interstate commerce." Further, Congress passed a ban on partial-birth abortion, which the president signed, and the U.S. Supreme Court upheld. Again, any procedure to this effect would be illegal.

Therefore, on behalf of our constituents and the people of our state, we are formally asking you to investigate all Planned Parenthood Federation of America affiliates operating in Washington State for violations of all applicable state and federal laws pertaining to the trafficking of human organs and body parts, and to take the necessary injunctive action to end said practices.

Investigations have been initiated in multiple states to ensure their Planned Parenthood Federation of America affiliates are in compliance with the law. We further ask your office to coordinate with both Gov. Jay Inslee and his Secretary of Health, Dr. John Wiesman, to do the same in Washington.

Finally, regardless of personal views of legalized abortion, a civilized society cannot tolerate unethical medical practices such as the harvesting of human organs for monetary gain. We appreciate your attention to this matter and look forward to your prompt response.

Sincerely,

Handwritten signature of Representative Drew MacEwen.

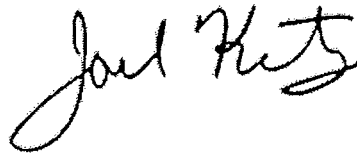
Representative Drew MacEwen  
35<sup>th</sup> District

Handwritten signature of Representative Dan Griffey.

Representative Dan Griffey  
35<sup>th</sup> District



Representative Dan Kristiansen  
39<sup>th</sup> District



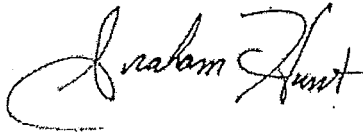
Representative Joel Kretz  
7<sup>th</sup> District



Representative Hans Zeiger  
25<sup>th</sup> District



Representative Lynda Wilson  
17<sup>th</sup> District



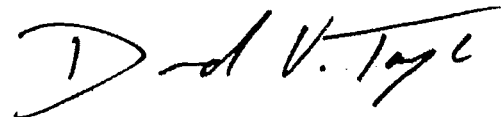
Representative Graham Hunt  
2<sup>nd</sup> District



Representative Bob McCaslin  
4<sup>th</sup> District



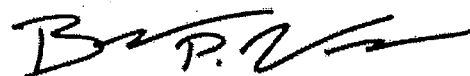
Representative Norm Johnson  
14<sup>th</sup> District



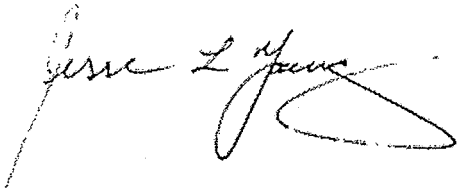
Representative David Taylor  
15<sup>th</sup> District



Representative Matt Shea  
4<sup>th</sup> District



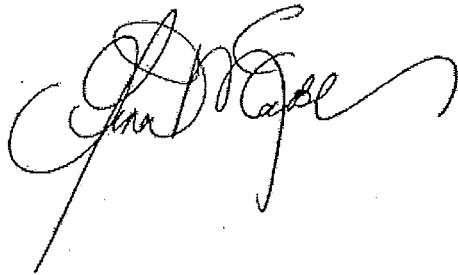
Representative Brandon Vick  
18<sup>th</sup> District



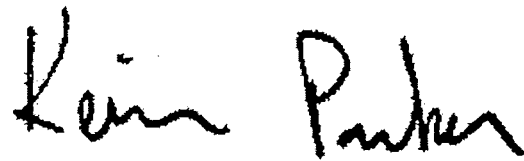
Representative Jesse Young  
26<sup>th</sup> District



Representative Mark Harmsworth  
44<sup>th</sup> District



Representative Gina McCabe  
14<sup>th</sup> District



Representative Kevin Parker  
6<sup>th</sup> District



Representative Elizabeth Scott  
39<sup>th</sup> District



Representative Maureen Walsh  
16<sup>th</sup> District



Representative Joe Schmick  
9<sup>th</sup> District



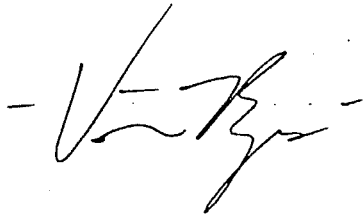
Representative Cary Condotta  
12<sup>th</sup> District



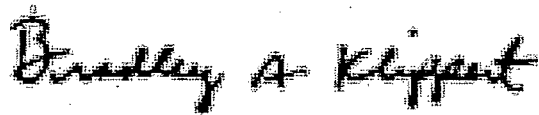
Representative Mark Hargrove  
47<sup>th</sup> District



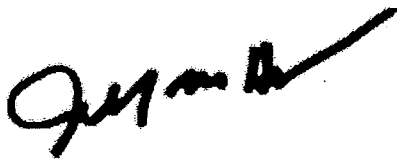
Representative Luanne Van Werven  
42<sup>nd</sup> District



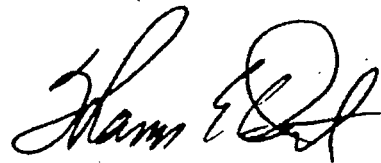
Representative Vincent Buys  
42<sup>nd</sup> District



Representative Brad Klippert  
8<sup>th</sup> District



Representative Jeff Holy  
6<sup>th</sup> District



Representative Tom Dent  
13<sup>th</sup> District



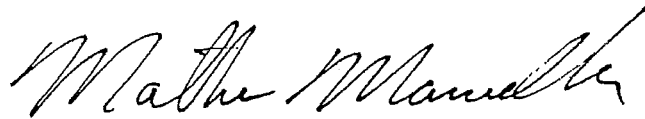
Representative Shelly Short  
7<sup>th</sup> District



Representative Dick Muri  
28<sup>th</sup> District



Representative Paul Harris  
17<sup>th</sup> District



Representative Matt Manweller  
13<sup>th</sup> District



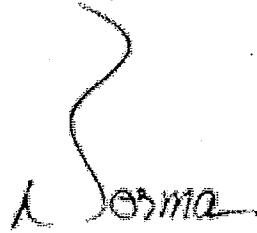
Representative Liz Pike  
18<sup>th</sup> District



Representative Jay Rodne  
5<sup>th</sup> District



Representative Dave Hayes  
10<sup>th</sup> District



Representative Norma Smith  
10<sup>th</sup> District

cc: Governor Jay Inslee  
Secretary John Wiesman, Department of Health



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2015 AUG -5 A 8:25  
Washington State Legislature

ATTORNEY GENERAL  
OF  
July 29, 2015 WASHINGTON

The Honorable Bob Ferguson  
Washington State Attorney General  
PO Box 40100  
Olympia, WA 98504

Dear Attorney General Ferguson,

Sometimes as an elected official an issue comes up which is so grotesque, so grisly, it can challenge our civility and cause us to reflect upon the moral fabric of our society. We refer to recent reports relating to the trafficking of human body parts by affiliates of Planned Parenthood Federation of America which are so horrific in nature it demands our attention.

Federal law prohibits the selling of human body parts. Furthermore, federal law prohibits partial-birth abortion, where an unborn baby is intentionally turned to the breech position to ensure delivery of the body happens before delivery of the head. Evidence is mounting that Planned Parenthood is in violation of both laws. According to Planned Parenthood Doctor [REDACTED] partial-birth abortion is "not a medical term, it doesn't exist in reality."

Bargaining over the price of dead babies and altering the abortion procedure to make the harvesting of organs easier is horrid beyond belief. As a result, many states have begun investigations into potential violations of state and federal laws. The state of Washington should join them.

This is an issue which should transcend whatever personal views we as elected officials may have on the issue of abortion. The laws on these issues are well established and clear. We respectfully request your investigation into these matters. Thank you for your consideration.

Sincerely,

Senator Judy Warnick  
13<sup>th</sup> Legislative District

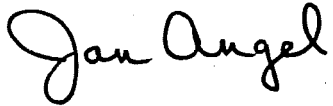
Senator Jim Hargrove  
24<sup>th</sup> Legislative District

Senator Mike Padden  
4<sup>th</sup> Legislative District

Senator Mark Miloscia  
30<sup>th</sup> Legislative District

Senator Ann Rivers  
18<sup>th</sup> Legislative District

Senator Randi Becker  
2<sup>nd</sup> Legislative District



Senator Jan Angel  
26<sup>th</sup> Legislative District



Senator Don Benton  
17<sup>th</sup> Legislative District



Senator Jim Honeyford  
15<sup>th</sup> Legislative District



Senator Bruce Dammeier  
25<sup>th</sup> Legislative District


**Memorandum Enclosure – Footnote 3**

Affidavit of [REDACTED], dated October 8, 2015



Planned Parenthood of Greater Washington and North Idaho

AFFIDAVIT

I,  have personal knowledge of the information contained in this affidavit:

1. I am the President and Chief Executive Officer for Planned Parenthood of Greater Washington and North Idaho (PPGWNl). I have held this position for four years. I joined PPGWNl in 2003, as the Chief Financial Officer and also served as the Chief Operating Officer from 2004 to 2011.

2. PPGWNl operates nine clinics in Eastern Washington that serve women in Washington and Idaho.

3. Only one PPGWNl clinic collects donations of fetal tissue. The only organization to which PPGWNl donates fetal tissue is the University of Washington Birth Defects Research Laboratory.

4. The only form of cost recovery PPGWNl receives from the University of Washington Birth Defects Research Laboratory for fetal tissue donations is shipping materials. PPGWNl does not receive any other compensation nor valuable consideration for donation of fetal tissue.

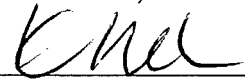
5. PPGWNl does not change the timing or procedure for abortions in cases where fetal tissue is donated. PPGWNl does not perform partial birth abortions.

I,  declare that the above statements are true and correct.



SIGNED OR ATTESTED before me this 8 of October, 2015.



  
\_\_\_\_\_  
Notary Public in and for the State of  
Washington.  
My commission expires: 4/15/2016

**Memorandum Enclosure – Footnote 4**

Letter to Senator Mike Padden

From [REDACTED], dated September 17, 2015

# UW Medicine

UW SCHOOL  
OF MEDICINE

September 17, 2015

Senator Mike Padden  
Washington State Senate  
4th Legislative District  
106 Irv Newhouse Building  
PO Box 40404  
Olympia, WA 98504-0404  
[Mike.Padden@leg.wa.gov](mailto:Mike.Padden@leg.wa.gov)

Dear Senator Padden,

Thank you for your August 25, 2015 letter, outlining your concerns about the distribution of human fetal tissue by abortion providers to third party companies for the purpose of research. I write to you as vice dean for research and graduate education for the University of Washington School of Medicine (UWSOM) to explain our role as a research institution in receiving and distributing fetal tissue and to assure you that the UWSOM is fully compliant with all applicable federal, state and local laws.

The UW School of Medicine operates the Birth Defects Research Laboratory (BDRL), which is a nationally recognized lab for birth-defects research that serves as the major national resource for the collection and distribution of human fetal tissue for use by non-commercial research entities. The BDRL is directly funded by the National Institutes of Health (NIH) to collect, identify and provide fetal tissue for research purposes solely for use by academic and non-profit research facilities around the country. The BDRL adheres to very strict NIH requirements in receiving donated fetal tissue, which prohibit the BDRL from having any interaction with commercialized research enterprises and requires all recipients of fetal tissue from the BDRL to qualify as an academic or non-profit research entity.

The following provides additional background information on the BDRL and the process it follows for collecting fetal tissue and distributing the tissue for research purposes.

The BDRL plays a key role in medical research by academic and non-profit entities around the country and has operated for 51 years. The current NIH program supporting fetal tissue donation and research has been in place since 2010 and the BDRL receives approximately \$440,000 per year from the NIH for laboratory operations to collect, review and distribute donated fetal tissue. The BDRL receives donated tissue from both medically necessary procedures and voluntary pregnancy terminations and has entered into agreements with seven stand-alone reproductive health clinics and three hospitals within the state of Washington to collect tissue.

Office of Research and Graduate Education

The BDRL operates under strict conditions that expressly require tissue to be donated on a completely voluntary basis. Accordingly, the donating clinics and hospitals must ensure that: 1) consent of the woman for any related procedure, including an abortion, is obtained prior to the consent for the fetal tissue donation; 2) there is no alteration of the timing or method of the procedure solely for purposes of obtaining the tissue; and 3) there is no compensation for the donation of the tissue provided to either the donor or the clinic/hospital.

These requirements are based on the federal rules for research involving human subjects, including the terms of the NIH grant and the conditions of approval from the University of Washington's (UW) Institutional Review Board (IRB), which reviews and approves UW research involving human participants to assure protection of their safety, rights and welfare. In order to ensure compliance with these requirements, the BDRL conducts an annual review of the consent and donation process at the providing clinics and hospitals. The BDRL provides updated training materials to the clinics and hospitals to ensure that employees are following the consent and donation guidelines on a regular basis.

It is worth emphasizing that, during the process, the patient is presented with the option to donate fetal tissue for research only after the patient has been informed that the procedure is medically necessary or the patient has made the independent decision to terminate the pregnancy. If the patient agrees to donate tissue to research, an extensive written informed consent is obtained, either by the clinic counselor or a member of the BDRL research team. The consent forms accompany the transmittal of the tissue from the clinic or hospital to the BDRL.

The donating clinics and hospitals do not profit from providing donated fetal tissue to the BDRL. As allowed by federal law, the clinics and hospitals are reimbursed for costs associated with obtaining the fetal tissue for research. These costs include on-line training of staff regarding the protection of human subject research participants; the copying of medical records and radiological images; and purchasing of reagents, shipping materials, or copying of research consent forms. These providers receive no other compensation for the donation of fetal tissues.

Upon receipt of the donated tissue, the BDRL examines the donated fetal tissue to determine the most impactful use the tissue may have for research purposes and places it in its tissue storage bank (repository). The BDRL then makes the de-identified fetal tissue available to appropriately qualified researchers. In operating the repository and making the tissue available for researchers, the BDRL must follow the terms and requirements of the NIH grant.

First, as noted above, the BDRL only provides tissue to non-profit research or academic institutions. It does not provide tissue to independent for-profit organizations or third party organizations (brokers) seeking fetal tissue for research. Moreover, researchers who receive tissue from the BDRL must agree not to distribute the tissue to any third party without prior authorization.

Second, the BDRL does not sell tissue to researchers. It charges a processing fee of \$200 to cover operational costs incurred and not covered by the NIH grant. This cost recovery charge has remained the same since 2007.

Third, the BDRL requires researchers to provide documentation of approval from their institution's own Institutional Review Board (IRB) for the research they are conducting. These research institutions therefore hold themselves to the same federal standards in the use of fetal tissue for research.

Locally, the BDRL makes tissue available to researchers at the UW, the Fred Hutchinson Cancer Research Center, Seattle Children's Hospital and the Paul G. Allen Brain Institute. The BDRL also distributes to multiple academic research facilities across the country. There are approximately 60 investigators nationwide who receive tissue samples. External recipients include academic centers working to prevent such birth abnormalities as hypoplastic left heart syndrome.

Within the UWSoM, the BDRL's distribution of fetal tissue donations includes the Institute for Stem Cell & Regenerative Medicine where researchers are working on regenerating damaged heart muscles and the Department of Pediatrics and Medical Genetics where researchers are working to understand and prevent newborn brain malformations including Dandy Walker Syndrome and Joubert Syndrome. Other recipients include researchers who are working on solving macular degeneration with retina regeneration.

These examples demonstrate the wide and significant range of academic research supported by the BDRL. Because these research initiatives rely upon donated fetal tissue from the BDRL, the BDRL takes great care in maintaining compliance with federal and state requirements and with the terms and conditions of the NIH grant in the donation and dispersing of fetal tissue. The UWSoM will continue to maintain our compliance with rigorous efforts in order to ensure this crucial research continues. I hope this information has been helpful in understanding the UWSoM role in the receipt and distribution of fetal tissue and how the BDRL operates. If you have any questions or concerns please do not hesitate to contact me at [REDACTED] or [REDACTED].

Sincerely,

[REDACTED]  
Vice Dean for Research and Graduate Education  
University of Washington, School of Medicine

cc: [REDACTED]

**Memorandum Enclosures – Footnotes 5 & 6**

Consent Forms  
Planned Parenthood and University of Washington



Planned Parenthood of Greater Washington and North Idaho

**REQUEST FOR SURGERY OR SPECIAL PROCEDURE AND ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES**

Before you give your consent, be sure you understand the information given below. If you have any questions, we will be happy to talk about them with you. You may ask for a copy of this form.

I understand that I must tell the staff if language interpreter services are necessary to my understanding of the written or spoken information given during my health care visits. I understand that free interpretive services may not be immediately available and Planned Parenthood may need to refer me to another health care facility to provide the services necessary for my care.

I will be given information about the test(s), treatments, service(s)/procedure(s)/ surgery to be provided, including the benefits, risks, possible problems/complications and alternate choices. I was given *written patient information* and/or a copy of the Planned Parenthood Client Information for Informed Consent sheet. It was reviewed with me.

I understand that with any service/procedure/surgery, there is also the possibility of side effects. I understand that I should ask questions about anything I do not understand. I understand that a clinician is available to answer any questions I may have.

No guarantee about the results from this service/procedure/surgery has been given to me. I know that it is my choice whether or not to have this service/procedure/surgery. I know that I can change my mind about receiving this service at Planned Parenthood at any time.

I will be given referrals for further diagnosis or treatment if necessary. I understand that if referral is needed, I will assume responsibility for obtaining and paying for this care. I will be told how to get care in case of an emergency.

If there is an unexpected complication during the service/procedure/surgery, I request and authorize the clinician and authorized Planned Parenthood staff to do whatever is necessary to preserve my health and welfare.

In the event I need more pain medication to safely continue or complete the procedure, I request and authorize Planned Parenthood staff to give me medications they believe necessary. This may include medications to reduce pain and/or anxiety. I understand every medication carries a small risk. I understand the clinician will only use medications if s/he believes it is clinically indicated.

I request that a person authorized by Planned Parenthood provide appropriate evaluation, testing, and treatment (including a birth control drug or device, if I request it) and perform the following service(s)/ procedure(s)/surgery:

NAME:  
DOB:  
PPGWN I #:

- In-Clinic Suction Abortion (CL 01.003, In-Clinic Abortion CIIC) - Removal of uterine pregnancy less than 14 weeks gestational age by mechanical method.
- In-Clinic Dilatation & Evacuation (D&E) Abortion (CL 01.003, In-Clinic Abortion CIIC) - Removal of uterine pregnancy at 14 weeks or greater gestational age by mechanical method.
- Osmotic Dilator Insertion prior to Surgical Abortion (CL 01.003, In-Clinic Abortion CIIC) - Short thin rods placed in the cervix (opening of uterus) to stretch the opening before the abortion procedure.
- The Abortion Pill (CL 01.010, Using the Abortion Pill CIIC) - Prescription medicine taken to stop pregnancy development and cause passage of uterine pregnancy up to 10 weeks (70 days) gestational age.
- Uterine Aspiration (CL 01.015, Aspiration After Abortion CIIC) - Removal of blood or remaining pregnancy tissue from uterus following abortion.
- Treatment of Miscarriage with a Suction Procedure (CL 13.001, Treatment of Miscarriage - Suction Procedure CIIC) - Removal of remaining pregnancy tissue from uterus following an early pregnancy loss.
- Treatment of Miscarriage with Abortion Pill (CL 13.004, Treat of Miscarriage with the Abortion Pill CIIC) - Prescription medicine taken to cause passage of pregnancy tissue following an early pregnancy loss.
- Analgesia/Sedation (CL 01.001, Sedation CIIC) - for the relief of pain and anxiety during abortion procedure.
- Colposcopy (CL 04.001, (Colposcopy and Biopsy CIIC) - Use of microscope to look for abnormal cells on cervix (opening of uterus).
- Cervical Biopsy and Endocervical Sampling (ECS) (CL 04.001, Colposcopy and Biopsy CIIC) - Removal of small piece(s) of tissue on cervix to check for abnormalities.
- Endometrial Biopsy (CL 08.001, Endometrial Biopsy CIIC) - Removal of cells from lining of uterus to check for abnormalities.
- Vulvar Biopsy (CL 09.009, Vulvar Biopsy CIIC) - Removal of small piece of tissue from the lips of vagina to check for abnormalities.
- Cryotherapy of Cervix (CL 04.002, Cryotherapy CIIC) - Freezing of top layer of cervix (opening of uterus) to treat abnormal cells.
- Loop Electrode Excision Procedure (LEEP) (CL 04.003, LEEP CIIC) - A small electrical wire loop used to remove abnormal tissue from the cervix.
- Intrauterine Contraceptives (IUC) Insertion (CL 06.001, IUC CIIC) - Placement of  Mirena  Liletta  Skyla  Paragard into uterus to prevent pregnancy.
- Intrauterine Contraceptive (IUC) Removal (CL 06.004, Removing Your (IUC) When the String is Missing CIIC) - Removal of  Mirena  Liletta  Skyla  Paragard from uterus when the string is missing.
- Contraceptive Implant Insertion (CL 06.009, Single Rod Implant (Implanon) CIIC) - After a shot of numbing medicine, birth control device (flexible 1 1/2" rod) is placed under skin of upper arm to prevent pregnancy.
- Contraceptive Implant Removal (CL 06.011, Removal of Single Rod Implant (Implanon) CIIC) - After a shot of numbing medicine, small cut is made in skin and the birth control device is removed through it.

NAME:

DOB:

PPGWNI #:

CL 00.012.02 (04/15)



- Hysteroscopic Tubal Sterilization (Essure®) (CL 05.004, Hysteroscopic Tubal Sterilization (Essure®) CIIC) – A method of permanent birth control. A tiny device, called a microinsert, is used to close the opening of each of the fallopian tubes (the tubes that carry the eggs from the ovaries to the uterus).
- Vasectomy (CL 05.001, Vasectomy) – A method of permanent birth control. After a shot of numbing medicine, the vas deferens are cut or blocked.
- Breast Cyst Aspiration (CL 03.005, Breast Cyst Aspiration CIIC) – Use of a thin needle to remove the fluid from a fluid filled lump in the breast.
- Treatment of Bartholin's Duct Abscess (I & D) (CL 08.002, Treatment of Bartholin's Duct Abscess CIIC) – Small cut made to infected area to drain fluid from it.
- Skin Biopsy (CL 12.001, Skin Biopsy CIIC) – Removal of a very small piece of skin to check for disease or remove the problem.
- Other: \_\_\_\_\_

I understand that if tests for certain sexually transmitted infections are positive, reporting of positive results to public health agencies is required by law.

I understand that confidentiality will be maintained as described in Planned Parenthood of Greater Washington and North Idaho's *Notice of Health Information Privacy Practices*. I consent to the use and disclosure of my health information as described in *Notice of Health Information Privacy Practices*.

I hereby acknowledge receipt of Planned Parenthood of Greater Washington and North Idaho's notice of health information privacy practices

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

I witness that the client received this information, said she read and understood it, and had an opportunity to ask questions.

\_\_\_\_\_  
Witness signature

\_\_\_\_\_  
Date

CHECK HERE IF CLIENT'S GUARDIAN OR RELATIVE IS LEGALLY REQUIRED TO SIGN BELOW.

\_\_\_\_\_  
Signature of any other person consenting

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to client

I witness the fact that the client's legal guardian (or person consenting in her/his behalf) received the above mentioned information and said she/he read and understood same.

\_\_\_\_\_  
Witness signature

\_\_\_\_\_  
Date

NAME:

DOB:

PPGWN I #:



Planned Parenthood of Greater Washington and North Idaho

### *Client Information for Informed Consent* In-Clinic Abortion

#### What is an in-clinic abortion?

The way an abortion is done depends on how long a person has been pregnant. This is figured out by counting from the first day of the last period or by ultrasound. There are 2 kinds of in-clinic abortion.

- **In-clinic suction abortion:** suction is used to take the pregnancy out of the uterus.
- **In-clinic D&E abortion:** both suction and surgical tools are used to take the pregnancy out of the uterus.

At Planned Parenthood of Greater Washington and North Idaho, we offer both kinds of in-clinic abortion.

Before having an in-clinic abortion, you need to know the most common benefits, risks, side effects, and other choices you have. We are happy to answer any questions you have.

#### What are the benefits of in-clinic abortion?

- It is a safe and effective way to end a pregnancy.

#### How well does in-clinic abortion work?

- It almost always works – over 99% of the time.

#### What are the risks of in-clinic abortion?

Abortion is very safe. But, there are risks with any medical procedure. Your risk may be higher if you had a C-section or other surgery on your uterus.

#### Risks of an in-clinic abortion are

- **The pregnancy doesn't end** — Sometimes the in-clinic abortion does not end the pregnancy. If the pregnancy is still in the uterus, you may need a suction procedure.
- **Incomplete abortion** — This means some of the pregnancy may be left inside the uterus. This may lead to heavy bleeding, infection, or both. If this happens, you may need a suction procedure, other tests or treatments.
- **Blood clots in the uterus** — Clots may cause cramping and belly pain. If this happens, you may need a suction procedure.
- **Heavy bleeding** — This may require treatment with medicine, a suction procedure, blood transfusion, and/or surgery — including possible hysterectomy (removal of the uterus).
- **Infection of the uterus** — Most infections can be treated with medicines. But, there is a small chance that you may need a suction procedure. You may have to go to the hospital, or even have other surgery to treat the infection.
- **Injury to the cervix (opening to the uterus)** — This may be treated with medicine or rarely with stitches.
- **Injury to the uterus or other organs** — A surgical tool may go through the wall of the uterus, which could damage organs inside the body like the intestines, bladder, or blood vessels. Treatment may mean just watching and waiting for a while or surgery on your belly. There is a small chance that hysterectomy (removal of the uterus) may be needed. Afterwards, scars may develop inside the uterus, which may need to be treated.
- **Allergic reaction** — Some women may be allergic to the medicines that are used.
- **Death** — Death from an in-clinic abortion is very rare. The risk of death from an abortion goes up the longer you are pregnant. When an abortion is done when a woman is less than 20 weeks pregnant (about 4 ½ months), the risk of death from childbirth is higher than the risk of abortion. After 20 weeks of pregnancy, the risks are about the same.

#### What are the side effects of in-clinic abortion?

Side effects don't usually last long and don't need to be treated.

- Light or medium bleeding
- Cramping

NAME:

DATE:

PPGWNI#:

CL 01.003.02 (07/15)

Besides an in-clinic abortion, what other choices do I have?

If you are pregnant, you have 3 options to think about — abortion, adoption, and parenting.

If you choose abortion and are early enough in the pregnancy, you may be able to use the abortion pill.

We can talk about any of these options with you, and help you with whatever you decide to do.

What will be done to get me ready for the in-clinic abortion?

You will have some lab tests, an ultrasound to help tell how long you've been pregnant, and a brief physical exam.

**Pain Medicine** — We will tell you about pain medicines that can be used.

**Opening your cervix** — Your cervix may need to be opened before your abortion. If so, you will be given separate information about the medicine and/or steps that will be taken to open your cervix.

What will happen to me during the in-clinic abortion?

You will be given medicine to make you more comfortable. You may get medicine to numb your cervix.

After the pain medicine begins to work, your doctor or nurse will decide if your cervix is open enough. If your cervix needs to be opened more, your doctor or nurse will stretch it.

When your cervix is open enough, your uterus will be emptied with suction. A small plastic tube will be put into your uterus and connected to a hand-held or electric suction machine. Surgical tools may be put into the uterus through the cervix. The way it is done will depend on how long you've been pregnant.

You may feel cramping during and after the in-clinic abortion, as your uterus gets smaller. What has been removed will be looked at to help make sure the in-clinic abortion is finished.

What will happen to me after the in-clinic abortion?

You will spend time in a recovery area to rest. We will also watch to see if you are OK. You will be given instructions on what to expect, how to care for yourself and reasons to contact us. We will talk about birth control plans with you, unless this was already done.

Most people are ready to leave in about 15 to 45 minutes.

What else do I need to know?

Having a wide range of feelings is normal. Most women feel relieved and do not regret their decision. Others may feel sadness, guilt, or regret after an abortion, just as they may after having a baby. If your mood keeps you from doing the things you usually do each day, call us. We can help or send you to someone who can.

No promise can be made about the outcome of your in-clinic abortion. In the unlikely event that you need emergency medical care that cannot be provided at Planned Parenthood, you will be responsible for paying for it. This is the case even if Planned Parenthood sends you to a hospital because of a problem.

Your health is important to us. If you have any questions or concerns, please call us at 1.866.904.7721  
We are happy to help you.

I am having an in-clinic suction abortion

I am having an in-clinic D&E abortion

Client Signature

Date

I witness that the client received this information, said she read and understood it, and had an opportunity to ask questions.

Witness signature

Date

NAME:

DATE:

PPGWNI#:

CL 01.003.02 (07/15)



Planned Parenthood of Greater Washington and North Idaho

### *Client Information for Informed Consent* **Anesthesia**

#### **What is anesthesia?**

Anesthesia (an-iss-tea-zha) is medicine to make you comfortable during a surgery or procedure. There are many types of anesthesia.

Before you choose to have any type of anesthesia, you need to know your choices and the most common benefits, side effects, risks, and alternatives. We have listed them here for you. We are happy to answer any questions you have.

#### **NO MATTER WHICH ANESTHESIA YOU CHOOSE, tell us if you have**

- breathing problems
- heart problems
- used prescription medicines that can cause sleepiness
- any allergies to medicines or drugs
- taken any diet pills, street drugs or alcohol in the last 2 weeks

If you are found to be at increased risk for problems on the day of your appointment, you cannot be given moderate or deep sedation. You may not be given minimal sedation.

#### **MINIMAL SEDATION**

Minimal sedation is medicine that you swallow or is injected into a muscle. You will not fall asleep but you may feel more relaxed. These medicines may lessen anxiety and/or pain. If you choose this type of anesthesia, you may eat a light meal before your appointment.

#### **What are the risks of minimal sedation?**

Although the medicines used for minimal sedation are safe, there are problems that can occur. You may become sleepier than expected or even fall completely asleep. This could happen because of

- the types of medicine you are given
- your health
- any drugs or medicine you took
- a reaction you may have to the medicines

Major problems that can happen include

- allergic reaction to the medicine

#### **What are the benefits of minimal sedation?**

Minimal sedation is safe. It may lessen your pain and anxiety.

#### **MODERATE SEDATION – also called IV sedation**

Moderate sedation is medicine that is given directly into your vein. You will not fall asleep but you will feel more relaxed. You will get instructions about when to stop eating and drinking before moderate sedation is given.

#### **What are the risks of moderate sedation?**

Although the medicines used for moderate sedation are safe, there are problems that can occur. You may have swelling at the injection site (phlebitis). You may become sleepier than expected or even fall completely asleep.

This could happen because of

- the types of medicine you are given
- your health
- any drugs or medicine you took
- a reaction you may have to the medicines

NAME:

DATE:

PPGWNI#:

CL 02.001.00 (03/15)

Major problems that can happen include

- allergic reactions
- damage to or failure of the heart, lungs, liver, kidneys, and/or brain
- death

What are the benefits of moderate sedation?

Moderate sedation is safe. It may lessen your pain and anxiety. It may keep you from remembering parts of the procedure later on.

**MONITORED ANESTHESIA CARE (MAC)**

MAC is medicine that is given by a special doctor or nurse directly into your vein. You will fall asleep before your procedure. You will have little or no memory of it. You will get instructions about when to stop eating and drinking before deep sedation is given. You may be given oxygen to breathe.

What are the risks of MAC?

Although MAC is safe, there are problems that can occur. You may have swelling at the injection site (phlebitis). Major problems that can happen include

- allergic reactions
- damage to or failure of the heart, lungs, liver, kidneys, and/or brain
- loss of consciousness
- death

What are the benefits of MAC?

MAC is safe. It will lessen your pain and anxiety. It may keep you from remembering most or all of the procedure later on.

If you have problems during or after anesthesia, you may be sent to a hospital or emergency room. This is rare.

**After your sedation**

The effects of sedation can last for several hours. Do not drive, operate heavy machinery, or make important decisions for at least 24 hours after sedation.

You **MUST** not drive. You must leave the health center with a responsible adult who will drive or ride other transportation with you.

What are my other choices?

There many types of anesthesia. We have listed the types that are available to you at our health center. You may choose to have a different type of anesthesia, or no anesthesia at all. We can discuss these options with you. And we can help you with whatever decision you make.

I choose

- minimal sedation
- moderate sedation
- MAC

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

I witness that the client received this information, said she read and understood it, and had an opportunity to ask questions.

\_\_\_\_\_  
Witness signature

\_\_\_\_\_  
Date

NAME:

DATE:

PPGWNI#:

CL 02.001.00 (03/15)



Planned Parenthood of Greater Washington and North Idaho

MEDICAL INFORMATION RELEASE FORM

Patient's Last Name / First Name / M. Initial / Date of Birth

Other name(s) medical records may be under.

MAIL RECORDS TO: [redacted]
FAX RECORDS TO: [redacted]
FROM: \_\_\_\_\_ TO: \_\_\_\_\_

READ CAREFULLY

I understand my medical records may contain information regarding sexually transmitted diseases, including HIV/AIDS, and information regarding abortion services. Release of this information is voluntary and is protected by State Law. I hereby release Planned Parenthood of Greater Washington and North Idaho and its staff from all legal responsibility that may arise from the release of medical information hereby authorized. I authorize you to release the following information to the physician/clinic indicated above. I understand that I have the right to revoke or cancel this authorization, in writing, at any time.

- My CURRENT MEDICAL RECORD, including past history, testing or treatment for sexually transmitted diseases, drug or alcohol abuse, abortion, and/or mental illness, INCLUDING information pertaining to HIV testing and AIDS.
My medical record, INCLUDING my past history, testing, and treatment for sexually transmitted diseases, drug or alcohol abuse, and/or mental illness, EXCEPT for information pertaining to HIV testing and AIDS and/or abortion.
My medical record, BUT NOT information relating to my past history, testing or treatment for sexually transmitted diseases, drug or alcohol abuse, and/or mental illness, or information pertaining to HIV testing and AIDS and abortion.
OTHER: \_\_\_\_\_

Signature

Date

NAME:
DOB:
PPGWN I #:

VALID FOR 90 DAYS FROM DATE SIGNED.

UNIVERSITY OF WASHINGTON  
BIRTH DEFECTS RESEARCH LABORATORY

H-

Consent Form for the Donation of Embryonic or Fetal Tissue

RECEIVED  
Human Subjects Division

Investigators:



Professor, Pediatrics  
Ob/Gyn  
Research Scientist, Pediatrics  
Research Scientist, Pediatrics



MAY 20 2015  
UW

Researcher's Statement:

The purpose of this consent form is to give you the information you will need to help you to decide whether to be in this study. Please read the form carefully. You may ask questions about what we will ask you to do, the risks, the benefits, your rights as a volunteer, or anything else about the research on this form that is not clear. When all your questions have been answered you can decide if you want to be in this study or not. This process is called "informed consent." We will give you a copy of this form for your records.

PURPOSE OF THE STUDY

We are asking you to donate embryonic or fetal tissue to a tissue storage bank (repository). The purpose of our research is to study birth defects and other diseases, now and in the future. We use tissues from fetuses and embryos in this research. With these donated tissues, we can study the causes of birth defects and how organs and tissues develop normally or abnormally. We can look at the causes and treatment of cancer and understand more about certain brain disorders such as Alzheimer's and Parkinson's disease. We can also study the effects of medications or drugs on the growing brain, what may cause blindness, and study HIV infection. Research using donated tissues can take place in many areas of science.

STUDY PROCEDURES

You are being asked to donate tissue to a repository (tissue storage bank) since you have made the decision on your own to have clinical care related to fetal loss, miscarriage or decided to have an abortion. The timing or procedures for your medical care will not be changed to allow us to collect this tissue. If your doctor or hospital needs to look at the tissue they will be able to. We will only take tissue that your doctor or hospital does not need for your care or treatment. If you give your permission we may want to talk to your doctor about your medical history and about anything we learn that is important for your healthcare. Your doctor may put this information on your medical record.

Sometimes the fetal tissue will be collected from an intact fetus. Incisions like those used in autopsy will be made to collect the tissue or organs for research. Then the incisions will be closed. If you and your doctor have discussed having an autopsy performed, please know that donating to research will not effect this decision. We will collect tissue only after the Pathologist has completed their exam and taken enough tissue to make a diagnosis.

We send tissue to scientists at other hospitals and schools. Examples of tissue collected and sent to scientists for study are: brain, liver, kidney, ovary or testis, eyes, and skin. Please note this is not the complete list of tissue or organs collected and sent to researchers. The tissue may be used in research and/or for education purposes. Tissue is never used for commercial purposes. The Birth Defects Research Lab will be unable to return any remains unless you choose to make private arrangements. If the termination is due to a birth defect or abnormality, we may request additional medical records but we would only access them for one year.

APPROVED

MAY 21 2015

UW Human Subjects  
Review Committee

Genetic research involves any analysis used to look at a person's genetic make-up. Sometimes a person's genetic make-up may cause disease, birth defects, or cause an increased chance of developing a certain condition. Genetic tests can be performed on blood, cheek cells, or saliva. We will examine your DNA (deoxyribonucleic acid), RNA (ribonucleic acid), proteins, or other chemicals in cells that indicate genetic condition. While these tests can confirm a diagnosis or help predict the chance a person will develop a disease or condition in the future, there is no one test that detects all genetic disease. It is possible that we may discover a previously unknown genetic condition. We expect research analysis will take up to 5 years to complete and will not be clinically useful to you.

### **RISKS, STRESS, OR DISCOMFORT**

You may experience emotional distress while you are trying to decide if you want to donate tissue for research. You may experience some pain with the blood draw and in rare cases develop a bruise at the site of the blood draw. Rarely, an infection may develop. It is possible that we, or an outside investigator, may discover a previously unknown genetic disorder.

### **BENEFITS**

We expect that the studies will take many years to complete. If you donate tissue, blood, or saliva it will not directly benefit you; but we hope the information gained by researchers will help future generations.

### **SOURCE OF FUNDING**

██████████ and the study team is receiving payment from the study sponsor the National Institute of Child Health and Human Development for the time spent completing study-related duties.

### **CONFIDENTIALITY OF RESEARCH INFORMATION**

We have a Certificate of Confidentiality from the National Institute of Health of Child and Human Development. This helps us protect your privacy. The Certificate means that we do not have to give out identifying information about you even if we are asked to by a court of law. We will use the Certificate to resist any demands for identifying information. We can't use the Certificate to withhold your research information if you give your written consent to give it to an insurer, employer, or other person. Also, you or a family member can share your information or your part in this research if you wish.

There are some limits to this protection. We will voluntarily provide the information to:

- a member of the federal government who needs it in order to audit or evaluate the research;
- individuals at the University of Washington, the funding National Institute of Health, and other groups involved in the research, if they need the information to make sure the research is being done correctly;
- the federal Food and Drug Administration (FDA), if required by the FDA;
- someone who is accused of a crime, if he or she believes that our research records be used for defense.

Although we will make every effort to keep your information confidential, no system for protecting your confidentiality can be completely secure. It is possible that someone might discover that you are in this study, or might obtain information about you. University and government offices sometimes review studies such as this one to make sure they are being done safely and legally. If a review of this study takes place, your records may be examined. The reviewers will protect your privacy. The study records will not be used to put you at legal risk or harm.



We will identify the tissue and information about you with a study code. The link between the study code and the consent form with your name is kept in a separate secure area accessible only to the researchers involved in this study. This link will be kept for one year. Written and electronic records of work will be kept indefinitely, but it will not be possible to learn who you are from these records. If we send your tissue to researchers who are not part of the Birth Defects Research Laboratory we will not send them your name.

## OTHER INFORMATION

We will provide a copy of the signed consent the pathology lab or clinic; this document lets them know you authorize the release of the tissue to us for research. We will not include a copy of the optional medical health information and it will not contain the study ID. The study ID is assigned after we bring the sample to the lab; they will not be able to link your name and the study ID. We will not pay you to be in this study. We will not pay you for donating the tissue. You don't have to donate tissue if you don't want to. You will have the same medical care you would have if you choose to donate tissue or not donate. Donated blood/saliva and tissue cannot be returned and may be stored indefinitely. We will not tell you which researchers might use this tissue or what the donated tissue will be used for; some researchers may perform whole genome wild analysis of your DNA. Researchers who receive our samples may submit de-identified information about the samples to a national database such as the database of Genotypes and Phenotypes (dbGaP). Researchers who receive our samples may submit de-identified information about the samples to an open access (public) scientific databases, for example the National Institutes of Health's (NIH) National Center for Biotechnology Information (NCBI) and the National Human Genome Research Institute (NHGRI). In order for researchers to share test results, the National Institutes of Health (NIH) and other central repositories have developed special data banks that collect the results of whole genome studies. The NIH and other data banks will store your genetic information and give it to other qualified research to do more studies. Qualified researches that can access the national database can be from the government, or academic, and not-for-profit institutions. We do not think that there will be further risks to your privacy and confidentiality by sharing your whole genome analysis with these databanks; however, we cannot predict how genetic information will be used in the future. Your name and other identifiable information will never be given to them. There are many safeguards in place to protect your information while it is stored in repositories and used for research.

There is a small chance that your genetic information could be shared with others by mistake. In the unlikely event that your information was mistakenly shared and linked with a medical condition you have it could affect your ability to get or keep some kinds of insurance. There is also the risk that data could be released to the public, employers, or law enforcement agencies. If family members were to see this information it could also affect them. This could hurt family relationships. It is possible that you could be identified from the sample if someone has another sample from you. The two samples could be matched to identify you from the sample given for this repository.

You will not receive any results from allowing your data to be placed in a national database. You do not have to participate in sharing your genetic information with the national databases and can withdraw your consent at any time. There will be no consequence for withdrawing consent. However, data that has already been sent to researchers cannot be retrieved from those researchers.

If you have questions about the research you can call [REDACTED] or Laboratory staff at [REDACTED]

---

Printed Name of person obtaining consent      Signature of person obtaining consent      Date

**Subject's Statement**

This study has been explained to me. I volunteer to take part in this research. I have had a chance to ask questions. If I have questions later about the research I can ask one of the researchers listed above. If I have questions about my rights as a research subject I can call the Human Subjects Division at [REDACTED]. I give permission to the researchers to use my medical records as described in this consent form. I will receive a copy of this consent form.

**Please mark the following choices:**

|                                                          |                                                                                                                                                                                                                                                                                                        |
|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> YES <input type="checkbox"/> NO | You may keep my fetal DNA samples and medical records, indefinitely.                                                                                                                                                                                                                                   |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | I will allow other researchers to submit fetal DNA information to a national database such as the database of Genotypes and Phenotypes (dbGaP) and open access (public) scientific databases such as NIH's National Center for Biotechnology Information and National Human Genome Research Institute. |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | I agree to contact my family members about this research, if requested.                                                                                                                                                                                                                                |

---

Printed Name of Subject      Signature of Subject      Date

Copies to:      Subject  
                  Investigator's files

H-

Age: \_\_\_\_\_

Ethnicity/Race: \_\_\_\_\_

Date of **last** menstrual period \_\_\_\_\_

**Health History:** (please indicate by circling)

Age at **first** menstrual period \_\_\_\_\_

Heart Disease Self or Family

Is it regular? \_\_\_ YES or \_\_\_ NO

congenital

other

# of Pregnancies (including this pregnancy) \_\_\_\_\_

High Blood Pressure Self or Family

# of Terminations (including this pregnancy) \_\_\_\_\_

medication-regulated

# of Miscarriages (including this pregnancy) \_\_\_\_\_

with pregnancy only

Medications (name/dosage/frequency):  
(please include prescription and over-the counter)

Diabetes Self or Family

insulin-dependent

gestational diabetes

Age at diagnosis \_\_\_\_\_

Epilepsy Self or Family

medication-regulated

Cancer Self or Family

Recreational Drug Use:

*\*during this pregnancy only\**

*Last use / How Often?*

Alcohol \_\_\_\_\_

Birth Defect and/or Genetic Disorder Self or Family  
*\*including this pregnancy\**

Tobacco/Cigarettes \_\_\_\_\_

Marijuana \_\_\_\_\_

Other (specify) \_\_\_\_\_

Other Self or Family

Provider to complete this section:

| Fetal Anomalies           |
|---------------------------|
| Yes _____ No _____        |
| Specify: _____<br>_____   |
| Referring Physician _____ |

| Ultrasound Measurements                                                                             | Procedure                                          | Fetal Tissue Measurement       |
|-----------------------------------------------------------------------------------------------------|----------------------------------------------------|--------------------------------|
| Date _____<br>□ CRL _____ mm/cm<br>□ BPD _____ mm/cm<br>□ Gest. Sac _____ mm/cm<br>□ FL _____ mm/cm | Procedure Date: _____<br>Procedure End Time: _____ | □ FF _____ mm<br>□ Other _____ |

Dissection Date: \_\_\_\_\_

Dissection Time: \_\_\_\_\_

UNIVERSITY OF WASHINGTON  
BIRTH DEFECTS RESEARCH LABORATORY

H-

Consent Form for the Donation of Embryonic or Fetal Tissue

RECEIVED  
Human Subjects Division

Investigators:

[Redacted]

Professor, Pediatrics  
Ob/Gyn  
Research Scientist, Pediatrics  
Research Scientist, Pediatrics

[Redacted]

MAY 20 2015  
UW

Researcher's Statement:

The purpose of this consent form is to give you the information you will need to help you to decide whether to be in this study. Please read the form carefully. You may ask questions about what we will ask you to do, the risks, the benefits, your rights as a volunteer, or anything else about the research on this form that is not clear. When all your questions have been answered you can decide if you want to be in this study or not. This process is called "informed consent." We will give you a copy of this form for your records.

PURPOSE OF THE STUDY

We are asking you to donate embryonic or fetal tissue to a tissue storage bank (repository). The purpose of our research is to study birth defects and other diseases, now and in the future. We use tissues from fetuses and embryos in this research. With these donated tissues, we can study the causes of birth defects and how organs and tissues develop normally or abnormally. We can look at the causes and treatment of cancer and understand more about certain brain disorders such as Alzheimer's and Parkinson's disease. We can also study the effects of medications or drugs on the growing brain, what may cause blindness, and study HIV infection. Research using donated tissues can take place in many areas of science.

STUDY PROCEDURES

You are being asked to donate tissue to a repository (tissue storage bank) since you have made the decision on your own to have clinical care related to fetal loss, miscarriage or decided to have an abortion. The timing or procedures for your medical care will not be changed to allow us to collect this tissue. If your doctor or hospital needs to look at the tissue they will be able to. We will only take tissue that your doctor or hospital does not need for your care or treatment. If you give your permission we may want to talk to your doctor about your medical history and about anything we learn that is important for your healthcare. Your doctor may put this information on your medical record. We send tissue to scientists at other hospitals and schools. Examples of tissue collected and sent to scientists for study are: brain, liver, kidney, ovary or testis, eyes, and skin. Please note this is not the complete list of tissue or organs collected and sent to researchers. The tissue may be used in research and/or for education purposes. Tissue is never used for commercial purposes. The Birth Defects Research Lab will be unable to return any remains unless you choose to make private arrangements. If the termination is due to a birth defect or abnormality, we may request additional medical records but would only look at them for one year.

Genetic research involves any analysis used to look at a person's genetic make-up. Sometimes a person's genetic make-up may cause disease, birth defects, or cause an increased chance of developing a certain condition. Genetic tests can be performed on blood, cheek cells, or saliva. We will examine your DNA (deoxyribonucleic acid), RNA (ribonucleic acid), proteins, or other chemicals in cells that indicate genetic

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condition. While these tests can confirm a diagnosis or help predict the chance a person will develop a disease or condition in the future, there is no one test that detects all genetic disease. It is possible that we may discover a previously unknown genetic condition. We expect research analysis will take up to 5 years to complete and will not be clinically useful to you.

### **RISKS, STRESS, OR DISCOMFORT**

You may experience emotional distress while you are trying to decide if you want to donate tissue for research. You may experience some pain with the blood draw and in rare cases develop a bruise at the site of the blood draw. Rarely, an infection may develop. It is possible that we, or an outside investigator, may discover a previously unknown genetic disorder.

### **BENEFITS**

We expect that the studies will take many years to complete. If you donate tissue, blood, or saliva it will not directly benefit you but we hope the information gained by researchers will help future generations.

### **SOURCE OF FUNDING**

██████████ and the study team is receiving payment from the study sponsor the National Institute of Child Health and Human Development for the time spent completing study-related duties.

### **CONFIDENTIALITY OF RESEARCH INFORMATION**

We have a Certificate of Confidentiality from the National Institute of Health of Child and Human Development. This helps us protect your privacy. The Certificate means that we do not have to give out identifying information about you even if we are asked to by a court of law. We will use the Certificate to resist any demands for identifying information. We can't use the Certificate to withhold your research information if you give your written consent to give it to an insurer, employer, or other person. Also, you or a family member can share your information or your part in this research if you wish.

There are some limits to this protection. We will voluntarily provide the information to:

- a member of the federal government who needs it in order to audit or evaluate the research;
- individuals at the University of Washington, the funding National Institute of Health, and other groups involved in the research, if they need the information to make sure the research is being done correctly;
- the federal Food and Drug Administration (FDA), if required by the FDA.

Although we will make every effort to keep your information confidential, no system for protecting your confidentiality can be completely secure. It is possible that someone might discover that you are in this study, or might obtain information about you. University and government offices sometimes review studies such as this one to make sure they are being done safely and legally. If a review of this study takes place, your records may be examined. The reviewers will protect your privacy. The study records will not be used to put you at legal risk or harm.

We will identify the tissue and information about you with a study code. The link between the study code and the consent form with your name is kept in a separate secure area accessible only to the researchers involved

in this study. This link will be kept for one year. Written and electronic records of work will be kept indefinitely, but it will not be possible to learn who you are from these records. If we send your tissue to researchers who are not part of the Birth Defects Research Laboratory we will not send them your name.

## OTHER INFORMATION

We will provide a copy of the signed consent the pathology lab or clinic; this document lets them know you authorize the release of the tissue to us for research. We will not include a copy of the optional medical health information and it will not contain the study ID. The study ID is assigned after we bring the sample to the lab, they will not be able to link your name and the study ID. We will not pay you to be in this study. We will not pay you for donating the tissue. You don't have to donate tissue if you don't want to. You will have the same medical care you would have if you choose to donate tissue or not donate. Donated tissue cannot be returned and may be stored indefinitely. We will not tell you which researchers might use this tissue or what the donated tissue will be used for; some researchers may perform whole genome wild analysis of your DNA. Researchers who receive our samples may submit de-identified information about the samples to a national database such as the database of Genotypes and Phenotypes (dbGaP). Researchers who receive our samples may submit de-identified information about the samples to an open access (public) scientific databases, for example the National Institutes of Health's (NIH) National Center for Biotechnology Information (NCBI) and the National Human Genome Research Institute (NHGRI). In order for researchers to share test results, the NIH and other central repositories have developed special data banks that collect the results of whole genome studies. The NIH and other data banks will store your genetic information and give it to other qualified research to do more studies. Qualified researches that can access the national database can be from the government, or academic, and not-for-profit institutions. We do not think that there will be further risks to your privacy and confidentiality by sharing your whole genome analysis with these databanks; however, we cannot predict how genetic information will be used in the future. Your name and other identifiable information will never be given to them. There are many safeguards in place to protect your information while it is stored in repositories and used for research.

There is a small chance that your genetic information could be shared with others by mistake. In the unlikely event that your information was mistakenly shared and linked with a medical condition you have it could affect your ability to get or keep some kinds of insurance. There is also the risk that data could be released to the public, employers, or law enforcement agencies. If family members were to see this information it could also affect them. This could hurt family relationships. It is possible that you could be identified from the sample if someone has another sample from you. The two samples could be matched to identify you from the sample given for this repository.

You will not receive any results from allowing your data to be placed in a national database. You do not have to participate in sharing your genetic information with the national databases and can withdraw your consent at any time. There will be no consequence for withdrawing consent. However, data that has already been sent to researchers cannot be retrieved from those researchers.

If you have questions about the research you can call [REDACTED] or Laboratory staff at [REDACTED]

Printed Name of person obtaining consent                      Signature of person obtaining consent                      Date

**SUBJECT'S STATEMENT**

This study has been explained to me. I volunteer to take part in this research. I have had a chance to ask questions. If I have questions later about the research I can ask one of the researchers listed above. If I have questions about my rights as a research subject I can call the Human Subjects Division at [REDACTED]. I give permission to the researchers to use my medical records as described in this consent form. I will receive a copy of this consent form.

**Please mark the following choices:**

|                                                          |                                                                                                                                                                                                                                                                                                       |
|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> YES <input type="checkbox"/> NO | You may keep my fetal DNA samples and medical records, indefinitely.                                                                                                                                                                                                                                  |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | I will allow other researchers to submit fetal DNA information to national databases such as the database of Genotypes and Phenotypes (dbGaP) and open access (public) scientific databases such as NIH's National Center for Biotechnology Information and National Human Genome Research Institute. |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | I agree to contact my family members about this research, if requested.                                                                                                                                                                                                                               |

Printed Name of Subject                      Signature of Subject                      Date

Copies to:        Subject  
                      Investigator's files



H-

**OPTIONAL information:**

Age: \_\_\_\_\_

Date of **last** menstrual period \_\_\_\_\_

Age at **first** menstrual period \_\_\_\_\_

Is it regular? \_\_\_ YES or \_\_\_ NO

# of Pregnancies (including this pregnancy) \_\_\_\_\_

# of Terminations (including this pregnancy) \_\_\_\_\_

# of Miscarriages (including this pregnancy) \_\_\_\_\_

Medications (name/dosage/frequency):  
(please include prescription and over-the counter)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Recreational Drug Use:**

*\*during this pregnancy only\**

*Last use / How Often?*

Alcohol \_\_\_\_\_

Tobacco/Cigarettes \_\_\_\_\_

Marijuana \_\_\_\_\_

Methamphetamine \_\_\_\_\_

Cocaine \_\_\_\_\_

Heroin \_\_\_\_\_

Other (specify) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Ethnicity/Race: \_\_\_\_\_

**Health History:** (please indicate by circling)

Heart Disease Self or Family

congenital

other

High Blood Pressure Self or Family

medication-regulated

with pregnancy only

Diabetes Self or Family

insulin-dependent

gestational diabetes

Age at diagnosis \_\_\_\_\_

Epilepsy Self or Family

medication-regulated

Cancer Self or Family

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Birth Defect and/or Genetic Disorder Self or Family  
*\*including this pregnancy\**

\_\_\_\_\_  
\_\_\_\_\_

Other Self or Family

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provider to complete this section:

| Fetal Anomalies                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------|
| <p style="text-align: center;">Yes _____ No _____</p> <p>Specify: _____</p> <p>_____</p> <p>Referring Physician _____</p> |

| Ultrasound Measurements                                                                                                                                                                         | Procedure                                          | Fetal Tissue Measurement                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|------------------------------------------------------------------------------|
| Date _____<br><input type="checkbox"/> CRL _____ mm/cm<br><input type="checkbox"/> BPD _____ mm/cm<br><input type="checkbox"/> Gest. Sac _____ mm/cm<br><input type="checkbox"/> FL _____ mm/cm | Procedure Date: _____<br>Procedure End Time: _____ | <input type="checkbox"/> FF _____ mm<br><input type="checkbox"/> Other _____ |

Dissection Date: \_\_\_\_\_

Dissection Time: \_\_\_\_\_

# Exhibit 6.54

## Mitchell, Kristen (ATG)

---

**From:** Dietrich, Paige (ATG)  
**Sent:** Friday, September 18, 2015 9:01 AM  
**To:** Ganga, Elaine (ATG)  
**Subject:** FW: follow up  
**Attachments:** PPH of Greater Washington Idaho Agreement & IRB Authorization.pdf; Sen Padden Letter 9 17 2015.pdf; 20150901090243161.pdf

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**From:** Ian M. Goodhew [mailto:goodhew@uw.edu]  
**Sent:** Thursday, September 17, 2015 4:30 PM  
**To:** Dietrich, Paige (ATG)  
**Subject:** RE: follow up

Yes that is correct, as it applies to the Planned Parenthood Clinic. The other 6 clinics are reimbursed for a variety of material in addition to the on line training including copying costs, which I confirmed at 15 cents a page!

But if they provide shipping (via Fed Ex) then we pay them the cost of shipping.

If they use their own medical supplies to preserve the tissue and transport it we reimburse at cost.

And if they use any type of serum or other medical supply for preparation of the tissue for future research use, the BDRL reimburses for cost.

Okay here are the agreement documents and our letter to Senator Padden (and his letter to us).

Will get you any NIH docs I can get my hands on too

Thanks,

Ian

---

**From:** Dietrich, Paige (ATG) [mailto:PaigeD@ATG.WA.GOV]  
**Sent:** Thursday, September 17, 2015 3:13 PM  
**To:** Ian M. Goodhew <goodhew@uw.edu>  
**Subject:** RE: follow up

Thanks, Ian. I don't think we'll need copies of the agreements. As we discussed, my understanding is that the written agreements do not reference any cost recovery, and the only cost recovery is for mandatory trainings lasting 4 hours. Can you confirm that is correct? Thanks!

---

**From:** Ian M. Goodhew [mailto:goodhew@uw.edu]  
**Sent:** Thursday, September 17, 2015 12:21 PM  
**To:** Dietrich, Paige (ATG)  
**Subject:** RE: follow up

Here are the consent forms.

I can ask **Theresa** for the training reimbursement invoices, I don't have those.

I can send the business associate agreement and the IRB Authorization Agreement we have with PPH. Can I just clarify first that you will hold those as confidential and not share with anyone without consent? I realize that we have in some form an attorney/client relationship, although somewhat in a modified form due to our government agency and government attorney status and I realize they are likely subject to a public records requests but wanted to clarify.

Thanks Paige.

**ian**

**From:** Dietrich, Paige (ATG) [mailto:PaigeD@ATG.WA.GOV]

**Sent:** Thursday, September 17, 2015 10:48 AM

**To:** **ian M. Goodhew** <goodhew@uw.edu>

**Subject:** follow up

Hello **ian**.

Just a follow up to thank you for your call. Would it be possible to provide us with the copy of the contract you mentioned, and an update related to any records of reimbursement for mandatory training hours? I've asked Planned Parenthood for a copy of the consent forms.

Thank you so much for your time and assistance.

--Paige

Paige Dietrich  
Deputy Attorney General  
Washington State Attorney General's Office  
**(360) 586-2563**

# Exhibit 6.55

1. *When UW's Birth Defects Research Laboratory (UW BDRL) acquires tissue from any outside clinic, are there any outlays of money from any party involved in the transaction? This would include shipping costs and any other expenses.*

There are no transfers of money involved in tissue donations between the BDRL, any affiliated clinics, or any patients who all voluntarily donate tissue. The BDRL does provide clinics with materials to safely package and send the tissue samples (e.g. shipping boxes and packaging materials, plastic sample cups, sterile saline, etc.), and on occasion when a clinic has need to purchase supplies, photocopy consents or other documentation, the BDRL has reimbursed the clinic for those materials. The BDRL pays for shipping of packaging materials to the clinics, as well as for the shipping costs to send tissue samples to the BDRL.

Also, some tissue donation clinic employees consent patients for the tissue donation. These employees are required by the National Institute of Health (NIH) to complete an online Collaborative Institutional Training Initiative (CITI) course that takes approximately four hours. Some clinics have requested reimbursement for the time required for these employees to complete the CITI training. Upon request, BDRL has reimbursed these clinics for their employees' time to complete this training.

2. *Would UW provide accounting and billing records reflecting charges for entities that provided to or procured from UW fetal tissue?*

As discussed in the September 15, 2016 phone call between March Bell, Frank Scaturro, and counsel for the UW, this question was clarified to request records detailing amounts charged to clinics whose patients voluntarily donate tissue, and amounts charged to researchers who receive tissue for research purposes.

The UW is unable to provide records at this time, as it is currently subject to a temporary restraining order (TRO) in *Jane and John Does 1-10 v. the University of Washington, David Daleiden, and Zachary Freeman*, Case number 2:16-cv-01212-JLR, U.S. District Court for the Western District of Washington, entered on August 3 and extended on August 17, 2016. This TRO restrains the UW from releasing, altering, or disposing of a broad category of documents, including the records requested here and remains in effect until such time as the federal court resolves the plaintiffs' pending motion for a preliminary injunction or until further order of the court. The UW believes that release of the requested records would violate the TRO and subject it to contempt and related sanctions from the court.

However, as previously discussed our May 10, 2016 letter, there are no charges to clinics associated with participating in the fetal tissue donation program. The BDRL charges a flat fee of \$200 for all specimens prepared for and shipped to a research recipient on a given day. This fee partially recovers the costs not covered by the NIH grant that are associated with the technical effort and related expenses in preparing these tissues for use by researchers.

3. *Would UW detail all of its costs and disbursements relating to fetal tissue?*

The UW is unable to provide records at this time. As previously mentioned, it is currently subject to a TRO in *Jane and John Does 1-10 v. the University of Washington, David*

*Daleiden, and Zachary Freeman*, Case number 2:16-cv-01212-JLR, U.S. District Court for the Western District of Washington. This TRO restrains the University from releasing, altering, or disposing of a broad category of documents, including records that would detail costs and disbursements related to fetal tissue. The UW believes that release of the requested records would violate the TRO and subject it to contempt and related sanctions from the court.

4. *Does UW BDRL or the UW Department of Pediatrics have an annual or other periodic report detailing income, projects, or expenditures?*

As required by the NIH grant, the BDRL provides an annual report to NIH that includes the requested information or similar information. Additionally, the UW previously provided documents on May 11, 2016 of equipment expenditures related to tissue research and preparation at Bates 19-101, and detailed budget documents at Bates 164-170. However, UW is unable to provide additional documents at this time, as it is currently subject to a TRO in *Jane and John Does 1-10 v. the University of Washington, David Daleiden, and Zachary Freeman*, Case number 2:16-cv-01212-JLR, U.S. District Court for the Western District of Washington. This TRO restrains the UW from releasing, altering, or disposing of a broad category of documents, including those requested here. The UW believes that release of the requested records would violate the TRO and subject it to contempt and related sanctions from the court.

5. *Would UW provide contracts with any entities that have transferred fetal tissue to or from UW? (e.g., the business associate agreement and the IRB authorization agreement UW has with Planned Parenthood)*

As discussed in the September 15, 2016 phone call between March Bell, Frank Scaturro, and counsel for the UW, this question was clarified to request copies of contracts, if any, between BDRL and clinics whose patients voluntarily donate tissue, and for copies of contracts, if any, between BDRL and researchers or facilities who receive donated tissue for research purposes.

Copies of the IRB authorizations for a number of the clinics whose patients voluntarily donate tissue were previously provided on May 11, 2016 at Bates 180-187. However, UW is unable to provide the records of any other IRB authorizations for clinics whose patients voluntarily donate tissue, or for any research tissue recipients at this time, as it is currently subject to a TRO in *Jane and John Does 1-10 v. the University of Washington, David Daleiden, and Zachary Freeman*, Case number 2:16-cv-01212-JLR, U.S. District Court for the Western District of Washington. This TRO restrains the UW from releasing, altering, or disposing of a broad category of documents, including those requested here. The UW believes that release of the requested records would violate the TRO and subject it to contempt and related sanctions from the court.

6. *Would UW detail the gestational age of abortions performed at UW facilities, such as the UW Medical Center? Please include the number of second and third trimester abortions that have been performed at each facility.*

This question was clarified on the September 15, 2016 phone call between March Bell, Frank Scaturro, and counsel for the UW. The University's understanding is that the Panel is interested in aggregate numbers or statistical data in order to get a better sense of the ratio of the total number of abortions to fetal tissue donations.



The UW would note preliminarily that not all tissue donations are the result of elective abortions. In some cases tissue is donated by a patient after suffering a miscarriage, or shortly after a family's heartbreaking discovery that a fetus is no longer viable. Therefore, we would note that the requested statistical data would not yield an accurate ratio.

The UW is unable to provide the requested documents at this time, as it is currently subject to a TRO in *Jane and John Does 1-10 v. the University of Washington, David Daleiden, and Zachary Freeman*, Case number 2:16-cv-01212-JLR, U.S. District Court for the Western District of Washington. This TRO restrains the UW from releasing, altering, or disposing of a broad category of documents, including those requested here. The UW believes that release of the requested records would violate the TRO and subject it to contempt and related sanctions from the court.

However, the UW notes that all hospitals and healthcare facilities in Washington State where abortions are performed are required to annually submit information to the Washington State Department of Health regarding abortions performed at their facilities. The reports can be accessed from the Washington State Department of Health's website at <http://www.doh.wa.gov/DataandStatisticalReports/VitalStatisticsData/AbortionPregnancy>

7. *Please list the number of doctors and their status (e.g., faculty, residents, fellowship participants, or other medical students) who have performed abortions at outside clinics while affiliated with UW. Include the frequency of such work and the identity of which entities have provided them their salary or other pay or benefits.*

This question was clarified on the September 15, 2016 phone call between March Bell, Frank Scaturro, and counsel for the UW. The UW's understanding is that the Panel is interested in "casual relationships" between the UW and external abortion clinics, which the Panel believes may result in fetal tissue being provided to the BDRL without going through the normal approved processes. The BDRL confirms that tissue has been transferred to the lab only by the established tissue donation procedures as described in the NIH grant. There are no "casual relationships" between the UW and external abortion clinics.

The UW does have a small number of residents who, as part of their residency training, may rotate to clinics where reproductive healthcare services are provided. The UW does not have any readily available information from which to determine whether these residents specifically performed abortions while training at these outside clinics.

Further, the UW is unable to provide records or identifying information in response to this question as it is currently subject to a TRO in *Jane and John Does 1-10 v. the University of Washington, David Daleiden, and Zachary Freeman*, Case number 2:16-cv-01212-JLR, U.S. District Court for the Western District of Washington. The TRO restrains the UW from releasing the personally identifying information (including names) of the Does. As the Does have been granted leave to proceed in pseudonym, the UW is unable to determine that it would not violate the TRO by providing a response.

8. *Please list the doctors at outside abortion clinics who have faculty positions at UW. Are those positions salaried or volunteer? Include a list of any other benefits these faculty members receive from UW in connection with their faculty status.*

This question was clarified on the September 15, 2016 phone call between March Bell, Frank Scaturro, and counsel for the UW. The UW's understanding is that the Panel is interested in whether there are any clinic employees who have faculty positions at the UW solely as a result of working for a clinic that allows patients to voluntarily donate tissue to the BDRL, and who do not perform other duties for the UW associated with the faculty appointment (*e.g.* do not teach a course or mentor students).

There are no physicians at outside abortion clinics who have faculty appointments at UW solely as a result of being employed or affiliated with a clinic that allows its patients to voluntarily donate tissue to the BDRL. Further, the UW is unable to provide records or identifying information in response to this question as it is currently subject to a TRO in *Jane and John Does 1-10 v. the University of Washington, David Daleiden, and Zachary Freeman*, Case number 2:16-cv-01212-JLR, U.S. District Court for the Western District of Washington. This TRO restrains the UW from releasing, altering, or disposing of a broad category of documents, including those requested here. The UW believes that release of the requested records would violate the TRO and subject it to contempt and related sanctions from the court.

9. *Would UW produce all documents from any entity showing specific requests to UW entities for fetal tissue?*

This question was substantially modified during the September 15, 2016 phone call between March Bell, Frank Scaturro, and counsel for the UW. The question was clarified to request a list specifying the research purpose for which tissue was requested from the BDRL, covering a shorter time period, suggested as a calendar year.

To the BDRL's knowledge, researchers requesting tissue from 2014-2016 were researching the following diseases and conditions:

- ALS
- Alzheimer's Disease
- Cancer of the brain, liver, thyroid, bone, lung, and/or pancreas
- Cardiac development
- Cell activation, regulation, and downstream effects
- hESC and hiPSC derived spinal motor neurons
- Cleft lip and palate
- Congenital anomalies of kidney and urinary tract
- Craniofacial development
- Cystic Fibrosis
- Diabetes
- DNA methylation
- Effects of medication during pregnancy
- Embryogenesis
- Environmental epigenomics
- Epigenetics
- Genetic mutations including inversions, deletions, duplications, and aneuploidy
- Hepatitis B, Hepatitis C, HIV-1
- HSV
- Hypoplastic left heart syndrome

- Immune function
- Inflammation
- Lung development as related to asthma
- Macular degeneration
- Microchimerism
- Multiple sclerosis
- Neural development, including Trisomy 21 and Fragile X
- Neurocognitive disorder
- Neuronal degeneration
- Olfactory toxicity of environmental agents
- Osteogenesis
- Pathogenesis of neuro-infectious and neuro-inflammatory disease
- Renal disease
- Retinal degenerative disease
- Skeletal muscle development and arthrogyrposis
- Cardiac, kidney, and retina tissue regeneration
- Transcriptome analysis
- Zika

The above list reflects on-going research that is intended to obtain a better understanding of diseases for the purpose of finding treatments and/or cures for those individuals suffering with them. These research projects investigate human developmental biology which cannot be done using various animal and other cellular systems. The use of human fetal tissue is a vital way to confirm human development because it is a specimen that has developed in its native habitat.

Also, the UW is unable to provide supporting documents in response to this question as it is currently subject to a TRO in *Jane and John Does 1-10 v. the University of Washington, David Daleiden, and Zachary Freeman*, Case number 2:16-cv-01212-JLR, U.S. District Court for the Western District of Washington. This TRO restrains the UW from releasing, altering, or disposing of a broad category of documents, including those requested here. The UW believes that release of the requested records would violate the TRO and subject it to contempt and related sanctions from the court.

10. *In its production, UW provided the attached consent for donation of fetal tissue (Bates numbers 000148-000154). Is this the only consent form used for fetal tissue transferred to UW BDRL since 2010? Was this consent form used only internally (i.e., at UW Medical Center) or also at outside clinics? Please provide any other consent forms, whether or not generated by UW, for fetal tissue transferred to UW BDRL.*

The consent forms used for tissue donation to the BDRL are updated periodically to conform to legal and regulatory changes. Since 2010 there have been three updates to the consents. One consent is used for tissue donation from within UW, and another is used at external tissue donation sites. A consent form used with donations from inside UW was provided on May 11, 2016 at Bates pages 213-218. A consent form used at clinics outside UW was also provided at Bates pages 232-237. The BDRL also occasionally receives tissue from UW Medical Center as the patient's desired disposition of a miscarried fetus.

UW is unable to provide copies of consents not already provided at this time, as it is currently subject to a TRO in *Jane and John Does 1-10 v. the University of Washington*,

*David Daleiden, and Zachary Freeman*, Case number 2:16-cv-01212-JLR, U.S. District Court for the Western District of Washington. This TRO restrains the UW from releasing, altering, or disposing of a broad category of documents, including those requested here.

11. Please list by job title and affiliation who is responsible for the following tasks in connection with any fetal tissue acquired by UW:
- a) *Obtaining consents from women who donate the tissue.*
  - b) *Procurement of fetal tissue.*
  - c) *Storage of fetal tissue.*
  - d) *Other handling of fetal tissue.*

During the September 15, 2016 phone call between March Bell, Frank Scaturro, and counsel for the UW, it was clarified that the Panel was not interested in individuals' names, but was more interested in concepts and "transactional relationships" between the clinics which allow donation of fetal tissue to the BDRL, and the lab.

The UW's initial production included information about the roles of various individuals at the BDRL, and individuals at clinics who have completed the training to be able to consent donor patients at their lab. *See, generally*, Responsive Documents at Bates 159-168, 188.

The UW is unable to provide further documents or identifying information in response to this question, as it is currently subject to a TRO in *Jane and John Does 1-10 v. the University of Washington, David Daleiden, and Zachary Freeman*, Case number 2:16-cv-01212-JLR, U.S. District Court for the Western District of Washington. This TRO restrains the UW from releasing, altering, or disposing of a broad category of documents, including those requested here. The TRO also restrains the UW from releasing the personally identifying information (including names) of the Does. As the Does have been granted leave to proceed in pseudonym, the UW is unable to determine that it would not be violating the TRO by providing a response. Given that during the September 15 phone call with Panel staff, it was clarified that the Panel was not interested in individual names, and also given the UW's previously-expressed concerns regarding privacy and safety, the UW trusts that the Panel will continue to protect the names and identities of individuals previously disclosed.

12. *Would UW produce any communications among UW personnel it has regarding fetal tissue procurement?*

Per the September 15, 2016 conversation with March Bell, Frank Scaturro, and counsel for the UW, this question was stricken.

13. *Please produce any studies by UW personnel, whether published or unpublished drafts, that involved research on fetal tissue and have not already been produced to the Select Investigative Panel.*

During the September 15, 2016 phone call between March Bell, Frank Scaturro, and counsel for the UW, it was clarified that, if the UW had difficulty compiling and providing this information, a list of names could be provided instead and the Panel staff could look up published research (*e.g.* on PubMed).

The UW is unable to provide the names of UW personnel who do research on fetal tissue without violating the TRO cited above. However, please note that the BDRL requests that any published article involving research using tissue provided by the lab acknowledge the

BDRL in the publication. Any published research would also note the authors' academic or research institution affiliations. Given that during the September 15, 2016 phone call with Panel staff, it was clarified that the Panel was not interested in individual names, and also given the UW's previously-expressed concerns regarding privacy and safety, the UW trusts that the Panel will act to protect the names and identities of individuals who may have published research that involved the use of fetal tissue provided by the BDRL.

*14. Please produce documents relating to rent or site fees paid to entities from which UW obtained, sold, or donated fetal tissue.*

The UW is unable to provide records at this time, as it is currently subject to a TRO in *Jane and John Does 1-10 v. the University of Washington, David Daleiden, and Zachary Freeman*, Case number 2:16-cv-01212-JLR, U.S. District Court for the Western District of Washington. This TRO restrains the UW from releasing, altering, or disposing of a broad category of documents, including those requested here. The UW believes that release of the requested records would violate the TRO and subject it to contempt and related sanctions from the court.

# Exhibit 6.56

ONE HUNDRED FOURTEENTH CONGRESS  
**Congress of the United States**  
**House of Representatives**

COMMITTEE ON ENERGY AND COMMERCE

2125 RAYBURN HOUSE OFFICE BUILDING  
WASHINGTON, DC 20515-6115

Majority (202) 225-2927  
Minority (202) 225-3641

November 8, 2016

**Via Overnight Delivery**

The Honorable James L. Robart  
United States Courthouse  
700 Stewart Street  
Office of the Clerk  
Seattle, WA 98101-9906

Re: *Jane Does 1-10, et al. v. University of Washington, et al.*, Case No. C16-1212JLR

Dear Judge Robart:

On October 7, 2015, the U.S. House of Representatives passed H. Res. 461, creating the Select Investigative Panel (“Panel”) and empowering it to conduct a full and complete investigation regarding the medical practices of abortion providers and the practices of entities that procure and transfer fetal tissue. I write as Chair of the Select Investigative Panel to request that the Court clarify its Temporary Restraining Order (“TRO”) “restrain[ing] the University of Washington from releasing, altering, or disposing of the requested documents or disclosing the personal identifying information of Plaintiffs pending further order of this court.”<sup>1</sup>

Pursuant to H. Res. 461, on April 29, 2016, the Panel issued a subpoena to a defendant in the above referenced case, the University of Washington (“UW”), which operates the Birth Defects Research Laboratory, the nation’s largest fetal tissue bank. The UW’s initial response produced some of the documents subpoenaed and requested additional time to make a full production. On September 15, the Panel, in the interest of accommodation and obtaining an expeditious production under the subpoena, directed 14 specific requests to the UW. In response, the UW claimed that due to the TRO, it is “unable to provide” records or other information responsive to 13 of the Panel’s 14 subpoena requests.

On behalf of the Panel, I respectfully request that the Court modify its TRO to clarify that it does not restrain the UW from disclosing information requested pursuant to a legitimate congressional subpoena. Such modification of the TRO is self-evidently within the Court’s discretion. *See, e.g., Shell Offshore, Inc. v. Greenpeace, Inc.*, No. 3:15-cv-00054, 2015 WL 1632493, at \*5 (D. Alaska Apr. 11, 2015); *California v. Picayune Rancheria of Chukchansi Indians of Cal.*,

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<sup>1</sup> Order Granting Pls.’ Mot. for a TRO, 7 (Aug. 3, 2016) (ECF No. 27).



No. 1:14-cv-01593, 2015 WL 545987, at \*1 (E.D. Cal. Feb. 10, 2015) (noting modification of TRO by Court at hearing); *Perez v. Fatima/Zahra, Inc.*, No. 14-cv-2337, 2014 WL 2854812, at \*1 (N.D. Cal. June 20, 2014) (noting modification of TRO).

Congress's authority to obtain information – including by use of compulsory process – flows directly from its Article I legislative function. *See, e.g., Eastland v. U.S. Serviceman's Fund*, 421 U.S. 491, 504 n.15 (1975) (“[T]he scope of [Congress’s] power of inquiry . . . is as penetrating and far-reaching as the potential power to enact and appropriate under the Constitution.”). This is so because a “legislative body cannot legislate wisely or effectively in the absence of information” and accordingly, compulsory process by Congress is “essential to obtain what is needed.” *McGrain v. Daugherty*, 273 U.S. 135, 174-75 (1927). The Supreme Court has emphasized the breadth of Congress’s power of investigation: “The power of the Congress to conduct investigations is inherent in the legislative process. That power is broad. It encompasses inquiries concerning the administration of existing laws as well as proposed or possibly needed statutes.” *Watkins v. United States*, 354 U.S. 178, 187 (1957) (directing that it is “unquestionably the duty of all citizens to cooperate with Congress . . . [and such citizens have an] unremitting obligation to respond to subpoenas, [and] to respect the dignity of the Congress and its committees.”). The House, pursuant to the Rulemaking Clause, U.S. Const. art. I, § 5, cl. 2, has delegated this substantial and wide-ranging oversight and investigative authority to its standing committees and to certain panels, including here, to the Select Investigative Panel. *See* H. Res. 461 § 4(1), 114th Cong. (2015).

Furthermore, the Speech or Debate Clause of the Constitution, art. I, § 6, cl. 1, serves as “an absolute bar to interference with a congressional subpoena.” *Eastland*, 421 U.S. at 503, 505. Consequently, any construction of the TRO that would prohibit compliance with the Panel’s validly issued subpoena would violate the Constitution and, therefore, is to be avoided. *See id.* Accordingly, it is the Panel’s position that the UW must comply with the subpoena and that the TRO is not properly construed to interfere with that obligation. In light of the UW’s contrary position, however, the Panel respectfully requests this clarification.

Finally, in the event the Court is concerned that clarification of the TRO will result in confidential information being disseminated to the public, it should be aware that at least absent a showing that Congress intends to make the materials public, other federal courts have refused to accept the assertion that materials provided to Congress will inevitably end up in the public domain. *See, e.g., Exxon Corp. v. FTC*, 589 F.2d 582, 589 (D.C. Cir. 1978), and *Ashland Oil, Inc. v. FTC*, 548 F.2d 977, 979 (D.C. Cir. 1976)). Moreover, “[o]nce documents are in congressional hands, ‘courts must presume that the committees of Congress will exercise their powers responsibly and with due regard for the rights of affected parties.’” *FTC v. Owens-Corning Fiberglass Corp.*, 626 F.2d 966, 970 (D.C. Cir. 1980) (quoting *Exxon Corp.*, 589 F.2d at 589). This presumption reflects the general deference due to a coordinate branch of government, as well as the specific concern that “the judiciary must refrain from slowing or otherwise interfering with the legitimate investigatory functions of Congress.” *Owens-Corning Fiberglass Corp.*, 626 F.2d at 970; *see also Exxon Corp.*, 589 F.2d at 588-89.

Accordingly, for all the reasons stated above, and in the interest of conserving judicial, legislative branch, and litigant resources, the Panel respectfully requests that this Court confirm that its TRO may not be construed to preclude the UW’s compliance with the Panel’s subpoena.



If you have any questions about this request, please contact Frank Scaturro at (202) 225-2927, [Frank.Scaturro@mail.house.gov](mailto:Frank.Scaturro@mail.house.gov).

Sincerely yours,



Marsha Blackburn  
Chair  
Select Investigative Panel

cc: The Honorable Jan Schakowsky  
Ranking Member  
Select Investigative Panel

David B. Edwards  
Steven W. Fogg  
Mallory L. Bouchee  
Corr Cronin Michelson Baumgardner Fogg & Moore LLP

Janet S. Chung  
Legal Voice

Jill Diane Bowman  
Vanessa Soriano Power  
Stoel Rives

Colin Caywood  
Nancy S. Garland  
Office of the Washington Attorney General

Jeffrey Michael Trissell  
Freedom of Conscience Defense Fund

Peter Breen  
Thomas Brejcha  
Thomas More Society

Theresa Ann Schrempp  
Sonkin & Schrempp PLLC

William John Crittenden

# Exhibit 6.57

University of Washington

BIRTH DEFECTS RESEARCH LABORATORY

INVOICE

DATE: 5/5/2011

INVOICE NO.:
PERIOD COVERED:
TAX ID NO:
UW BUDGET NO:

Bill To:

Table with 5 columns: Shipped Date, Collection and distribution of tissue: # of tissue samples sent, Quantity, Unit Price (\$), Total Amount. Includes a total due row for \$600.00.

If you have any questions on this invoice, please contact

Make the checks payable to UW (be sure to reference the invoice number) and mail to:

University of Washington

NOTE: INSTITUTIONAL POLICY

IF NOT PAID WITHIN 30 DAYS; THERE WILL BE A ONE TIME COLLECTION CHARGE OF \$25, PLUS AN ADDITIONAL 12% INTEREST FROM THE DATE OF THE INVOICE

THANK YOU AND WE APPRECIATE YOUR ATTENTION TO THIS MATTER!

University of Washington

BIRTH DEFECTS RESEARCH LABORATORY

INVOICE

DATE: 5/5/2011

INVOICE NO.:
PERIOD COVERED:
TAX ID NO:
UW BUDGET NO:

Bill To:

Table with 5 columns: Shipped Date, Collection and distribution of tissue: # of tissue samples sent, Quantity, Unit Price (\$), Total Amount. Includes a total due row showing 7.5 units for \$1,500.00.

If you have any questions on this invoice, please contact [redacted]

Make the checks payable to UW [redacted] (be sure to reference the invoice number) and mail to:

University of Washington
[redacted]

NOTE: INSTITUTIONAL POLICY

IF NOT PAID WITHIN 30 DAYS; THERE WILL BE A ONE TIME COLLECTION CHARGE OF \$25, PLUS AN ADDITIONAL 12% INTEREST FROM THE DATE OF THE INVOICE

THANK YOU AND WE APPRECIATE YOUR ATTENTION TO THIS MATTER!

University of Washington

BIRTH DEFECTS RESEARCH LABORATORY

INVOICE

DATE: 5/5/2011

INVOICE NO.:
PERIOD COVERED:
TAX ID NO:
UW BUDGET NO:

Bill To:

Table with 4 columns: Shipped Date, Collection and distribution of tissue: # of tissue samples sent, Quantity (\$200 per unit), Total Amount. Includes a total due row showing 7 units for \$1,400.00.

If you have any questions on this invoice, please contact

Make the checks payable to UW (be sure to reference the invoice number) and mail to:

University of Washington

NOTE: INSTITUTIONAL POLICY

IF NOT PAID WITHIN 30 DAYS; THERE WILL BE A ONE TIME COLLECTION CHARGE OF \$25, PLUS AN ADDITIONAL 12% INTEREST FROM THE DATE OF THE INVOICE

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University of Washington

BIRTH DEFECTS RESEARCH LABORATORY

INVOICE

DATE: 5/5/2011

INVOICE NO.:
PERIOD COVERED:
TAX ID NO:
UW BUDGET NO:

Bill To:

Table with 5 columns: Shipped Date, Collection and distribution of tissue: # of tissue samples sent, Quantity, Unit Price (\$), Total Amount. Includes a total due row showing 2.5 units for \$500.00.

If you have any questions on this invoice, please contact [redacted]

Make the checks payable to UW [redacted] (be sure to reference the invoice number) and mail to:

University of Washington

NOTE: INSTITUTIONAL POLICY

IF NOT PAID WITHIN 30 DAYS; THERE WILL BE A ONE TIME COLLECTION CHARGE OF \$25, PLUS AN ADDITIONAL 12% INTEREST FROM THE DATE OF THE INVOICE

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University of Washington

BIRTH DEFECTS RESEARCH LABORATORY

INVOICE

DATE: 5/5/2011

INVOICE NO.:
PERIOD COVERED:
TAX ID NO:
UW BUDGET NO:

Bill To:

Table with 5 columns: Shipped Date, Collection and distribution of tissue: # of tissue samples sent, Quantity, Unit Price (\$), Total Amount. Includes a total due row showing 6.5 units for \$1,300.00.

If you have any questions on this invoice, please contact [redacted]

Make the checks payable to UW [redacted] (be sure to reference the invoice number) and mail to:

University of Washington

NOTE: INSTITUTIONAL POLICY

IF NOT PAID WITHIN 30 DAYS; THERE WILL BE A ONE TIME COLLECTION CHARGE OF \$25, PLUS AN ADDITIONAL 12% INTEREST FROM THE DATE OF THE INVOICE

THANK YOU AND WE APPRECIATE YOUR ATTENTION TO THIS MATTER!

University of Washington

BIRTH DEFECTS RESEARCH LABORATORY

INVOICE

DATE: 7/15/2011

INVOICE NO.:
PERIOD COVERED:
TAX ID NO:
UW BUDGET NO:

Bill To:

Table with 4 columns: Shipped Date, Collection and distribution of tissue: # of tissue samples sent, Quantity (\$200 per unit), Total Amount. Includes a total due row showing 6.5 units for \$1,300.00.

If you have any questions on this invoice, please contact

Make the checks payable to UW (be sure to reference the invoice number) and mail to:

University of Washington

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University of Washington

BIRTH DEFECTS RESEARCH LABORATORY

INVOICE

DATE: 7/15/2011

INVOICE NO.:
PERIOD COVERED:
TAX ID NO:
UW BUDGET NO:

Bill To:

Table with 5 columns: Shipped Date, Collection and distribution of tissue: # of tissue samples sent, Quantity, Unit Price (\$), Total Amount. Includes a subtotal row showing 10 units for \$2,000.00.

If you have any questions on this invoice, please contact

Make the checks payable to UW (be sure to reference the invoice number) and mail to:

University of Washington

NOTE: INSTITUTIONAL POLICY

IF NOT PAID WITHIN 30 DAYS; THERE WILL BE A ONE TIME COLLECTION CHARGE OF \$25, PLUS AN ADDITIONAL 12% INTEREST FROM THE DATE OF THE INVOICE

THANK YOU AND WE APPRECIATE YOUR ATTENTION TO THIS MATTER!

University of Washington

BIRTH DEFECTS RESEARCH LABORATORY

INVOICE

DATE: 7/15/2011

INVOICE NO.:
PERIOD COVERED:
TAX ID NO:
UW BUDGET NO:

Bill To:

Table with 5 columns: Shipped Date, Collection and distribution of tissue: # of tissue samples sent, Quantity, Unit Price (\$), Total Amount. Includes a TOTAL DUE row showing 800.00.

If you have any questions on this invoice, please contact

Make the checks payable to UW (be sure to reference the invoice number) and mail to:

University of Washington

NOTE: INSTITUTIONAL POLICY

IF NOT PAID WITHIN 30 DAYS; THERE WILL BE A ONE TIME COLLECTION CHARGE OF \$25, PLUS AN ADDITIONAL 12% INTEREST FROM THE DATE OF THE INVOICE

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University of Washington

BIRTH DEFECTS RESEARCH LABORATORY

INVOICE

DATE: 7/15/2011

INVOICE NO.:
PERIOD COVERED:
TAX ID NO:
UW BUDGET NO:

Bill To:

Table with 5 columns: Shipped Date, Collection and distribution of tissue: # of tissue samples sent, Quantity, Unit Price (\$), Total Amount. Includes a total due row showing \$1,100.00.

If you have any questions on this invoice, please contact

Make the checks payable to UW (be sure to reference the invoice number) and mail to:

University of Washington

NOTE: INSTITUTIONAL POLICY

IF NOT PAID WITHIN 30 DAYS; THERE WILL BE A ONE TIME COLLECTION CHARGE OF \$25, PLUS AN ADDITIONAL 12% INTEREST FROM THE DATE OF THE INVOICE

THANK YOU AND WE APPRECIATE YOUR ATTENTION TO THIS MATTER!

University of Washington

BIRTH DEFECTS RESEARCH LABORATORY

INVOICE

DATE: 7/15/2011

INVOICE NO.:
PERIOD COVERED:
TAX ID NO:
UW BUDGET NO:

Bill To:

Table with 4 columns: Shipped Date, Collection and distribution of tissue: # of tissue samples sent, Quantity (\$200 per unit), Total Amount. Includes a total due row showing 4.5 units for \$900.00.

If you have any questions on this invoice, please contact... Make the checks payable to UW... (be sure to reference the invoice number) and mail to:

University of Washington

NOTE: INSTITUTIONAL POLICY

IF NOT PAID WITHIN 30 DAYS; THERE WILL BE A ONE TIME COLLECTION CHARGE OF \$25, PLUS AN ADDITIONAL 12% INTEREST FROM THE DATE OF THE INVOICE

THANK YOU AND WE APPRECIATE YOUR ATTENTION TO THIS MATTER!

University of Washington

BIRTH DEFECTS RESEARCH LABORATORY

INVOICE

DATE: 7/15/2011

INVOICE NO.:
PERIOD COVERED:
TAX ID NO:
UW BUDGET NO:

Bill To:

Table with 5 columns: Shipped Date, Collection and distribution of tissue: # of tissue samples sent, Quantity, Unit Price (\$), Total Amount. Includes a total due row showing \$2,200.00.

If you have any questions on this invoice, please contact

Make the checks payable to UW (be sure to reference the invoice number) and mail to:

University of Washington

NOTE: INSTITUTIONAL POLICY

IF NOT PAID WITHIN 30 DAYS; THERE WILL BE A ONE TIME COLLECTION CHARGE OF \$25, PLUS AN ADDITIONAL 12% INTEREST FROM THE DATE OF THE INVOICE

THANK YOU AND WE APPRECIATE YOUR ATTENTION TO THIS MATTER

University of Washington

BIRTH DEFECTS RESEARCH LABORATORY

INVOICE

DATE: 10/11/11

INVOICE NO.:
PERIOD COVERED:
TAX ID NO:
UW BUDGET NO:

Bill To:

Table with 4 columns: Shipped Date, Collection and distribution of tissue: # of tissue samples sent, Quantity (\$200 per unit), Total Amount. Includes a subtotal row.

If you have any questions on this invoice, please contact

Make the checks payable to UW (be sure to reference the invoice number) and mail to:

University of Washington

NOTE: INSTITUTIONAL POLICY

IF NOT PAID WITHIN 30 DAYS; THERE WILL BE A ONE TIME COLLECTION CHARGE OF \$25, PLUS AN ADDITIONAL 12% INTEREST FROM THE DATE OF THE INVOICE

THANK YOU AND WE APPRECIATE YOUR ATTENTION TO THIS MATTER!

University of Washington

BIRTH DEFECTS RESEARCH LABORATORY

INVOICE

DATE: 10/11/11

INVOICE NO.:
PERIOD COVERED:
TAX ID NO:
UW BUDGET NO:

Bill To:

Table with 4 columns: Shipped Date, Collection and distribution of tissue: # of tissue samples sent, Quantity (\$200 per unit), Total Amount. Includes a total due row showing 2.5 units for \$500.00.

If you have any questions on this invoice, please contact

Make the checks payable to UW be sure to reference the invoice number) and mail to:

University of Washington

NOTE: INSTITUTIONAL POLICY

IF NOT PAID WITHIN 30 DAYS; THERE WILL BE A ONE TIME COLLECTION CHARGE OF \$25, PLUS AN ADDITIONAL 12% INTEREST FROM THE DATE OF THE INVOICE

THANK YOU AND WE APPRECIATE YOUR ATTENTION TO THIS MATTER!

University of Washington

BIRTH DEFECTS RESEARCH LABORATORY

INVOICE

DATE: 10/11/11

INVOICE NO.:
PERIOD COVERED:
TAX ID NO:
UW BUDGET NO:

Bill To:

Table with 4 columns: Shipped Date, Collection and distribution of tissue: # of tissue samples sent, Quantity (\$200 per unit), Total Amount. Includes a total due row showing 4 units for 800.00.

If you have any questions on this invoice, please contact

Make the checks payable to UW (be sure to reference the invoice number) and mail to:

University of Washington

NOTE: INSTITUTIONAL POLICY

IF NOT PAID WITHIN 30 DAYS; THERE WILL BE A ONE TIME COLLECTION CHARGE OF \$25, PLUS AN ADDITIONAL 12% INTEREST FROM THE DATE OF THE INVOICE

THANK YOU AND WE APPRECIATE YOUR ATTENTION TO THIS MATTER!



University of Washington

BIRTH DEFECTS RESEARCH LABORATORY

INVOICE

DATE: 10/11/11

INVOICE NO.:
PERIOD COVERED:
TAX ID NO:
UW BUDGET NO:

Bill To:

Table with 4 columns: Shipped Date, Collection and distribution of tissue: # of tissue samples sent, Quantity (\$200 per unit), Total Amount. Includes a summary row for TOTAL DUE.

If you have any questions on this invoice, please contact

Make the checks payable to UW (be sure to reference the invoice number) and mail to:

University of Washington

NOTE: INSTITUTIONAL POLICY

IF NOT PAID WITHIN 30 DAYS; THERE WILL BE A ONE TIME COLLECTION CHARGE OF \$25, PLUS AN ADDITIONAL 12% INTEREST FROM THE DATE OF THE INVOICE

THANK YOU AND WE APPRECIATE YOUR ATTENTION TO THIS MATTER!

University of Washington

BIRTH DEFECTS RESEARCH LABORATORY

# INVOICE

DATE: 2/6/2012

INVOICE NO.:  
PERIOD COVERED:  
TAX ID NO:  
UW BUDGET NO:

Bill To:

PO/Contract No.

| Shipped Date     | Collection and distribution of tissue:<br># of tissue samples sent | Quantity<br>(\$200 per unit) | Total Amount    |
|------------------|--------------------------------------------------------------------|------------------------------|-----------------|
|                  | 1                                                                  | 0.5                          | \$ 100          |
|                  | 5                                                                  | 1                            | \$ 200          |
|                  | 1                                                                  | 0.5                          | \$ 100          |
|                  | 4                                                                  | 1                            | \$ 200          |
|                  | 1                                                                  | 0.5                          | \$ 100          |
|                  | 1                                                                  | 0.5                          | \$ 100          |
|                  | 2                                                                  | 1                            | \$ 200          |
|                  | 1                                                                  | 0.5                          | \$ 100          |
|                  | 1                                                                  | 0.5                          | \$ 100          |
|                  | 4                                                                  | 1                            | \$ 200          |
|                  | 1                                                                  | 0.5                          | \$ 100          |
| <b>Total Due</b> |                                                                    | <b>7.5</b>                   | <b>\$ 1,500</b> |

If you have any questions, please contact

Make the checks payable to UW  
(be sure to reference the invoice number) and mail to:

University of Washington

**NOTE: INSTITUTIONAL POLICY**

**IF NOT PAID WITHIN 30 DAYS; THERE WILL BE A ONE TIME COLLECTION CHARGE OF \$25,  
PLUS AN ADDITIONAL 12% INTEREST FROM THE DATE OF THE INVOICE**

THANK YOU AND WE APPRECIATE YOUR ATTENTION TO THIS MATTER!

University of Washington

BIRTH DEFECTS RESEARCH LABORATORY

# INVOICE

DATE: 19 April 2012

INVOICE NO.:  
PERIOD COVERED:  
TAX ID NO:  
UW BUDGET NO:

Bill To:

PO/Contract No.

| Shipped Date | Collection and distribution of tissue:<br># of tissue samples sent | Quantity<br>(\$200 per unit) | Total Amount  |
|--------------|--------------------------------------------------------------------|------------------------------|---------------|
|              | Credit poor quality samples [redacted] paid 2/28/12                | 0                            | \$ (400)      |
|              |                                                                    | 3                            | \$ 200        |
|              |                                                                    | 2                            | \$ 200        |
|              |                                                                    | 1                            | \$ 100        |
|              |                                                                    | 10                           | \$ 200        |
|              |                                                                    |                              | \$ -          |
|              |                                                                    |                              | \$ -          |
|              |                                                                    |                              | \$ -          |
|              |                                                                    |                              | \$ -          |
|              |                                                                    |                              | \$ -          |
|              | <b>Total Due</b>                                                   | <b>3.5</b>                   | <b>\$ 300</b> |

If you have any questions, please contact [redacted]

For questions regarding payments, please contact [redacted]

Make the checks payable to **UW [redacted]**, the UW **does not accept Credit Card payments (be sure to reference the invoice number)** and mail to:

University of Washington

**NOTE: INSTITUTIONAL POLICY**

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University of Washington

BIRTH DEFECTS RESEARCH LABORATORY

# INVOICE

DATE: 5/17/2012

INVOICE NO.: [REDACTED]  
PERIOD COVERED:  
TAX ID NO:  
UW BUDGET NO:

Bill To:

PO/Contract No. [REDACTED]

| Shipped Date | Collection and distribution of tissue:<br># of tissue samples sent | Quantity<br>(\$200 per unit) | Total Amount  |
|--------------|--------------------------------------------------------------------|------------------------------|---------------|
| [REDACTED]   | 9                                                                  | 1                            | \$ 200        |
| [REDACTED]   | 7                                                                  | 1                            | \$ 200        |
| [REDACTED]   | 9                                                                  | 1                            | \$ 200        |
| [REDACTED]   | 3                                                                  | 0.5                          | \$ 100        |
| [REDACTED]   | 3                                                                  | 0.5                          | \$ 100        |
|              |                                                                    |                              | \$ -          |
|              |                                                                    |                              | \$ -          |
|              |                                                                    |                              | \$ -          |
|              |                                                                    |                              | \$ -          |
|              |                                                                    |                              | \$ -          |
|              |                                                                    |                              | \$ -          |
|              | <b>Total Due</b>                                                   | <b>4</b>                     | <b>\$ 800</b> |

If you have any questions, please contact [REDACTED]

For questions regarding payments, please contact [REDACTED]

Make the checks payable to **UW [REDACTED]**, the **UW does not accept Credit Card payments (be sure to reference the invoice number)** and mail to:

University of Washington

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THANK YOU AND WE APPRECIATE YOUR ATTENTION TO THIS MATTER!

**University of Washington**

**BIRTH DEFECTS RESEARCH LABORATORY**

**INVOICE**

DATE: 8/5/2012

INVOICE NO.:  
PERIOD COVERED:  
TAX ID NO:  
UW BUDGET NO:

Bill To:

PO/Contract No.

| Shipped Date     | Collection and distribution of tissue:<br># of tissue samples sent | Quantity<br>(\$200 per unit) | Total Amount    |
|------------------|--------------------------------------------------------------------|------------------------------|-----------------|
|                  |                                                                    | 1                            | \$ 200          |
|                  |                                                                    | 1.5                          | \$ 300          |
|                  |                                                                    | 1                            | \$ 200          |
|                  |                                                                    | 1                            | \$ 200          |
|                  |                                                                    | 0.5                          | \$ 100          |
|                  |                                                                    | 1                            | \$ 200          |
|                  |                                                                    | 1.5                          | \$ 300          |
|                  |                                                                    | 1                            | \$ 200          |
|                  |                                                                    | 1                            | \$ 200          |
|                  |                                                                    | 1                            | \$ 200          |
|                  |                                                                    | 1                            | \$ 200          |
|                  |                                                                    | 1                            | \$ 200          |
|                  |                                                                    | 1                            | \$ 200          |
|                  |                                                                    | 1                            | \$ 200          |
| <b>Total Due</b> |                                                                    | <b>12.5</b>                  | <b>\$ 2,500</b> |

If you have questions regarding charges, please contact [redacted]  
For questions regarding payments, please contact [redacted]

|                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Make the checks payable to<br/><b>UW</b> [redacted]<br/>University of Washington<br/>[redacted]<br/>Please include invoice number on check<br/>or copy of invoice</p> | <p><b>Credit Card Payments</b></p> <p>PLEASE HAVE CREDIT CARD NUMBER,<br/>EXPIRATION DATE, AND ZIP CODE OF<br/>BILLING ADDRESS AVAILABLE<br/>(Please note we do not store credit card numbers, you will need to<br/>provide this number every time you make a payment.)<br/>For payment please call: [redacted]</p> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**NOTE: INSTITUTIONAL POLICY**

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PLUS AN ADDITIONAL 12% INTEREST FROM THE DATE OF THE INVOICE**

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**University of Washington**

**BIRTH DEFECTS RESEARCH LABORATORY**

**INVOICE**

DATE: 8/5/2012

INVOICE NO.:  
PERIOD COVERED:  
TAX ID NO:  
UW BUDGET NO:

Bill To:

PO/Contract No.

| Shipped Date | Collection and distribution of tissue:<br># of tissue samples sent | Quantity<br>(\$200 per unit) | Total Amount  |
|--------------|--------------------------------------------------------------------|------------------------------|---------------|
|              |                                                                    | 1                            | \$ 200        |
|              |                                                                    | 0.5                          | \$ 100        |
|              |                                                                    | 1                            | \$ 200        |
|              |                                                                    | 0.5                          | \$ 100        |
|              |                                                                    | 0.5                          | \$ 100        |
|              |                                                                    | 1                            | \$ 200        |
|              |                                                                    |                              | \$ -          |
|              |                                                                    |                              | \$ -          |
|              |                                                                    |                              | \$ -          |
|              |                                                                    |                              | \$ -          |
|              | <b>Total Due</b>                                                   | <b>4.5</b>                   | <b>\$ 900</b> |

If you have questions regarding charges, please contact [redacted]  
For questions regarding payments, please contact [redacted]

|                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Make the checks payable to<br/><b>University of Washington</b></p> <p>[redacted]</p> <p>Please include invoice number on check<br/>or copy of invoice</p> | <p><b>Credit Card Payments</b></p> <p>PLEASE HAVE CREDIT CARD NUMBER,<br/>EXPIRATION DATE, AND ZIP CODE OF<br/>BILLING ADDRESS AVAILABLE</p> <p>(Please note we do not store credit card numbers, you will need to<br/>provide this number every time you make a payment.)</p> <p>For payment please call: [redacted]</p> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**NOTE: INSTITUTIONAL POLICY**

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THANK YOU AND WE APPRECIATE YOUR ATTENTION TO THIS MATTER!

University of Washington

BIRTH DEFECTS RESEARCH LABORATORY

INVOICE

DATE: 23 January 2013

INVOICE NO.:
PERIOD COVERED:
TAX ID NO:
UW BUDGET NO:

Bill To:

PO/Contract No.

Table with 4 columns: Shipped Date, Collection and distribution of tissue: # of tissue samples sent, Quantity (\$200 per unit), Total Amount. Includes a Total Due row showing 6 units for \$1,200.

If you have questions regarding charges, please contact
For questions regarding payments, please contact

Make the checks payable to
University of Washington

Please include invoice number on check
or copy of invoice

Credit Card Payments

PLEASE HAVE CREDIT CARD NUMBER,
EXPIRATION DATE, AND ZIP CODE OF
BILLING ADDRESS AVAILABLE
(Please note we do not store credit card numbers, you will need to
provide this number every time you make a payment.)
For payment please call:

NOTE: INSTITUTIONAL POLICY

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THANK YOU AND WE APPRECIATE YOUR ATTENTION TO THIS MATTER!



University of Washington

[REDACTED]

BIRTH DEFECTS RESEARCH LABORATORY

[REDACTED]

INVOICE

DATE: 10/15/2012  
INVOICE NO.: [REDACTED]  
PERIOD COVERED: [REDACTED]  
TAX ID NO: [REDACTED]  
UW BUDGET NO: [REDACTED]

Bill To: [REDACTED]

PO/Contract No. [REDACTED]  
*Final 12/13*

| Shipped Date     | Collection and distribution of tissue:<br># of tissue samples sent | Quantity<br>(\$200 per unit) | Total Amount  |
|------------------|--------------------------------------------------------------------|------------------------------|---------------|
| [REDACTED]       | Brain tissue                                                       | 1                            | \$ 200        |
| [REDACTED]       | Brain tissue                                                       | 1                            | \$ 200        |
| [REDACTED]       | Brain tissue                                                       | 0.5                          | \$ 100        |
| [REDACTED]       | Brain tissue                                                       | 0.5                          | \$ 100        |
|                  |                                                                    |                              | \$ -          |
|                  |                                                                    |                              | \$ -          |
|                  |                                                                    |                              | \$ -          |
|                  |                                                                    |                              | \$ -          |
|                  |                                                                    |                              | \$ -          |
|                  |                                                                    |                              | \$ -          |
| <b>Total Due</b> |                                                                    | <b>3</b>                     | <b>\$ 600</b> |

If you have questions regarding charges, please contact [REDACTED]  
For questions regarding payments, please contact [REDACTED]

Make the checks payable to  
**UNIVERSITY OF WASHINGTON**  
[REDACTED]  
Please include invoice number on check or copy of invoice

**Credit Card Payments**  
  
PLEASE HAVE CREDIT CARD NUMBER,  
EXPIRATION DATE, AND ZIP CODE OF  
BILLING ADDRESS AVAILABLE  
(Please note we do not store credit card numbers, you will need to  
provide this number every time you make a payment.)  
For payment please call: [REDACTED]

NOTE: INSTITUTIONAL POLICY

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THANK YOU AND WE APPRECIATE YOUR ATTENTION TO THIS MATTER!



University of Washington

BIRTH DEFECTS RESEARCH LABORATORY

INVOICE

DATE: 25 January 2013

INVOICE NO.:
PERIOD COVERED:
TAX ID NO:
UW BUDGET NO:

Bill To:

PO/Contract No.

Table with 4 columns: Shipped Date, Collection and distribution of tissue: # of tissue samples sent, Quantity (\$200 per unit), Total Amount. Includes a Total Due row showing 6 units for \$1,200.

If you have questions regarding charges, please contact
For questions regarding payments, please contact

Make the checks payable to
Credit Card Payments
PLEASE HAVE CREDIT CARD NUMBER, EXPIRATION DATE, AND ZIP CODE OF BILLING ADDRESS AVAILABLE
(Please note we do not store credit card numbers, you will need to provide this number every time you make a payment.)
For payment please call:

NOTE: INSTITUTIONAL POLICY

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THANK YOU AND WE APPRECIATE YOUR ATTENTION TO THIS MATTER!

University of Washington

BIRTH DEFECTS RESEARCH LABORATORY

# INVOICE

DATE: May 10, 2013

INVOICE NO.:  
PERIOD COVERED:  
TAX ID NO:  
UW BUDGET NO:

Bill To:

Billing Reference No.

|                  |           |           |              |
|------------------|-----------|-----------|--------------|
| Liver            | 1         | \$        | 200          |
| Liver            | 0.5       | \$        | 100          |
| Liver            | 0.5       | \$        | 100          |
| Liver            | 0.5       | \$        | 100          |
| Liver            | 0.5       | \$        | 100          |
| Liver            | 1         | \$        | 200          |
| Liver            | 1         | \$        | 200          |
| Liver            | 1         | \$        | 200          |
| <b>Total Due</b> | <b>10</b> | <b>\$</b> | <b>2,000</b> |

If you have questions regarding charges, please contact  
For questions regarding payments, please contact

Make the checks payable to  
**University of Washington**

Please include invoice number on check  
or copy of invoice

### Credit Card Payments

PLEASE HAVE CREDIT CARD NUMBER,  
EXPIRATION DATE, AND ZIP CODE OF  
BILLING ADDRESS AVAILABLE  
(Please note we do not store credit card numbers, you will need to  
provide this number every time you make a payment.)

For payment please call:

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THANK YOU AND WE APPRECIATE YOUR ATTENTION TO THIS MATTER!

University of Washington

**BIRTH DEFECTS RESEARCH LABORATORY**

**INVOICE**

DATE: May 10<sup>th</sup>, 2013

INVOICE NO.:  
PERIOD COVERED:  
TAX ID NO:  
UW BUDGET NO:

Bill To:

PO/Contract No.

|                  |          |           |              |
|------------------|----------|-----------|--------------|
| Femur/Tibia      | 1        | \$        | 200          |
| Femur/Tibia      | 0.5      | \$        | 100          |
| Femur/Tibia      | 0.5      | \$        | 100          |
| Femur/Tibia      | 0.5      | \$        | 100          |
| Femur/Tibia      | 0.5      | \$        | 100          |
| Femur/Tibia      | 1        | \$        | 200          |
| Femur/Tibia      | 1        | \$        | 200          |
| Femur/Tibia      | 0.5      | \$        | 100          |
| Femur/Tibia      | 0.5      | \$        | 100          |
| Femur/Tibia      | 0.5      | \$        | 100          |
| Femur/Tibia      | 0.5      | \$        | 100          |
| Femur/Tibia      | 0.5      | \$        | 100          |
| <b>Total Due</b> | <b>7</b> | <b>\$</b> | <b>1,400</b> |

If you have questions regarding charges, please contact  
For questions regarding payments, please contact

Make the checks payable to  
**University of Washington**

Please include invoice number on check  
or copy of invoice

**Credit Card Payments**

PLEASE HAVE CREDIT CARD NUMBER,  
EXPIRATION DATE, AND ZIP CODE OF  
BILLING ADDRESS AVAILABLE  
(Please note we do not store credit card numbers, you will need to  
provide this number every time you make a payment.)

For payment please call:

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University of Washington

BIRTH DEFECTS RESEARCH LABORATORY

# INVOICE

DATE: May 10, 2013

INVOICE NO.:  
PERIOD COVERED:  
TAX ID NO:  
UW BUDGET NO:

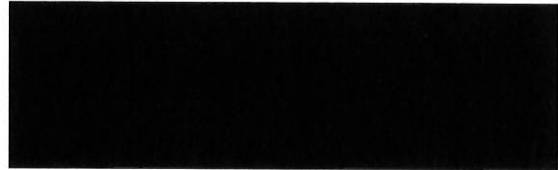
Bill To:

PO/Contract No.

|                  |     |          |                 |
|------------------|-----|----------|-----------------|
| Brain            | 1   | \$       | 200             |
| Brain            | 1   | \$       | 200             |
| Brain            | 1   | \$       | 200             |
| Brain            | 1   | \$       | 200             |
| Brain            | 0.5 | \$       | 100             |
| Brain            | 0.5 | \$       | 100             |
| Brain            | 1   | \$       | 200             |
| Brain            | 0.5 | \$       | 100             |
| Brain            | 0.5 | \$       | 100             |
|                  |     | \$       | -               |
| <b>Total Due</b> |     | <b>7</b> | <b>\$ 1,400</b> |

If you have questions regarding charges, please contact  
For questions regarding payments, please contact

Make the checks payable to  
**University of Washington**



Please include invoice number on check  
or copy of invoice

## Credit Card Payments

PLEASE HAVE CREDIT CARD NUMBER,  
EXPIRATION DATE, AND ZIP CODE OF  
BILLING ADDRESS AVAILABLE  
(Please note we do not store credit card numbers, you will need to  
provide this number every time you make a payment.)

For payment please call:

NOTE: INSTITUTIONAL POLICY

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ADDITIONAL 12% INTEREST FROM THE DATE OF THE INVOICE  
THANK YOU AND WE APPRECIATE YOUR ATTENTION TO THIS MATTER!**

University of Washington

BIRTH DEFECTS RESEARCH LABORATORY

INVOICE

DATE: 10/04/2013

INVOICE NO.:
PERIOD COVERED:
TAX ID NO:
UW BUDGET NO:

Bill To:

PO/Contract No.

Table with 4 columns: Shipped Date, Collection and distribution of tissue: # of tissue samples sent, Quantity (\$200 per unit), Total Amount. Rows include multiple entries for Pancreas/Spleen with varying quantities and a Total Due row.

If you have questions regarding charges, please contact
For questions regarding payments, please contact

Make the checks payable to:

Please include invoice number on check or copy of invoice

Credit Card Payments

PLEASE HAVE CREDIT CARD NUMBER, EXPIRATION DATE, AND ZIP CODE OF BILLING ADDRESS AVAILABLE
(Please note we do not store credit card numbers, you will need to provide this number every time you make a payment.)

For payment please call:

NOTE: INSTITUTIONAL POLICY

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University of Washington

BIRTH DEFECTS RESEARCH LABORATORY

INVOICE

DATE: 10/04/2013

INVOICE NO.:
PERIOD COVERED:
TAX ID NO:
UW BUDGET NO:

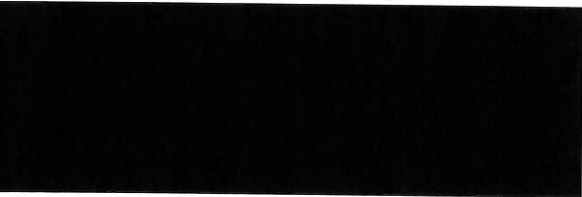
Bill To:

PO/Contract No.

Table with 4 columns: Shipped Date, Collection and distribution of tissue: # of tissue samples sent, Quantity (\$200 per unit), Total Amount. Rows include Brain samples with quantities 1 and 0.5, totaling 6 units for \$1,200.

If you have questions regarding charges, please contact
For questions regarding payments, please contact

Make the checks payable to



Please include invoice number on check or copy of invoice

Credit Card Payments

PLEASE HAVE CREDIT CARD NUMBER, EXPIRATION DATE, AND ZIP CODE OF BILLING ADDRESS AVAILABLE

(Please note we do not store credit card numbers, you will need to provide this number every time you make a payment.)

For payment please call:

NOTE: INSTITUTIONAL POLICY

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University of Washington

BIRTH DEFECTS RESEARCH LABORATORY

# INVOICE

DATE:

INVOICE #:

PERIOD COVERED:

TAX ID #:

UW BUDGET #:

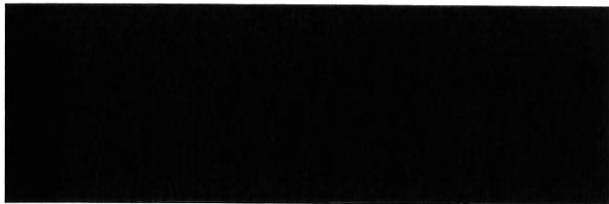
Bill To:

| Shipped Date | Collection and distribution of tissue:<br># of tissue samples sent | Quantity<br>(\$200 per unit) | Total Amount  |
|--------------|--------------------------------------------------------------------|------------------------------|---------------|
|              | 2 tissue samples                                                   | 1                            | \$ 200        |
|              | 1 tissue sample                                                    | 1                            | \$ 200        |
|              | 1 tissue sample                                                    | 0.5                          | \$ 100        |
|              | 2 tissue samples                                                   | 0.5                          | \$ 100        |
|              | 3 tissue samples                                                   | 1                            | \$ 200        |
|              |                                                                    |                              | \$ -          |
|              |                                                                    |                              | \$ -          |
|              |                                                                    |                              | \$ -          |
|              |                                                                    |                              | \$ -          |
|              |                                                                    |                              | \$ -          |
|              |                                                                    |                              | \$ -          |
|              | <b>Total Due</b>                                                   | <b>4</b>                     | <b>\$ 800</b> |

If you have questions regarding charges, please contact [REDACTED]

For questions regarding payments, please contact [REDACTED]

### Make the checks payable to:



Please include invoice number on check or copy of invoice

### Credit Card Payment:

PLEASE HAVE CREDIT CARD NUMBER, EXPIRATION DATE, AND ZIP CODE OF BILLING ADDRESS AVAILABLE

(Please note we do not store credit card numbers, you will need to provide this number every time you make a payment.)

Please call [REDACTED] for payment

### NOTE: INSTITUTIONAL POLICY

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THANK YOU AND WE APPRECIATE YOUR ATTENTION TO THIS MATTER!



# University of Washington

## BIRTH DEFECTS RESEARCH LABORATORY

# INVOICE

DATE: 01/03/2014

INVOICE NO.:  
PERIOD COVERED:  
TAX ID NO:  
UW BUDGET NO:

Bill To:

PO/Contract No.

| Shipped Date | Collection and distribution of tissue:<br># of tissue samples sent | Quantity<br>(\$200 per unit) | Total Amount    |
|--------------|--------------------------------------------------------------------|------------------------------|-----------------|
|              | 2                                                                  | 1                            | \$ 200          |
|              | 2                                                                  | 1                            | \$ 200          |
|              | 4                                                                  | 0.5                          | \$ 100          |
|              | 8                                                                  | 0.5                          | \$ 100          |
|              | 1                                                                  | 1                            | \$ 200          |
|              | 4                                                                  | 1                            | \$ 200          |
|              |                                                                    |                              | \$ -            |
|              |                                                                    |                              | \$ -            |
|              |                                                                    |                              | \$ -            |
|              |                                                                    |                              | \$ -            |
|              | <b>Total Due</b>                                                   | <b>5</b>                     | <b>\$ 1,000</b> |

If you have questions regarding charges, please contact [REDACTED]  
For questions regarding payments, please contact [REDACTED]

Make the checks payable to  
**University of Washington**



Please include invoice number on check  
or copy of invoice

### Credit Card Payments

PLEASE HAVE CREDIT CARD NUMBER,  
EXPIRATION DATE, AND ZIP CODE OF  
BILLING ADDRESS AVAILABLE

(Please note we do not store credit card numbers, you will need to  
provide this number every time you make a payment.)

For payment please call: [REDACTED]

### NOTE: INSTITUTIONAL POLICY

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PLUS AN ADDITIONAL 12% INTEREST FROM THE DATE OF THE INVOICE**

THANK YOU AND WE APPRECIATE YOUR ATTENTION TO THIS MATTER!



University of Washington

**BIRTH DEFECTS RESEARCH LABORATORY**

**INVOICE**

DATE: 01/09/2014

INVOICE #:  
PERIOD COVERED:

TAX ID #:  
UW BUDGET #:

Bill To:

| Shipped Date | Collection and distribution of tissue:<br># of tissue samples sent | Quantity<br>(\$200 per unit) | Total Amount  |
|--------------|--------------------------------------------------------------------|------------------------------|---------------|
|              | 4                                                                  | 1                            | \$ 200        |
|              | 3                                                                  | 0.5                          | \$ 100        |
|              | 8                                                                  | 0.5                          | \$ 100        |
|              |                                                                    |                              | \$ -          |
|              |                                                                    |                              | \$ -          |
|              |                                                                    |                              | \$ -          |
|              | <b>Total Due</b>                                                   | <b>2</b>                     | <b>\$ 400</b> |

If you have questions regarding charges, please contact  
For questions regarding payments, please contact

**Make the checks payable to:**

**University of Washington**

Please include invoice number on check  
or copy of invoice

**Credit Card Payment:**

PLEASE HAVE CREDIT CARD NUMBER,  
EXPIRATION DATE, AND ZIP CODE OF BILLING  
ADDRESS AVAILABLE

(Please note we do not store credit card numbers, you will need to  
provide this number every time you make a payment.)

Please call for payment

**NOTE: INSTITUTIONAL POLICY**

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PLUS AN ADDITIONAL 12% INTEREST FROM THE DATE OF THE INVOICE**

University of Washington

**BIRTH DEFECTS RESEARCH LABORATORY**

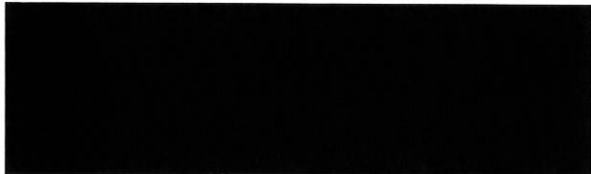
**INVOICE**

DATE: 04/01/2014

INVOICE NO.:  
PERIOD COVERED:  
TAX ID NO:  
UW BUDGET NO:



Bill To:



PO/Contract No.

| Shipped Date | Collection and distribution of tissue:<br># of tissue samples sent | Quantity<br>(\$200 per unit) | Total Amount    |
|--------------|--------------------------------------------------------------------|------------------------------|-----------------|
|              | Brain                                                              | 1                            | \$ 200          |
|              | Brain                                                              | 1                            | \$ 200          |
|              | Brain                                                              | 1                            | \$ 200          |
|              | Brain                                                              | 1                            | \$ 200          |
|              | Brain                                                              | 1                            | \$ 200          |
|              | Brain                                                              | 1                            | \$ 200          |
|              | Brain                                                              | 0.5                          | \$ 100          |
|              | Brain                                                              | 0.5                          | \$ 100          |
|              |                                                                    |                              | \$ -            |
|              |                                                                    |                              | \$ -            |
|              | <b>Total Due</b>                                                   | <b>7</b>                     | <b>\$ 1,400</b> |

If you have questions regarding charges, please contact   
For questions regarding payments, please contact

|                                                                                                                                                    |                                                                                                                                                                                                                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Make the checks payable to:</p> <p><b>University of Washington</b></p> <p></p> <p>Please include invoice number on check or copy of invoice</p> | <p><b>Credit Card Payments</b></p> <p>PLEASE HAVE CREDIT CARD NUMBER, EXPIRATION DATE, AND ZIP CODE OF BILLING ADDRESS AVAILABLE</p> <p>(Please note we do not store credit card numbers, you will need to provide this number every time you make a payment.)</p> <p>For payment please call: </p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**NOTE: INSTITUTIONAL POLICY**

**IF NOT PAID WITHIN 30 DAYS; THERE WILL BE A ONE TIME COLLECTION CHARGE OF \$25, PLUS AN ADDITIONAL 12% INTEREST FROM THE DATE OF THE INVOICE**  
THANK YOU AND WE APPRECIATE YOUR ATTENTION TO THIS MATTER!

University of Washington

BIRTH DEFECTS RESEARCH LABORATORY

# INVOICE

DATE: 04/01/2014

INVOICE #:  
PERIOD COVERED:

TAX ID #:  
UW BUDGET #:

Bill To:

| Shipped Date | Collection and distribution of tissue:<br># of tissue samples sent | Quantity<br>(\$200 per unit) | Total Amount  |
|--------------|--------------------------------------------------------------------|------------------------------|---------------|
|              | Pancreas                                                           | 1                            | \$ 200        |
|              | Pancreas                                                           | 0.5                          | \$ 100        |
|              | Pancreas                                                           | 0.5                          | \$ 100        |
|              | Pancreas                                                           | 1                            | \$ 200        |
|              | Pancreas                                                           | 0.5                          | \$ 100        |
|              | Pancreas                                                           | 0.5                          | \$ 100        |
|              |                                                                    |                              | \$ -          |
|              |                                                                    |                              | \$ -          |
|              |                                                                    |                              | \$ -          |
|              | <b>Total Due</b>                                                   | <b>4</b>                     | <b>\$ 800</b> |

If you have questions regarding charges, please contact [REDACTED]

For questions regarding payments, please contact [REDACTED]

### Make the checks payable to:

University of Washington

Please include invoice number on check  
or copy of invoice

### Credit Card Payment:

PLEASE HAVE CREDIT CARD NUMBER,  
EXPIRATION DATE, AND ZIP CODE OF BILLING  
ADDRESS AVAILABLE

(Please note we do not store credit card numbers, you will need to  
provide this number every time you make a payment.)

Please call [REDACTED]  
[REDACTED] for payment

### NOTE: INSTITUTIONAL POLICY

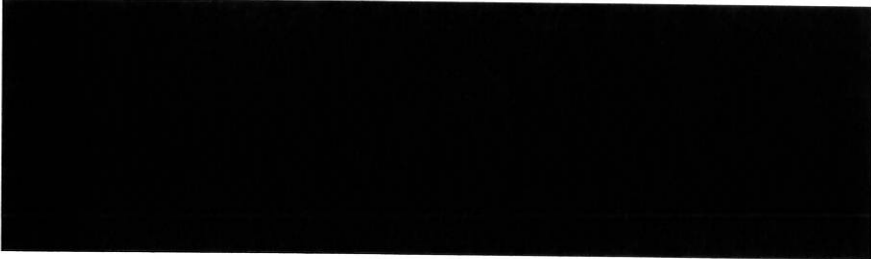
**IF NOT PAID WITHIN 30 DAYS; THERE WILL BE A ONE TIME COLLECTION CHARGE OF \$25,  
PLUS AN ADDITIONAL 12% INTEREST FROM THE DATE OF THE INVOICE**

THANK YOU AND WE APPRECIATE YOUR ATTENTION TO THIS MATTER!

**University of Washington**



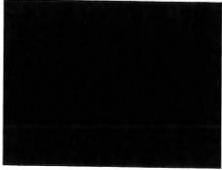
**BIRTH DEFECTS RESEARCH LABORATORY**



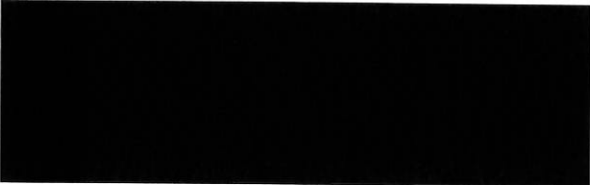
**INVOICE**

DATE: 04/02/2014

INVOICE NO.:  
PERIOD COVERED:  
TAX ID NO:  
UW BUDGET NO:



Bill To:



PO/Contract No.

| Shipped Date | Collection and distribution of tissue:<br># of tissue samples sent | Quantity<br>(\$200 per unit) | Total Amount  |
|--------------|--------------------------------------------------------------------|------------------------------|---------------|
|              | Spinal Cord                                                        | 1                            | \$ 200        |
|              | Spinal Cord                                                        | 0.5                          | \$ 100        |
|              | Spinal Cord                                                        | 0.5                          | \$ 100        |
|              |                                                                    |                              | \$ -          |
|              |                                                                    |                              | \$ -          |
|              |                                                                    |                              | \$ -          |
|              |                                                                    |                              | \$ -          |
|              |                                                                    |                              | \$ -          |
|              |                                                                    |                              | \$ -          |
|              |                                                                    |                              | \$ -          |
|              |                                                                    |                              | \$ -          |
|              |                                                                    |                              | \$ -          |
|              | <b>Total Due</b>                                                   | <b>2</b>                     | <b>\$ 400</b> |

If you have questions regarding charges, please contact   
For questions regarding payments, please contact

|                                                                                                                                        |                                                                                                                                                                                                                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Make the checks payable to<br/><b>University of Washington</b></p> <p>Please include invoice number on check or copy of invoice</p> | <p><b>Credit Card Payments</b></p> <p>PLEASE HAVE CREDIT CARD NUMBER, EXPIRATION DATE, AND ZIP CODE OF BILLING ADDRESS AVAILABLE</p> <p>(Please note we do not store credit card numbers, you will need to provide this number every time you make a payment.)</p> <p>For payment please call: </p> |
|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**NOTE: INSTITUTIONAL POLICY**

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University of Washington

BIRTH DEFECTS RESEARCH LABORATORY

# INVOICE

DATE: 04/02/2014

INVOICE #:  
PERIOD COVERED:

TAX ID #:  
UW BUDGET #:

| Shipped Date | Collection and distribution of tissue:<br># of tissue samples sent | Quantity<br>(\$200 per unit) | Total Amount    |
|--------------|--------------------------------------------------------------------|------------------------------|-----------------|
|              | Gonads                                                             | 1                            | \$ 200          |
|              | Gonads                                                             | 1                            | \$ 200          |
|              | Gonads                                                             | 1                            | \$ 200          |
|              | Gonads                                                             | 1                            | \$ 200          |
|              | Gonads                                                             | 1                            | \$ 200          |
|              | Gonads                                                             | 1                            | \$ 200          |
|              | Gonads                                                             | 0.5                          | \$ 100          |
|              | Gonads                                                             | 0.5                          | \$ 100          |
|              | Gonads                                                             | 1                            | \$ 200          |
|              | Gonads                                                             | 1                            | \$ 200          |
|              | Gonads                                                             | 0.5                          | \$ 100          |
|              | Gonads                                                             | 0.5                          | \$ 100          |
|              | Gonads                                                             | 0.5                          | \$ 100          |
|              | Gonads                                                             | 0.5                          | \$ 100          |
|              |                                                                    |                              | \$ -            |
|              | <b>Total Due</b>                                                   | <b>11</b>                    | <b>\$ 2,200</b> |

If you have questions regarding charges, please contact [REDACTED]  
For questions regarding payments, please contact [REDACTED]

|                                                                                                                                                        |                                                                                                                                                                                                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Make the checks payable to:</b><br/>University of Washington<br/>[REDACTED]</p> <p>Please include invoice number on check or copy of invoice</p> | <p><b>Credit Card Payment:</b><br/>PLEASE HAVE CREDIT CARD NUMBER, EXPIRATION DATE, AND ZIP CODE OF BILLING ADDRESS AVAILABLE<br/>(Please note we do not store credit card numbers, you will need to provide this number every time you make a payment.)</p> <p>Please call [REDACTED] for payment</p> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**NOTE: INSTITUTIONAL POLICY**

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THANK YOU AND WE APPRECIATE YOUR ATTENTION TO THIS MATTER!

University of Washington

BIRTH DEFECTS RESEARCH LABORATORY

# INVOICE

DATE: 04/02/2014

INVOICE NO.:  
PERIOD COVERED:  
TAX ID NO:  
UW BUDGET NO:

Bill To:

| Shipped Date | Collection and distribution of tissue:<br># of tissue samples sent | Quantity<br>(\$200 per unit) | Total Amount  |
|--------------|--------------------------------------------------------------------|------------------------------|---------------|
|              | Eyes                                                               | 0.5                          | \$ 100        |
|              | Eyes                                                               | 0.5                          | \$ 100        |
|              | Eyes                                                               | 1                            | \$ 200        |
|              | Eyes                                                               | 1                            | \$ 200        |
|              |                                                                    |                              | \$ -          |
|              |                                                                    |                              | \$ -          |
|              |                                                                    |                              | \$ -          |
|              |                                                                    |                              | \$ -          |
|              |                                                                    |                              | \$ -          |
|              |                                                                    |                              | \$ -          |
|              |                                                                    |                              | \$ -          |
|              | <b>Total Due</b>                                                   | <b>3</b>                     | <b>\$ 600</b> |

If you have questions regarding charges, please contact [REDACTED]  
For questions regarding payments, please contact [REDACTED]

Make the checks payable to  
**University of Washington**

Please include invoice number on check  
or copy of invoice

### Credit Card Payments

PLEASE HAVE CREDIT CARD NUMBER,  
EXPIRATION DATE, AND ZIP CODE OF  
BILLING ADDRESS AVAILABLE  
(Please note we do not store credit card numbers, you will need to  
provide this number every time you make a payment.)

For payment please call: [REDACTED]

### NOTE: INSTITUTIONAL POLICY

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PLUS AN ADDITIONAL 12% INTEREST FROM THE DATE OF THE INVOICE**

THANK YOU AND WE APPRECIATE YOUR ATTENTION TO THIS MATTER!

University of Washington

BIRTH DEFECTS RESEARCH LABORATORY

# INVOICE

DATE: 6/30/2014

INVOICE NO.:  
PERIOD COVERED:  
TAX ID NO:  
UW BUDGET NO:

Bill To:

| Shipped Date     | Collection and distribution of tissue:<br># of tissue samples sent | Quantity<br>(\$200 per unit) | Total Amount    |
|------------------|--------------------------------------------------------------------|------------------------------|-----------------|
|                  | Eyes                                                               | 1                            | \$ 200          |
|                  | Eyes                                                               | 1                            | \$ 200          |
|                  | Eyes                                                               | 0.5                          | \$ 100          |
|                  | Eyes                                                               | 0.5                          | \$ 100          |
|                  | Eyes                                                               | 0.5                          | \$ 100          |
|                  | Eyes                                                               | 0.5                          | \$ 100          |
|                  | Eyes                                                               | 0.5                          | \$ 100          |
|                  | Eyes                                                               | N/C                          | \$ -            |
|                  | Eyes                                                               | 0.5                          | \$ 100          |
|                  | Eyes                                                               | 0.5                          | \$ 100          |
|                  | Eyes                                                               | N/C                          | \$ -            |
|                  | Eyes                                                               | 1                            | \$ 200          |
|                  | Eyes                                                               | 1                            | \$ 200          |
|                  | Eyes                                                               | 0.5                          | \$ 100          |
|                  | Eyes                                                               | 0.5                          | \$ 100          |
|                  | Eyes                                                               | 0.5                          | \$ 100          |
|                  | Eyes                                                               | 1                            | \$ 200          |
|                  | Eyes                                                               | 1                            | \$ 200          |
|                  | Eyes                                                               | 1                            | \$ 200          |
| <b>Total Due</b> |                                                                    | <b>11.5</b>                  | <b>\$ 2,300</b> |

If you have questions please contact

Make the checks payable to:

University of Washington

Please include invoice number on check  
or copy of invoice

Credit Card Payments:

PLEASE HAVE CREDIT CARD  
NUMBER, EXPIRATION DATE, AND ZIP CODE OF  
BILLING ADDRESS AVAILABLE

(Please note we do not store credit card numbers, you will need to  
provide this number every time you make a payment.)

Please call for payment



University of Washington

BIRTH DEFECTS RESEARCH LABORATORY

INVOICE

DATE: 6/30/2014

INVOICE NO.:
PERIOD COVERED:
TAX ID NO:
UW BUDGET NO:

Bill To:

Table with 4 columns: Shipped Date, Collection and distribution of tissue: # of tissue samples sent, Quantity (\$200 per unit), Total Amount. Rows include multiple 'Heart' entries with varying quantities and a 'Total Due' row.

If you have questions please contact

Make the checks payable to:

Please include invoice number on check or copy of invoice

Credit Card Payments:

PLEASE HAVE CREDIT CARD NUMBER, EXPIRATION DATE, AND ZIP CODE OF BILLING ADDRESS AVAILABLE (Please note we do not store credit card numbers, you will need to provide this number every time you make a payment.)

Please call for payment

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University of Washington

BIRTH DEFECTS RESEARCH LABORATORY

# INVOICE

DATE:

INVOICE NO.:  
PERIOD COVERED:  
TAX ID NO:  
UW BUDGET NO:  
PO #

Bill To:

PO/Contract No.

| Shipped Date | Collection and distribution of tissue:<br># of tissue samples sent | Quantity<br>(\$200 per unit) | Total Amount |
|--------------|--------------------------------------------------------------------|------------------------------|--------------|
|              | Pair Ovaries; 1                                                    | 1                            | \$ 200.00    |
|              | FedEx Shipping Charge                                              | 0                            | \$ 25.17     |
|              | Pari Ovaries; 1                                                    | 0.5                          | \$ 100.00    |
|              | FedEx Shipping Charge                                              | 0                            | \$ 24.96     |
|              | Pair Ovaries; 1, Single Testis; 1                                  | 0.5                          | \$ 100.00    |
|              | FedEx Shipping Charge                                              | 0                            | \$ 24.96     |
|              |                                                                    |                              | \$ -         |
|              |                                                                    |                              | \$ -         |
|              |                                                                    |                              | \$ -         |
|              |                                                                    |                              | \$ -         |

If you have questions regarding charges, please contact

**Make the checks payable to:**

University of Washington

Please include invoice number on check  
or copy of invoice

**Credit Card Payment:**

**PLEASE HAVE CREDIT CARD NUMBER,  
EXPIRATION DATE, AND ZIP CODE OF BILLING  
ADDRESS AVAILABLE**

(Please note we do not store credit card numbers, you will need to  
provide this number every time you make a payment.)

For payment contact

**NOTE: INSTITUTIONAL POLICY**

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ADDITIONAL 12% INTEREST FROM THE DATE OF THE INVOICE**

# Exhibit 6.58



INVOICE

BILL TO

University of Washington

SHIP TO



Invoice #



Invoice Date:  
10/06/2015

| DATE       | YOUR ORDER # | OUR ORDER # | SALES REP. | F.O.B. | SHIP VIA | TERMS | TAX ID |
|------------|--------------|-------------|------------|--------|----------|-------|--------|
| 10/06/2015 |              |             |            |        |          |       |        |

| QTY              | ITEM                    | UNITS | DESCRIPTION                  | UNIT PRICE | TOTAL      |
|------------------|-------------------------|-------|------------------------------|------------|------------|
| 1                | 4 <sup>th</sup> Quarter |       | Clinic Services - [Redacted] | \$2,500.00 | \$2,500.00 |
|                  | 2015                    |       | October, November, December  |            |            |
| <i>Thank you</i> |                         |       |                              |            |            |

*Pa USA  
10-9-15  
\$2,500*

|             |            |
|-------------|------------|
| Subtotal    | \$2,500.00 |
| BALANCE DUE | \$2,500.00 |

Please return the portion below with your payment.

REMITTANCE

|                 |  |
|-----------------|--|
| Invoice #       |  |
| Customer ID     |  |
| Date            |  |
| Amount Enclosed |  |





INVOICE

BILL TO University of Washington SHIP TO



Invoice #
Invoice Date: 07/06/2015

Table with columns: DATE, YOUR ORDER #, OUR ORDER #, SALES REP., F.O.B., SHIP VIA, TERMS, TAX ID

Main invoice table with columns: QTY, ITEM, UNITS, DESCRIPTION, UNIT PRICE, TOTAL. Includes handwritten notes and a 'BALANCE DUE' row.

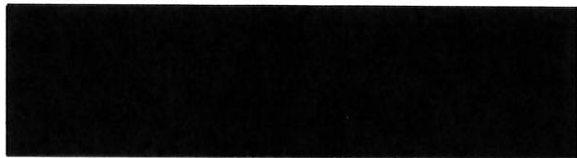
PA VISA
7/7/15

Please return the portion below with your payment.

REMITTANCE

Remittance form with fields: Invoice #, Customer ID, Date, Amount Enclosed





INVOICE

BILL TO University of Washington SHIP TO



Invoice #

Invoice Date:  
04/01/2015

| DATE       | YOUR ORDER # | OUR ORDER # | SALES REP. | F.O.B. | SHIP VIA | TERMS | TAX ID |
|------------|--------------|-------------|------------|--------|----------|-------|--------|
| 04/01/2015 |              |             |            |        |          |       |        |

| QTY | ITEM                    | UNITS | DESCRIPTION       | UNIT PRICE | TOTAL      |
|-----|-------------------------|-------|-------------------|------------|------------|
| 1   | 2 <sup>nd</sup> Quarter |       | Clinic Services - | \$2,500.00 | \$2,500.00 |
|     | 2015                    |       | April, May, June  |            |            |
|     |                         |       |                   |            |            |
|     |                         |       |                   |            |            |
|     |                         |       |                   |            |            |

Subtotal \$2,500.00

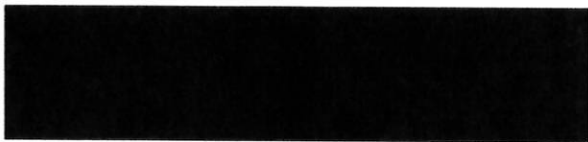
BALANCE DUE \$2,500.00

Please return the portion below with your payment.

REMITTANCE

|                 |                         |
|-----------------|-------------------------|
| Invoice #       | <i>pd VISA 4/8/2015</i> |
| Customer ID     |                         |
| Date            | <i>Thank You</i>        |
| Amount Enclosed |                         |





INVOICE

BILL TO University of Washington

SHIP TO



Invoice #

Invoice Date:  
01/02/2015

| DATE       | YOUR ORDER # | OUR ORDER # | SALES REP. | F.O.B. | SHIP VIA | TERMS | TAX ID |
|------------|--------------|-------------|------------|--------|----------|-------|--------|
| 01/02/2015 |              |             |            |        |          |       |        |

| QTY | ITEM        | UNITS | DESCRIPTION              | UNIT PRICE | TOTAL      |
|-----|-------------|-------|--------------------------|------------|------------|
| 1   | 1st Quarter |       | Clinic Services -        | \$2,500.00 | \$2,500.00 |
|     | 2015        |       | January, February, March |            |            |
|     |             |       |                          |            |            |
|     |             |       |                          |            |            |
|     |             |       |                          |            |            |
|     |             |       |                          |            |            |
|     |             |       |                          |            |            |
|     |             |       |                          |            |            |

Subtotal \$2,500.00

*P& VISA*

*Thank you*

Please return the portion below with your payment.

BALANCE DUE \$2,500.00

REMITTANCE

|                 |  |
|-----------------|--|
| Invoice #       |  |
| Customer ID     |  |
| Date            |  |
| Amount Enclosed |  |





INVOICE

BILL TO

University of Washington

SHIP TO



Invoice #

Invoice Date: 10/01/2014

| DATE     | YOUR ORDER # | OUR ORDER # | SALES REP. | F.O.B. | SHIP VIA | TERMS | TAX ID |
|----------|--------------|-------------|------------|--------|----------|-------|--------|
| 10/01/14 |              |             |            |        |          |       |        |

| QTY | ITEM                    | UNITS | DESCRIPTION                 | UNIT PRICE | TOTAL      |
|-----|-------------------------|-------|-----------------------------|------------|------------|
| 1   | 4 <sup>th</sup> Quarter |       | Clinic Services --          | \$2,500.00 | \$2,500.00 |
|     | 2014                    |       | October, November, December |            |            |
|     |                         |       |                             |            |            |
|     |                         |       |                             |            |            |
|     |                         |       |                             |            |            |
|     |                         |       |                             |            |            |

|                    |                   |
|--------------------|-------------------|
| Subtotal           | \$2,500.00        |
|                    |                   |
|                    |                   |
|                    |                   |
| <b>BALANCE DUE</b> | <b>\$2,500.00</b> |

*Pd - VISA  
10-6-2014*

Please return the portion below with your payment.

REMITTANCE

|                 |  |
|-----------------|--|
| Invoice #       |  |
| Customer ID     |  |
| Date            |  |
| Amount Enclosed |  |





INVOICE

BILL TO University of Washington  
[Redacted]

SHIP TO [Redacted]

Invoice # [Redacted]  
Invoice Date: 07/01/2014

| DATE     | YOUR ORDER # | OUR ORDER # | SALES REP. | F.O.B. | SHIP VIA | TERMS | TAX ID |
|----------|--------------|-------------|------------|--------|----------|-------|--------|
| 07/01/14 |              |             |            |        |          |       |        |

| QTY | ITEM                    | UNITS | DESCRIPTION                  | UNIT PRICE | TOTAL      |
|-----|-------------------------|-------|------------------------------|------------|------------|
| 1   | 3 <sup>rd</sup> Quarter |       | Clinic Services - [Redacted] | \$2,500.00 | \$2,500.00 |
|     | 2014                    |       | July, August, September      |            |            |
|     |                         |       |                              |            |            |
|     |                         |       |                              |            |            |

[Redacted] - 1800-  
[Redacted] - 700-

|                    |                   |
|--------------------|-------------------|
| Subtotal           | \$2,500.00        |
|                    |                   |
|                    |                   |
| <b>BALANCE DUE</b> | <b>\$2,500.00</b> |

Please return the portion below with your payment.

REMITTANCE

|                 |                    |
|-----------------|--------------------|
| Invoice #       | <i>Pd - 7/1/14</i> |
| Customer ID     |                    |
| Date            | <i>Thank you</i>   |
| Amount Enclosed |                    |









INVOICE

|         |                          |         |                             |
|---------|--------------------------|---------|-----------------------------|
| BILL TO | University of Washington | SHIP TO | Invoice #                   |
|         |                          |         | Invoice Date:<br>01/07/2014 |

| DATE     | YOUR ORDER # | OUR ORDER # | SALES REP. | F.O.B. | SHIP VIA | TERMS | TAX ID |
|----------|--------------|-------------|------------|--------|----------|-------|--------|
| 01/07/14 |              |             |            |        |          |       |        |

| QTY         | ITEM                    | UNITS | DESCRIPTION              | UNIT PRICE | TOTAL      |
|-------------|-------------------------|-------|--------------------------|------------|------------|
| 1           | 1 <sup>st</sup> Quarter |       | Clinic Services          | \$2,500.00 | \$2,500.00 |
|             | 2014                    |       | January, February, March |            |            |
| Subtotal    |                         |       |                          |            | \$2,500.00 |
| BALANCE DUE |                         |       |                          |            | \$2,500.00 |

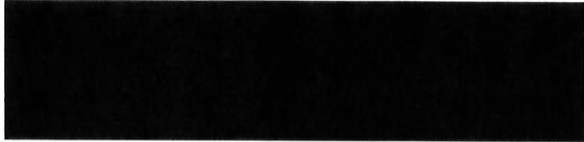
Pa VISA  
1-8-2014

Please return the portion below with your payment. *Thank You*

REMITTANCE

|                 |  |
|-----------------|--|
| Invoice #       |  |
| Customer ID     |  |
| Date            |  |
| Amount Enclosed |  |





# INVOICE

BILL TO

University of Washington

SHIP TO

Invoice #

Invoice Date:  
10/02/2013

| DATE     | YOUR ORDER # | OUR ORDER # | SALES REP. | F.O.B. | SHIP VIA | TERMS | TAX ID |
|----------|--------------|-------------|------------|--------|----------|-------|--------|
| 10/02/13 |              |             |            |        |          |       |        |

| QTY | ITEM                    | UNITS | DESCRIPTION                 | UNIT PRICE  | TOTAL      |
|-----|-------------------------|-------|-----------------------------|-------------|------------|
| 1   | 4 <sup>th</sup> Quarter |       | Clinic Services             | \$2,500.00  | \$2,500.00 |
|     | 2013                    |       | October, November, December |             |            |
|     |                         |       |                             |             |            |
|     |                         |       |                             |             |            |
|     |                         |       |                             |             |            |
|     |                         |       |                             | Subtotal    | \$2,500.00 |
|     |                         |       |                             |             |            |
|     |                         |       |                             |             |            |
|     |                         |       |                             | BALANCE DUE | \$2,500.00 |

Please return the portion below with your payment.

### REMITTANCE

|                 |           |
|-----------------|-----------|
| Invoice #       |           |
| Customer ID     | Pd - VISA |
| Date            |           |
| Amount Enclosed | Thank You |





INVOICE

BILL TO University of Washington SHIP TO



Invoice # Invoice Date: 07/01/2013

Table with 8 columns: DATE, YOUR ORDER #, OUR ORDER #, SALES REP., F.O.B., SHIP VIA, TERMS, TAX ID

Main invoice table with columns: QTY, ITEM, UNITS, DESCRIPTION, UNIT PRICE, TOTAL

Handwritten redactions: -1800, -700

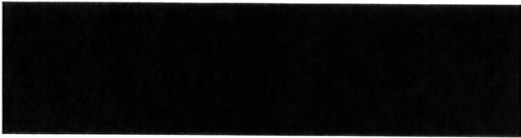
Subtotal \$2,500.00, Pd - 7/9/2013, YISA, BALANCE DUE \$2,500.00

Please return the portion below with your payment.

REMITTANCE

Remittance form with fields: Invoice #, Customer ID, Date, Amount Enclosed





INVOICE

|         |                          |         |            |                             |
|---------|--------------------------|---------|------------|-----------------------------|
| BILL TO | University of Washington | SHIP TO | [Redacted] | Invoice # [Redacted]        |
|         | [Redacted]               |         | [Redacted] | Invoice Date:<br>04/02/2013 |

| DATE     | YOUR ORDER # | OUR ORDER # | SALES REP. | F.O.B. | SHIP VIA | TERMS | TAX ID |
|----------|--------------|-------------|------------|--------|----------|-------|--------|
| 04/02/13 |              |             |            |        |          |       |        |

| QTY | ITEM                    | UNITS | DESCRIPTION                  | UNIT PRICE | TOTAL      |
|-----|-------------------------|-------|------------------------------|------------|------------|
| 1   | 2 <sup>nd</sup> Quarter |       | Clinic Services - [Redacted] | \$2,500.00 | \$2,500.00 |
|     | 2013                    |       | April, May, June             |            |            |
|     |                         |       |                              |            |            |
|     |                         |       |                              |            |            |
|     |                         |       |                              |            |            |

PA VISA  
 [Redacted] 1800.00  
 [Redacted] 700.00

|             |            |
|-------------|------------|
| Subtotal    | \$2,500.00 |
|             |            |
|             |            |
| BALANCE DUE | \$2,500.00 |

Please return the portion below with your payment.

REMITTANCE

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| Invoice #       |  |
| Customer ID     |  |
| Date            |  |
| Amount Enclosed |  |





INVOICE

BILL TO

University of Washington

SHIP TO

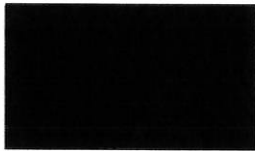


Invoice #

Invoice Date:  
01/02/2013

| DATE     | YOUR ORDER # | OUR ORDER # | SALES REP. | F.O.B. | SHIP VIA | TERMS | TAX ID |
|----------|--------------|-------------|------------|--------|----------|-------|--------|
| 01/02/13 |              |             |            |        |          |       |        |

| QTY | ITEM                    | UNITS | DESCRIPTION              | UNIT PRICE | TOTAL      |
|-----|-------------------------|-------|--------------------------|------------|------------|
| 1   | 1 <sup>st</sup> Quarter |       | Clinic Services          | \$2500.00  | \$2,500.00 |
|     | 2013                    |       | January, February, March |            |            |
|     |                         |       |                          |            |            |
|     |                         |       |                          |            |            |
|     |                         |       |                          |            |            |



760-  
1800-

|             |            |
|-------------|------------|
| Subtotal    | \$2,500.00 |
|             |            |
|             |            |
| BALANCE DUE | \$2,500.00 |

Please return the portion below with your payment.

REMITTANCE Pd- VISA

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| Invoice #       |  |
| Customer ID     |  |
| Date            |  |
| Amount Enclosed |  |

1/8/13





INVOICE

BILL TO

University of Washington

SHIP TO



Invoice #

Invoice Date:  
10/01/2012

| DATE     | YOUR ORDER # | OUR ORDER # | SALES REP. | F.O.B. | SHIP VIA | TERMS | TAX ID |
|----------|--------------|-------------|------------|--------|----------|-------|--------|
| 10/01/12 |              |             |            |        |          |       |        |

| QTY         | ITEM     | UNITS | DESCRIPTION     | UNIT PRICE | TOTAL      |
|-------------|----------|-------|-----------------|------------|------------|
| 1           | October  |       | Clinic Services | \$600.00   | \$600.00   |
| 1           | November |       | Clinic Services | \$600.00   | \$1,200.00 |
| 1           | December |       | Clinic Services | \$600.00   | \$1,800.00 |
| Subtotal    |          |       |                 |            | \$1,800.00 |
| BALANCE DUE |          |       |                 |            | \$1,800.00 |

Please return the portion below with your payment.

REMITTANCE

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|-----------------|--|
| Invoice #       |  |
| Customer ID     |  |
| Date            |  |
| Amount Enclosed |  |

*PA  
VISA  
Thank you*





INVOICE

BILL TO

University of Washington

SHIP TO



Invoice #

Invoice Date:  
07/02/2012

| DATE     | YOUR ORDER # | OUR ORDER # | SALES REP. | F.O.B. | SHIP VIA | TERMS | TAX ID |
|----------|--------------|-------------|------------|--------|----------|-------|--------|
| 07/02/12 |              |             |            |        |          |       |        |

| QTY         | ITEM      | UNITS | DESCRIPTION     | UNIT PRICE | TOTAL      |
|-------------|-----------|-------|-----------------|------------|------------|
| 1           | July      |       | Clinic Services | \$600.00   | \$600.00   |
| 1           | August    |       | Clinic Services | \$600.00   | \$1,200.00 |
| 1           | September |       | Clinic Services | \$600.00   | \$1,800.00 |
| Subtotal    |           |       |                 |            | \$1,800.00 |
| BALANCE DUE |           |       |                 |            | \$1,800.00 |

Please return the portion below with your payment.

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| Invoice #       |  |
| Customer ID     |  |
| Date            |  |
| Amount Enclosed |  |





**INVOICE**

BILL TO

University of Washington

SHIP TO

Invoice #

Invoice Date:  
04/06/2012

| DATE     | YOUR ORDER # | OUR ORDER # | SALES REP. | F.O.B. | SHIP VIA | TERMS | TAX ID |
|----------|--------------|-------------|------------|--------|----------|-------|--------|
| 04/06/12 |              |             |            |        |          |       |        |

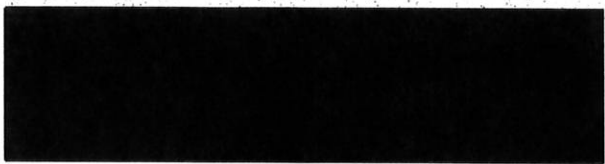
| QTY | ITEM  | UNITS | DESCRIPTION     | UNIT PRICE  | TOTAL      |
|-----|-------|-------|-----------------|-------------|------------|
| 1   | April |       | Clinic Services | \$600.00    | \$600.00   |
| 1   | May   |       | Clinic Services | \$600.00    | \$1,200.00 |
| 1   | June  |       | Clinic Services | \$600.00    | \$1,800.00 |
|     |       |       |                 | Subtotal    | \$1,800.00 |
|     |       |       |                 | BALANCE DUE | \$1,800.00 |

Please return the portion below with your payment.

**REMITTANCE**

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| Invoice #       |  |
| Customer ID     |  |
| Date            |  |
| Amount Enclosed |  |





INVOICE

BILL TO

University of Washington

SHIP TO



Invoice #

Invoice Date:  
01/02/2012

| DATE     | YOUR ORDER # | OUR ORDER # | SALES REP. | F.O.B. | SHIP VIA | TERMS | TAX ID |
|----------|--------------|-------------|------------|--------|----------|-------|--------|
| 01/02/12 |              |             |            |        |          |       |        |

| QTY         | ITEM     | UNITS | DESCRIPTION     | UNIT PRICE | TOTAL      |
|-------------|----------|-------|-----------------|------------|------------|
| 1           | January  |       | Clinic Services | \$600.00   | \$600.00   |
| 1           | February |       | Clinic Services | \$600.00   | \$1,200.00 |
| 1           | March    |       | Clinic Services | \$600.00   | \$1,800.00 |
| Subtotal    |          |       |                 |            | \$1,800.00 |
| BALANCE DUE |          |       |                 |            | \$1,800.00 |

Merchant Copy  
THANK YOU!  
PLEASE COME AGAIN!

Pay with your payment.

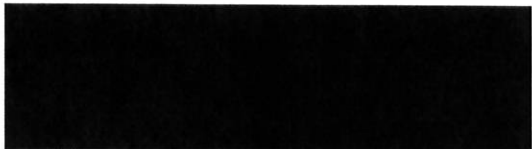
Sale

REMITTANCE

VISA Entry: 10/29/12  
 Amount: \$ 1,800.00  
 Tax: \$ 0.00  
 Total: \$ 1,800.00  
 01/06/12 10:29:16

Appr Code:  
Apprvd: Online Batch#

Customer Copy  
THANK YOU!  
PLEASE COME AGAIN!



INVOICE

BILL TO

University of Washington

SHIP TO



Invoice #

Invoice Date:  
10/01/2011

| DATE     | YOUR ORDER # | OUR ORDER # | SALES REP. | F.O.B. | SHIP VIA | TERMS | TAX ID |
|----------|--------------|-------------|------------|--------|----------|-------|--------|
| 10/01/11 |              |             |            |        |          |       |        |

| QTY | ITEM     | UNITS | DESCRIPTION     | UNIT PRICE  | TOTAL      |
|-----|----------|-------|-----------------|-------------|------------|
| 1   | October  |       | Clinic Services | \$600.00    | \$600.00   |
| 1   | November |       | Clinic Services | \$600.00    | \$1,200.00 |
| 1   | December |       | Clinic Services | \$600.00    | \$1,800.00 |
|     |          |       |                 | Subtotal    | \$1,800.00 |
|     |          |       |                 | BALANCE DUE | \$1,800.00 |

Please return the portion below with your payment.

REMITTANCE

|                 |  |
|-----------------|--|
| Invoice #       |  |
| Customer ID     |  |
| Date            |  |
| Amount Enclosed |  |

*pd  
USA*



**INVOICE**

BILL TO

University of Washington

SHIP TO

Invoice #

Invoice Date:

07/01/2011

**Phone Order**

VISA Entry: Manual

Amount: \$ 1,800.00

Tax: \$ 0.00

Total: \$ 1,800.00

07/06/11 13:54:36

Inv#: Appr Code:

Apprvd: Online BatchH:

Customer Copy  
THANK YOU!  
PLEASE COME AGAIN!

| OUR ORDER # | SALES REP. | F.O.B. | SHIP VIA | TERMS | TAX ID |
|-------------|------------|--------|----------|-------|--------|
|             |            |        |          |       |        |

| TS           | DESCRIPTION     | UNIT PRICE | TOTAL      |
|--------------|-----------------|------------|------------|
|              | Clinic Services | \$600.00   | \$600.00   |
|              | Clinic Services | \$600.00   | \$1,200.00 |
|              | Clinic Services | \$600.00   | \$1,800.00 |
| Subtotal     |                 |            | \$1,800.00 |
| BALANCE DUE: |                 |            | \$1,800.00 |

with your payment.

**REMITTANCE**

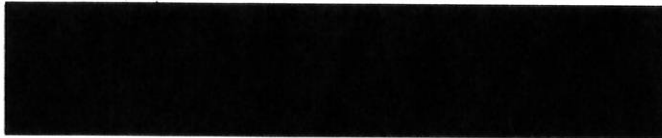
07/07/11 05:05:27

**DETAIL REPORT**

| TT | Acct # | Sale    | Total   |
|----|--------|---------|---------|
|    | Inv #  |         |         |
|    |        | 1800.00 | 1800.00 |

**Grand Totals**

|              |   |    |          |
|--------------|---|----|----------|
| Sale Total:  | 1 | \$ | 1,800.00 |
| Grand Total: | 0 | \$ | 0.00     |
| Total:       | 1 | \$ | 1,800.00 |



INVOICE

BILL TO

University of Washington

SHIP TO



Invoice #

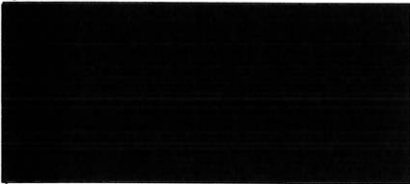
Invoice Date:  
04/01/2011

| DATE     | YOUR ORDER # | OUR ORDER # | SALES REP. | F.O.B. | SHIP VIA | TERMS | TAX ID |
|----------|--------------|-------------|------------|--------|----------|-------|--------|
| 04/01/11 |              |             |            |        |          |       |        |

| QTY | ITEM  | UNITS | DESCRIPTION     | UNIT PRICE | TOTAL      |
|-----|-------|-------|-----------------|------------|------------|
| 1   | April |       | Clinic Services | \$600.00   | \$600.00   |
| 1   | May   |       | Clinic Services | \$600.00   | \$1,200.00 |
| 1   | June  |       | Clinic Services | \$600.00   | \$1,800.00 |

Subtotal \$1,800.00

BALANCE DUE \$1,800.00



in your payment.

Phone Order

REMITTANCE

VISA Entry: Manual  
 Amount: \$ 1,800.00  
 Tax: \$ 0.00  
 Total: \$ 1,800.00

04/05/11 15:42:25

Inv#: [Redacted] Appr Code: [Redacted]

Apprvd: Online Batch#: [Redacted]





INVOICE

BILL TO University of Washington

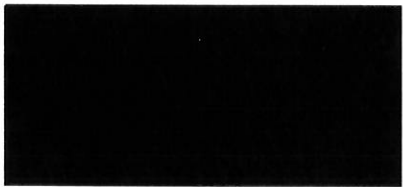
SHIP TO

Invoice #
Invoice Date: 01/01/2011

Table with 8 columns: DATE, YOUR ORDER #, OUR ORDER #, SALES REP., F.O.B., SHIP VIA, TERMS, TAX ID. Row 1: 01/01/11

Table with 7 columns: QTY, ITEM, UNITS, DESCRIPTION, UNIT PRICE, TOTAL. Rows: 1 January Clinic Services \$600.00 \$600.00; 1 February Clinic Services \$600.00 \$1,200.00; 1 March Clinic Services \$600.00 \$1,800.00

PLEASE COPY NUMBER



Phone Order

VISA Entry: Manual
Amount: \$ 1,800.00
Tax: \$ 0.00
Total: \$ 1,800.00

02/07/11 09:44:50
Inv#: Appr Code:
Apprvd: Online Batch#:



Table with 2 columns: Subtotal \$1,800.00; BALANCE DUE \$1,800.00

REMITTANCE

Table with 1 column and 4 rows for remittance details















# Exhibit 6.59

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**The following documents (Bates Nos. UTMB 240 – UTMB 348) relate to non-fetal tissues acquired by the University of Texas Medical Branch (“UTMB”) from Planned Parenthood. These tissues included maternal tissues such as blood, placenta, and fetal membranes (i.e., amniotic sac). No fetal tissues were acquired by UTMB from Planned Parenthood as a part of these transactions. However, given the attention that is being directed towards Planned Parenthood and their transactions in recent months, we felt that these documents should be shared with your committee in order to provide a more complete picture of the research being performed at UTMB.**



# Exhibit 6.60

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## MEMORANDUM

**TO: AFFILIATE CHIEF EXECUTIVES  
AFFILIATE MEDICAL DIRECTORS  
PATIENT SERVICE DIRECTORS**

**FROM:** [REDACTED], Senior Director, Public Policy Litigation and Law  
[REDACTED], Acting Vice President for Medical Affairs  
[REDACTED], Vice President For Medical Services

**RE: Federal Regulations for Aborted Pregnancy Tissue Donation Programs**

**DATE: April 4, 2001**

Among the enclosed standards is a new standard for "Aborted Pregnancy Tissue Donation Programs. This Memorandum is to supplement the standard by advising affiliates of the federal law relating to payment for participation in such programs, and to provide affiliates with two alternative approaches to assuring compliance with these laws.

**A. An Overview of the Federal Law**

Fetal tissue donation programs are governed by two federal laws, the National Organ Transplant Act (42 U.S.C. 274e) (NOTA) and the NIH Revitalization Act of 1993 (42 U.S.C. 289g-1 and 2) (NIHRA). These laws, particularly NIHRA, govern many aspects of fetal tissue donation programs, and the attached Standard addresses all of these issues that affect medical practice and clinical functions.

These laws also forbid the payment or receipt of valuable consideration for fetal tissue. However, they permit "reasonable payments associated with the transportation, implantation, processing, preservation, quality control, or storage" of fetal tissue. In addition, NOTA permits reasonable payments for the "removal" of fetal tissue when the research is supported by federal funds. (These laws do not affect a provider's ability to charge its normal and customary fee for the abortion.)

## B. Assuring Compliance With Federal Law

Affiliates can choose one of two methods to comply with these laws.

1. One method would be to recover *no costs* associated with any aspect of participation in a fetal tissue donation program. This would mean that all staff time, clinic space, supplies, etc., would be donated by the affiliate, and the affiliate would receive no payments or in-kind services from the entity to whom the tissue is being donated.

2. The second method would be to employ an independent auditor to conduct a credible and good-faith analysis of the actual costs incurred *by the affiliate* in the transportation, implantation, processing, preservation, quality control, or storage of the fetal tissue and, if the research is supported by federal funds, for the removal of the fetal tissue. Under this method, affiliates must maintain careful records of actual tissue donations and of payments received from the researcher or the tissue-gathering entity. Affiliates must be able to demonstrate that the payments do not exceed the actual costs of the actual tissue donations.

Sometimes tissue-gathering entities offer to pay rent for space occupied by one of their employees who would be on-site at a clinic on a regular basis. If an affiliate determines to enter into such an arrangement, then the independent auditor would also conduct a credible and good-faith computation of the actual cost of the space occupied by the tissue-gathering entity employee, in order to determine the amount of rent to be paid by that entity.

PPFA accreditation reviews will confirm, in the same way as for any other Medical Standard, that one of these two methods has been employed by any affiliate that chooses to participate in an aborted pregnancy tissue donation program.

## C. Compliance With State Laws

We remind affiliates that, in addition to the federal laws outlined above, there are laws in many states governing fetal tissue donation programs. Affiliates must take great care to assure compliance with those laws as well.

If you have questions about the federal statutes, feel free to call [REDACTED] at:  
[REDACTED]



# Exhibit 6.61

---

**From:** [ClinicalServices](#)  
**Subject:** Aborted Pregnancy Tissue Donation Programs  
**Date:** Wednesday, January 26, 2011 11:19:11 AM  
**Attachments:** [Aborted Tissue Programs MEMO 040401.doc](#)

---

To: Affiliate CEOs, Medical Directors, Patient Services Directors

Cc: Affiliate Services Division

From: [REDACTED]  
[REDACTED] Director, Clinical Services

Date: January 26, 2011

Re: Aborted Pregnancy Tissue Donation Programs

Recently we have been in communication with several affiliates about the Client Information for Informed Consent (CIIC) — Donation of Aborted Pregnancy Tissue for Medical Research, Education, or Treatment used in their aborted pregnancy tissue donation programs (Section VII-E-1). We want to remind everyone that changes to the CIIC require approval from Clinical Services. Requests should be sent through [Affiliate 411](#).

We would also like to take this opportunity to remind affiliates about the federal law relating to payment for participation in such programs. The attached memo was sent almost exactly 10 years ago (yikes!). Given the time that has elapsed and that there has likely been staff turnover, we thought it would be helpful to resend it to assure continuing compliance with the statutes.

If you have any questions related to the law please contact [REDACTED] at [REDACTED].

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# Exhibit 6.62

---

[REDACTED]

---

**From:** [REDACTED]  
**Sent:** Monday, October 18, 2010 10:42 AM  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** RE: Study

Looks OK. I am ok with the contract and let us move the project forward.

[REDACTED]

---

**From:** [REDACTED]  
**Sent:** Monday, October 18, 2010 7:11 AM  
**To:** [REDACTED]  
**Subject:** FW: Study

Please look over the agreement. I will read it today also.

RT

----- Forwarded Message

**From:** [REDACTED]  
**Date:** Tue, 12 Oct 2010 10:07:02 -0500  
**To:** [REDACTED]  
**Subject:** RE: Study

Here is the draft amendment to the contract. Please review and comment.

[REDACTED]

Planned Parenthood

[REDACTED]

Planned Parenthood. A Plan You Can Love With.

This message contains information which may be confidential and privileged. Unless you are the addressee (or authorized to receive for the addressee), you may not use, copy or disclose to anyone the message or any information contained in the message. If you have received the message in error, please advise the sender by replying and delete the message

-----Original Message-----

**From:** [REDACTED]  
**Sent:** Friday, October 01, 2010 5:00 PM  
**To:** [REDACTED]

Subject: RE: Study

That's fine. The new IRB is written only to include blood draw at the time of clinically indicated IV start.

[REDACTED] will be the one to sign off and pay for his study that I'm collaborator on, and I will sign the new contract for my study. Can we split the \$2000 admin fee between us? Or will it be faster just to list "UTMB" and do the accounting on our end?

How long do you think before we can start collecting?

[REDACTED]

-----Original Message-----

From: [REDACTED]  
Sent: Friday, October 01, 2010 4:26 PM  
To: [REDACTED]  
Subject: RE: Study

Regan,

We'll need to draw up a new contract, as the prior one was only for fetal tissue. We will only be able to enroll clients who get IV sedation into the study with the blood draw, otherwise it is not standard of care and the current ICF doesn't address the risk of a study-related blood draw.

We need to renegotiate the budget for both studies based on feedback from SS. I met with SS mgmt last week and here is their proposal:

\$50 enrollment/consent process (consent per PPGC SOP, physician statements)

\$100 room set up/collection (strip machines, sterile equipment, rinse hosing with sterile water, biologic sample collection)

\$50 enrollment/consenting if tech leaves without tissue (staff performed the work and tech didn't/couldn't stay to collect sample).

\$2000 annual admin fee (new or retraining staff, SS and Research Mgmt oversight, consent storage, supply storage).

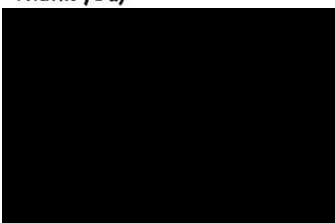
It would also be preferable if we amended the contracts to provision \$Xamount/yr for a spend-down grant. PPGC is paid in advance for a set number of samples/yr, and then you collect at will, and that saves both

parties from dealing with invoices. We can reconcile sample count versus executed consents as we approach the annual review date.

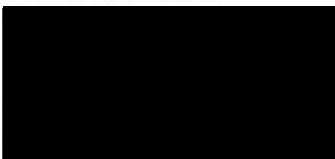
Fee TBD - I was informed that you need help getting some of your supplies. I can check with our purchasing manager to see if we can do this, but I will need a list of supplies. The more detailed, the better such as manufacturer, product number, etc.

Going forward I'll need to add these terms to the contract for the tissue-only study, and have both parties resign. I'll need to create a new contract for the blood&tissue study - we can copy and edit the original one to expedite the process. PPFA approval of the blood/tissue study will be expedited once we get this in order.

Thank you,



Planned Parenthood



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-----Original Message-----

From: [Redacted]

Sent: Friday, October 01, 2010 12:21 PM

To: [Redacted]

Subject: RE: Study



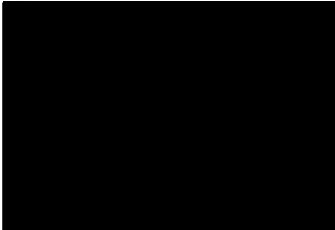
Do we have any progress?

I know you are swamped, but I deserve to know where we stand and what our potential timeline is.

My technician and/or fellow can take care of all consent paperwork, etc. to decrease the administrative burden of the studies, and the financial



aspects are up for negotiation.



-----Original Message-----

From: [REDACTED]  
Sent: Monday, September 20, 2010 12:40 PM  
To: [REDACTED]  
Cc: [REDACTED]  
Subject: RE: Study

Dr. [REDACTED]

I have purposely not involved you on this study for the past two years, as you are not the PI of this study. I don't think it is appropriate for you to devote any time to it when our sponsored clinical trials are somewhat starved for your time.

To be frank, I haven't had time to devote to this project, especially with PPFA topic consuming my time, move-related issues consuming my time (still, as we have contractors here in the department again today), and a staff shortage since May. We've already discussed the hours that I and my staff have been working, and unfortunately this study has had to take back burner.

If it's all the same to you, I'd prefer that you bounce the topic back to me knowing the following issues:

1. The study is not essentially the same. It now involves acquiring maternal blood, and the original contract is only for fetal tissue.
2. The original budget for the original study compensates PPGC only for the staff time obtaining informed consent. However the prep for sample collection entails collecting sterile POC, and is more involved than prior tissue studies. SS actually brought the issue up with me. Tram and I have had sporadic discussions about this, but haven't had time to formally discuss an appropriate budget. We are planning to meet this afternoon so I can bring a more realistic budget to [REDACTED]
3. This study will require a separate contract and budget from the original study.

I'll get with [REDACTED] to go over the issues in more detail after I meet with [REDACTED] can't promise that this project will get priority, as my department-specific issues haven't made the turn around the bend yet. But we can start chipping away at the process.

[REDACTED]  
(NOTE NEW ADDRESS)  
Planned Parenthood  
[REDACTED]

Planned Parenthood. A Plan You Can Love With.

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-----Original Message-----

From: [REDACTED]  
Sent: Saturday, September 18, 2010 11:07 PM  
To: [REDACTED]  
Subject: Fw: Study

Hi [REDACTED]

[REDACTED] tried to speak with me Saturday afternoon about this study. I had company at the house and deferred talking to them on that basis and also wanted some background on what the study involved before talking with her. I told [REDACTED] to have her send me info first and she could call me Monday. [REDACTED] said this was submitted 6 months ago to you. This is what she sent me. Please advise me of your concerns, if any, before I talk to her Monday. I know you are swamped right now. Thanks. [REDACTED]

[REDACTED] M.D. Sent from Blackberry

----- Original Message -----

From: [REDACTED]  
To: [REDACTED]  
Sent: Sat Sep 18 22:19:49 2010  
Subject: Study

[REDACTED]

So sorry for interrupting your Saturday. I generally am not one to go outside the chain of command, but I'm getting nowhere with this study that has been IRB approved since April. I have collaborations and R01 applications riding on this protocol. It is essentially the same as the protocol we have been using for collection of chorionic villi, except that it calls for collection of one tube of blood at the time of IV



start and also decidua at the time of CV collection. We provide all supplies, and my technician can do all the record-keeping.

My previous study has been going well, and I don't think it has disrupted the flow of clinic significantly. I have not received any invoice for the consents of 20 subjects, but the fee is negotiable.

We are hoping to establish and maintain a long-term relationship for collection of first and second trimester tissue for our studies, and I would like to chat with you Monday or Tuesday if possible.

Thanks for looking it over



----- End of Forwarded Message

# Exhibit 6.63

[REDACTED]

---

**From:** [REDACTED]  
**Sent:** Wednesday, November 17, 2010 2:21 PM  
**To:** [REDACTED]  
**Subject:** [REDACTED]  
**Attachments:** 0256\_001.pdf

Liz---

I need to split these charges with [REDACTED]. My portion can come from account [REDACTED]. How do we go about getting a PO generated?

[REDACTED]

---

**From:** [REDACTED]  
**Sent:** Monday, November 15, 2010 10:59 AM  
**To:** [REDACTED]  
**Subject:** [REDACTED]

Hi [REDACTED]

Here are the two invoices. I am waiting for CEO signature on the amended contract. I'll email you a copy once he's signed it.

Thanks!

[REDACTED]  
Research Director  
(NOTE NEW ADDRESS)  
Planned Parenthood

*Planned Parenthood. A Plan You Can Love With.*

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[REDACTED]

# Exhibit 6.64

---



Date of Invoice: November 11, 2010

Remit to:  
Planned Parenthood Gulf Coast, Inc.



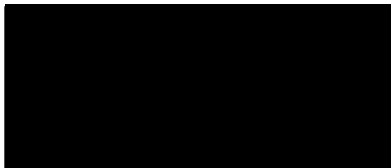
Invoice Number:

Bill to:  
University of Texas Medical Branch



Billing Period: February-August 2010

| Services                   | #  | Amount     | Total      |
|----------------------------|----|------------|------------|
| 2010-2011 Annual Admin Fee | 1  | \$2,000.00 | \$2,000.00 |
| 2010-2011 Consent Payment  | 25 | \$150.00   | \$3,750.00 |
| Total Due:                 |    |            | \$5,750.00 |



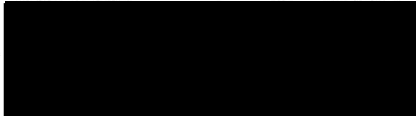
*A plan you can love with.*



Date of Invoice: November 11, 2010

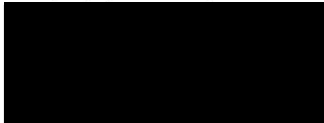
Remit to:

Planned Parenthood Gulf Coast, Inc.



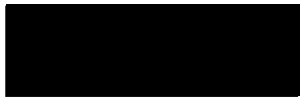
Bill to:

University of Texas Medical Branch



Billing Period: February-August 2010

| Services                   | #  | Amount     | Total      |
|----------------------------|----|------------|------------|
| CITI Staff Training - 2010 | 7  | \$1,500.00 | \$1,500.00 |
| 2010 Consents obtained     | 32 | \$25.00    | \$800.00   |
| Total Due:                 |    |            | \$2,300.00 |



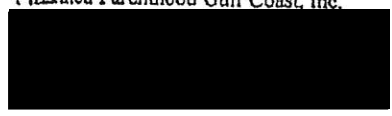
*A plan you can love with.*


 **Planned Parenthood** <sup>00</sup>  
Gulf Coast, Inc.



*75<sup>th</sup>*  
*Anniversary*  
1936-2011

Date of Invoice: June 21, 2011

Remit to:  
Planned Parenthood Gulf Coast, Inc.  


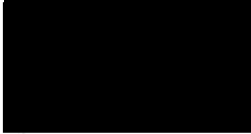
Bill to:  
University of Texas Medical Branch  


Billing Period: January 2011 - June 2011

| Services                         | #  | Amount   | Total      |
|----------------------------------|----|----------|------------|
| Reimbursement for study supplies |    |          | \$574.98   |
| Consent Payment                  | 12 | \$150.00 | \$1,800.00 |
| Total Due:                       |    |          | \$2,374.98 |



*A plan you can love with.*



Date of Invoice: September 29, 2011

Remit to:

Planned Parenthood Gulf Coast, Inc.



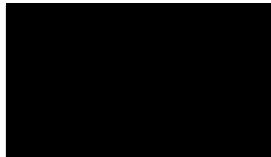
Bill to:

University of Texas Medical Branch



Billing Period: Advance payment for up to 50 consent forms for 2011-2012 and associated site fees per contract

| Services                        | #  | Amount     | Total       |
|---------------------------------|----|------------|-------------|
| Advance Payment for 50 consents | 50 | \$150.00   | \$7,500.00  |
| CITI Training of new staff      |    | \$1,500.00 | \$1,500.00  |
| Annual Administration Fee       |    | \$2,000.00 | \$2,000.00  |
| Total Due:                      |    |            | \$11,000.00 |



*A plan you can love with.*



# Exhibit 6.65

---

[REDACTED]

---

**From:** [REDACTED]  
**Sent:** Wednesday, September 07, 2011 2:37 PM  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** RE: PPH contract  
**Attachments:** TISSUE SUPPLY AND BIOLOGICAL SPECIMEN AGREEMENT - AMEND 2 - [REDACTED]

[REDACTED]

*Attached is the draft revised contract. Please review and return edits to me with tracked changes.*

*Also, are you able to confirm that the invoice submitted to UTMB in June 2011 for enrollment and reimbursement of supplies purchased by PPGC was paid? I have not received a deposit notification from my accounting department, and have an inquiry to them as well.*

*Thank you,*

[REDACTED]

Planned Parenthood

[REDACTED]

*Planned Parenthood. A Plan You Can Love With.*

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---

**From:** [REDACTED]  
**Sent:** Wednesday, September 07, 2011 9:27 AM  
**To:** [REDACTED]  
**Subject:** PPH contract  
**Importance:** High

Melissa,

We are needing to collect tissues as soon as possible, however we cannot do anything until the contract has been changed and [REDACTED] added. Can you please let me know what the status is on this contract or anything I can do on my end to expedite?

Thank you,

[REDACTED]

University of Texas Medical Branch Galveston



Working together to work wonders.

# Exhibit 6.66

---

**TISSUE SUPPLY AND BIOLOGICAL SPECIMEN AGREEMENT  
AMENDMENT NO. 2**

**Between  
PLANNED PARENTHOOD GULF COAST, INC.  
And  
Dr. [REDACTED] of University of Texas Medical Branch,  
Galveston, Texas**

This 2<sup>nd</sup> Amendment to the Tissue Supply and Biological Specimen Agreement is entered into and made effective on July 28, 2011 by and between Dr. [REDACTED] with offices at University of Texas Medical Branch, [REDACTED] and Planned Parenthood Gulf Coast, Inc. with offices at [REDACTED].

WHEREAS, [REDACTED] and Planned Parenthood desire to amend the Agreement as set forth in this Amendment and its Attachments, if any.

WHEREAS, [REDACTED] desires to utilize biological specimens (i.e. blood and urine) and donated fetal tissue for staining, culture, and isolation of cell lines. The difference in growth, adhesion, and invasion will be compared between normal (elective abortus) and abnormal (spontaneous abortus) tissue and between control tissues. No tissue will be used to perform stem cell isolation or stem cell experimentation.

WHEREAS, Planned Parenthood has access to such tissue and, with appropriate informed consent, can supply such tissue to [REDACTED].

NOW THEREFORE, the parties agree as follows:

**1. SUPPLY OF TISSUE AND BIOLOGICAL SPECIMENS**

During the period of this Agreement:

- a. Planned Parenthood shall supply donated tissue to [REDACTED] for the isolation of cell lines. Tissue will be collected at the site by personnel, and after it has been examined by the appropriate Planned Parenthood staff, it will be released to [REDACTED].
- b. Planned Parenthood shall supply additional biological specimens as outlined in the study protocol (i.e. blood and urine) to be collected during standard of care procedures.

**2. PAYMENT**

- a. [REDACTED] will make no direct payments for the tissue, which will be donated for research purposes after informed consent is obtained from patients by Planned Parenthood personnel.
- b. Planned Parenthood will consent up to 500 patients.

TISSUE SUPPLY AND BIOLOGICAL SPECIMEN AGREEMENT  
AMENDMENT NO. 3

| Item                                                                                                                                                                                                        | Cost            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| Staff time expense involving informed consent and relevant study documentation                                                                                                                              | \$50.00         |
| Sterile procedure room set-up, sample preparation (strip machines, sterile equipment, rinse hosing with sterile water) biologic specimen collections (ie blood, urine; non-fetal tissue) performed by staff | \$100.00        |
| <b>TOTAL PER EXECUTED INFORMED CONSENT</b>                                                                                                                                                                  | <b>\$150.00</b> |

|                           |            |
|---------------------------|------------|
| Annual Administrative Fee | \$2,000.00 |
| CITI Training Fee         | \$1,500.00 |

c. PAYMENT TERMS

Per calendar year between March 1, 2012 and February 28, 2013, Planned Parenthood is expected to obtain at least 25 executed informed consents at One Hundred Fifty Dollars (\$150.00) each for a total of Seven Thousand Five Hundred Dollars (\$3,750.00). If within the course of the year the need arises for additional subject enrollment beyond 25, this number can be increased with mutual agreement by both parties, and an amendment to this agreement.

██████████ will reimburse Planned Parenthood for actual number of fully executed informed consents, regardless of if a sample is obtained, at the rates above with the following payment schedule.

- i. Annually in October, ██████████ will pay Planned Parenthood 100% of the expected 25 executed informed consents.
- ii. Should the number of consents exceed 25, Planned Parenthood will invoice ██████████ for these additional costs on a monthly basis. ██████████ will pay Invoices within 30 days of receipt.
- iii. Failure to pay Invoices will result in immediate halt to study enrollment.

d. ANNUAL ADMINISTRATIVE FEE

██████████ will reimburse Planned Parenthood an annual administrative fee of \$2000.00 which includes Surgical Services and Research Management oversight, consent storage, and supply storage. This list is not all inclusive.

e. CITI TRAINING FEE

██████████ will reimburse Planned Parenthood \$1,500.00 for expenses related to staff time utilized in CITI Training as required by the UTMB Institutional Review Board. This reimbursement will be paid by ██████████ upon receipt of certificates of training by Planned Parenthood Staff.

f. **SUPPLIES**

\_\_\_\_\_ shall provide all supplies necessary to conduct this study at Planned Parenthood. Supplies may be purchased by Planned Parenthood with the approval of the Director of Research and reimbursed by \_\_\_\_\_ on a pass-through basis by \_\_\_\_\_. Pass-through Invoices shall be paid within 30 days of date of invoice.

3. **OWNERSHIP**

a. \_\_\_\_\_ shall own all rights relating to the cells or cell lines derived from the donated tissue. This includes the cells themselves and any patents or inventions using or derived from the cells or cell lines.

4. **REPORTS**

a. \_\_\_\_\_ shall supply reports to Planned Parenthood on an annual basis regarding the progress of the project and disposition of the tissue, including annual IRB review and revised, IRB approved consent forms.

5. **TERM AND TERMINATION**

- a. Unless terminated earlier, the Term of this Agreement shall expire upon written notice from \_\_\_\_\_ that the project is complete.
- b. Either party may terminate this Agreement at any time upon delivery of sixty days (60) notice of such termination.

6. **INDEMNIFICATION**

a. \_\_\_\_\_ agrees to indemnify, defend and hold Planned Parenthood harmless from and against any and all lawsuits, claims, actions, demands, or liabilities (including reasonable attorney's fees) which may be made against or incurred by Planned Parenthood involving the supply of tissue to \_\_\_\_\_ except in case involving informed consent. \_\_\_\_\_ relies entirely upon Planned Parenthood to obtain such consent.

In witness whereof, the duly authorized representatives of each of the parties hereto have executed this Amendment.

PLANNED PARENTHOOD GULF COAST, Inc.

BY \_\_\_\_\_  
\_\_\_\_\_ President and CEO

DATE \_\_\_\_\_

UNIVERSITY OF TEXAS MEDICAL BRANCH

BY \_\_\_\_\_

DATE 3/14/2012

# Exhibit 6.67

---



From: [REDACTED]  
Subject: RE: IRB Pediatrics BCM  
Date: November 1, 2013 at 9:31 AM  
To: [REDACTED]  
Cc: [REDACTED]

Hi [REDACTED]  
I'm hopeful that this will work out.

By way of this e-mail, I'm putting you in touch with our Medical Director [REDACTED] who oversees all research, as well as our [REDACTED] who will be your primary contact person during the IRB approval/coordination phase. Once everything is approved and we're ready to move forward with specimen collection, you'll likely be coordinating with our surgical center manager to coordinate the details of you (or your designee) actually coming to get the tissue.

[REDACTED] - [REDACTED] is a BCM PhD working in the department of pediatrics in regenerative medicine. He is hoping to collect immune tissue from second trimester D&E samples. I'll let him share the details of his exciting work.

Take care.

[REDACTED]

From: [REDACTED]  
Sent: Thursday, October 31, 2013 4:07 PM  
To: [REDACTED]  
Subject: IRB Pediatrics BCM

Hello [REDACTED],

Thank you for your help with this matter. I am working on the IRB, and may have a draft to share by next week. Please feel free to contact me with any questions or suggestions you may have.

Best,

[REDACTED]

Baylor College of Medicine

[REDACTED]

# Exhibit 6.68

---

From: [REDACTED]  
Subject: Re: IRB Pediatrics BCM  
Date: March 24, 2014 at 1:55 PM  
To: [REDACTED]

Thank you [REDACTED]

Best wishes,

[REDACTED]

Baylor College of Medicine

[REDACTED]

[REDACTED]

On Mar 24, 2014, at 1:42 PM, [REDACTED] wrote:

Hi [REDACTED]

Here is the reg:

<http://www.hhs.gov/ohrp/policy/publiclaw103-43.htm.html>

I've attached our policy.

Please let me know if I can be of additional assistance.

Kind regards,

[REDACTED]

Planned Parenthood

[REDACTED]

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-----Original Message-----

From: [REDACTED]  
Sent: Monday, March 24, 2014 10:07 AM  
To: [REDACTED]  
Subject: RE: IRB Pediatrics BCM

Hi [REDACTED]

Thank you for speaking with me today, and for your help with the IRB. Attached, please find my original submission, the consent form draft, and the response from the IRB. I left one of my responses (not yet submitted) regarding the specifics of the sequencing in the response letter. Please feel free to contact me any time with any questions you may have. My cell doesn't have very good reception in my office, but if you leave a message, I will call you right back, or you can also reach me at [REDACTED] or via email.

Best wishes

[REDACTED]

# Exhibit 6.69

---

From: [REDACTED]  
Subject: Re: IRB Pediatrics BCM  
Date: May 20, 2014 at 11:12 AM  
To: [REDACTED]

Hello [REDACTED]

I hope this email finds you well and you had a wonderful weekend.

I received the following response to my IRB submission from BCM, and am wondering if you could comment on the bolded sections. Would these changes be agreeable? I am also happy to discuss by phone. I attached a copy of my IRB and consent form draft below.

Thank you!

Note to PI:

For any research activity to be considered human subjects research, the investigator (whether professional or student) obtains information about an individual that is either (1) Data through intervention or interaction with the individual, or (2) Identifiable private information obtained from a living individual. In this protocol, the fetal cadavers are not human subjects because they are not living individuals, and therefore, not subject to the research regulations under 45 CFR 46. The IRB suggests that this might not qualify as human subjects research if the PI is not interacting with pregnant women but is only obtaining fetal tissue after termination of pregnancy.

1. The IRB understands that you plan to obtain tissue from aborted fetuses to use to make humanized mouse models to study vaccines. The informed consent document that was submitted is not directed to the pregnant women as the subject [terminated fetus cannot be a subject as they will be deceased and therefore not meeting the definition of "human subject" HHS federal regulation 45CFR46.102(f)]. **Please revise the consent form to reflect the pregnant woman as the subject.**

**Please clarify who will obtain informed consent for research and what constitutes their training and experience with research informed consent.**

2. **Per protocol, your research population includes fetal cadavers procured after an abortion at Planned Parenthood to generate humanized mice. We believe that you are telling the IRB that Planned Parenthood requires a research consent form to consent patients before obtaining the research specimen. Please clarify in the protocol summary this requirement, as it seems that this research study does not constitute human subject research and does not fall under the IRB's purview according to federal regulations and the Common Rule. Perhaps a separate clinical (non-research) consent form would be acceptable to Planned Parenthood. This clinical (not research) consent form could be attached to section S of the protocol summary (along with the removal of the research consent in section Q) to complete the protocol file.**



IRB draft [REDACTED].pdf



IRB Consent Form  
draft.pdf

Best wishes,

[REDACTED]

# Exhibit 6.70

---

From: [REDACTED]  
Subject: RE: IRB Pediatrics BCM  
Date: June 6, 2014 at 3:07 PM  
To: [REDACTED]

Hi [REDACTED],

I've been intermittently in the office this week. I can be available Monday.

[REDACTED]



[REDACTED]

Planned Parenthood

[REDACTED]

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**From:** [REDACTED]  
**Sent:** Tuesday, June 03, 2014 6:38 PM  
**To:** [REDACTED]  
**Subject:** Re: IRB Pediatrics BCM

Hi [REDACTED],

I hope you had a nice time off.

Would you have time to speak to me on Friday to discuss the IRB comments?

Best wishes,

[REDACTED]

Baylor College of Medicine

[REDACTED]

# Exhibit 6.71

---



I just completed a phone call with my counterpart at the national office at 1pm. Please see responses below in RED:



Planned Parenthood

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**From:** [REDACTED]  
**Sent:** Wednesday, October 22, 2014 1:23 PM  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** RE: Pediatrics Research Proposal- [REDACTED]/Baylor College of Medicine  
**Importance:** High

Dear [REDACTED]:

I just wanted to touch base to see if you'd heard back from the PPFA group?

Thank you in advance for all your help!

**From:** [REDACTED]  
**Sent:** Monday, October 20, 2014 3:10 PM  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** RE: Pediatrics Research Proposal- Dr [REDACTED]/Baylor College of Medicine

Dear Ms. [REDACTED]:

Thank you so much for the productive phone call. I spoke with Dr Paust after our phone call ended and she was really excited to know we had made so much progress. I have outlined some of her comments/feedback below in red:

Key Discussion Items (Assigned party):

- Check with PPFA if we can use the generic tissue procurement consent or do we need a site-specific IRB approved consent form ([REDACTED] - *Generic Information/Release/Acknowledgement form is acceptable.* Please move forward with submission of the attached form to the IRB for approval.

- Develop a budget/contract describing the scope of work and approximate time/effort it will take to execute the study. [REDACTED] will send us a sample contract she executed with UT Galveston. [REDACTED] – I can't provide this yet as the details of the project that need to be referenced in the contract are still being negotiated. We will need to make specific reference to the fact no remuneration for specimens will occur. Administrative costs only will be included in a budget.
  - [REDACTED] needs to provide a description of how the tissue should be collected, processed, stored, and transported.
  - 1. **RESPONSE:** [REDACTED] would like the fetal cadaveric tissue transported on ice to our site. However, she would like to know if Planned Parenthood would be willing to separate out and send the brain, thymus, spleen and liver and how much would this process cost us? PPGC is unable to dissect the tissue per request. It is also important to understand PPGC performs D&E's so that there's disarticulation versus a whole fetus.
  - Discuss the new gestational age calculation per TX state regulations with [REDACTED]. [REDACTED] will provide us with the new gestation age calculation formula. ([REDACTED]) The new state limit is 20 weeks post fertilization so 21.6wks LMP, which is how we calculate and our ultrasound machines are calibrated. Therefore, we could collect samples between 20-21.6wks
  - [REDACTED] would like to have [REDACTED] and her team over for a meeting before the study is ready to get started.
- RESPONSE:** [REDACTED] agrees with the idea.

Thanks,  
[REDACTED]

-----Original Message-----

From: [REDACTED]  
Sent: Monday, October 20, 2014 2:09 PM  
To: [REDACTED]  
Subject: RE: Pediatrics Research Proposal- Dr [REDACTED]/Baylor College of Medicine

Hello,

I just called the number on the invite, but got [REDACTED]'s voice mail. Should I be part of this call?

Best wishes,

[REDACTED]

Baylor College of Medicine

[REDACTED]

From: [REDACTED]  
Sent: Monday, October 20, 2014 2:04 PM  
To: [REDACTED]  
Cc: [REDACTED]  
Subject: RE: Pediatrics Research Proposal- Dr [REDACTED]/Baylor College of Medicine

# Exhibit 6.72

TISSUE SUPPLY AND BIOLOGICAL SPECIMEN AGREEMENT  
Between  
PLANNED PARENTHOOD GULF COAST, INC.  
And  
University \_\_\_\_\_

This Tissue Supply and Biological Specimen Agreement is entered into and made effective on \_\_\_\_\_ by and between Dr. Baylor \_\_\_\_\_ Baylor College of Medicine ("Baylor") with offices at \_\_\_\_\_ One Baylor Plaza, Houston, TX 77030 and Planned Parenthood Gulf Coast, Inc. with offices at \_\_\_\_\_.

WHEREAS, Dr. Baylor \_\_\_\_\_ and Planned Parenthood desire to amend the Agreement as set forth in this Amendment and its Attachments, if any.

WHEREAS, Dr. Baylor \_\_\_\_\_ desires to utilize biological specimens (i.e. blood and urine) and donated fetal tissue for staining, culture, and isolation of cell lines. The difference in growth, adhesion, and invasion will be compared between normal (elective abortus) and abnormal (spontaneous abortus) tissue and between control tissues. No tissue will be used to perform stem cell isolation or stem cell experimentation.

WHEREAS, Planned Parenthood has access to such tissue and, with appropriate informed consent, can supply such tissue to Dr. Baylor \_\_\_\_\_.

NOW THEREFORE, the parties agree as follows:

**1. SUPPLY OF TISSUE AND BIOLOGICAL SPECIMENS**

During the period of this Agreement:

- a. Planned Parenthood shall supply donated tissue to Dr. Baylor \_\_\_\_\_ for the isolation of cell lines. Tissue will be collected at the site by personnel, and after it has been examined by the appropriate Planned Parenthood staff, it will be released to Dr. Baylor \_\_\_\_\_.
- b. Planned Parenthood shall supply biological specimens (i.e. blood and urine) collected during standard of care procedures.

**2. PAYMENT**

- a. Dr. Baylor \_\_\_\_\_ will make no direct payments for the tissue, which will be donated for research purposes after informed consent is obtained from patients by Planned Parenthood personnel.
- b. Annually each October for the life of this agreement, Dr. Baylor \_\_\_\_\_ will make a payment of \$5,750 to Planned Parenthood Gulf Coast for 25 executed informed consents and associated fees as detailed below to be obtained the proximal year between October and September. This funding will be renewed annually.



- i. ~~Dr. Baylor~~ will reimburse Planned Parenthood \$50 for staff time expense involved in obtaining consent and relevant study documentation. This includes consents for which no sample is obtained. Planned Parenthood will consent up to 500 patients.
  - ii. ~~Dr. Baylor~~ will reimburse Planned Parenthood \$100 per executed informed consent for sterile procedure room set-up and sample collection including but not limited to strip machines, sterile equipment, rinse hosing with sterile water, and biological sample collections to be performed by Planned Parenthood staff.
  - iii. ~~Dr. Baylor~~ will reimburse Planned Parenthood an annual administrative fee of \$2000 which includes Surgical Services and Research Management oversight, consent storage, and supply storage. This list is not all inclusive.
- c. If within the course of the study the need arises for additional subject enrollment beyond 25 within a year, this number can be increased with mutual agreement by both parties. Planned Parenthood will invoice ~~Dr. Baylor~~ for these additional costs on a monthly basis. ~~Dr. Baylor~~ will pay invoices within 30 days of receipt. Failure to pay invoices will result in immediate halt of study enrollment.
- d. ~~Any~~ Training of two staff members shall accrue a fee separate from the annual administrative fee. ~~Dr. Baylor~~ will reimburse Planned Parenthood ~~\$3000~~ \$1,500 for expenses related to staff time utilized in CITI Training required by the UTMB Institutional Review Board<sup>[1]</sup>. This reimbursement will be paid by ~~Dr. Baylor~~ upon receipt of certificates of training by Planned Parenthood Staff.

### 3. OWNERSHIP

- a. ~~Dr. Baylor~~ shall own all rights relating to the cells or cell lines derived from the donated tissue. This includes the cells themselves and any patents or inventions using or derived from the cells or cell lines.

### 4. REPORTS

- a. ~~Dr. Baylor~~ shall supply reports to Planned Parenthood on an annual basis regarding the progress of the project and disposition of the tissue, including annual IRB review and revised, IRB approved consent forms.<sup>[2]</sup>

### 5. TERM AND TERMINATION

- a. Unless terminated earlier, the Term of this Agreement shall expire upon written notice from ~~Dr. Baylor~~ that the project is complete.
- b. Either party may terminate this Agreement at any time upon delivery of sixty days (60) notice of such termination.

### 6. INDEMINIFICATION

- a. ~~Dr. Baylor~~ agrees to indemnify, defend and hold Planned Parenthood harmless from and against any and all lawsuits, claims, actions, demands, or liabilities (including reasonable attorney's fees) which may be made against or

incurred by Planned Parenthood involving the supply of tissue to Dr. Baylor except in case involving informed consent. Dr. Baylor relies entirely upon Planned Parenthood to obtain such consent.

In witness whereof, the duly authorized representatives of each of the parties hereto have executed this Amendment.

PLANNED PARENTHOOD GULF COAST, INC.

BY \_\_\_\_\_  
PPGC CEO

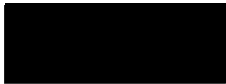
DATE \_\_\_\_\_

Baylor UNIVERSITY \_\_\_\_\_

BY \_\_\_\_\_  


DATE \_\_\_\_\_

Read and Understood by:



TISSUE SUPPLY AND BIOLOGICAL SPECIMEN AGREEMENT

Between

PLANNED PARENTHOOD GULF COAST, INC.

And

University \_\_\_\_\_ Baylor College of Medicine

This Tissue Supply and Biological Specimen Agreement is entered into and made effective on 7/1/15 by and between Baylor College of Medicine ("Baylor") with offices at One Baylor Plaza, Houston, TX 77030 and Planned Parenthood Gulf Coast, Inc. (Institution) with offices at \_\_\_\_\_

WHEREAS, Baylor \_\_\_\_\_ and Planned Parenthood desire to ~~amend~~ enter into this agreement to govern the relationship between the parties and to define the conditions under which Institution will perform services and supply biologic materials; the Agreement as set forth in this Amendment and its Attachments, if any.

WHEREAS, Baylor \_\_\_\_\_ desires to utilize biological specimens (i.e. blood and urine) and donated fetal tissue for staining, culture, and isolation of cell lines. The difference in growth, adhesion, and invasion will be compared between normal (elective abortus) and abnormal (spontaneous abortus) tissue and between control tissues. No tissue will be used to perform stem cell isolation or stem cell experimentation.

WHEREAS, Planned Parenthood has access to such tissue and, with appropriate informed consent, can supply such tissue to Baylor \_\_\_\_\_.

NOW THEREFORE, the parties agree as follows:

**1. SUPPLY OF TISSUE AND BIOLOGICAL SPECIMENS**

During the period of this Agreement:

- a. Planned Parenthood shall supply donated tissue to Baylor \_\_\_\_\_ for the isolation of cell lines. Tissue will be collected at the site by personnel, and after it has been examined by the appropriate Planned Parenthood staff, it will be released to Baylor \_\_\_\_\_.
- b. Planned Parenthood shall supply biological specimens (i.e. blood and urine) collected during standard of care procedures.

**2. PAYMENT**

- a. Baylor \_\_\_\_\_ will make no direct payments for the tissue, which will be donated for research purposes after informed consent is obtained from patients by Planned Parenthood personnel.
- b. Annually each October for the life of this agreement, Baylor \_\_\_\_\_ will make an advanced payment of \$5,750 to Planned Parenthood Gulf Coast, Inc. for 25 executed informed consents and associated fees as detailed below to be



obtained the proximal year between October and September. This funding will ~~may be~~ be renewed annually upon mutual agreement by both parties.

- i. ~~Dr. Baylor~~ will reimburse Planned Parenthood \$50 for staff time expense involved in obtaining consent and relevant study documentation. This includes consents for which no sample is obtained. Planned Parenthood will consent up to ~~500-100~~ patients.
  - ii. ~~Dr. Baylor~~ will reimburse Planned Parenthood \$100 per executed informed consent for sterile procedure room set-up and sample collection including but not limited to strip machines, sterile equipment, rinse hosing with sterile water, and biological sample collections to be performed by Planned Parenthood staff.
  - iii. ~~Dr. Baylor~~ will reimburse Planned Parenthood an annual administrative fee of \$2000 which includes Surgical Services and Research Management oversight, consent storage, and supply storage. This list is not all inclusive.
- c. If within the course of the study the need arises for additional subject enrollment beyond 25 within a year, this number can be increased with mutual agreement by both parties. Planned Parenthood will invoice ~~Dr. Baylor~~ for these additional costs on a monthly basis. ~~Dr. Baylor~~ will pay invoices within 30 days of receipt. Failure to pay invoices will result in immediate halt of study enrollment.
- d. ~~Any~~ Training of two staff members shall accrue a fee separate from the annual administrative fee. ~~Dr. Baylor~~ will reimburse Planned Parenthood \$~~3000+500~~ for expenses related to staff time utilized in CITI Training required by the ~~UTMB Institutional Review Board~~ ~~Dr. Baylor~~ and the Baylor IRB. This reimbursement will be paid by ~~Dr. Baylor~~ upon receipt of certificates of training by Planned Parenthood Staff.

### 3. OWNERSHIP

- a. ~~Dr. Baylor~~ shall own all rights relating to the cells or cell lines derived from the donated tissue. This includes the cells themselves and any patents or inventions using or derived from the cells or cell lines.

### 4. REPORTS

- a. ~~Dr. Baylor~~ shall supply reports to Planned Parenthood on an annual basis regarding the progress of the project and disposition of the tissue, including annual IRB review and revised, IRB approved consent forms.[2]

### 5. TERM AND TERMINATION

- a. Unless terminated earlier, the Term of this Agreement shall expire upon written notice from ~~Dr. Baylor~~ that the project is complete.
- b. Either party may terminate this Agreement at any time upon delivery of sixty days (60) notice of such termination.

### 6. INDEMINIFICATION



- a. Dr. Baylor agrees to indemnify, defend and hold Planned Parenthood harmless from and against any and all lawsuits, claims, actions, demands, or liabilities (including reasonable attorney's fees) which may be made against or incurred by Planned Parenthood involving the supply of tissue to Dr. Baylor except in case involving informed consent. Dr. Baylor relies entirely upon Planned Parenthood to obtain such consent.

In witness whereof, the duly authorized representatives of each of the parties hereto have executed this Amendment.

PLANNED PARENTHOOD GULF COAST, INC.

BY \_\_\_\_\_  
PPGC CEO

DATE \_\_\_\_\_

Baylor UNIVERSITY \_\_\_\_\_

BY \_\_\_\_\_  


DATE \_\_\_\_\_

Read and Understood by:



TISSUE SUPPLY AND BIOLOGICAL SPECIMEN AGREEMENT  
Between  
PLANNED PARENTHOOD GULF COAST, INC.  
And  
University \_\_\_\_\_

This Tissue Supply and Biological Specimen Agreement is entered into and made effective on \_\_\_\_\_ by and between Dr. \_\_\_\_\_ with offices at \_\_\_\_\_ and Planned Parenthood Gulf Coast, Inc. with offices at \_\_\_\_\_

WHEREAS, Dr. \_\_\_\_\_ and Planned Parenthood desire to amend the Agreement as set forth in this Amendment and its Attachments, if any.

WHEREAS, Dr. \_\_\_\_\_ desires to utilize biological specimens (i.e. blood and urine) and donated fetal tissue for staining, culture, and isolation of cell lines. The difference in growth, adhesion, and invasion will be compared between normal (elective abortus) and abnormal (spontaneous abortus) tissue and between control tissues. No tissue will be used to perform stem cell isolation or stem cell experimentation.

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**2. PAYMENT**

- a. Dr. \_\_\_\_\_ will make no direct payments for the tissue, which will be donated for research purposes after informed consent is obtained from patients by Planned Parenthood personnel.
- b. Annually each October for the life of this agreement, Dr. \_\_\_\_\_ will make a payment of \$5,750 to Planned Parenthood Gulf Coast for 25 executed informed consents and associated fees as detailed below to be obtained the proximal year between October and September. This funding will be renewed annually.
  - i. Dr. \_\_\_\_\_ will reimburse Planned Parenthood \$50 for staff time expense involved in obtaining consent and relevant study documentation.

This includes consents for which no sample is obtained. Planned Parenthood will consent up to 500 patients.

- ii. Dr. \_\_\_\_\_ will reimburse Planned Parenthood \$100 per executed informed consent for sterile procedure room set-up and sample collection including but not limited to strip machines, sterile equipment, rinse hosing with sterile water, and biological sample collections to be performed by Planned Parenthood staff.
- iii. Dr. \_\_\_\_\_ will reimburse Planned Parenthood an annual administrative fee of \$2000 which includes Surgical Services and Research Management oversight, consent storage, and supply storage. This list is not all inclusive.
- c. If within the course of the study the need arises for additional subject enrollment beyond 25 within a year, this number can be increased with mutual agreement by both parties. Planned Parenthood will invoice Dr. \_\_\_\_\_ for these additional costs on a monthly basis. Dr. \_\_\_\_\_ will pay invoices within 30 days of receipt. Failure to pay invoices will result in immediate halt of study enrollment.
- d. Any training of staff members shall accrue a fee separate from the annual administrative fee. Dr. \_\_\_\_\_ will reimburse Planned Parenthood \$1,500 for expenses related to staff time utilized in CITI Training required by the UTMB Institutional Review Board. This reimbursement will be paid by Dr. \_\_\_\_\_ upon receipt of certificates of training by Planned Parenthood Staff.

### 3. OWNERSHIP

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- a. Dr. \_\_\_\_\_ shall supply reports to Planned Parenthood on an annual basis regarding the progress of the project and disposition of the tissue, including annual IRB review and revised, IRB approved consent forms.

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PLANNED PARENTHOOD GULF COAST, INC.

BY \_\_\_\_\_  
PPGC CEO

DATE \_\_\_\_\_

UNIVERSITY \_\_\_\_\_

BY \_\_\_\_\_  
Dr. \_\_\_\_\_

DATE \_\_\_\_\_

# Exhibit 6.73

From: [REDACTED]  
Subject: FW: Pediatrics Research Proposal- Dr [REDACTED] Baylor College of Medicine- IRB Approval Obtained  
Date: November 17, 2014 at 10:30 AM  
To: [REDACTED]  
Cc: [REDACTED]

[REDACTED]:

Hope all is well with you.

First, I would like to thank you for your support through our IRB review process.

We heard back from the IRB today and like we discussed, the study does not constitute human subject's research. The rationale behind this determination is outlined in the exemption memo attached.

Our IRB proposal for your outlining the study procedures/objectives is also attached for your reference.

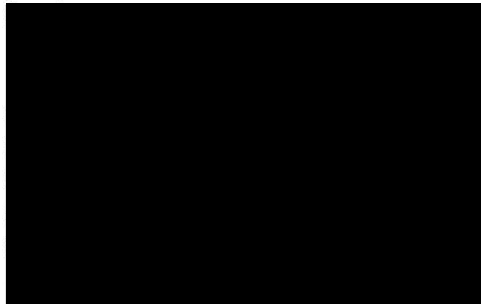
Lastly, I submitted the clinical consent you provided for tissue donation (attached) to BCM IRB and it was deemed acceptable for use.

As of today, my role on this study has ended but please feel free to contact me should any questions arise.

Dr [REDACTED] will be in touch with you to plan to study logistics and budget etc.

It was truly a pleasure working with you.

Happy Holidays in advance!



From: [REDACTED]  
Sent: Wednesday, October 22, 2014 1:52 PM  
To: [REDACTED]  
Cc: [REDACTED]  
Subject: RE: Pediatrics Research Proposal- Dr [REDACTED]/Baylor College of Medicine

Dear [REDACTED],

On Nov 17, 2014, at 12:01 PM, [REDACTED]

[REDACTED] wrote:

Thank you!

[REDACTED]  
Planned Parenthood  
[REDACTED]

This message contains information which may be confidential and privileged. Unless you are the addressee (or authorized to receive for the addressee), you may not use, copy or disclose to anyone the message or any information contained in the message. If you have received the message in error, please advise the sender by replying and delete the message

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**From:** [REDACTED]

**Sent:** Monday, November 17, 2014 10:31 AM

**To:** [REDACTED]

**Cc:** [REDACTED]

**Subject:** FW: Pediatrics Research Proposal- Dr [REDACTED]/Baylor College of Medicine- IRB Approval Obtained

**Importance:** High

[REDACTED]:  
Hope all is well with you.

First, I would like to thank you for your support through our IRB review process.

We heard back from the IRB today and like we discussed, the study does not constitute human subject's research. The rationale behind this determination is outlined in the exemption memo attached.

Our IRB proposal for your outlining the study procedures/objectives is also attached for your reference.

Lastly, I submitted the clinical consent you provided for tissue donation (attached) to BCM IRB and it was deemed acceptable for use.

As of today, my role on this study has ended but please feel free to contact me should any questions arise.

Dr [REDACTED] will be in touch with you to plan to study logistics and budget etc.

It was truly a pleasure working with you.

# Exhibit 6.74



From: [REDACTED]  
Subject: RE: Pediatrics Research Proposal- Dr [REDACTED]/Baylor College of Medicine- IRB Approval Obtained  
Date: July 7, 2015 at 4:32 PM  
To: [REDACTED]  
Cc: [REDACTED]

Hi [REDACTED]

My apologies for the delayed reply. I originally supplied the MTA as a reference for Dr. [REDACTED] to use to generate a MTA specific to this study. It doesn't appear that many edits were made aside from adding Baylor. I have made a few modifications for your consideration, but a contract specialist from BCM should edit it.



[REDACTED]  
Planned Parenthood  
[REDACTED]

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**From:** [REDACTED]  
**Sent:** Monday, June 22, 2015 7:38 AM  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** FW: Pediatrics Research Proposal- Dr [REDACTED]/Baylor College of Medicine- IRB Approval Obtained

Dear [REDACTED],

I am writing to follow up on the status of the review for the MTA for Dr. [REDACTED] of Baylor College of Medicine.

Thank you,  
[REDACTED]

# Exhibit 6.75

From: [REDACTED]  
Subject: Re: Pediatrics Research Proposal- Dr [REDACTED]/Baylor College of Medicine- IRB Approval Obtained  
Date: October 13, 2015 at 2:59 PM  
To: [REDACTED]

Hello [REDACTED].

I hope you are well and had a great weekend.

In light of recent events, do we need to make changes to our contract?

I still very much believe in the value of my NIH funded studies, and would very much like to proceed if that is possible. Could you please let me know.

Best wishes,

[REDACTED]

Baylor College of Medicine

[REDACTED]

# Exhibit 6.76

From: [REDACTED]  
Subject: Fwd: RE: Pediatrics Research Proposal- Dr [REDACTED] Baylor College of Medicine- IRB Approval Obtained  
Date: November 4, 2015 at 2:35 PM  
To: [REDACTED]

Please see below. I feel this is quite some misdirected anger and this will definitely affect my research.

Sent from [Outlook](#)

From: [REDACTED]  
Sent: Wednesday, November 4, 2015 2:29 PM  
Subject: RE: Pediatrics Research Proposal- Dr [REDACTED] /Baylor College of Medicine- IRB Approval Obtained  
To: [REDACTED]  
Cc: [REDACTED]

To clarify: we do not have a valid contract, and I did not offer you a contract. I previously provided some exemplar language that should have been included in any contract regarding fetal tissue with the expectation that BCM Grants and Contracts or a BCM attorney would draft a complete contract for both parties to review.

PPGC will not commit to engage in any fetal tissue research endeavors at this time.

I encourage all academic researchers to escalate their need for donated fetal tissue to their department chair, IRB chairs, chancellors, etc. Academic institutions in Texas cannot remain publically silent regarding their need for donated fetal tissue in research, yet have expectations that research collaboration with Planned Parenthood will remain intact.



Planned Parenthood

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# Exhibit 6.77

TEXAS DEPARTMENT OF PUBLIC SAFETY  
TEXAS RANGER DIVISION

REPORT OF INVESTIGATION

Page 1 of 8

THIS REPORT IS THE PROPERTY OF TEXAS DPS-TEXAS RANGER DIVISION. NEITHER IT NOR ITS CONTENTS  
MAY BE DISSEMINATED OUTSIDE THE AGENCY TO WHICH LOANED.

1. PROH THE PURCHASE/SALE HUMAN ORGANS 48.02 PC MA
2. HARRIS COUNTY, HOUSTON, TX, US
3. STATE OF TEXAS
4. 08/10/2015 (Monday)

|                                                      |                     |
|------------------------------------------------------|---------------------|
| REPORT OWNER: [REDACTED], RANGER [REDACTED], HOUSTON | FILE STATUS: ACTIVE |
| DIVISION: RA-2015-00269                              | TYPE: CRIMINAL      |
| RANGER: [REDACTED]                                   |                     |

SYNOPSIS:

3. 11/09/2015 Report Writer: [REDACTED], RANGER [REDACTED], HOUSTON  
11/18/2015 Approved by: [REDACTED], LIEUTENANT

On 10-22-2015, Texas Ranger [REDACTED], Houston Police Department Homicide Division Sergeant [REDACTED], and members of the Harris County District Attorney's (HCDA) Office toured the Gulf Coast Planned Parenthood (GCPP) Building in Houston, Harris County, Texas. Also present were GCPP legal representatives. The GCPP building tour provided an overview regarding GCPP day to day operations. The tour included a surgical center and laboratory presentation and the explanation of standard practices which occurred during abortion procedures performed. More specifically, abortion procedures performed at the GCPP when the fetal tissue was utilized for scientific studies.

DETAILS:

- 3.1 On 10-22-2015, at approximately 5:00 PM, Texas Ranger [REDACTED], Houston Police Department Homicide Division Sergeant [REDACTED] (Investigator 2.2), Harris County Assistant District Attorneys [REDACTED] (Investigator 1.2), [REDACTED] (Investigator 2.1), and [REDACTED] (Investigator 1.3) toured the Gulf Coast Planned Parenthood (GCPP) Building, located at [REDACTED], Harris County, Texas.
- 3.2 Also present was GCPP Legal Counsel [REDACTED] and Criminal Defense Attorney [REDACTED]. [REDACTED] advised she would guide the GCPP building tour and provide an overview regarding GCPP day to day operations. The tour would include a surgical center and laboratory presentation

|                                                    |               |                |
|----------------------------------------------------|---------------|----------------|
| RANGER: CA0914615081017                            | Div File No:  | STATUS: ACTIVE |
| TYPE: CRIMINAL                                     | RA-2015-00269 | BY: [REDACTED] |
| 1. PROH THE PURCHASE/SALE HUMAN ORGANS 48.02 PC MA |               |                |
| 2. HARRIS COUNTY, HOUSTON, TX, US                  |               |                |
| 3. STATE OF TEXAS                                  |               |                |
| 4. 08/10/2015 (Monday)                             |               |                |

and the explanation of standard practices which occurred during abortion procedures performed at GCPP building.

3.3 [REDACTED] began by showing the group the security station located in the center of a large open area on the first floor near the front door. [REDACTED] explained that everyone was required to show identification at the security station which was occupied by a receptionist. GCPP employed off duty police officers to work security at the building while it was open. Most of the GCPP building required key card access. The GCPP was the largest Planned Parenthood Center in the United States. GCPP offices administrative staff for 30 counties in Texas and the entire state of Louisiana.

3.4 [REDACTED] stated service departments within GCPP included Research, Laboratory, Health, and Family Planning. The ambulatory surgical center, which was where the abortion procedures were performed, was located in the building. The Center for Choice, which was a separate corporation, operated the ambulatory surgical center.

3.5 [REDACTED] next took the group to the research center. [REDACTED] explained GCPP had the largest research center in the nation. Long time Baylor employee, [REDACTED], was the [REDACTED]. [REDACTED] had been instrumental in building the current research program. The vast majority of studies conducted at GCPP were in-vitro diagnostic device studies. GCPP conducted studies focused on sexually transmitted diseases. The Roush Medical Product Company was currently conducting a study on sexually transmitted diseases at the GCPP.

3.6 [REDACTED] stated it was explained to the patient that GCPP was conducting a research study. A patient participating in the study would consent to a tube of the patient's urine specimen being utilized for research. The patient would then be awarded with a \$50.00 gift card, or possibly the fee for the STD test would be waived. The award was dependent upon what Roush had set up with GCPP. GCPP preferred this type of research as it did not require the long term cooperation of the patient.

3.7 [REDACTED] stated on her last well woman's exam at GCPP, she



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TYPE: CRIMINAL

RA-2016-00269

BY: [REDACTED]

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2. HARRIS COUNTY, HOUSTON, TX, US
3. STATE OF TEXAS
4. 08/10/2015 (Monday)

participated in a research study. A researcher was testing a new type of brush utilized during Pap smear examinations. She was offered a \$20.00 gift card for participating in the study, but declined it. The studies were frequently conducted at Planned Parenthood affiliate locations as well.

- 3.8 [REDACTED] asked if GCPP or the entity conducting the study provided the gift cards. [REDACTED] affirmed the entity conducting the study provided the gift cards. [REDACTED] asked if GCPP personnel handed the gift cards out. [REDACTED] affirmed GCPP personnel did hand out the aforementioned gift cards. [REDACTED] added that she believed the gift cards displayed a GCPP logo on them. It was very common for GCPP to place the GCPP logo on various distributed items.
- 3.9 [REDACTED] described family planning as a fully functioning OB-GYN office which included services for men. Family planning worked in conjunction with the research department.
- 3.10 [REDACTED] then showed the group the location of offices located in Laboratory, Health, and Family Planning departments. [REDACTED] provided brief overviews of the services provided in the aforementioned departments.
- 3.11 [REDACTED] then took the group to the Center for Choice. [REDACTED] advised that the Center for Choice was also referred to as the Ambulatory Surgical Center.
- 3.12 [REDACTED] explained that the GCPP abortion procedure was a two day process. On day one, a mandatory ultrasound procedure was performed requiring the patient to look at the ultrasound screen, and listen to the heartbeat. Next, a doctor read a standard GCPP script discussing the procedure. Lastly, day one ended with abortion procedure education, alternatives, and counseling. Day two, prior to the abortion procedure, the patient reviewed and signed final consent documents.
- 3.13 The patient was then taken to the surgical area and changed into a surgical gown. An IV was then started on the patient, the abortion procedure was performed, and lastly the patient was taken into a recovery room. In the event the patient resided 100 or more miles away from the nearest

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4. 08/10/2015 (Monday)

Planned Parenthood clinic, exceptions could be made and the procedure could be performed in one day.

- 3.14 [REDACTED] stated one of the abortion methods utilized at GCPP included dilation and evacuation. Dilation and evacuation involved dilating the cervix with a laminaria, and utilizing forceps to disarticulate and remove the fetus in pieces. [REDACTED] described the fetuses as fragile and having soft tissue. [REDACTED] elaborated that the fetuses easily came apart and the calvarium (head) was usually crushed during the procedure.
- 3.15 [REDACTED] then took the group into the secured area of the Center for Choice's Ambulatory Surgical Center. [REDACTED] showed the group operating rooms utilized for abortion procedures.
- 3.16 ADA [REDACTED] asked at what point during the process a patient consented to a fetal tissue study. [REDACTED] advised that once a patient signed the final consent forms, and paid for the abortion procedure, the patient would be informed about the fetal tissue study. Additional consent forms would be signed.
- 3.17 ADA [REDACTED] asked if the patient was told what would happen to the fetal tissue. [REDACTED] stated patients often asked what happened to the fetal tissue regardless of a study. Patients were informed a licensed medical waste company took the fetal tissue and incinerated it. [REDACTED] advised that the last collected fetal tissue specimen collected by GCPP for a scientific study was on 07-26-2011, for the University of Texas Medical Branch. GCPP was recently approached by the Baylor College of Medicine and Rice University for fetal tissue studies. The Institutional Review Board had not yet given approval for the Baylor or Rice studies.
- 3.18 ADA [REDACTED] asked [REDACTED] how GCPP benefited from participating in a fetal tissue study. [REDACTED] replied that patients on a frequent basis asked what happened to the fetal tissue. The patients were told the fetal tissue would be incinerated. Patients often requested the fetal tissue be utilized for research. [REDACTED] elaborated that the patients liked it, and it was broadly seen as very valuable

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RA-2015-00269

BY: [REDACTED]

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3. STATE OF TEXAS
4. 08/10/2015 (Monday)

research.

- 3.19 [REDACTED] stated utilizing sterile items could add a noticeable amount of time to the abortion procedure. [REDACTED] itemized that additional consent forms were necessary, medical device tubing required replacement, the use of sterile Pyrex receptacles was required, and finally the release of the fetal tissue to the entity conducting the scientific research.
- 3.20 ADA [REDACTED] asked if procedures were altered to obtain intact fetuses when collecting for a scientific study. [REDACTED] replied that obtaining an intact fetus was not possible utilizing the dilation and evacuation method. On average, the fetuses were extracted in at least three or more pieces. The calvarium was usually crushed during the procedure, as it was the largest part of the fetus. Studies had been conducted in the past on orbits and eyes. Despite the damage to the calvarium, the eyes could often still be obtained intact.
- 3.21 ADA [REDACTED] asked if it was possible for a patient's cervix to dilate more than expected. [REDACTED] stated dilating more than expected was possible. In the event a patient has had multiple vaginal deliveries, this could happen. The only way to obtain an intact fetus was via a partial birth abortion. GCPP did not perform partial birth abortions. [REDACTED] advised the possibility of a live birth abortion increased when the cervix dilated more than expected. A live birth abortion had never occurred at GCPP. Utilizing the vacuum aspiration method prior to 12 weeks made the possibility of a live birth remote.
- 3.22 [REDACTED] then took the group to one of the Ambulatory Surgical Center's surgery rooms. Ranger [REDACTED] observed the surgery room to have an operating table, crash cart, an ultrasound device, and the aspiration vacuum.
- 3.23 [REDACTED] described the aspiration vacuum as functioning similar to a breast pump. [REDACTED] described that during an abortion procedure, the fetal tissue emptied into a jar connected to the aspiration vacuum by a tube. [REDACTED] reiterated that during a scientific study the tubing

|                                                    |               |                |
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| 3. STATE OF TEXAS                                  |               |                |
| 4. 08/10/2015 (Monday)                             |               |                |

required replacement.

3.24 [REDACTED] then took the group to the Ambulatory Surgical Center's products of conception laboratory. The laboratory was located between the two surgery rooms and was equipped with pass-through windows leading to each of the surgery rooms. Subsequent to the abortion procedure, the jar containing the products of conception (fetal tissue) was passed through the pass-through window. The fetal tissue was then rinsed in a sieve. The fetal tissue was then placed in a Pyrex dish located on a lighted x-ray box and examined and inspected by the doctor. A Laboratory Technician then bagged the fetal tissue and placed it in the freezer. In the event GCPP was participating in a scientific study, the packaged fetal tissue would remain in a sink in the laboratory. At the end of the workday, the fetal tissue was taken by the entity conducting the study.

3.25 Also located in the laboratory was a secured standard upright freezer. [REDACTED] unlocked the freezer and showed Ranger [REDACTED] a biohazard bag containing a small jar containing fetal tissue and two vials of blood. The biohazard bag of fetal tissue would also include the placenta. The items in the bag were labeled with a patient's name.

3.26 [REDACTED] advised that the medical waste disposal company picked up the products of conception once per week. A medical waste disposal company had already obtained products of conception on that particular day. There was a minimal amount of products of conception in the freezer that day, based on the aforementioned medical waste pick up.

3.27 Ranger [REDACTED] asked if there was any other procedure which had not been mentioned when collecting fetal tissue for a scientific study. [REDACTED] advised during the UTMB study, a UTMB representative would stay in the laboratory area on the days that patients were enrolled in the study. [REDACTED] recalled this occurring once or twice a month during the UTMB study. [REDACTED] stated the fetal tissue was required to be placed in a sterile sieve, containing gauze, and subsequently then into a sterilized Pyrex container. Specific doctors performed abortions on specific gestational

|                                                    |               |                |
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| 4. 08/10/2015 (Monday)                             |               |                |

ages. An abortion procedure from start to finish ordinarily took no longer than 30 minutes.

3.28 ADA [REDACTED] asked [REDACTED] if GCPP line itemed charges into an invoice for the additional costs for a study, to include additional time for consent procedures, sterilization of instruments, etc. A cost analysis had been conducted on the time it took to complete an abortion procedure that involves a scientific study. [REDACTED] stated results indicated that standard additional costs for an abortion procedure involving a scientific study were approximately \$25.00 more. This particular cost analysis was dated, but did not give a specific date it was conducted. This cost was recently increased to \$50.00 as it was decided that GCPP was not recouping its costs. [REDACTED] advised to her knowledge the costs were not line itemed. However, if additional time or measures were taken, GCPP would likely have increased the invoiced amount.

3.29 [REDACTED] advised the entities conducting the most recent scientific studies were invoiced at \$50.00 per patient consent. The consenting process was the most time consuming element of the process. The total invoiced costs of the recent scientific studies, which included consent and procedural charges, totaled \$150.00.

3.30 [REDACTED] advised, while referring to the covert investigation conducted by [REDACTED] (Physical Description 1.1), the proposed \$1600.00 fee was what indicated to GCPP that [REDACTED] was not legitimate.

3.31 [REDACTED] then showed the group a small room with a larger crash cart. The crash cart contained sterilized tools to include forceps and speculums. Ranger [REDACTED] observed each individual tool was contained in a cellophane package.

3.32 [REDACTED] then briefly showed the group a recovery room with several recliner type chairs and other medical equipment. [REDACTED] stated the patient stayed in the recovery room until the staff was satisfied the patient was suitable to leave. The average recovery time was approximately 20 minutes. The patient was required to have someone drive them home from the clinic as an abortion procedure required anesthetic.



RANGER: CA0914615081017

Div File No:

STATUS: ACTIVE

TYPE: CRIMINAL

RA-2015-00269

BY: [REDACTED]

1. PROH THE PURCHASE/SALE HUMAN ORGANS 48.02 PC MA
2. HARRIS COUNTY, HOUSTON, TX, US
3. STATE OF TEXAS
4. 08/10/2015 (Monday)

3.33 ADA [REDACTED] advised [REDACTED] and [REDACTED] that GCPP would likely be receiving Grand Jury subpoenas for documents regarding participation in scientific studies. [REDACTED] advised that GCPP would cooperate with the HCDA's Office. [REDACTED] also added that GCPP personnel would also cooperate, if asked, regarding the fraudulent identification presented to GCPP at the time the covert videos were made.

3.34 The site visit was concluded, and the group exited the GCPP Offices at approximately 7:00 PM.

**END OF REPORT**

# Exhibit 6.78

**Marion O'Neill**  
State Representative  
District 29B  
Wright County



# Minnesota House of Representatives

**COMMITTEES:**

VICE CHAIR, HIGHER EDUCATION POLICY AND FINANCE  
GREATER MINNESOTA ECONOMIC AND WORKFORCE DEVELOPMENT POLICY  
JOB GROWTH AND ENERGY AFFORDABILITY POLICY AND FINANCE  
PUBLIC SAFETY AND CRIME PREVENTION POLICY AND FINANCE  
RULES AND LEGISLATIVE ADMINISTRATION

October 22, 2015

The University of Minnesota Board of Regents  
600 McNamara Alumni Center  
200 Oak Street SE  
University of Minnesota  
Minneapolis, MN 55455-2020

To the Board of Regents:

I was deeply disappointed to learn the University of Minnesota, which receives substantial funding from taxpayers (over \$1.2 billion for Fiscal Years 2016-17), has purchased and used fetal tissue from Advanced Bioscience Resources Inc. going as far back as 2008 through 2014. Advanced Bioscience Resources Inc. has a practice of procuring fetal tissue from aborted babies for the purposes of research. Additionally, after my recent meeting with University Vice President for Research [REDACTED], I discovered fetal tissue was purchased prior to 2008, and as many as ten university employees are currently using aborted fetal tissue to conduct research.

I have the honor of serving as the Vice Chair of the House Higher Education Committee, and in that capacity, I've been able to see why the University of Minnesota is held in such high regard both within our state and around the world. It would be unfortunate for such a reputation to be diminished because of morally questionable research practices.

As a concerned citizen, mother of a University of Minnesota student, and Vice Chair of the House Higher Education Committee, it is my sincere hope that the University of Minnesota will alter its policy and ban the use of any aborted fetal tissue purchase or research in the future. If the university feels this research must continue, I encourage a policy that only allows the use of fetal tissue donations from naturally occurring deaths.





Additionally, I am concerned about how members of the University Of Minnesota Board Of Regents had no previous knowledge of this kind of fetal tissue research prior to recently released reports.

Within the past year, when asked directly about aborted fetal tissue research, legislators were informed that it was not being done and went against university policy. Now it has become public that not only have University of Minnesota researchers been potentially purchasing and using aborted fetal tissue for the past several years, but administrative policy allows for the purchase as long as it complies with state and federal regulation.

In addition to requesting that you ban the use and purchase of aborted fetal tissue, I also ask that you clarify why university leaders had expressed no previous knowledge of the situation.

It is my belief that the restoration of reputation is in the best interest of the University of Minnesota and to do so, the Board of Regents therefore comply with the aforementioned requests. I appreciate your attention to this matter and look forward to your response.

Sincerely,

A handwritten signature in cursive script that reads "Marion O'Neill". The signature is written in black ink and is positioned above the typed name.

Marion O'Neill  
Vice Chair, House Higher Education Policy and Finance Committee

# Exhibit 6.79

# UNIVERSITY OF MINNESOTA

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*Twin Cities Campus*

*Office of the Dean  
Medical School*

*Office at C607 Mayo  
Mayo Mail Code 293  
420 Delaware Street S.E.  
Minneapolis, MN 55455*

*Office: 612-626-4949  
Fax: 612-626-4911*

February 29, 2016

Marsha Blackburn  
Chair, Select Panel on Infant Lives  
House Committee on Energy and Commerce  
2125 Rayburn House Office Building  
Washington, D.C. 20515

Re: Data Request to University of Minnesota

Dear Ms. Blackburn:

The University of Minnesota ("UM") submits this response to the Select Panel's recent letter to Board of Regents Chair [REDACTED], requesting documents and information related to research with human fetal tissue created or dated on or after January 1, 2010. In accordance with the Panel's instructions, all answers are provided to the best of UM's knowledge following a diligent search of applicable records and no responsive records have been destroyed or withheld.

**1) A list of all entities, including firms, corporations, non-profit organizations, and educational institutions, from which UM receives or procures fetal tissue.**

**Response:** UM has procured fetal tissue from the following entities: Advanced Bio-Science Resources; Stem-Express; National Disease Research Interchange; and Whole Woman's Health of the Twin Cities (formerly Meadowbrook Women's Clinic). In addition, UM has received a proprietary cell line derived from fetal tissue that was supplied by the research sponsor Stem Cell, Inc. as part of an ongoing national clinical trial on spinal cord injury.

**2) A list of all entities, including firms, corporations, non-profit organizations, and educational institutions, to which UM sells or donates fetal tissue.**

**Response:** None.

**3) A list of any and all human-animal chimera research conducted by UM that involved embryo compartmentalization using fetal tissue.**

**Response:** To the extent "embryo compartmentalization using fetal tissue" refers to the injection of human fetal cells into animal embryos, no such research is conducted at UM.

4) **An organization chart that detail [sic] UM personnel that procure fetal tissue at the clinic level and the supervisory personnel for those procurers of fetal tissue.**

**Response:** Fetal tissue is not procured at UM ("M Health") clinics for research purposes.

5) **All communications, whether internal or external, which direct UM personnel to procure fetal tissue, including, but not limited to memoranda, emails, telephone messages, and purchase orders or bills of sale.**

**Response:** Communications directing the procurement of fetal tissue are enclosed as Attachment A.

6) **All accounting records including accounting memoranda related to the cost and pricing of fetal tissue.**

**Response:** Accounting and purchasing records are enclosed as Attachment B.

7) **All specific requests made to or from UM for fetal tissue made by or to any and all firms, corporations, non-profit organizations, educational institutions, or other entities, including, but not limited to, order lists, billing records, payment records, payment vouchers, and receipts.**

**Response:** See Response to item 6 above.

8) **All documents relating to the purchase, ownership, or rental by UM of equipment involving fetal tissue research, the preparation of fetal tissue for research, the modification of fetal tissue into cell lines, or any other actions taken by UM related to fetal tissue including, but not limited to, the date the equipment was purchased, its purchase price, its maintenance costs, and records of the depreciation treatment under the tax code of any such equipment.**

**Response:** No equipment was purchased specifically for the purpose of research with fetal tissue.

9) **An inventory record of all fetal tissues obtained, sold, or retained by UM, as well as an inventory of current fetal tissue including, in particular, any records that refer to multiple tissue samples or organs or body parts obtained from a single fetus.**

Response: There is no UM inventory of fetal tissue. However, see enclosed "FETAL TISSUE RESEARCH AT THE UNIVERSITY OF MINNESOTA, JANUARY 25, 2016" (Attachment C). See also Response to item 6 above.

**10) All records related to any fetal tissue or cell lines procured or sold from twin fetuses.**

Response: None.

**11) All documents relating to rent or site fees paid to entities from which UM obtained, sold, or donated fetal tissue.**

Response: None.

**12) All training materials used by UM for the procurement of fetal tissue, preparation of fetal tissue, storage of fetal tissue, and training materials or guidance documents related to UM staff relations with personnel or patients at the source entities from which fetal tissue is procured.**

Response: See the following enclosed UM policies and procedures, new or revised as of February 2016 (Attachment D): 1) Administrative Policy: *Procuring and Using Human Fetal Tissue for Transplantation Research*; 2) Administrative Policy: *Procuring and Using Human Fetal Tissue for Research (Non-Transplantation)*; 3) Administrative Procedure: *Procuring and Disposing of Donated Human Fetal Tissue Used for Research (Transplantation and Non-Transplantation)*; 4) Administrative Procedure: *Conducting Research Using Human Fetal Tissue for Transplantation into Designated Recipients*; and 5) Administrative Procedure: *Preparing to Conduct Human Fetal Transplantation Research Ineligible for Federal/State Funding*.

**13) All UM banking records related to the procurement, sale, donation, or distribution or shipment of fetal tissue.**

Response: See Response to item 6 above.

**14) A list of all grants that involved fetal tissue research received or issued by UM, or any of its affiliates, including, but limited to any foundations, to any corporation, education institution, research institution, or other entity.**

Response: A list of grants involving fetal tissue research is enclosed as Attachment E.

Please note that employee telephone numbers and room locations where fetal tissue research is performed have been redacted from the enclosed materials, as they constitute private personnel data under Minnesota Statute 13.43 and/or private security data under Minnesota Statute 13.37. Our state public records law, the Minnesota Government Data Practices Act, Minnesota Statute, Chapter 13, does not permit us to redact employee names. However, like our peer institutions who also received inquiries from the Select Panel, we are concerned about the safety and security of our employees. We respectfully request that Congress not publicize the employee names contained in our materials as a security measure and to respect the privacy of these individuals.

Sincerely,

[REDACTED]  
[REDACTED] M.D., M.B.A.

Dean of the Medical School  
Vice President for Health Sciences

cc: [REDACTED], Chair, Board of Regents  
[REDACTED], President  
[REDACTED], Vice President for Research  
[REDACTED], General Counsel  
[REDACTED], Executive Director, Board of Regents

# Exhibit 6.80



[REDACTED]

CCR Order [REDACTED] Notice of Shipment

1 message

Mon, Nov 8, 2010 at 1:46 PM

To: [REDACTED]

Your recently placed order from Coriell Cell Repositories has shipped. Please note the shipping information below to track your shipment.

-----

ORDER NUMBER: [REDACTED]  
 PO NUMBER: 0000319700  
 SHIP DATE: 11/8/2010  
 FEDEX TRACKING NO.: [REDACTED]

-----

ITEMS SHIPPED:

| CATALOG ID | QTY | PRODUCT      | DESCRIPTION                    |
|------------|-----|--------------|--------------------------------|
| I90        | 1   | cell culture | IMR-90 - NORMAL HUMAN FETAL LU |

Please INSPECT your shipment and notify us of any problems at [REDACTED] (elsewhere).

Please send us feedback at [REDACTED]

Cell Cultures are shipped as LIVE CULTURES.

FAQs:

- Lymphoblast cultures - [REDACTED]
- Fibroblast cultures - [REDACTED]

Cell Culture Media Information:

- Check the Coriell catalog - [REDACTED]
- Additional information - [REDACTED]

PLEASE MAKE SURE YOU HAVE THE NECESSARY MEDIUM BEFORE THE CELLS ARRIVE.

QUESTIONS? Call [REDACTED] (other countries).

PURCHASING AGENT, please forward this email to the recipient of the shipment.

Thank you,  
The Coriell Cell Repositories



[REDACTED]  
[REDACTED]

---

**From:** [REDACTED]  
**Sent:** Tuesday, February 23, 2016 1:36 PM  
**To:** [REDACTED]  
**Subject:** Fwd: Regenex charges

----- Forwarded message -----

**From:** [REDACTED]  
**Date:** Tue, Sep 16, 2014 at 3:29 PM  
**Subject:** Fwd: Regenex charges  
**To:** [REDACTED]  
**Cc:** [REDACTED]

[REDACTED]

I just spoke to [REDACTED] and he will use the remaining \$169 this afternoon from the Regenx account.

Thanks,

----- Forwarded message -----

**From:** [REDACTED]  
**Date:** Tue, Sep 16, 2014 at 11:59 AM  
**Subject:** Fwd: Regenex charges  
**To:** [REDACTED]

[REDACTED] - thanks, with those expenditures there's \$169 left - can you spend that amount?

Sent from my iPhone

Begin forwarded message:

**From:** [REDACTED]  
**Date:** September 16, 2014 at 11:00:20 AM CDT  
**To:** [REDACTED]  
**Subject:** Re: Fwd: Regenex charges

[REDACTED]

I won't transfer anyone from your grant to [REDACTED]. I will clean up your overdraft on the ReGenX project with salary/fringe onto a different project. Walt's project will be ~\$169 available.

Thanks

[REDACTED]

On 9/16/2014 10:52 AM, [REDACTED] wrote:

Sent from my iPhone

Begin forwarded message:

**From:** [REDACTED] >  
**Date:** September 16, 2014 at 10:44:39 AM CDT  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** Fwd: Regenex charges

Hi [REDACTED],

I checked with [REDACTED] about the Regenex account, and he indicated that he encumbered \$3555 on September 9th for ordering tissue samples that were used to assess AAV serotypes.

See attached accounting documents.

[REDACTED]

----- Forwarded message -----

**From:** [REDACTED]  
**Date:** Tue, Sep 16, 2014 at 10:33 AM  
**Subject:** Regenex charges  
**To:** [REDACTED]

Hi [REDACTED],

I applied \$3555 in charges for tissue from ABR to the Regenex account. One charge was for \$1675 and the other was for \$1880. They are the top two lines of the PCard purchase detail I have attached.

[REDACTED]

--

[REDACTED].D.  
Professor  
Associate Head for Research  
Department of Neurosurgery  
Stem Cell Institute  
University of Minnesota Medical School

Phone: [REDACTED]  
[REDACTED]@umn.edu

=

--

[REDACTED]

BioGen Accounting  
Genetics, Cell Biology & Development  
BioChemistry, Molecular Biology & Biophysics

[REDACTED]

--

[REDACTED]

, Ph.D.

Professor  
Associate Head for Research  
Department of Neurosurgery  
Stem Cell Institute  
University of Minnesota Medical School

Phone

[REDACTED]

[REDACTED]

# Exhibit 6.81

**FETAL TISSUE RESEARCH AT THE UNIVERSITY OF MINNESOTA  
JANUARY 25, 2016**

**I. Current Research**

Human fetal tissue currently or in the recent past has been used by approximately 10 researchers at the University of Minnesota who obtain the tissues primarily from Advanced Bioscience Resources Inc. (ABR), a non-profit organization in California that supplies fetal tissue to medical researchers. ABR has represented that it operates in compliance with federal law, by charging fees only to cover its costs in providing the tissue and adhering to federal human subjects' requirements for obtaining and using fetal tissue for research purposes.

**Pediatric Cancer Research**

One faculty member in the Department of Pediatrics has used human fetal tissue obtained from ABR to conduct laboratory in vitro experiments studying how the immune system develops. The goal of this research is to find better ways to repair tissues that are damaged by chemotherapy or bone marrow transplantation for patients with childhood leukemia and immunodeficiency diseases. This research is supported by an NIH grant of approximately \$400,000.

**HIV/AIDS Research**

Two faculty members in the Department of Surgery use human fetal thymus and liver tissue obtained from ABR to conduct HIV research with mice. These studies, known as chimera research, involve the engraftment of human fetal tissue into mice to grow functional human T cells. The mouse then serves as a model for studying the pathologic changes that occur when the HIV virus infects human T cells. The goal of one study is to determine whether the use of morphine or other opioids by HIV patients accelerates the infection, while the goal of the other study is to determine whether the use of opioids impacts the progression of HIV disease into the lungs. The first study is supported by an NIH grant of over \$500,000, whereas the second study is supported by NIH funding of over \$200,000.

**Diabetes Research**

A faculty member in the Department of Medicine uses human fetal pancreas tissue obtained from ABR as a control in laboratory experiments to determine gene expressions and histology comparisons for cells intended for transplantation. The goal of this research is to discover whether a patient's own skin cells can eventually be modified for transplantation into the patient's pancreas so that it starts producing insulin on its own. This research is supported with non-sponsored funds.

**Parkinson's and other Regenerative Medicine Research**

A faculty member in the Department of Neurosurgery uses human fetal brain tissue obtained from ABR as a control in laboratory experiments to confirm that antibodies are working in different types of neural cells. The goal of this research is create stem cell therapies for Parkinson's disease and other neural disorders. The stem cell approach being used is also capable of generating other organs such as liver, heart, lung, and muscle for regenerative medicine. As a consequence, corresponding human fetal tissues are used as positive controls. Four co-investigators working on this regenerative medicine project have received human fetal

tissue from the principal investigator for use as a control in the experiments. This research is supported funds of approximately \$60,000 from the University's Institute for Engineering in Medicine.

### **Spinal Cord Injury Research**

Another faculty member in the Neurosurgery Department is undertaking new research that uses a stem cell line derived from fetal tissue to study the treatment of spinal cord injuries in human participants. This research is part of a national clinical trial approved through a central IRB that uses a proprietary stem cell line developed by the research sponsor. The University is one of at least nine approved clinical sites. No participants have been enrolled to date at the University, although it is anticipated that one potential participant will be consented and undergo formal screening procedures in early 2016. This research is funded by the sponsor Stem Cells, Inc.

### **Scientific Properties of Fetal Tissue**

Fetal tissue has certain scientific properties that are important for research and cannot be duplicated with adult cells or tissue. For example, fetal bone marrow (used in studying childhood leukemia) contains lymphoid progenitor cells at five to 10 times the frequency compared to adult bone marrow. This provides a unique resource that allows for the conduct of a wide range of biochemical, cell biology, and molecular biological experiments that would otherwise be difficult if not impossible. Fetal cells have cell division capabilities that are dramatically heightened in comparison to the cell division capabilities of adult cells, resulting in the ability to readily grow them in the laboratory thereby facilitating experimental use. In addition, some childhood diseases such as leukemia and certain cardiovascular anomalies have their origin in utero; studying these diseases with the goal of developing new cures can be best accomplished by investigating the actual origin of the disease. Finally, human fetal tissue is an invaluable source of stem cells used in studies of HIV/AIDS that cannot be duplicated in or substituted with adult human tissues.

## **II. Past Research**

Most of the fetal tissue used in University research in the past, as well as currently, has been obtained through third party tissue procurement organizations such as ABR. However, between 2005 and 2013, two infectious disease researchers in the Department of Medicine obtained fetal brain tissue directly from a local women's clinic for HIV research. The researchers had approval from the University's Institutional Review Board (IRB) to conduct the research, they followed federal human subjects' requirements, and no money was paid to obtain the fetal tissue. This research ended in December 2013 and no fetal tissue has been obtained from the local clinic since that time. The research was supported with multiple grants from the NIH.

## **III. Applicable University Policy**

The University has a policy on *Conducting Human Fetal Transplantation Research*, <http://policy.umn.edu/research/fetalresearch>, which was developed several years ago to assure that fetal tissue transplantation research being performed at the University at that time would meet all applicable legal requirements. This type of fetal tissue research had not been

conducted at the University for several years, but is being undertaken again now as part of a national trial as described above. There is no prohibition on faculty conducting this research so long as they comply with the requirements outlined in the policy.

The University recently made a policy decision to impose centralized requirements for procuring, using and disposing of fetal tissue for research. Research involving fetal tissue that is not already subject to review by the Institutional Review Board (IRB) now will be subject to review and approval by the Stem Cell Research Oversight (SCRO) Panel. In addition, procurement and disposition of fetal tissue used in research will be handled by the University's Anatomy Bequest Program (ABP). ABP is a whole body donation program considered a national model for the effective and respectful use and disposition of cadavers and body parts from deceased donors used in research and teaching. Its purpose is to support medical research and education for health professionals by facilitating the donation process. Efforts currently are underway to revise University policy to comprehensively address fetal tissue procurement, use and disposal. Once the policy changes are finalized, the University will disseminate a copy of the new and revised policies and procedures.

Research with fetal tissue that meets the definition of "human subjects' research" will continue to be subject to IRB review and approval, now with input from the SCRO Panel. IRB policies and requirements apply when a researcher obtains information that identifies or potentially identifies the woman donating the fetal tissue, transplants fetal tissue into a living patient (i.e., fetal tissue transplantation research); or meets other criteria for IRB review. The infectious disease research described above that ended in 2013 is an example of research subject to IRB oversight.

#### **IV. Legal Considerations**

##### **A. Federal Restrictions on Transfer of Fetal Tissue**

Federal law prohibits the transfer of fetal tissue in interstate commerce for valuable consideration, 42 USC § 289g-2(a). However, this law allows "reasonable payments associated with the transportation, implantation, processing, preservation, quality control, or storage of human fetal tissue." 42 USC § 289g-2(d)(3). These provisions apply broadly to "tissue or cells obtained from a dead human embryo or fetus after a spontaneous or induced abortion, or after a stillbirth." 42 USC § 289g-1(g). Based on a review of relevant information, including purchase orders, invoices, and materials and representations supplied by the tissue providers, the University has no reason to believe that it has been charged or paid sums to acquire fetal tissue or parts that exceed these legal limits.

##### **B. State Law Requirements on Disposition and Donation of Human Fetal Tissue**

As stated above, the University has made a decision to begin requiring researchers to dispose of fetal tissue used in research through the Anatomy Bequest Program. ABP disposes of human bodies and body parts through cremation followed by burial in a shared grave space and will follow this same process for fetal tissue research. State law on the disposition of fetal remains, Minn. Stat. § 145.1621, does not apply to University research with fetal tissue based on

its plain language and rules of statutory construction. Nevertheless, to assure the respectful disposition of fetal tissue used in research, the University, as a matter of policy, will dispose of fetal tissue in the manner outlined in the statute when the tissue is no longer needed for the research.

The University also has made a decision not to procure fetal tissue from abortions performed in Minnesota. The Minnesota Uniform Anatomical Gift Act, Minn. Stat., Chapter 525A, applies to embryos and fetuses that died of natural causes in utero and does not encompass tissue from induced abortions. The Act neither protects nor prohibits anatomical gifts from induced abortions. However, the University has chosen not to obtain fetal tissue from abortions performed in Minnesota.

## **V. National Landscape**

The use of human fetal tissue and organs in scientific research is an issue that has received considerable attention over the past few months at national and local levels. A recent report issued by the Congressional Research Service last summer, *Fetal Tissue Research: Frequently Asked Questions*, is a valuable resource in understanding the facts, science and federal law governing fetal tissue research. The report is available online at: <https://fas.org/sgp/crs/misc/R44129.pdf>; and also is attached here.

It is common for American research universities to conduct research with fetal tissue and support its continued use as an important source of ongoing medical knowledge and breakthroughs. The Association of American Medical Colleges has issued the attached statement in support of fetal tissue research.

Finally, the federal government supports the use of human fetal tissue in biomedical research. In 2014 the National Institutes of Health funded 164 individual research grants around the country that involved fetal tissue research at a cost of approximately \$76,000,000. As mentioned above, University of Minnesota faculty members were the recipients of some of these grants.



# Exhibit 6.82



## FEEES FOR SERVICES SCHEDULE

Effective January 1, 2014

### FETAL CADAVEROUS SPECIMEN PROCUREMENT SERVICE FEE

|                                              |              |       |
|----------------------------------------------|--------------|-------|
| 2nd trimester specimen (13 - 24 weeks) ..... | PER SPECIMEN | \$325 |
| 1st trimester specimen (8 - 12 weeks) .....  | PER SPECIMEN | \$525 |

### BLOOD SPECIMEN PROCUREMENT

|                                |              |       |
|--------------------------------|--------------|-------|
| Maternal Peripheral .....      | PER SPECIMEN | \$250 |
| Adult Peripheral .....         | PER SPECIMEN | \$250 |
| Full Term Umbilical Cord ..... | PER SPECIMEN | \$535 |

### SPECIAL PROCESSING / PRESERVATION

|                                                           |              |           |
|-----------------------------------------------------------|--------------|-----------|
| Case Report Form (CRF) completion .....                   | PER CASE     | \$25      |
| Specimen "cleaning" .....                                 | PER SPECIMEN | \$50      |
| Special requests (evaluated individually) .....           | PER SPECIMEN | \$25      |
| Snap freezing (LN2) .....                                 | PER SPECIMEN | \$40      |
| Passive freezing (Dry ice) .....                          | PER SHIPMENT | \$80      |
| Foreign shipments .....                                   | PER SHIPMENT | \$100     |
| Electronic Fund Transfer (EFT) (Fee varies by bank) ..... | PER INVOICE  | \$25-\$50 |

*The following fees are subject to change, based upon increases imposed from outside labs and courier companies.*

### INFECTIOUS DISEASE SCREENING (Testing performed on donor blood)

|                        |  |      |
|------------------------|--|------|
| HIV, HBsAg .....       |  | \$95 |
| Additional tests ..... |  | CALL |

### DELIVERY (Research facility responsible for delivery charges.)

(FedEx billed on research facility's account but reversed to ABR will incur a \$15 rebill fee)

|                                                                                   |  |       |
|-----------------------------------------------------------------------------------|--|-------|
| Federal Express Priority Overnight .....                                          |  | \$120 |
| Federal Express First Overnight .....                                             |  | \$150 |
| Federal Express Saturday Delivery .....                                           |  | \$170 |
| Other courier services .....                                                      |  | CALL  |
| Fuel surcharge (Research facility responsible for additional fuel surcharge)..... |  | CALL  |

***Our Terms: Full payment due upon invoice receipt, and within 30 days of the invoice date. Accounts not paid within 30 days of invoice are subject to a 1.5% monthly finance charge.***

# ADVANCED BIOSCIENCE RESOURCES, INC

## FEES FOR SERVICES SCHEDULE

Effective January 1, 2011

### FETAL CADAVEROUS PROCUREMENT

### SERVICE FEE

|                                               |              |       |
|-----------------------------------------------|--------------|-------|
| 2nd trimester D & E (13 - 24 weeks) .....     | PER SPECIMEN | \$220 |
| 1st trimester aspiration (8 - 12 weeks) ..... | PER SPECIMEN | \$450 |

### BLOOD SAMPLE PROCUREMENT

|                                |              |       |
|--------------------------------|--------------|-------|
| Maternal Peripheral .....      | PER SPECIMEN | \$220 |
| Adult Peripheral .....         | PER SPECIMEN | \$220 |
| Full Term Umbilical Cord ..... | PER SPECIMEN | \$465 |

### SPECIAL PROCESSING/PRESERVATION

|                                                |              |       |
|------------------------------------------------|--------------|-------|
| Case Report Form (CRF) completion .....        | PER CASE     | \$25  |
| Tissue "cleaning" .....                        | PER SPECIMEN | \$50  |
| Special requests (evaluated individually)..... | PER SPECIMEN | \$25  |
| Snap freezing (LN2) .....                      | PER SPECIMEN | \$40  |
| Passive freezing (Dry ice) .....               | PER SHIPMENT | \$80  |
| Foreign shipments .....                        | PER SHIPMENT | \$100 |
| Electronic Fund Transfer (EFT) .....           | PER INVOICE  | \$25  |

**The following fees are subject to change based upon increases imposed from outside Labs and Courier Companies.**

### INFECTIOUS DISEASE SCREENING

|                        |      |
|------------------------|------|
| HIV, HBsAg .....       | \$85 |
| Additional tests ..... | CALL |

### DELIVERY

(Applicant responsible for delivery charges.)

(FedEx billed on Researcher's account but reversed to ABR will incur a \$10 Rebill Fee)

|                                                                   |       |
|-------------------------------------------------------------------|-------|
| Federal Express Priority Overnight .....                          | \$85  |
| Federal Express First Overnight .....                             | \$115 |
| Federal Express Saturday Delivery .....                           | \$100 |
| Other courier services .....                                      | CALL  |
| Fuel Surcharge (Courier charge passed along to Researchers) ..... | CALL  |

**Our Terms: Net Due Upon Receipt**

## FEES FOR SERVICES SCHEDULE

Effective January 1, 2012

### FETAL CADAVEROUS PROCUREMENT

### SERVICE FEE

|                                               |              |       |
|-----------------------------------------------|--------------|-------|
| 2nd trimester D & E (13 - 24 weeks) .....     | PER SPECIMEN | \$230 |
| 1st trimester aspiration (8 - 12 weeks) ..... | PER SPECIMEN | \$450 |

### BLOOD SAMPLE PROCUREMENT

|                                |              |       |
|--------------------------------|--------------|-------|
| Maternal Peripheral .....      | PER SPECIMEN | \$230 |
| Adult Peripheral .....         | PER SPECIMEN | \$230 |
| Full Term Umbilical Cord ..... | PER SPECIMEN | \$465 |

### SPECIAL PROCESSING/PRESERVATION

|                                                 |              |       |
|-------------------------------------------------|--------------|-------|
| Case Report Form (CRF) completion .....         | PER CASE     | \$25  |
| Tissue "cleaning" .....                         | PER SPECIMEN | \$50  |
| Special requests (evaluated individually) ..... | PER SPECIMEN | \$25  |
| Snap freezing (LN2) .....                       | PER SPECIMEN | \$40  |
| Passive freezing (Dry ice) .....                | PER SHIPMENT | \$80  |
| Foreign shipments .....                         | PER SHIPMENT | \$100 |
| Electronic Fund Transfer (EFT) .....            | PER INVOICE  | \$25  |

**The following fees are subject to change based upon increases imposed from outside Labs and Courier Companies.**

### INFECTIOUS DISEASE SCREENING

|                        |      |
|------------------------|------|
| HIV, HBsAg .....       | \$85 |
| Additional tests ..... | CALL |

### DELIVERY

(Applicant responsible for delivery charges.)

(FedEx billed on Researcher's account but reversed to ABR will incur a \$12 Rebill Fee)

|                                                                   |       |
|-------------------------------------------------------------------|-------|
| Federal Express Priority Overnight .....                          | \$95  |
| Federal Express First Overnight .....                             | \$130 |
| Federal Express Saturday Delivery .....                           | \$115 |
| Other courier services .....                                      | CALL  |
| Fuel Surcharge (Courier charge passed along to Researchers) ..... | CALL  |

**Our Terms: Net Due Upon Receipt**

# Exhibit 6.83



# TISSUE ACQUISITION INVOICE

|           |                  |            |
|-----------|------------------|------------|
| DATE      | P.O. #           | INVOICE #  |
| 1/15/2015 | Credit Card      | 1029757    |
|           | TERMS            | CUSTOMER # |
|           | Due Upon Receipt | 0680       |

BILL TO

University of MN  
[Redacted]

| PROC. DATE | PATIENT ID | ABR ID | GEST | DESCRIPTION                                                            | RESEARCHER | FEE                   |
|------------|------------|--------|------|------------------------------------------------------------------------|------------|-----------------------|
| 1/15/2015  | [Redacted] | 8990   | 16   | Thymus, 2nd Trimester                                                  | [Redacted] | 340.00                |
| 1/15/2015  | [Redacted] | 8991   | 16   | Liver, 2nd Trimester                                                   | [Redacted] | 340.00                |
| 1/15/2015  | [Redacted] | 8993   |      | HIV                                                                    | [Redacted] | 50.00                 |
|            |            |        |      | 01/25/15 PAID via MasterCard #0448 [Redacted]<br>Request by [Redacted] |            |                       |
|            |            |        |      |                                                                        |            | <b>Total</b> \$730.00 |

Merchant ID: 0880571532  
 Ref #: 0887  
**Sale**  
 Entry Method: Manual  
 Amount: \$ 730.00  
 Tax: \$ 0.00  
 Total: \$ 730.00  
 01/25/15  
 Inv #: 000007  
 Approved: Online  
 AHS Code: ZIP MATCH 2  
 Cust #: 680

Customer Copy  
THANK YOU  
HAVE A NICE DAY!



FSPRD

New Window

Purchase Order Inquiry  
Purchase Order

Business Unit UMN01  
PO ID 0000844849

PO Status Compl  
Budget Status Valid

Header  
PO Date 04/29/2014  
Supplier Name STEMEXPRES  
Supplier ID 0000085998  
Requester ID [Redacted]  
Buyer [Redacted]  
PO Reference

Lines  
Line Item ID  
1 [Redacted]  
View Printable Vers  
Return to Search Notify

**PO Header Comments**

Business Unit UMN01 PO ID 0000844849 Supplier STEMEXPRES-001

Retrieve Active Comments Only

\*Sort Method Comment Time Stamp \*Sort Sequence Ascending

Comments Find | View All First 1 of 1 Last  
Comment Status Active

Tissue samples required for the development of humanized mice infrastructure, Research will be conducted by and relevant to all BTR faculty. Please see attached quote 5055 for correct pricing. (Please deliver between May 7th and May 9th)

Send to Supplier  Shown at Receipt  
 Shown at Voucher  Approval Justification

Associated Document

Attachment

From -> REQ UMN01-0000801513

FSPRD

New Window

Purchase Order Inquiry  
Purchase Order

Business Unit UMN01  
PO ID 0000342810

PO Status Compl  
Budget Status Valid

Header  
PO Date 10/19/2010  
Supplier Name ADVANCEDBI  
Supplier ID 0000012808  
Requester ID [REDACTED]  
Buyer [REDACTED]  
PO Reference  
Header Detail  
All RTV  
Matching

Lines

Line Item ID  
1 [REDACTED]  
View Printable Version  
Return to Search Notify

**PO Header Comments**

Business Unit UMN01 PO ID 0000342810 Supplier ADVANCEDBI-001

Retrieve Active Comments Only

\*Sort Method Comment Time Stamp \*Sort Sequence Ascending

Comments Find | View All First 1 of 1 Last  
Comment Status Active

All items will use to develop human T-cell and NK cell in human mice. This will be used by [REDACTED] lab member in MCRB690.

Send to Supplier Shown at Receipt  
Shown at Voucher Approval Justification

Associated Document  
Attachment

From -> REQ UMN01-0000332562



FSPRD

New Window

Purchase Order Inquiry  
Purchase Order

Business Unit ,UMN01  
PO ID 0000444628

PO Status Compl  
Budget Status Valid

Header

PO Date 07/25/2011  
Supplier Name ADVANCED  
Supplier ID 0000012808  
Requester ID  
Buyer

PO Reference

Header Detail  
All RTV  
Matching

Lines

| Line | Item ID |
|------|---------|
| 1    |         |
| 2    |         |
| 3    |         |

View Printable Version

Return to Search Notify

**PO Header Comments**

Business Unit UMN01 PO ID 0000444628 Supplier ADVANCEDBI-001

Retrive Active Comments Only

\*Sort Method Comment Time Stamp \*Sort Sequence Ascending

Comments Find | View All First 1 of 1 Last  
Comment Status Active

All Items will be used on cell therapy project. It will be used by lab members in MCRB690 upon receive.

Send to Supplier Shown at Receipt  
Shown at Voucher Approval Justification

Associated Document  
Attachment

From -> REQ UMN01-0000433111

FSPRD

New Window

Purchase Order Inquiry  
Purchase Order

Business Unit UMN01  
PO ID 0000722133  
Change Order 1

PO Status Compl  
Budget Status Valid

Header  
PO Date 08/19/2013  
Supplier Name ADVANCEDBI  
Supplier ID 0000012808  
Requester ID [REDACTED]  
Buyer [REDACTED]  
PO Reference  
Header Detail  
Change Order  
All RTV  
Matching

Lines  
Line Item ID  
1 [REDACTED]  
View Printable Vers  
Return to Search Notify

**PO Header Comments**

Business Unit UMN01 PO ID 0000722133 Supplier ADVANCEDBI-001 Change Order 1

Retrieve Active Comments Only

\*Sort Method: Comment Time Stamp \*Sort Sequence: Ascending

Comments Find | View All First 1 of 2 Last  
Comment Status Active

These blanket purchase order requisitions will change funding sources and are designed to replace POs already in existence and cover standing deliveries and the services provided to the Verneris Lab. See the attached.

Send to Supplier Shown at Receipt  
Shown at Voucher Approval Justification

Associated Document  
Attachment

From -> REQ UMN01-0000703688

FSPRD

Purchase Order Inquiry  
Purchase Order

Business Unit UMN01  
PO ID 0000885453  
Change Order 2

Header

PO Date 07/21/2014  
Supplier Name ADVANCED  
Supplier ID 0000012000  
Requestor ID [REDACTED]  
Buyer [REDACTED]  
PO Reference

Header Detail  
Change Order  
AIRTY  
Matching

Lines

Line Item ID

1 [REDACTED]

View Printable View

Return to Search Notify

PO Header Comments

Business Unit UMN01 PO ID 0000885453 Supplier ADVANCED81-001 Change Order 2

Retrieve Active Comments Only

\*Sort Method: Comment Time Stamp \*Sort Sequence: Ascending

Comments Find | View 1 First 1-2 of 2 Last

Comment Status Active

This blanket purchase order requisition is designed to replace closed PO, cover invoices & standing deliveries to the Veremis Lab for Lymphoid Tissue Inducer/NK22 cells and Post-transplant immune Recovery research work. See the attached.

Send to Supplier Shown at Receipt  
Shown at Voucher Approval Justification

Associated Document

Attachment

From -> REQ UMN01-0000834266

Comment Status Active

I AM CHANGING THE END DATE ON THIS PO SO THAT CENTRAL DOESN'T CLOSE THIS PO. MANDA035 9/15/14

Send to Supplier Shown at Receipt  
Shown at Voucher Approval Justification

Associated Document

Attachment

From -> PO UMN01-0000885453



# TISSUE ACQUISITION INVOICE

|          |                  |            |
|----------|------------------|------------|
| DATE     | P.O. #           | INVOICE #  |
| 2/5/2015 | Credit Card      | 1029854    |
|          | TERMS            | CUSTOMER # |
|          | Due Upon Receipt | 0680       |

**BILL TO**  
 University of MN  
 [REDACTED]

| PROC. DATE   | PATIENT ID | ABR ID | GEST | DESCRIPTION                                                            | RESEARCHER | FEE             |
|--------------|------------|--------|------|------------------------------------------------------------------------|------------|-----------------|
| 2/5/2015     | [REDACTED] | 9075   | 17   | Thymus, 2nd Trimester                                                  | [REDACTED] | 340.00          |
| 2/5/2015     | [REDACTED] | 9076   | 17   | Liver, 2nd Trimester                                                   | [REDACTED] | 340.00          |
| 2/5/2015     | [REDACTED] | 9077   |      | HIV                                                                    | [REDACTED] | 50.00           |
|              |            |        |      | 02/20/15 PAID via MasterCard #0448 [REDACTED]<br>Request by [REDACTED] |            |                 |
| <b>Total</b> |            |        |      |                                                                        |            | <b>\$730.00</b> |

ADVANCED BIOSCIENCE RESOURCES, INC.  
 Merchand. ID: 0000577382  
 Ref #: 0010  
**Sale**  
 VISA  
 Entry Method: Manual  
 Amount: \$ 1,450.00  
 Tax: \$ 0.00  
 Total: \$ 1,450.00  
 02/28/15 11:10:43  
 Inv #: 000010 Amer Code: 002728  
 Approved: InLine Batch#: 000013  
 ABR Code: ZIP MATR 7  
 Cust #: 600

Customer Copy  
 THANK YOU  
 MAKE A RULE BUY!



# TISSUE ACQUISITION INVOICE

|           |                  |            |
|-----------|------------------|------------|
| DATE      | P.O. #           | INVOICE #  |
| 1/28/2015 | Credit Card      | 1029812    |
|           | TERMS            | CUSTOMER # |
|           | Due Upon Receipt | 0680       |

**BILL TO**  
 University of MN  
 [Redacted]

| PROC. DATE | PATIENT ID | ABR ID | GEST | DESCRIPTION                                                 | RESEARCHER | FEE    |
|------------|------------|--------|------|-------------------------------------------------------------|------------|--------|
| 1/28/2015  | [Redacted] | 9033   | 17   | Thymus, 2nd Trimester                                       | [Redacted] | 340.00 |
| 1/28/2015  | [Redacted] | 9034   | 17   | Liver, 2nd Trimester                                        | [Redacted] | 340.00 |
| 1/28/2015  | [Redacted] | 9036   |      | HIV                                                         | [Redacted] | 50.00  |
|            |            |        |      | 02/20/15 PAID via MasterCard #0448<br>Request by [Redacted] |            |        |

\*Merchant ID: 00000017292 Ref #: 0010  
**Sale**  
 VISA  
 Entry Method: Manual  
 Amount: \$ 1,450.00  
 Tax: \$ 0.00  
 Total: \$ 1,450.00  
 02/20/15  
 Inv #: 000010  
 Approved: Online  
 ABR Code: ZIP BATCH 2  
 Cust #: 680

Customer Copy  
 THANK YOU  
 HAVE A NICE DAY!

|              |                 |
|--------------|-----------------|
| <b>Total</b> | <b>\$730.00</b> |
|--------------|-----------------|

33

ABR

ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

|           |                  |            |
|-----------|------------------|------------|
| DATE      | P.O. #           | INVOICE #  |
| 3/25/2015 | Credit Card      | 1030134    |
|           | TERMS            | CUSTOMER # |
|           | Due Upon Receipt | 0680       |

BILL TO  
 University of MN  
 [Redacted]

| PROC. DATE | PATIENT ID | ABR ID | GEST | DESCRIPTION                                                            | RESEARCHER   | FEE             |
|------------|------------|--------|------|------------------------------------------------------------------------|--------------|-----------------|
| 3/25/2015  | [Redacted] | 5665   | 19   | Thymus, 2nd Trimester                                                  | [Redacted]   | 340.00          |
| 3/25/2015  | [Redacted] | 5666   | 19   | Liver, 2nd Trimester                                                   | [Redacted]   | 340.00          |
| 3/25/2015  | [Redacted] | 5669   |      | HIV                                                                    | [Redacted]   | 50.00           |
|            |            |        |      | 03/27/15 PAID via MasterCard #0448 [Redacted]<br>Request by [Redacted] |              |                 |
|            |            |        |      |                                                                        | <b>Total</b> | <b>\$730.00</b> |

ADVANCED BIOSCIENCE RESOURCES  
 Ref #: 0005  
 Merch ID: 00005771.502  
**Sale**  
 Entry Method: Manual  
 Amount: \$ 730.00  
 Tax: \$ 0.00  
 Total: \$ 730.00  
 03/27/15 11:41:37  
 Inv #: 000006  
 Approved Online  
 ABR Code: ZIP MATCH 7  
 Cust #: 000

Customer Copy  
 THINK YOU  
 WERE A NICE GUY!

22



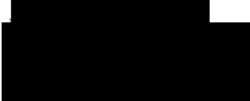
ADVANCED BIOSCIENCE RESOURCES, INC.

### TISSUE ACQUISITION INVOICE

|          |                  |            |
|----------|------------------|------------|
| DATE     | P.O. #           | INVOICE #  |
| 4/2/2015 | Credit Card      | 1030163    |
|          | TERMS            | CUSTOMER # |
|          | Due Upon Receipt | 0680       |

BILL TO

University of MN



| PROC. DATE   | PATIENT ID | ABR ID | GEST | DESCRIPTION                        | RESEARCHER | FEE             |
|--------------|------------|--------|------|------------------------------------|------------|-----------------|
| 4/2/2015     |            | 9295   | 16   | Thymus, 2nd Trimester              |            | 340.00          |
| 4/2/2015     |            | 9296   | 16   | Liver, 2nd Trimester               |            | 340.00          |
| 4/2/2015     |            | 9297   |      | HIV                                |            | 50.00           |
|              |            |        |      | 05/07/15 PAID via MasterCard #0448 |            |                 |
|              |            |        |      | Request by                         |            |                 |
| <b>Total</b> |            |        |      |                                    |            | <b>\$730.00</b> |

ADVANCED BIOSCIENCE RESOURCES

Merchant ID: 0002071502 Ref #: 0001

Sale

Entry Method: Manual

Amount: \$ 730.00  
 Tax: \$ 0.00  
 Total: \$ 730.00

05/06/15 10:59:35  
 Inv #: 000001 Exp. Code: 000073  
 Approved: Online Batch #: 000119  
 A/S Code: ZIP MATCH Z  
 Cust #: 680

Customer Copy  
THANK YOU  
HAVE A NICE DAY!



ADVANCED BIOSCIENCE RESOURCES, INC.

# TISSUE ACQUISITION INVOICE

|          |                  |            |
|----------|------------------|------------|
| DATE     | P.O. #           | INVOICE #  |
| 5/9/2013 | Credit Card      | 1026846    |
|          | TERMS            | CUSTOMER # |
|          | Due Upon Receipt | 0311       |

**RESEARCHER REFERENCE COPY**

BILL TO

University of MN



| PROC DATE    | PATIENT ID | ABR ID | GEST | DESCRIPTION                        | RESEARCHER | FEE             |
|--------------|------------|--------|------|------------------------------------|------------|-----------------|
| 5/9/2013     |            | 8229   | 9    | Brain, 1st Trimester               |            | 515.00          |
| 5/9/2013     |            | 8230   |      | HIV                                |            | 50.00           |
|              |            |        |      | 05/23/13 PAID via MasterCard #3078 |            |                 |
|              |            |        |      | Request by                         |            |                 |
| <b>Total</b> |            |        |      |                                    |            | <b>\$565.00</b> |





ADVANCED BIOSCIENCE RESOURCES, INC.

# TISSUE ACQUISITION INVOICE

|                  |             |            |
|------------------|-------------|------------|
| DATE             | P.O. #      | INVOICE #  |
| 6/26/2013        | Credit Card | 1027029    |
| TERMS            |             | CUSTOMER # |
| Due Upon Receipt |             | 0311       |

BILL TO

University of MN



| PROC. DATE   | PATIENT ID | ABR ID | GEST | DESCRIPTION                        | RESEARCHER | FEE             |
|--------------|------------|--------|------|------------------------------------|------------|-----------------|
| 6/26/2013    |            | 3923   | 13   | Brain, 2nd Trimester               |            | 275.00          |
| 6/26/2013    |            | 3924   |      | HIV                                |            | 50.00           |
|              |            |        |      | 07/10/13 PAID via MasterCard #3078 |            |                 |
|              |            |        |      | Request by                         |            |                 |
| <b>Total</b> |            |        |      |                                    |            | <b>\$325.00</b> |

ADVANCED BIOSCIENCE RESOURCES

Merchant ID: 984065771362 Ref #: 0003

Sale

Entry Method: Manual

Amount: \$ 325.00

Tax: \$ 0.00

Total: \$ 325.00

07/10/13 10:18:56

Inv #: 000003 Appr Code: 057230

Approval: Online Batch#: 000066

ABS Code: ZIP MATCH Z

Cust #: 311

Customer Easy  
THANK YOU  
HAVE A NICE DAY

**TISSUE ACQUISITION INVOICE**

|           |                  |            |
|-----------|------------------|------------|
| DATE      | P.O. #           | INVOICE #  |
| 7/23/2014 | Credit Card      | 1028950    |
|           | TERMS            | CUSTOMER # |
|           | Due Upon Receipt | 0680       |

**BILL TO**  
 University of MN  
 [REDACTED]

| PROC. DATE   | PATIENT ID | ABR ID | GEST | DESCRIPTION                                   | RESEARCHER | FEE             |
|--------------|------------|--------|------|-----------------------------------------------|------------|-----------------|
| 7/23/2014    | [REDACTED] | 9626   | 21   | Thymus, 2nd Trimester                         | [REDACTED] | 325.00          |
| 7/23/2014    | [REDACTED] | 9627   | 21   | Liver, 2nd Trimester                          | [REDACTED] | 325.00          |
| 7/23/2014    | [REDACTED] | 9629   |      | HIV                                           | [REDACTED] | 50.00           |
| 7/23/2014    | [REDACTED] |        |      | Delivery: CA-ABR Courier                      | [REDACTED] | 80.00           |
|              |            |        |      | 07/30/14 PAID via MasterCard #0448 [REDACTED] |            |                 |
|              |            |        |      | [REDACTED] Request by [REDACTED]              |            |                 |
| <b>Total</b> |            |        |      |                                               |            | <b>\$780.00</b> |

Merchant: [REDACTED] Ref #: 6618  
**Sale**  
 Entry Method: Manual  
 Amount: \$ 780.00  
 Tax: \$ 0.00  
 Total: \$ 780.00  
 07/30/14 15:35:07  
 Inv #: 000018 Appr: Online  
 ABR Code: 061007 Batch: 000057  
 Cust #: 680

Customer Copy  
 THANK YOU  
 HAVE A NICE DAY!





ADVANCED BIOSCIENCE RESOURCES, INC.

# TISSUE ACQUISITION INVOICE

|          |                  |            |
|----------|------------------|------------|
| DATE     | P O #            | INVOICE #  |
| 7/2/2014 | Credit Card      | 1028846    |
|          | TERMS            | CUSTOMER # |
|          | Due Upon Receipt | 0311       |

RESEARCHER REFERENCE COPY

BILL TO

University of MN  
[Redacted]

| PROC DATE | PATIENT ID | ABR ID | GEST | DESCRIPTION           | RESEARCHER | FEE    |
|-----------|------------|--------|------|-----------------------|------------|--------|
| 7/2/2014  | [Redacted] | 5041   | 19   | Liver, 2nd Trimester  | [Redacted] | 325.00 |
| 7/2/2014  | [Redacted] | 5042   | 19   | Heart, 2nd Trimester  | [Redacted] | 325.00 |
| 7/2/2014  | [Redacted] | 5043   | 19   | Muscle, 2nd Trimester | [Redacted] | 325.00 |
| 7/2/2014  | [Redacted] | 5044   | 19   | Lung, 2nd Trimester   | [Redacted] | 325.00 |
| 7/2/2014  | [Redacted] | 5045   | 19   | Brain, 2nd Trimester  | [Redacted] | 325.00 |
| 7/2/2014  | [Redacted] | 5046   |      | HIV                   | [Redacted] | 50.00  |

07/30/14 PAID via VISA #0846 [Redacted]  
Request by [Redacted]

RESEARCHER REFERENCE COPY



For client to provide: 1102 [Redacted]

Sale

VISA  
 Enter Payment Manual  
 Amount: \$ 1,675.00  
 Tax: \$ 0.00  
 Total: \$ 1,675.00  
 07/30/14 15:02:28  
 Inv #: 000002  
 Appr Code: 665592  
 Batch#: 20007  
 Approved: DML:re  
 AFS Code: 210 9973  
 Cost #: 311

Please do not alter total amount  
according to any of paper and credit  
after that amount of "net" amount

Advanced Bioscience Resources, Inc.  
10000 University Ave  
Minneapolis, MN 55455  
Phone: 612-343-1000  
Fax: 612-343-1001

**Total \$1,675.00**

**TISSUE ACQUISITION INVOICE**

|           |                  |            |
|-----------|------------------|------------|
| DATE      | P.O. #           | INVOICE #  |
| 7/24/2013 | Credit Card      | 1027147    |
|           | TERMS            | CUSTOMER # |
|           | Due Upon Receipt | 0311       |

**RESEARCHER REFERENCE COPY**

**BILL TO**  
 University of MN  
 [Redacted]

| PROC. DATE                                                             | PATIENT ID | ABR ID | GEST | DESCRIPTION          | RESEARCHER | FEE             |
|------------------------------------------------------------------------|------------|--------|------|----------------------|------------|-----------------|
| 7/24/2013                                                              | [Redacted] | 4025   | 13   | Brain, 2nd Trimester | [Redacted] | 275.00          |
| 7/24/2013                                                              | [Redacted] | 4026   |      | HIV                  | [Redacted] | 50.00           |
| 08/02/13 PAID via MasterCard #3078 [Redacted]<br>Request by [Redacted] |            |        |      |                      |            |                 |
| <b>Total</b>                                                           |            |        |      |                      |            | <b>\$325.00</b> |

ADVANCED BIOSCIENCE RESOURCES  
 [Redacted]  
 Merchant ID: 8080671362  
 Ref #: 8042  
**Sale**  
 MASTERCARD  
 Entry Method: Manual  
 Amount: \$ 325.00  
 Tax: \$ 0.00  
 Total: \$ 325.00  
 08/02/13 13:09:26  
 Inv #: 000002  
 Appr Code: 078135  
 Approved: Online  
 Batch#: 808069  
 AHS Code: ZIP MATCH Z  
 Cust #: 311

I agree to pay above total amount according to card issuer agreement (merchant agreement if credit voucher)

Merchant Copy  
 THANK YOU  
 HAVE A NICE DAY!



# TISSUE ACQUISITION INVOICE

|           |                  |            |
|-----------|------------------|------------|
| DATE      | P.O. #           | INVOICE #  |
| 8/13/2013 | Credit Card      | 1027257    |
|           | TERMS            | CUSTOMER # |
|           | Due Upon Receipt | 0311       |

**BILL TO**  
 University of MN  
 [Redacted]

| PROC DATE    | PATIENT ID | ABR ID | GEST | DESCRIPTION                                   | RESEARCHER | FEE             |
|--------------|------------|--------|------|-----------------------------------------------|------------|-----------------|
| 8/13/2013    | [Redacted] | 4090   | 11   | Skin, 1st Trimester                           | [Redacted] | 515.00          |
| 8/13/2013    | [Redacted] | 4091   |      | HIV                                           | [Redacted] | 50.00           |
|              |            |        |      | 08/21/13 PAID via MasterCard #3078 [Redacted] |            |                 |
|              |            |        |      | Request by [Redacted]                         |            |                 |
| <b>Total</b> |            |        |      |                                               |            | <b>\$565.00</b> |

AUTHORIZED BIOSCIENCE RESOURCES  
 Merchant ID: 60006711362    Ref #: 0803  
**Sale**  
 Entry Method: Manual  
 Amount: \$ 565.00  
 Tax: \$ 0.00  
 Total: \$ 565.00  
 08/21/13    09:41:56  
 Inv #: 000003    Appr Code: 017255  
 Approved: Online    Batch#: 000071  
 AYS Code: ZIP MATCH 2    Cust #: 011

Customer Copy  
 THANK YOU  
 HAVE A NICE DAY



# TISSUE ACQUISITION INVOICE

|           |                  |            |
|-----------|------------------|------------|
| DATE      | P.O. #           | INVOICE #  |
| 7/31/2014 | Credit Card      | 1028989    |
|           | TERMS            | CUSTOMER # |
|           | Due Upon Receipt | 0311       |

RESEARCHER REFERENCE COPY

**BILL TO**  
 University of MN  
 [Redacted]

| PROC. DATE                                                       | PATIENT ID | ABR ID | GEST | DESCRIPTION             | RESEARCHER | FFF               |
|------------------------------------------------------------------|------------|--------|------|-------------------------|------------|-------------------|
| 7/31/2014                                                        | [Redacted] | 8533   | 21   | Eyes (2), 2nd Trimester | [Redacted] | 650.00            |
| 7/31/2014                                                        | [Redacted] | 8535   |      | JHIV                    | [Redacted] | 50.00             |
| 7/31/2014                                                        | [Redacted] | 9630   | 12   | Heart, 1st Trimester    | [Redacted] | 525.00            |
| 7/31/2014                                                        | [Redacted] | 9631   | 12   | Pancreas, 1st Trimester | [Redacted] | 525.00            |
| 7/31/2014                                                        | [Redacted] | 9632   |      | JHIV                    | [Redacted] | 50.00             |
| 7/31/2014                                                        | [Redacted] |        |      | Delivery CA-ABR Courier | [Redacted] | 80.00             |
| 08/21/14 PAID via VISA #0846 [Redacted]<br>Request by [Redacted] |            |        |      |                         |            |                   |
| <b>Total</b>                                                     |            |        |      |                         |            | <b>\$1,880.00</b> |

RESEARCHER REFERENCE COPY

Merchant ID: [Redacted] 1562

**Sale**

Entry Method: Manual

Amount: \$ 1,880.00

Tax: \$ 0.00

Total: \$ 1,880.00

88/22/14 35,40,82

Inv #: 080686 ABR Code: 050036

Approved: Online Batch#: 080686

4-S Code: ZIP 55455 2

Cost #: 311

I agree to pay above total amount according to cardholder's agreement with the merchant.

Transaction ID: [Redacted]

1099-INT: [Redacted]

**TISSUE ACQUISITION INVOICE**

|           |                  |            |
|-----------|------------------|------------|
| DATE      | P O #            | INVOICE #  |
| 7/30/2014 | Credit Card      | 1028981    |
|           | TERMS            | CUSTOMER # |
|           | Due Upon Receipt | 0311       |

**RESEARCHER REFERENCE COPY**

**BILL TO**  
 University of MN  
 [Redacted]

| PROC DATE | PATIENT ID | ABR ID | GEST | DESCRIPTION               | RESEARCHER | FEE    |
|-----------|------------|--------|------|---------------------------|------------|--------|
| 7/30/2014 | [Redacted] | 8519   | 12   | Liver, 1st Trimester      | [Redacted] | 525.00 |
| 7/30/2014 | [Redacted] | 8520   | 12   | Lung, 1st Trimester       | [Redacted] | 525.00 |
| 7/30/2014 | [Redacted] | 8521   | 12   | Muscle, 1st Trimester     | [Redacted] | 525.00 |
| 7/30/2014 | [Redacted] | 8522   | 12   | Kidney (L), 1st Trimester | [Redacted] | 525.00 |
| 7/30/2014 | [Redacted] | 8523   | 12   | Brain, 1st Trimester      | [Redacted] | 525.00 |
| 7/30/2014 | [Redacted] | 8524   |      | MTV                       | [Redacted] | 50.00  |

08/21/14 PAID via VISA 4084 [Redacted]  
 Request by [Redacted]

ADVANCED BIOSCIENCE RESOURCES, INC.  
 [Redacted]  
 1000 University Ave, SE  
 Atlanta, GA 30316  
 Tel: 404.525.1122

**Sale**

Entry Method: \*Amal.  
 Amount: \$ 675.00  
 Tax: \$ 0.00  
 Total: \$ 675.00

08/21/14 10:41:15  
 Inv #: 068016 Acq Code: 33422 Batch#: 068059  
 Approved: Online  
 A/S Code: ZIP #012  
 Cust #: 311

I agree to pay above price, which  
 includes all tax, and accept  
 responsibility for payment  
 (Merchant agreement at credit terminal)

Merchant ID: [Redacted]  
 Invoice #: [Redacted]  
 Print on Receipt

ADVANCED BIOSCIENCE RESOURCES, INC.  
 [Redacted]  
 1000 University Ave, SE  
 Atlanta, GA 30316  
 Tel: 404.525.1122

**Sale**

Entry Method: \*Amal.  
 Amount: \$ 2,000.00  
 Tax: \$ 0.00  
 Total: \$ 2,000.00

08/21/14 10:41:15  
 Inv #: 068017 Acq Code: 33423 Batch#: 068055  
 Approved: Online  
 A/S Code: ZIP #012  
 Cust #: 311

I agree to pay above price, which  
 includes all tax, and accept  
 responsibility for payment  
 (Merchant agreement at credit terminal)

Merchant ID: [Redacted]  
 Invoice #: [Redacted]  
 Print on Receipt

**Total \$2,675.00**

**TISSUE ACQUISITION INVOICE**

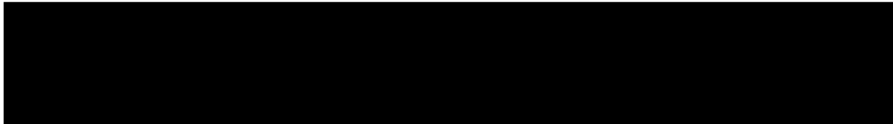
|            |                  |            |
|------------|------------------|------------|
| DATE       | P.O. #           | INVOICE #  |
| 10/21/2014 | Credit Card      | 1029405    |
|            | TERMS            | CUSTOMER # |
|            | Due Upon Receipt | 0680       |

**RESEARCHER REFERENCE COPY**

**BILL TO**  
 University of MN  
 [Redacted]

| PROC. DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PATIENT ID | ABR ID | GEST | DESCRIPTION              | RESEARCHER | FEE             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------|------|--------------------------|------------|-----------------|
| 10/21/2014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | [Redacted] | 1173   | 18   | Liver, 2nd Trimester     | [Redacted] | 325.00          |
| 10/21/2014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | [Redacted] | 1174   | 18   | Thymus, 2nd Trimester    | [Redacted] | 325.00          |
| 10/21/2014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | [Redacted] | 1175   |      | HIV                      | [Redacted] | 50.00           |
| 10/21/2014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |        |      | Delivery: CA-ABR Courier |            | 80.00           |
| <p>10/31/14 PAID via MasterCard #0448 [Redacted]<br/>         [Redacted] Request by [Redacted]</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |        |      |                          |            |                 |
| <p><b>REPRINT</b><br/>         ADVANCED BIOSCIENCE RESOURCES<br/>         P.O. # 1113<br/>         [Redacted]</p> <p>Merchant ID: 48000671362 Ref. #: 0015</p> <p><b>Sale</b></p> <p>VISA [Redacted] Entry Method: Manual</p> <p>Account: \$ 788.00<br/>         Tax: \$ 0.00<br/>         Total: \$ 788.00</p> <p>10/31/14 16:22:31<br/>         Inv #: 000015 Appr Code: 063124<br/>         Approval: Online Batch#: 000165<br/>         HIS Code: ZIP MATCH 2<br/>         Cust #: 690</p> <p>I agree to pay above total amount<br/>         according to card issuer statement<br/>         (Merchant agreement if credit voucher)</p> <p>Merchant Copy<br/>         THANK YOU<br/>         HAVE A NICE DAY!</p> |            |        |      |                          |            |                 |
| <b>Total</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |        |      |                          |            | <b>\$780.00</b> |





# TISSUE ACQUISITION INVOICE

|                  |             |            |
|------------------|-------------|------------|
| DATE             | P.O.#       | INVOICE #  |
| 11/6/2014        | Credit Card | 1029492    |
| TERMS            |             | CUSTOMER # |
| Due Upon Receipt |             | 0680       |

**BILL TO**

University of MN



| PROC. DATE                                                                     | PATIENT ID | ABR ID | GEST | DESCRIPTION           | RESEARCHER | FEE             |
|--------------------------------------------------------------------------------|------------|--------|------|-----------------------|------------|-----------------|
| 11/6/2014                                                                      |            | 5360   | 20   | Thymus, 2nd Trimester |            | 325.00          |
| 11/6/2014                                                                      |            | 5361   | 20   | Liver, 2nd Trimester  |            | 325.00          |
| 11/6/2014                                                                      |            | 5363   |      | HIV                   |            | 50.00           |
| <p>11/21/14 PAID via MasterCard #0448 [REDACTED]<br/>Request by [REDACTED]</p> |            |        |      |                       |            |                 |
| <b>Total</b>                                                                   |            |        |      |                       |            | <b>\$700.00</b> |

ADVANCED BIOSCIENCE RESOURCES

Merchant ID: 00000711262

Ref #: 0011

**Sale**

Entry Method: Manual

Amount: \$ 700.00

Tax: \$ 0.00

Total: \$ 700.00

05:53:50

Order Code: 004901

Batch: 000105

11/21/14

Inv #: 000011

Account: On Line

ANS Code: ZIP MATCH Z

Card #: 600

Customer Copy

THANK YOU  
HAVE A NICE DAY!





**TISSUE ACQUISITION INVOICE**

|            |                  |            |
|------------|------------------|------------|
| DATE       | P.O.#            | INVOICE #  |
| 12/10/2014 | Credit Card      | 1029631    |
|            | TERMS            | CUSTOMER # |
|            | Due Upon Receipt | 0680       |

BILL TO

University of MN

| PROC. DATE   | PATIENT ID | ABR ID | GEST | DESCRIPTION                        | RESEARCHER | FEE             |
|--------------|------------|--------|------|------------------------------------|------------|-----------------|
| 12/10/2014   |            | 5427   | 17   | Thymus, 2nd Trimester              |            | 325.00          |
| 12/10/2014   |            | 5428   | 17   | Liver, 2nd Trimester               |            | 325.00          |
| 12/10/2014   |            | 5431   |      | HIV                                |            | 50.00           |
|              |            |        |      | 12/31/14 PAID via MasterCard #0448 |            |                 |
|              |            |        |      | Request by                         |            |                 |
| <b>Total</b> |            |        |      |                                    |            | <b>\$700.00</b> |

ADVANCED BIOSCIENCE RESOURCES

Merchment: 201 10/10/14/12/14

Ref #: 0611

**Sale**

Entry Method: Manual  
 Amount: \$ 700.00  
 Tax: \$ 0.00  
 Total: \$ 700.00  
 01-31-15  
 Appr Code: 043342  
 Batch#: 060109  
 12/23/14  
 Inv #: 000010  
 Approval: Full Line  
 A/S Code: ZIP MATCH Z  
 Cust #: 680

Customer Copy  
 THANK YOU  
 HAVE A NICE DAY



ADVANCED BIOSCIENCE RESOURCES, INC.

Roy Lab

TISSUE ACQUISITION INVOICE

|            |                  |            |
|------------|------------------|------------|
| DATE       | P.O. #           | INVOICE #  |
| 10/22/2015 | Credit Card      | 1031023    |
|            | TERMS            | CUSTOMER # |
|            | Due Upon Receipt | 0680       |

BILL TO  
University of MN



| PROC. DATE                                                          | PATIENT ID | ABR ID | GEST | DESCRIPTION           | RESEARCHER | FEE             |
|---------------------------------------------------------------------|------------|--------|------|-----------------------|------------|-----------------|
| 10/22/2015                                                          | [REDACTED] | 9696   | 16   | Thymus, 2nd Trimester | [REDACTED] | 340.00          |
| 10/22/2015                                                          | [REDACTED] | 9697   | 16   | Liver, 2nd Trimester  | [REDACTED] | 340.00          |
| 10/22/2015                                                          | [REDACTED] | 9698   |      | HIV                   | [REDACTED] | 50.00           |
| 11/20/15 PAID via MasterCard #2 [REDACTED]<br>Request by [REDACTED] |            |        |      |                       |            |                 |
| <b>Total</b>                                                        |            |        |      |                       |            | <b>\$730.00</b> |

ADVANCED BIOSCIENCE RESOURCES  
 Merchant Ref: 0688  
**Sale**  
 Entry Method: Manual  
 Amount: \$ 730.00  
 Tax: \$ 0.00  
 Total: \$ 730.00  
 11/20/15 13:25:21  
 Inv #: 800988 App Code: 068023  
 Approved: Online Detach: 800988  
 AHS Code: ZIP MATCH Z  
 Cust. #: 680

Customer Copy  
THANK YOU  
HAVE A NICE DAY!



**TISSUE ACQUISITION INVOICE**

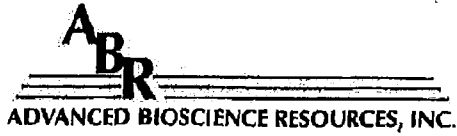
|           |                  |            |
|-----------|------------------|------------|
| DATE      | P.O. #           | INVOICE #  |
| 9/30/2015 | Credit Card      | 1030912    |
|           | TERMS            | CUSTOMER # |
|           | Due Upon Receipt | 0680       |

**BILL TO**  
University of MN

| PROC. DATE   | PATIENT ID | ABR ID | GEST | DESCRIPTION                        | RESEARCHER | FEE            |
|--------------|------------|--------|------|------------------------------------|------------|----------------|
| 9/30/2015    |            | 2377   | 18   | Thymus, 2nd Trimester              |            | 340.00         |
| 9/30/2015    |            | 2378   | 18   | Liver, 2nd Trimester               |            | 340.00         |
| 9/30/2015    |            | 2381   |      | HIV                                |            | 50.00          |
|              |            |        |      | 10/04/15 PAID via MasterCard #0448 |            |                |
|              |            |        |      | Request by                         |            |                |
| <b>Total</b> |            |        |      |                                    |            | <b>5730.00</b> |

VISA  
 Amount: \$ 1,460.00  
 Tax: \$ 0.00  
 Total: \$ 1,460.00  
 10/04/15 10:19:19  
 Inv #: 000020  
 Approved: On Line  
 ABR Code: ZIP MATCH 2  
 Cust #: 688  
 Entry Method: Manual  
 Ref #: 0028  
**Sale**  
 Customer Copy  
 THANK YOU  
 HAVE A NICE DAY!

Microbiome grant - SR



**TISSUE ACQUISITION INVOICE**

|          |                  |            |
|----------|------------------|------------|
| DATE     | P.O. #           | INVOICE #  |
| 9/9/2015 | Credit Card      | 1030839    |
|          | TERMS            | CUSTOMER # |
|          | Due Upon Receipt | 0680       |

**BILL TO**  
University of MN

| PROC. DATE                         | PATIENT ID | ABR ID | GEST | DESCRIPTION           | RESEARCHER | FEE             |
|------------------------------------|------------|--------|------|-----------------------|------------|-----------------|
| 9/9/2015                           |            | 9071   | 20   | Thymus, 2nd Trimester |            | 340.00          |
| 9/9/2015                           |            | 9072   | 20   | Liver, 2nd Trimester  |            | 340.00          |
| 9/9/2015                           |            | 9075   |      | HIV                   |            | 50.00           |
| 10/04/15 PAID via MasterCard #0448 |            |        |      |                       |            |                 |
| Request by                         |            |        |      |                       |            |                 |
| <b>Total</b>                       |            |        |      |                       |            | <b>\$730.00</b> |

ADVANCED BIOSCIENCE RESOURCES  
10/04/15 10:00 AM  
Ref #: 8028

**Sale**

Entry Method: Manual  
Account: \$ 1,450.00  
Tax: \$ 0.00  
Total: \$ 1,450.00  
10/04/15 14:19:15  
Inv #: 068028  
Account: Online  
HIS Code: ZIP 10101 7  
Cust #: 058

Customer Copy  
THANK YOU  
HAVE A NICE DAY!

# UNIVERSITY OF MINNESOTA

## Purchase Order

Page 1

PO # 0000844849

(Include all digits on submitted invoice)

|                                                                |                                |                                  |                              |
|----------------------------------------------------------------|--------------------------------|----------------------------------|------------------------------|
| <b>Supplier #:</b> 0000085998<br>STEMEXPRESS LLC<br>[REDACTED] | <b>Date</b><br>4/29/2014       | <b>Tax Exempt #</b><br>8029894   |                              |
|                                                                | <b>Payment Terms</b><br>Net 30 | <b>Freight Terms</b><br>DEST+FRT | <b>Ship Via</b><br>MOST ECON |
|                                                                | <b>Requestor</b><br>[REDACTED] |                                  | <b>Phone</b><br>[REDACTED]   |

Federal Contract Funding? No

|                                                                           |                                     |
|---------------------------------------------------------------------------|-------------------------------------|
| <b>Bill To:</b><br>AP VOUCHER ENTRY<br>[REDACTED]<br>MINNEAPOLIS MN 55455 | <b>Ship To:</b><br>See Detail Below |
|---------------------------------------------------------------------------|-------------------------------------|

Exclusive Terms and Conditions: These terms and conditions are the sole and exclusive terms and conditions applicable to this Purchase Order. The University objects to, and rejects, all other terms and conditions contained in any document provided by Vendor at any time. All terms and conditions in the University of Minnesota Purchase Order General Terms and Conditions, available from the University of Minnesota Purchasing department [REDACTED] Minneapolis, MN 55454 and available online at <http://policy.umn.edu/contracts/ogc/OGC-SC505A.doc> are incorporated herein. Any performance under this Purchase Order (providing goods or performing services) will be deemed acceptance of these terms and conditions and provisions and specifications on the face of this Purchase order and attachments, if any.

Any terms and conditions not standard to the University (ie: not listed in the URL above), must be reviewed by University of Minnesota Office of General Counsel to be incorporated to authorize for this award.

Supplier agrees that any additional or different terms and conditions on its documents (acknowledgements, invoices, website, etc.) shall not be binding on the University, notwithstanding any legend on such document.

If "Yes" appears after "Federal Contract Funding?" at upper right, then Acquisition Regulations ("FAR") clauses apply. See <http://purchasing.umn.edu/docs/FederalFlowdown.pdf>

If attachments are enclosed they are incorporated into the Purchase order by this reference.

**COPY**

# UNIVERSITY OF MINNESOTA

## Purchase Order

Page 2

PO # 0000844849

(Include all digits on submitted invoice)

Tissue samples required for the development of humanized mice infrastructure. Research will be conducted by and relevant to all BTR faculty. Please see attached quote 5055 for correct pricing. (Please deliver between May 7th and May 9th)

| Line | Item / Description                                  | Quantity | UOM | Unit Price | Extended Amt |
|------|-----------------------------------------------------|----------|-----|------------|--------------|
| 1    | Stem Express fetal liver CD34+ & human fetal tissue | 1.00     | EA  | \$3,135.00 | \$3,135.00   |

**Ship To:**

SURGERY-P118850006

MINNEAPOLIS MN 55455

PO ESTIMATED TOTAL AMOUNT

\$3,135.00

**ABOVE PURCHASE ORDER IS ELECTRONICALLY APPROVED BY UNIVERSITY OF MINNESOTA.**

**COPY**

# UNIVERSITY OF MINNESOTA

## Purchase Order

Page 3

PO # 0000844849

(Include all digits on submitted invoice)

| Line | Sched | Dist | Amount |
|------|-------|------|--------|
| 1    | 1     | 1    | 0.00   |

| Fund | Deptid | Program | PC BU | Project | Act | Account | Fin EmpID | Chartfield1 | Chartfield2 | CS |
|------|--------|---------|-------|---------|-----|---------|-----------|-------------|-------------|----|
| 1024 | 11881  | 20090   |       |         |     | 720299  |           |             |             |    |

| Line | Sched | Dist | Amount   |
|------|-------|------|----------|
| 1    | 1     | 2    | 3,135.00 |

| Fund | Deptid | Program | PC BU | Project | Act | Account | Fin EmpID | Chartfield1 | Chartfield2 | CS |
|------|--------|---------|-------|---------|-----|---------|-----------|-------------|-------------|----|
| 1024 | 11881  | 20090   |       |         |     | 720299  |           |             |             |    |

COPY



Purchase Order

(Include all digits on submitted invoice)

|                                                                                                |                                |                                  |                              |
|------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|------------------------------|
| <b>Supplier #:</b> 0000012808<br>ADVANCED BIOSCIENCE RESOURCES INC<br>[REDACTED]<br>[REDACTED] | <b>Date</b><br>2/26/2014       | <b>Tax Exempt #</b><br>8029894   |                              |
|                                                                                                | <b>Payment Terms</b><br>Net 30 | <b>Freight Terms</b><br>DEST+FRT | <b>Ship Via</b><br>MOST ECON |
|                                                                                                | <b>Requestor</b><br>[REDACTED] |                                  | <b>Phone</b><br>[REDACTED]   |

Federal Contract Funding? No

|                                                                           |                                     |
|---------------------------------------------------------------------------|-------------------------------------|
| <b>Bill To:</b><br>AP VOUCHER ENTRY<br>[REDACTED]<br>MINNEAPOLIS MN 55455 | <b>Ship To:</b><br>See Detail Below |
|---------------------------------------------------------------------------|-------------------------------------|

Exclusive Terms and Conditions: These terms and conditions are the sole and exclusive terms and conditions applicable to this Purchase Order. The University objects to, and rejects, all other terms and conditions contained in any document provided by Vendor at any time. All terms and conditions in the University of Minnesota Purchase Order General Terms and Conditions, available from the University of Minnesota Purchasing department [REDACTED] Minneapolis, MN 55454 and available online at <http://www.ogc1.umn.edu/stellent/groups/ogc/documents/contract/OGC-SC505A.doc> are incorporated herein. Any performance under this Purchase Order (providing goods or performing services) will be deemed acceptance of these terms and conditions and provisions and specifications on the face of this Purchase order and attachments, if any.

Vendor agrees that any additional or different terms and conditions on its documents (acknowledgements, invoices, website, etc.) shall not be binding on the University, notwithstanding any legend on such document.

If "Yes" appears after "Federal Contract Funding?" at upper right, then Acquisition Regulations ("FAR") clauses apply. See <http://purchasing.umn.edu/docs/FederalFlowdown.pdf>

If attachments are enclosed they are incorporated into the Purchase order by this reference.

COPY

Purchase Order

(Include all digits on submitted invoice)

| Line                                                         | Item / Description              | Quantity | UOM | Unit Price | Extended Amt |
|--------------------------------------------------------------|---------------------------------|----------|-----|------------|--------------|
| 1                                                            | Human pancreas tissue (13-24wk) | 1.00     | EA  | \$325.00   | \$325.00     |
| << \$120 Delivery Fee<br>For [REDACTED] >>                   |                                 |          |     |            |              |
| Ship To:<br>[REDACTED]<br>[REDACTED]<br>MINNEAPOLIS MN 55455 |                                 |          |     |            |              |

PO ESTIMATED TOTAL AMOUNT

\$325.00

**ABOVE PURCHASE ORDER IS ELECTRONICALLY APPROVED BY UNIVERSITY OF MINNESOTA.**

COPY

Purchase Order

(Include all digits on submitted invoice)

| Line | Sched | Dist | Amount |
|------|-------|------|--------|
| 1    | 1     | 1    | 325.00 |

| Fund | Deptid | Program | PC BU | Project  | Act | Account | Fin EmplID | Chartfield1 | Chartfield2 | CS |
|------|--------|---------|-------|----------|-----|---------|------------|-------------|-------------|----|
| 3001 | 11780  |         | UMSPR | 00035921 | 1   | 720202  |            |             |             |    |

COPY

**Blanket Order - Change Order**

(Include all digits on submitted invoice)

|                                                                                                |                                |                                  |                              |
|------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|------------------------------|
| <b>Supplier #:</b> 0000012808<br>ADVANCED BIOSCIENCE RESOURCES INC<br>[REDACTED]<br>[REDACTED] | <b>Date</b><br>8/19/2013       | <b>Tax Exempt #</b><br>8029894   |                              |
|                                                                                                | <b>Payment Terms</b><br>Net 30 | <b>Freight Terms</b><br>DEST+FRT | <b>Ship Via</b><br>MOST ECON |
|                                                                                                | <b>Requestor</b><br>[REDACTED] |                                  | <b>Phone</b><br>[REDACTED]   |

Federal Contract Funding? No

|                                                                           |                                     |
|---------------------------------------------------------------------------|-------------------------------------|
| <b>Bill To:</b><br>AP VOUCHER ENTRY<br>[REDACTED]<br>MINNEAPOLIS MN 55455 | <b>Ship To:</b><br>See Detail Below |
|---------------------------------------------------------------------------|-------------------------------------|

**Supplier: Review this document thoroughly to identify changes. Refer to original order for entire order.  
Terms and Conditions of original order apply.**

**COPY**

**Blanket Order - Change Order**

(Include all digits on submitted invoice)

| Line | Item / Description                                                                                | Quantity | UOM | Unit Price | Extended Amt |
|------|---------------------------------------------------------------------------------------------------|----------|-----|------------|--------------|
| 1    | Blkt PO for [REDACTED] tissue purchases from Advanced Bioscience Resources - replaces PO # 574721 | 1.00     | LOT | \$2,000.00 | \$2,000.00   |

Start Date: 07/01/2013 through End Date: 06/30/2014  
Start Date: 07/01/2013 through End Date: 12/31/2013

**Ship To:**  
[REDACTED]  
MINNEAPOLIS MN 55455

**PO ESTIMATED TOTAL AMOUNT** \$2,000.00

**PO ESTIMATED TOTAL AMOUNT BEFORE CHANGE** \$2,000.00

**ABOVE PURCHASE ORDER IS ELECTRONICALLY APPROVED BY UNIVERSITY OF MINNESOTA.**

**COPY**

Blanket Order - Change Order

(Include all digits on submitted invoice)

| Line | Sched | Dist | Amount |
|------|-------|------|--------|
| 1    | 1     | 1    | 500.00 |

| Fund | Deptid | Program | PC BU | Project  | Act | Account | Fin EmplID | Chartfield1 | Chartfield2 | CS |
|------|--------|---------|-------|----------|-----|---------|------------|-------------|-------------|----|
| 3002 | 11849  |         | UMSPR | 00034346 | 1   | 720299  |            |             |             |    |

| Line | Sched | Dist | Amount |
|------|-------|------|--------|
| 1    | 1     | 2    | 500.00 |

| Fund | Deptid | Program | PC BU | Project | Act | Account | Fin EmplID | Chartfield1 | Chartfield2 | CS |
|------|--------|---------|-------|---------|-----|---------|------------|-------------|-------------|----|
| 1701 | 11851  | 21789   |       |         |     | 720299  |            |             |             |    |

| Line | Sched | Dist | Amount |
|------|-------|------|--------|
| 1    | 1     | 3    | 500.00 |

| Fund | Deptid | Program | PC BU | Project | Act | Account | Fin EmplID | Chartfield1 | Chartfield2 | CS |
|------|--------|---------|-------|---------|-----|---------|------------|-------------|-------------|----|
| 1701 | 11851  | 21906   |       |         |     | 720299  |            |             |             |    |

| Line | Sched | Dist | Amount |
|------|-------|------|--------|
| 1    | 1     | 4    | 500.00 |

| Fund | Deptid | Program | PC BU | Project | Act | Account | Fin EmplID | Chartfield1 | Chartfield2 | CS |
|------|--------|---------|-------|---------|-----|---------|------------|-------------|-------------|----|
| 1701 | 11851  | 21787   |       |         |     | 720299  | 3138863    |             |             |    |

COPY

Purchase Order

(Include all digits on submitted invoice)

|                                                                                                |                                |                                  |                              |
|------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|------------------------------|
| <b>Supplier #:</b> 0000012808<br>ADVANCED BIOSCIENCE RESOURCES INC<br>[REDACTED]<br>[REDACTED] | <b>Date</b><br>4/10/2012       | <b>Tax Exempt #</b><br>8029894   |                              |
|                                                                                                | <b>Payment Terms</b><br>Net 30 | <b>Freight Terms</b><br>DEST+FRT | <b>Ship Via</b><br>MOST ECON |
|                                                                                                | <b>Requestor</b><br>[REDACTED] | <b>Phone</b><br>[REDACTED]       |                              |

Federal Contract Funding? No

|                                                                           |                                     |
|---------------------------------------------------------------------------|-------------------------------------|
| <b>Bill To:</b><br>AP VOUCHER ENTRY<br>[REDACTED]<br>MINNEAPOLIS MN 55455 | <b>Ship To:</b><br>See Detail Below |
|---------------------------------------------------------------------------|-------------------------------------|

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**COPY**

Purchase Order

(Include all digits on submitted invoice)

| Line                                             | Item / Description                        | Quantity | UOM | Unit Price | Extended Amt |
|--------------------------------------------------|-------------------------------------------|----------|-----|------------|--------------|
| 1                                                | Human fetal pancreas tissue (16-24 weeks) | 1.00     | EA  | \$230.00   | \$230.00     |
| << \$95 overnight shipping<br>(For [REDACTED] >> |                                           |          |     |            |              |
| Ship To:<br>[REDACTED]<br>MINNEAPOLIS MN 55455   |                                           |          |     |            |              |

PO ESTIMATED TOTAL AMOUNT

\$230.00

**ABOVE PURCHASE ORDER IS ELECTRONICALLY APPROVED BY UNIVERSITY OF MINNESOTA.**

COPY



Purchase Order

(Include all digits on submitted invoice)

| Line | Sched | Dist | Amount |
|------|-------|------|--------|
| 1    | 1     | 1    | 230.00 |

| Fund | Deptid | Program | PC BU | Project  | Act | Account | Fin EmplID | Chartfield1 | Chartfield2 | CS |
|------|--------|---------|-------|----------|-----|---------|------------|-------------|-------------|----|
| 3001 | 11900  |         | UMSPR | 00026822 | 1   | 720202  |            |             |             |    |

COPY

Purchase Order

(Include all digits on submitted invoice)

|                                                                                                |                                |                                  |                              |
|------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|------------------------------|
| <b>Supplier #:</b> 0000012808<br>ADVANCED BIOSCIENCE RESOURCES INC<br>[REDACTED]<br>[REDACTED] | <b>Date</b><br>7/25/2011       | <b>Tax Exempt #</b><br>8029894   |                              |
|                                                                                                | <b>Payment Terms</b><br>Net 30 | <b>Freight Terms</b><br>DEST+FRT | <b>Ship Via</b><br>MOST ECON |
|                                                                                                | <b>Requestor</b><br>[REDACTED] | <b>Phone</b><br>[REDACTED]       |                              |

Federal Contract Funding? No

|                                                                           |                                     |
|---------------------------------------------------------------------------|-------------------------------------|
| <b>Bill To:</b><br>AP VOUCHER ENTRY<br>[REDACTED]<br>MINNEAPOLIS MN 55455 | <b>Ship To:</b><br>See Detail Below |
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COPY

Purchase Order

(Include all digits on submitted invoice)

| Line | Item / Description                             | Quantity | UOM | Unit Price | Extended Amt |
|------|------------------------------------------------|----------|-----|------------|--------------|
| 1    | Supplier Item Id: 9131<br>Thymus/9131          | 1.00     | EA  | \$220.00   | \$220.00     |
|      | Ship To:<br>[REDACTED]<br>MINNEAPOLIS MN 55455 |          |     |            |              |
| 2    | Supplier Item Id: 9132<br>Liver/9132           | 1.00     | EA  | \$220.00   | \$220.00     |
|      | Ship To:<br>[REDACTED]<br>MINNEAPOLIS MN 55455 |          |     |            |              |
| 3    | Supplier Item Id: 9134<br>HIV/HC test/9134     | 1.00     | EA  | \$90.00    | \$90.00      |
|      | Ship To:<br>[REDACTED]<br>MINNEAPOLIS MN 55455 |          |     |            |              |

PO ESTIMATED TOTAL AMOUNT

\$530.00

ABOVE PURCHASE ORDER IS ELECTRONICALLY APPROVED BY UNIVERSITY OF MINNESOTA.

COPY

Purchase Order

(Include all digits on submitted invoice)

|                                                                                                |                                |                                  |                              |
|------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|------------------------------|
| <b>Supplier #:</b> 0000012808<br>ADVANCED BIOSCIENCE RESOURCES INC<br>[REDACTED]<br>[REDACTED] | <b>Date</b><br>2/2/2011        | <b>Tax Exempt #</b><br>8029894   |                              |
|                                                                                                | <b>Payment Terms</b><br>Net 30 | <b>Freight Terms</b><br>DEST+FRT | <b>Ship Via</b><br>MOST ECON |
|                                                                                                | <b>Requestor</b><br>[REDACTED] | <b>Phone</b><br>[REDACTED]       |                              |

Federal Contract Funding? No

|                                                                           |                                     |
|---------------------------------------------------------------------------|-------------------------------------|
| <b>Bill To:</b><br>AP VOUCHER ENTRY<br>[REDACTED]<br>MINNEAPOLIS MN 55455 | <b>Ship To:</b><br>See Detail Below |
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COPY

Purchase Order

(Include all digits on submitted invoice)

| Line                                                               | Item / Description                      | Quantity | UOM | Unit Price | Extended Amt |
|--------------------------------------------------------------------|-----------------------------------------|----------|-----|------------|--------------|
| 1                                                                  | Human Fetal Pancreas Tissue 16-24 weeks | 1.00     | EA  | \$200.00   | \$200.00     |
| << For [REDACTED] (University of Minnesota Stem Cell Institute) >> |                                         |          |     |            |              |
| Ship To:<br>[REDACTED]<br>MINNEAPOLIS MN 55455                     |                                         |          |     |            |              |

PO ESTIMATED TOTAL AMOUNT

\$200.00

**ABOVE PURCHASE ORDER IS ELECTRONICALLY APPROVED BY UNIVERSITY OF MINNESOTA.**

COPY

Purchase Order

(Include all digits on submitted invoice)

| Line | Sched | Dist | Amount |
|------|-------|------|--------|
| 1    | 1     | 1    | 200.00 |

| Fund | Deptid | Program | PC BU | Project  | Act | Account | Fin EmplID | Chartfield1 | Chartfield2 | CS |
|------|--------|---------|-------|----------|-----|---------|------------|-------------|-------------|----|
| 3001 | 11900  |         | UMSPR | 00009038 | 1   | 720202  |            |             |             |    |

COPY

Purchase Order

(Include all digits on submitted invoice)

|                                                                                                |                                |                                  |                              |
|------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|------------------------------|
| <b>Supplier #:</b> 0000012808<br>ADVANCED BIOSCIENCE RESOURCES INC<br>[REDACTED]<br>[REDACTED] | <b>Date</b><br>1/24/2011       | <b>Tax Exempt #</b><br>8029894   |                              |
|                                                                                                | <b>Payment Terms</b><br>Net 30 | <b>Freight Terms</b><br>DEST+FRT | <b>Ship Via</b><br>MOST ECON |
|                                                                                                | <b>Requestor</b><br>[REDACTED] |                                  | <b>Phone</b><br>[REDACTED]   |

Federal Contract Funding? No

|                                                                           |                                     |
|---------------------------------------------------------------------------|-------------------------------------|
| <b>Bill To:</b><br>AP VOUCHER ENTRY<br>[REDACTED]<br>MINNEAPOLIS MN 55455 | <b>Ship To:</b><br>See Detail Below |
|---------------------------------------------------------------------------|-------------------------------------|

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COPY

Purchase Order

(Include all digits on submitted invoice)

| Line                                                  | Item / Description                 | Quantity | UOM | Unit Price | Extended Amt |
|-------------------------------------------------------|------------------------------------|----------|-----|------------|--------------|
| 1                                                     | Supplier Item Id: 931301<br>tissue | 2.00     | EA  | \$220.00   | \$440.00     |
| <b>Ship To:</b><br>[REDACTED]<br>MINNEAPOLIS MN 55455 |                                    |          |     |            |              |
| 2                                                     | HIV HS                             | 1.00     | EA  | \$90.00    | \$90.00      |
| <b>Ship To:</b><br>[REDACTED]<br>MINNEAPOLIS MN 55455 |                                    |          |     |            |              |

PO ESTIMATED TOTAL AMOUNT

\$530.00

**ABOVE PURCHASE ORDER IS ELECTRONICALLY APPROVED BY UNIVERSITY OF MINNESOTA.**

COPY



Purchase Order

(Include all digits on submitted invoice)

| Line | Sched | Dist | Amount |
|------|-------|------|--------|
| 1    | 1     | 1    | 440.00 |

| Fund | Deptid | Program | PC BU | Project | Act | Account | Fin EmplID | Chartfield1 | Chartfield2 | CS |
|------|--------|---------|-------|---------|-----|---------|------------|-------------|-------------|----|
| 1702 | 11328  | 20088   |       |         |     | 720202  | 3097941    |             |             |    |

| Line | Sched | Dist | Amount |
|------|-------|------|--------|
| 2    | 1     | 1    | 90.00  |

| Fund | Deptid | Program | PC BU | Project | Act | Account | Fin EmplID | Chartfield1 | Chartfield2 | CS |
|------|--------|---------|-------|---------|-----|---------|------------|-------------|-------------|----|
| 1702 | 11328  | 20088   |       |         |     | 720202  | 3097941    |             |             |    |

COPY

Purchase Order

(Include all digits on submitted invoice)

|                                                                                                |                                |                                  |                              |
|------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|------------------------------|
| <b>Supplier #:</b> 0000012808<br>ADVANCED BIOSCIENCE RESOURCES INC<br>[REDACTED]<br>[REDACTED] | <b>Date</b><br>10/19/2010      | <b>Tax Exempt #</b><br>8029894   |                              |
|                                                                                                | <b>Payment Terms</b><br>Net 30 | <b>Freight Terms</b><br>DEST+FRT | <b>Ship Via</b><br>MOST ECON |
|                                                                                                | <b>Requestor</b><br>[REDACTED] | <b>Phone</b><br>[REDACTED]       |                              |

Federal Contract Funding? No

|                                                                           |                                     |
|---------------------------------------------------------------------------|-------------------------------------|
| <b>Bill To:</b><br>AP VOUCHER ENTRY<br>[REDACTED]<br>MINNEAPOLIS MN 55455 | <b>Ship To:</b><br>See Detail Below |
|---------------------------------------------------------------------------|-------------------------------------|

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COPY

Purchase Order

(Include all digits on submitted invoice)

| Line | Item / Description         | Quantity | UOM | Unit Price | Extended Amt |
|------|----------------------------|----------|-----|------------|--------------|
| 1    | Thymus, Liver and HIV test | 2.00     | EA  | \$490.00   | \$980.00     |

**Ship To:**  
[REDACTED]  
MINNEAPOLIS MN 55455

PO ESTIMATED TOTAL AMOUNT \$980.00

**ABOVE PURCHASE ORDER IS ELECTRONICALLY APPROVED BY UNIVERSITY OF MINNESOTA.**

COPY

Purchase Order

(Include all digits on submitted invoice)

| Line | Sched | Dist | Amount |
|------|-------|------|--------|
| 1    | 1     | 1    | 980.00 |

| Fund | Deptid | Program | PC BU | Project | Act | Account | Fin EmplID | Chartfield1 | Chartfield2 | CS |
|------|--------|---------|-------|---------|-----|---------|------------|-------------|-------------|----|
| 1702 | 11328  | 20088   |       |         |     | 720201  | 3097941    |             |             |    |

COPY

Purchase Order

(Include all digits on submitted invoice)

|                                                                                                |                                |                                  |                              |
|------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|------------------------------|
| <b>Supplier #:</b> 0000012808<br>ADVANCED BIOSCIENCE RESOURCES INC<br>[REDACTED]<br>[REDACTED] | <b>Date</b><br>4/2/2010        | <b>Tax Exempt #</b><br>8029894   |                              |
|                                                                                                | <b>Payment Terms</b><br>Net 30 | <b>Freight Terms</b><br>DEST+FRT | <b>Ship Via</b><br>MOST ECON |
|                                                                                                | <b>Requestor</b><br>[REDACTED] | <b>Phone</b><br>[REDACTED]       |                              |

Federal Contract Funding? No

|                                                                           |                                     |
|---------------------------------------------------------------------------|-------------------------------------|
| <b>Bill To:</b><br>AP VOUCHER ENTRY<br>[REDACTED]<br>MINNEAPOLIS MN 55455 | <b>Ship To:</b><br>See Detail Below |
|---------------------------------------------------------------------------|-------------------------------------|

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COPY

Purchase Order

(Include all digits on submitted invoice)

| Line                                           | Item / Description                  | Quantity | UOM | Unit Price | Extended Amt |
|------------------------------------------------|-------------------------------------|----------|-----|------------|--------------|
| 1                                              | Human fetal lung tissue 16-22 weeks | 1.00     | EA  | \$175.00   | \$175.00     |
| << \$75 shipping charge<br>for [REDACTED] >>   |                                     |          |     |            |              |
| Ship To:<br>[REDACTED]<br>MINNEAPOLIS MN 55455 |                                     |          |     |            |              |

PO ESTIMATED TOTAL AMOUNT

\$175.00

**ABOVE PURCHASE ORDER IS ELECTRONICALLY APPROVED BY UNIVERSITY OF MINNESOTA.**

COPY

Purchase Order

(Include all digits on submitted invoice)

| Line | Sched | Dist | Amount |
|------|-------|------|--------|
| 1    | 1     | 1    | 175.00 |

| Fund | Deptid | Program | PC BU | Project | Act | Account | Fin EmplID | Chartfield1 | Chartfield2 | CS |
|------|--------|---------|-------|---------|-----|---------|------------|-------------|-------------|----|
| 1026 | 11780  | 21574   |       |         |     | 720202  | 3521496    |             |             |    |

COPY

Purchase Order

(Include all digits on submitted invoice)

|                                                                                                |                                |                                  |                              |
|------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|------------------------------|
| <b>Supplier #:</b> 0000012808<br>ADVANCED BIOSCIENCE RESOURCES INC<br>[REDACTED]<br>[REDACTED] | <b>Date</b><br>1/19/2010       | <b>Tax Exempt #</b><br>8029894   |                              |
|                                                                                                | <b>Payment Terms</b><br>Net 30 | <b>Freight Terms</b><br>DEST+FRT | <b>Ship Via</b><br>MOST ECON |
|                                                                                                | <b>Requestor</b>               |                                  | <b>Phone</b>                 |

Federal Contract Funding? No

|                                                                                |                                     |
|--------------------------------------------------------------------------------|-------------------------------------|
| <b>Bill To:</b><br>AP VOUCHER ENTRY<br>[REDACTED]<br>MINNEAPOLIS MN 55455-0263 | <b>Ship To:</b><br>See Detail Below |
|--------------------------------------------------------------------------------|-------------------------------------|

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COPY



Purchase Order

(Include all digits on submitted invoice)

| Line | Item / Description                                        | Quantity | UOM | Unit Price | Extended Amt |
|------|-----------------------------------------------------------|----------|-----|------------|--------------|
| 1    | Supplier Item Id: 5421<br>HIV-1 p24 Antigen Capture Assay | 1.00     | EA  | \$270.00   | \$270.00     |

<< Please use [REDACTED] for any confirmation or communication regarding this order.  
Thank you. >>

**Ship To:**  
[REDACTED]  
MINNEAPOLIS MN 55455

PO ESTIMATED TOTAL AMOUNT

\$270.00

**ABOVE PURCHASE ORDER IS ELECTRONICALLY APPROVED BY UNIVERSITY OF MINNESOTA.**

COPY

Purchase Order

(Include all digits on submitted invoice)

| Line | Sched | Dist | Amount |
|------|-------|------|--------|
| 1    | 1     | 1    | 270.00 |

| Fund | Deptid | Program | PC BU | Project | Act | Account | Fin EmplID | Chartfield1 | Chartfield2 | CS |
|------|--------|---------|-------|---------|-----|---------|------------|-------------|-------------|----|
| 1803 | 11718  | 21287   |       |         |     | 720202  | 3694715    |             |             |    |

COPY

Purchase Order

(Include all digits on submitted invoice)

|                                                                                                |                                |                                  |                             |
|------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------------------------|
| <b>Supplier #:</b> 0000012808<br>ADVANCED BIOSCIENCE RESOURCES INC<br>[REDACTED]<br>[REDACTED] | <b>Date</b><br>10/7/2008       | <b>Tax Exempt #</b><br>8029894   |                             |
|                                                                                                | <b>Payment Terms</b><br>Net 30 | <b>Freight Terms</b><br>DEST+FRT | <b>Ship Via</b><br>BEST WAY |
|                                                                                                | <b>Requestor</b><br>[REDACTED] |                                  | <b>Phone</b><br>[REDACTED]  |

Federal Contract Funding? No

|                                                                           |                                     |
|---------------------------------------------------------------------------|-------------------------------------|
| <b>Bill To:</b><br>AP VOUCHER ENTRY<br>[REDACTED]<br>MINNEAPOLIS MN 55455 | <b>Ship To:</b><br>See Detail Below |
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COPY

Purchase Order

(Include all digits on submitted invoice)

| Line                       | Item / Description   | Quantity | UOM | Unit Price | Extended Amt |
|----------------------------|----------------------|----------|-----|------------|--------------|
| 1                          | Pancreas 16-24 weeks | 1.00     | EA  | \$175.00   | \$175.00     |
| << \$75 shipping charge >> |                      |          |     |            |              |
| For [REDACTED]             |                      |          |     |            |              |
| Ship To:                   |                      |          |     |            |              |
| [REDACTED]                 |                      |          |     |            |              |
| MINNEAPOLIS MN 55455       |                      |          |     |            |              |
| 2                          | Liver 16-24 weeks    | 1.00     | EA  | \$175.00   | \$175.00     |
| Ship To:                   |                      |          |     |            |              |
| [REDACTED]                 |                      |          |     |            |              |
| MINNEAPOLIS MN 55455       |                      |          |     |            |              |

PO ESTIMATED TOTAL AMOUNT

\$350.00

ABOVE PURCHASE ORDER IS ELECTRONICALLY APPROVED BY UNIVERSITY OF MINNESOTA.

COPY

Purchase Order

(Include all digits on submitted invoice)

| Line | Sched | Dist | Amount |
|------|-------|------|--------|
| 1    | 1     | 1    | 175.00 |

| Fund | Deptid | Program | PC BU | Project | Act | Account | Fin EmplID | Chartfield1 | Chartfield2 | CS |
|------|--------|---------|-------|---------|-----|---------|------------|-------------|-------------|----|
| 1702 | 11780  | 21574   |       |         |     | 720201  | 3521496    |             |             |    |

| Line | Sched | Dist | Amount |
|------|-------|------|--------|
| 2    | 1     | 1    | 175.00 |

| Fund | Deptid | Program | PC BU | Project | Act | Account | Fin EmplID | Chartfield1 | Chartfield2 | CS |
|------|--------|---------|-------|---------|-----|---------|------------|-------------|-------------|----|
| 1702 | 11780  | 21574   |       |         |     | 720201  | 3521496    |             |             |    |

COPY

**Blanket Order - Change Order**

(Include all digits on submitted invoice)

|                                                                                                |                                |                                  |                              |
|------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|------------------------------|
| <b>Supplier #:</b> 0000012808<br>ADVANCED BIOSCIENCE RESOURCES INC<br>[REDACTED]<br>[REDACTED] | <b>Date</b><br>7/21/2014       | <b>Tax Exempt #</b><br>8029894   |                              |
|                                                                                                | <b>Payment Terms</b><br>Net 30 | <b>Freight Terms</b><br>DEST+FRT | <b>Ship Via</b><br>MOST ECON |
|                                                                                                | <b>Requestor</b><br>[REDACTED] |                                  | <b>Phone</b><br>[REDACTED]   |

Federal Contract Funding? No

|                                                                           |                                     |
|---------------------------------------------------------------------------|-------------------------------------|
| <b>Bill To:</b><br>AP VOUCHER ENTRY<br>[REDACTED]<br>MINNEAPOLIS MN 55455 | <b>Ship To:</b><br>See Detail Below |
|---------------------------------------------------------------------------|-------------------------------------|

**Supplier: Review this document thoroughly to identify changes. Refer to original order for entire order.  
Terms and Conditions of original order apply.**

**COPY**

**Blanket Order - Change Order**

(Include all digits on submitted invoice)

| Line | Item / Description                                                                                    | Quantity | UOM | Unit Price | Extended Amt |
|------|-------------------------------------------------------------------------------------------------------|----------|-----|------------|--------------|
| 1    | Blkt PO for [REDACTED] tissue purchases from Advanced Bioscience Resources - replaces PO # 0000722133 | 1.00     | LOT | \$2,000.00 | \$2,000.00   |

Start Date: 07/01/2014 through End Date: 08/01/2015  
Start Date: 07/01/2014 through End Date: 08/01/2014

**Ship To:**  
[REDACTED]  
MINNEAPOLIS MN 55455

**PO ESTIMATED TOTAL AMOUNT** \$2,000.00

**PO ESTIMATED TOTAL AMOUNT BEFORE CHANGE** \$2,000.00

**ABOVE PURCHASE ORDER IS ELECTRONICALLY APPROVED BY UNIVERSITY OF MINNESOTA.**

**COPY**

**Blanket Order - Change Order**

(Include all digits on submitted invoice)

| Line | Sched | Dist | Amount |
|------|-------|------|--------|
| 1    | 1     | 1    | 650.00 |

| Fund | Deptid | Program | PC BU | Project  | Act | Account | Fin EmplID | Chartfield1 | Chartfield2 | CS |
|------|--------|---------|-------|----------|-----|---------|------------|-------------|-------------|----|
| 3002 | 11849  |         | UMSPR | 00034346 | 1   | 720299  |            |             |             |    |

| Line | Sched | Dist | Amount   |
|------|-------|------|----------|
| 1    | 1     | 2    | 1,350.00 |

| Fund | Deptid | Program | PC BU | Project  | Act | Account | Fin EmplID | Chartfield1 | Chartfield2 | CS |
|------|--------|---------|-------|----------|-----|---------|------------|-------------|-------------|----|
| 3002 | 11849  |         | UMSPR | 00034346 | 1   | 720299  |            |             |             |    |

**COPY**





## TISSUE ACQUISITION INVOICE

|          |                  |            |
|----------|------------------|------------|
| DATE     | P.O. #           | INVOICE #  |
| 5/8/2014 | 0000722133       | 1028587    |
|          | TERMS            | CUSTOMER # |
|          | Due Upon Receipt | 0566       |

BILL TO

University of MN-Pediatrics

Minneapolis, MN 55455

| PROC. DATE | PATIENT ID | ABR ID | GEST | DESCRIPTION          | RESEARCHER   | FEE             |
|------------|------------|--------|------|----------------------|--------------|-----------------|
| 5/8/2014   |            |        | 19   | Liver, 2nd Trimester |              | 325.00          |
| 5/8/2014   |            |        | 19   | Liver, 2nd Trimester |              | 325.00          |
|            |            |        |      |                      | <b>Total</b> | <b>\$650.00</b> |

Blanket Order

(Include all digits on submitted invoice)

|                                                                                                |                                |                                  |                              |
|------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|------------------------------|
| <b>Supplier #:</b> 0000012808<br>ADVANCED BIOSCIENCE RESOURCES INC<br>[REDACTED]<br>[REDACTED] | <b>Date</b><br>7/24/2012       | <b>Tax Exempt #</b><br>8029894   |                              |
|                                                                                                | <b>Payment Terms</b><br>Net 30 | <b>Freight Terms</b><br>DEST+FRT | <b>Ship Via</b><br>MOST ECON |
|                                                                                                | <b>Requestor</b><br>[REDACTED] | <b>Phone</b><br>[REDACTED]       |                              |

Federal Contract Funding? No

ALSO SEE ATTACHMENTS

|                                                                           |                                     |
|---------------------------------------------------------------------------|-------------------------------------|
| <b>Bill To:</b><br>AP VOUCHER ENTRY<br>[REDACTED]<br>MINNEAPOLIS MN 55455 | <b>Ship To:</b><br>See Detail Below |
|---------------------------------------------------------------------------|-------------------------------------|

Exclusive Terms and Conditions: These terms and conditions are the sole and exclusive terms and conditions applicable to this Purchase Order. The University objects to, and rejects, all other terms and conditions contained in any document provided by Vendor at any time. All terms and conditions in the University of Minnesota Purchase Order General Terms and Conditions, available from the University of Minnesota Purchasing department [REDACTED] Minneapolis, MN 55454 and available online at <http://www.ogc1.umn.edu/stellent/groups/ogc/documents/contract/OGC-SC505A.doc> are incorporated herein. Any performance under this Purchase Order (providing goods or performing services) will be deemed acceptance of these terms and conditions and provisions and specifications on the face of this Purchase order and attachments, if any.

Vendor agrees that any additional or different terms and conditions on its documents (acknowledgements, invoices, website, etc.) shall not be binding on the University, notwithstanding any legend on such document.

If "Yes" appears after "Federal Contract Funding?" at upper right, then Acquisition Regulations ("FAR") clauses apply. See <http://purchasing.umn.edu/docs/FederalFlowdown.pdf>

If attachments are enclosed they are incorporated into the Purchase order by this reference.

COPY

Blanket Order

(Include all digits on submitted invoice)

| Line | Item / Description                                                        | Quantity | UOM | Unit Price | Extended Amt |
|------|---------------------------------------------------------------------------|----------|-----|------------|--------------|
| 1    | Blkt PO for [REDACTED]<br>purchases from Advanced Bioscience<br>Resources | 1.00     | LOT | \$3,000.00 | \$3,000.00   |

Start Date: 07/24/2012 through End Date: 08/02/2013  
Start Date: 07/24/2012 through End Date: 08/02/2013

**Ship To:**  
[REDACTED]  
MINNEAPOLIS MN 55455

PO ESTIMATED TOTAL AMOUNT \$3,000.00

**ABOVE PURCHASE ORDER IS ELECTRONICALLY APPROVED BY UNIVERSITY OF MINNESOTA.**

COPY

Blanket Order

(Include all digits on submitted invoice)

| Line | Sched | Dist | Amount   |
|------|-------|------|----------|
| 1    | 1     | 1    | 2,010.00 |

| Fund | Deptid | Program | PC BU | Project  | Act | Account | Fin EmplID | Chartfield1 | Chartfield2 | CS |
|------|--------|---------|-------|----------|-----|---------|------------|-------------|-------------|----|
| 3001 | 11849  |         | UMSPR | 06437515 | 1   | 720206  |            |             |             |    |

| Line | Sched | Dist | Amount |
|------|-------|------|--------|
| 1    | 1     | 2    | 990.00 |

| Fund | Deptid | Program | PC BU | Project  | Act | Account | Fin EmplID | Chartfield1 | Chartfield2 | CS |
|------|--------|---------|-------|----------|-----|---------|------------|-------------|-------------|----|
| 3001 | 11849  |         | UMSPR | 06437515 | 1   | 720206  |            |             |             |    |

COPY

9/16/2014

Intuit Commerce Network

V#03259090

stem  
express

StemExpress LLC



Invoice

|            |             |
|------------|-------------|
| Date       | Invoice No. |
| 06/05/2014 | 4282        |
| Terms      | Due Date    |
| Net 30     | 07/05/2014  |

SUSTAINING QUALITY OF LIFE  
THROUGH RESEARCH™

Bill To: [Redacted]  
University of Minnesota  
[Redacted]

|            |          |
|------------|----------|
| Amount Due | Enclosed |
| \$2,540.00 |          |

Please detach top portion and return with your payment.

| Ship Date  | Ship Via                                                                                     | Tracking No. | Researcher | P.O. No.   | Shipping       |
|------------|----------------------------------------------------------------------------------------------|--------------|------------|------------|----------------|
| 06/04/2014 | FedEx                                                                                        | [Redacted]   | [Redacted] | 0000844849 | StemExp. Acct. |
| Date       | Activity                                                                                     | Quantity     | Rate       | Amount     |                |
| 06/04/2014 | Item #FL0002F: Fetal Liver CD34+ Stem/Progenitor Cells, Fresh, Single Donor - 1 million/vial | 2            | 1,220.00   |            | 2,440.00       |
| 06/04/2014 | Item #PKG0100: Packaging                                                                     | 1            | 15.00      |            | 15.00          |
| 06/04/2014 | Item #SD00104: FedEx Flat Rate                                                               | 1            | 85.00      |            | 85.00          |
|            |                                                                                              |              |            | Total      | \$2,540.00     |

Thank you for your business. If you have any questions, please contact Accounts Receivable at [Redacted].  
Please note: Invoices not paid within the designated terms are subject to a late fee equal to 10% of the balance and a 1.5% per month (18% annum) interest fee, compounded monthly.

9/16/2014

Intuit Commerce Network

V#03259086

stem  
express

StemExpress LLC



SUSTAINING QUALITY OF LIFE  
THROUGH RESEARCH™

|                         |
|-------------------------|
| Bill-To                 |
| [Redacted]              |
| University of Minnesota |
| [Redacted]              |

Invoice

|            |             |
|------------|-------------|
| Date       | Invoice No. |
| 06/04/2014 | 4273        |
| Terms      | Due Date    |
| Net 30     | 07/04/2014  |

|            |          |
|------------|----------|
| Amount Due | Released |
| \$695.00   |          |

Please detach top portion and return with your payment

| Ship Date  | Ship Via                                                                           | Tracking No. | Researcher | P.O. No.     | Shipping        |
|------------|------------------------------------------------------------------------------------|--------------|------------|--------------|-----------------|
| 06/03/2014 | FedEx                                                                              | [Redacted]   | [Redacted] | 0000844849   | StemExp. Acct.  |
| Date       | Activity                                                                           | Quantity     | Rate       | Amount       |                 |
| 06/03/2014 | Item #FT0101F: Human Fetal Tissue - 5 grams of Thymus tissue - POC #01/Spec. #3389 | 1            | 595.00     | 595.00       |                 |
| 06/03/2014 | Item #PKG0100: Packaging                                                           | 1            | 15.00      | 15.00        |                 |
| 06/03/2014 | Item #SD00104: FedEx Flat Rate                                                     | 1            | 85.00      | 85.00        |                 |
|            |                                                                                    |              |            | <b>Total</b> | <b>\$695.00</b> |

Thank you for your business. If you have any questions, please contact Accounts Receivable at [Redacted].  
 Please note: Invoices not paid within the designated terms are subject to a late fee equal to 10% of the balance and a 1.5% per month (18% annum) interest fee, compounded monthly.



### TISSUE ACQUISITION INVOICE

|          |                  |            |
|----------|------------------|------------|
| DATE     | P.O. #           | INVOICE #  |
| 5/8/2014 | 0000722133       | 1028587    |
|          | TERMS            | CUSTOMER # |
|          | Due Upon Receipt | 0566       |

**BILL TO**

University of MN-Pediatrics  
AP Voucher Entry

Minneapolis, MN 55455

**RECEIVED**  
JUL 24 2014  
BY: \_\_\_\_\_

*P.O.# 88 5453*

| PROC. DATE   | PATIENT ID | ABR ID | GEST | DESCRIPTION          | RESEARCHER | FEE             |
|--------------|------------|--------|------|----------------------|------------|-----------------|
| 5/8/2014     | 310802     | 8220   | 19   | Liver, 2nd Trimester | [REDACTED] | 325.00          |
| 5/8/2014     | 310805     | 8230   | 19   | Liver, 2nd Trimester | [REDACTED] | 325.00          |
| <b>Total</b> |            |        |      |                      |            | <b>\$650.00</b> |

**TISSUE ACQUISITION INVOICE**

|           |                  |            |
|-----------|------------------|------------|
| DATE      | P.O. #           | INVOICE #  |
| 2/13/2013 | Awaiting P.O.    | 1026457    |
|           | TERMS            | CUSTOMER # |
|           | Due Upon Receipt | 0542       |

BILL TO

University of MN

Minneapolis, MN 55455

Po # 574721

RECEIVED  
 MAR 25 2013

| PROC. DATE   | PATIENT ID | ABR ID | GEST | DESCRIPTION                                                                    | RESEARCHER | FEE             |
|--------------|------------|--------|------|--------------------------------------------------------------------------------|------------|-----------------|
| 2/13/2013    | 311301     | 3011   | 17   | Liver, 2nd Trimester                                                           |            | 275.00          |
| 2/13/2013    | 311301     | 3012   |      | HIV/HC                                                                         |            | 100.00          |
|              |            |        |      | 03/07/13 UNPAID DUPLICATE Emailed to [redacted] for P.O.                       |            |                 |
| 2/13/2013    |            |        |      | Delivery: FedEx-Priority Overnight                                             |            | 110.00          |
|              |            |        |      | 03/20/13 CORRECTED UNPAID DUPLICATE Emailed to [redacted] for P.O. assistance. |            |                 |
| <b>Total</b> |            |        |      |                                                                                |            | <b>\$485.00</b> |





ADVANCED BIOSCIENCE RESOURCES, INC.

### TISSUE ACQUISITION INVOICE

|           |                  |            |
|-----------|------------------|------------|
| DATE      | P.O. #           | INVOICE #  |
| 2/13/2013 | Awaiting P.O.    | 1026457    |
|           | TERMS            | CUSTOMER # |
|           | Due Upon Receipt | 0542       |

BILL TO

University of MN



PO # 574721

RECEIVED  
MAR 25 2013

| PROC. DATE   | PATIENT ID | ABR ID | GEST | DESCRIPTION                                                          | RESEARCHER | FEE             |
|--------------|------------|--------|------|----------------------------------------------------------------------|------------|-----------------|
| 2/13/2013    | 311301     | 3011   | 17   | Liver, 2nd Trimester                                                 |            | 275.00          |
| 2/13/2013    | 311301     | 3012   |      | HIV/HC                                                               |            | 100.00          |
|              |            |        |      | 03/07/13 UNPAID DUPLICATE Emailed to  for P.O.                       |            |                 |
| 2/13/2013    |            |        |      | Delivery: FedEx-Priority Overnight                                   |            | 110.00          |
|              |            |        |      | 03/20/13 CORRECTED UNPAID DUPLICATE Emailed to  for P.O. assistance. |            |                 |
| <b>Total</b> |            |        |      |                                                                      |            | <b>\$485.00</b> |

# REQUEST FOR NON-PO PAYMENT

Submit this form along with an invoice which does not reference a PO. The form and allowable non-PO payment expense may be found at <http://www.med.umn.edu/ops/financeacctg/ampcluster/home.html> under "Forms" and "Job Aids".

**Vendor Name & Number (if known)**

ADVANCED NIOSCIENCE RESOURCES - 12808

**Invoice Date**

6/13/2012

**Invoice Number**

1025275

**Chart String (where this expense should be charged per your Accountant)**

| Fund | DeptID | Program | Project  | PC Bus Unit | Activity | Account (required) | CF1 | CF2 | CF3/emplid | Cost Share | Amount |
|------|--------|---------|----------|-------------|----------|--------------------|-----|-----|------------|------------|--------|
| 3001 | 11900  |         | 00026822 | UMSPR       | 1        | 720202             |     |     |            |            | 325.00 |
|      |        |         |          |             |          |                    |     |     |            |            |        |
|      |        |         |          |             |          |                    |     |     |            |            |        |
|      |        |         |          |             |          |                    |     |     |            |            |        |

**Justification ("5Ws" - who/what/where/when/why must be addressed below to avoid delay in approval and payment. Peoplesoft has a 254 character limit so please be concise but do not ignore any of the 5w items)**

WE ARE PAYING THIS INVOICE AS A NON-PO PAYMENT BECAUSE PO 0000538195 IS NOW CLOSED. THIS IS OKAY TO PAY PER THE ATTACHED E-MAIL.

**Optional Check Message:**

Preparer:

Phone:

Sign:

Approver (Optional):

Phone:

Sign (Optional):

**ABR**  
 ADVANCED BIOSCIENCE RESOURCES, INC.

**TISSUE ACQUISITION INVOICE**

MAR 24 2014  
 Sent: 03/24

|           |                  |            |
|-----------|------------------|------------|
| DATE      | P.O. #           | INVOICE #  |
| 3/12/2014 | 0000813048       | 1028332    |
|           | TERMS            | CUSTOMER # |
|           | Due Upon Receipt | 0422       |

BILL TO

University of MN  
 [Redacted]  
 Minneapolis, MN 55455

**RECEIVED**  
 MAR 24 2014  
 BY: \_\_\_\_\_

| PROC. DATE   | PATIENT ID | ABR ID | GEST | DESCRIPTION                                                   | RESEARCHER | FEE             |
|--------------|------------|--------|------|---------------------------------------------------------------|------------|-----------------|
| 3/12/2014    | 311203     | 8065   | 20   | Pancreas, 2nd Trimester<br>Delivery: FedEx-Priority Overnight | [Redacted] | 325.00          |
| 3/12/2014    |            |        |      |                                                               |            | 120.00          |
| <b>Total</b> |            |        |      |                                                               |            | <b>\$445.00</b> |

**ABR**  
 ADVANCED BIOSCIENCE RESOURCES, INC.

**RECEIVED**  
 MAY 29 2013  
 BY: \_\_\_\_\_

**TISSUE ACQUISITION INVOICE**

|           |                  |            |
|-----------|------------------|------------|
| DATE      | P.O. #           | INVOICE #  |
| 5/16/2013 | 574721           | 1026883    |
|           | TERMS            | CUSTOMER # |
|           | Due Upon Receipt | 0566       |

BILL TO

University of MN-Pediatrics  
 AP Voucher Entry

Minneapolis, MN 55455

| PROC. DATE | PATIENT ID | ABR ID | GEST | DESCRIPTION          | RESEARCHER   | FEE             |
|------------|------------|--------|------|----------------------|--------------|-----------------|
| 5/16/2013  | 921601     | 9501   | 17   | Liver, 2nd Trimester | [REDACTED]   | 275.00          |
|            |            |        |      |                      | <b>Total</b> | <b>\$275.00</b> |

ABR

ADVANCED BIOSCIENCE RESOURCES, INC.

RECEIVED  
MAY 20 2013

### TISSUE ACQUISITION INVOICE

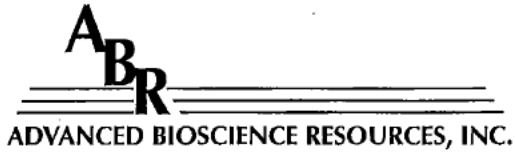
|                  |            |           |
|------------------|------------|-----------|
| DATE             | P.O. #     | INVOICE # |
| 4/11/2013        | 0000574721 | 1026719   |
| TERMS            | CUSTOMER # |           |
| Due Upon Receipt | 0566       |           |

BILL TO

University of MN-Pediatrics  
AP Voucher Entry

Minneapolis, MN 55455

| PROC. DATE   | PATIENT ID | ABR ID | GEST | DESCRIPTION          | RESEARCHER | FEE             |
|--------------|------------|--------|------|----------------------|------------|-----------------|
| 4/11/2013    | 311101     | 3190   | 18   | Liver, 2nd Trimester | [REDACTED] | 275.00          |
| 4/11/2013    | 311101     | 3192   |      | HIV/HC               |            | 100.00          |
| <b>Total</b> |            |        |      |                      |            | <b>\$375.00</b> |



**TISSUE ACQUISITION INVOICE**

|           |                  |            |
|-----------|------------------|------------|
| DATE      | P.O. #           | INVOICE #  |
| 4/25/2013 | 0000574721       | 1026784    |
|           | TERMS            | CUSTOMER # |
|           | Due Upon Receipt | 0566       |

**BILL TO**

University of MN-Pediatrics  
AP Voucher Entry

Minneapolis, MN 55455

| PROC. DATE                                           | PATIENT ID | ABR ID | GEST | DESCRIPTION          | RESEARCHER | FEE             |
|------------------------------------------------------|------------|--------|------|----------------------|------------|-----------------|
| 4/25/2013                                            | 332501     | 3227   | 20   | Liver, 2nd Trimester | [REDACTED] | 275.00          |
| <p><b>RECEIVED</b><br/>MAY 13 2013<br/>BY: _____</p> |            |        |      |                      |            |                 |
| <b>Total</b>                                         |            |        |      |                      |            | <b>\$275.00</b> |

**TISSUE ACQUISITION INVOICE**

|           |                  |            |
|-----------|------------------|------------|
| DATE      | P.O. #           | INVOICE #  |
| 3/28/2013 | 0000574721       | 1026670    |
|           | TERMS            | CUSTOMER # |
|           | Due Upon Receipt | 0566       |

**BILL TO**

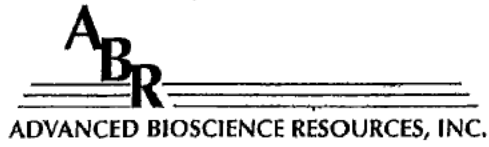
University of MN-Pediatrics  
 AP Voucher Entry



Minneapolis, MN 55455

**RECEIVED**  
 APR 26 2013  
 BY: \_\_\_\_\_

| PROC. DATE   | PATIENT ID | ABR ID | GEST | DESCRIPTION          | RESEARCHER | FEE             |
|--------------|------------|--------|------|----------------------|------------|-----------------|
| 3/28/2013    | 332802     | 3170   | 18   | Liver, 2nd Trimester | [REDACTED] | 275.00          |
| <b>Total</b> |            |        |      |                      |            | <b>\$275.00</b> |



**TISSUE ACQUISITION INVOICE**

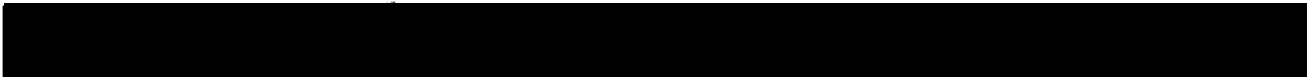
|           |                  |            |
|-----------|------------------|------------|
| DATE      | P.O. #           | INVOICE #  |
| 7/17/2012 | Awaiting P.O.    | 1025456    |
|           | TERMS            | CUSTOMER # |
|           | Due Upon Receipt | 0566       |

RECEIVED  
JUL 24 2012

BILL TO  
University of MN Pediatrics  
Minneapolis, MN 55455-0368

Po# 574721

| PROC. DATE             | PATIENT ID | ABR ID | GEST | DESCRIPTION                                                               | RESEARCHER | FEE             |
|------------------------|------------|--------|------|---------------------------------------------------------------------------|------------|-----------------|
| 7/17/2012<br>7/17/2012 | 311701     | 8178   | 17   | Liver, 2nd Trimester<br>Delivery: FedEx-Priority Overnight                |            | 230.00<br>95.00 |
|                        |            |        |      | 07/23/12 UNPAID DUPLICATE Emailed to<br>Michael Verneris for P.O. Number. |            |                 |
| <b>Total</b>           |            |        |      |                                                                           |            | <b>\$325.00</b> |







## TISSUE ACQUISITION INVOICE

|           |                  |            |
|-----------|------------------|------------|
| DATE      | P.O. #           | INVOICE #  |
| 6/13/2012 | 0000538195       | 1025275    |
|           | TERMS            | CUSTOMER # |
|           | Due Upon Receipt | 0422       |

**BILL TO**  
 University of MN  
 [REDACTED]  
 Minneapolis, MN 55455

| PROC. DATE             | PATIENT ID | ABR ID | GEST | DESCRIPTION                                                   | RESEARCHER   | FEE             |
|------------------------|------------|--------|------|---------------------------------------------------------------|--------------|-----------------|
| 6/13/2012<br>6/13/2012 | 311303     | 8068   | 17   | Pancreas, 2nd Trimester<br>Delivery: FedEx-Priority Overnight | [REDACTED]   | 230.00<br>95.00 |
|                        |            |        |      |                                                               | <b>Total</b> | <b>\$325.00</b> |

**From:** [REDACTED]  
**Sent:** Friday, July 13, 2012 10:29 AM  
**To:** [REDACTED]  
**Subject:** RE: ADVA 1025275 PO 538195

Hi [REDACTED]  
This invoice is okay to pay as well. We received this item back in June. Thanks for your help.  
Jesse

**From:** [REDACTED]  
**Sent:** Thursday, July 12, 2012 3:06 PM  
**To:** [REDACTED]  
**Subject:** ADVA 1025275 PO 538195

Hi, please see the attached invoice for your PO 0000538195. This PO is now closed so we can not pay this invoice against it and there was no receipt created before it was closed. Please let me know if this invoice is okay to pay.  
Thank you,

[REDACTED]  
Procurement Specialist  
University of Minnesota  
Medical School Cluster

[REDACTED]  
Minneapolis, MN 55455

[REDACTED]  
Strengths: Context, Input, Learner, Responsibility, Adaptability

**From:** [REDACTED]  
**Sent:** Thursday, July 12, 2012 2:00 PM  
**To:** [REDACTED]  
**Subject:** Attached Image

7/13/2012

# REQUEST FOR NON-PO PAYMENT

Submit this form along with an invoice which does not reference a PO. The form and allowable non-PO payment expense may be found at <http://www.med.umn.edu/ops/financeacctg/ampcluster/home.html> under "Forms" and "Job Aids".

**Vendor Name & Number (if known)**

ADVANCED NIOSCIENCE RESOURCES - 12808

**Invoice Date**

6/13/2012

**Invoice Number**

1025275

**Chart String (where this expense should be charged per your Accountant)**

| Fund | DeptID | Program | Project  | PC Bus Unit | Activity | Account (required) | CF1 | CF2 | CF3/emplid | Cost Share | Amount |
|------|--------|---------|----------|-------------|----------|--------------------|-----|-----|------------|------------|--------|
| 3001 | 11900  |         | 00026822 | UMSPR       | 1        | 720202             |     |     |            |            | 325.00 |
|      |        |         |          |             |          |                    |     |     |            |            |        |
|      |        |         |          |             |          |                    |     |     |            |            |        |
|      |        |         |          |             |          |                    |     |     |            |            |        |

**Justification ("5Ws" - who/what/where/when/why must be addressed below to avoid delay in approval and payment. Peoplesoft has a 254 character limit so please be concise but do not ignore any of the 5w items)**

WE ARE PAYING THIS INVOICE AS A NON-PO PAYMENT BECAUSE PO 0000538195 IS NOW CLOSED. THIS IS OKAY TO PAY PER THE ATTACHED E-MAIL.

**Optional Check Message:**

**Preparer:**

**Phone**

**Sign:**

**Approver (Optional):**

**Phone**

**Sign (Optional):**

**ABR**  
 ADVANCED BIOSCIENCE RESOURCES, INC.

**TISSUE ACQUISITION INVOICE**

|                  |            |            |
|------------------|------------|------------|
| DATE             | P.O. #     | INVOICE #  |
| 6/29/2011        | 0000444628 | 1023341    |
| TERMS            |            | CUSTOMER # |
| Duc Upon Receipt |            | 0542       |

444628

RESEARCHER REFERENCE COPY

BILL TO

University of Minnesota

Minneapolis, MN 55455

RECEIVED  
 AUG 02 2011

| PROC. DATE   | PATIENT ID | ABR ID | GEST | DESCRIPTION                                                                        | RESEARCHER | FEE             |
|--------------|------------|--------|------|------------------------------------------------------------------------------------|------------|-----------------|
| 6/29/2011    | 922901     | 9131   | 17   | Thymus, 2nd Trimester                                                              |            | 220.00          |
| 6/29/2011    | 922901     | 9132   | 17   | Liver, 2nd Trimester                                                               |            | 220.00          |
| 6/29/2011    | 922901     | 9134   |      | HIV/IIC                                                                            |            | 90.00           |
|              |            |        |      | 07/27/11 UNPAID DUPLICATE Please process using recently acquired P.O. #0000444628. |            |                 |
| <b>Total</b> |            |        |      |                                                                                    |            | <b>\$530.00</b> |

**TISSUE ACQUISITION INVOICE**

|           |                  |            |
|-----------|------------------|------------|
| DATE      | P.O. #           | INVOICE #  |
| 3/24/2011 | 0000380837       | 1022726    |
|           | TERMS            | CUSTOMER # |
|           | Due Upon Receipt | 0422       |

415

BILL TO

University of MN



Minneapolis, MN 55455

R# 4022609

| PROC. DATE | PATIENT ID | ABR ID | GEST | DESCRIPTION                        | RESEARCHER   | FEE             |
|------------|------------|--------|------|------------------------------------|--------------|-----------------|
| 3/24/2011  | 922401     | 9060   | 20   | Pancreas, 2nd Trimester            |              | 220.00          |
| 3/24/2011  |            |        |      | Delivery: FedEx-Priority Overnight |              | 90.00           |
|            |            |        |      |                                    | <b>Total</b> | <b>\$310.00</b> |





ADVANCED BIOSCIENCE RESOURCES, INC.

# TISSUE ACQUISITION INVOICE

|           |                  |            |
|-----------|------------------|------------|
| DATE      | P.O. #           | INVOICE #  |
| 1/13/2011 | 0000376182       | 1022248    |
|           | TERMS            | CUSTOMER # |
|           | Due Upon Receipt | 0542       |

BILL TO

University of Minnesota



Minneapolis, MN 55455

RECEIVED

FEB 04 2011

| PROC. DATE | PATIENT ID | ABR ID | GEST | DESCRIPTION                                                                        | RESEARCHER   | FEE             |
|------------|------------|--------|------|------------------------------------------------------------------------------------|--------------|-----------------|
| 1/13/2011  | 931301     | 2655   | 20   | Thymus, 2nd Trimester                                                              |              | 220.00          |
| 1/13/2011  | 931301     | 2656   | 20   | Liver, 2nd Trimester                                                               |              | 220.00          |
| 1/13/2011  | 931301     | 2657   |      | HIV/HC                                                                             |              | 90.00           |
|            |            |        |      | 01/24/11 UNPAID DUPLICATE Please process using recently acquired P.O. #0000376182. |              |                 |
|            |            |        |      |                                                                                    | <b>Total</b> | <b>\$530.00</b> |

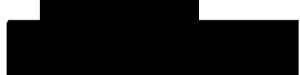


**TISSUE ACQUISITION INVOICE**

|           |                  |            |
|-----------|------------------|------------|
| DATE      | P.O. #           | INVOICE #  |
| 8/10/2010 | 0000342810       | 1021340    |
|           | TERMS            | CUSTOMER # |
|           | Due Upon Receipt | 0542       |

BILL TO

University of Minnesota



Minneapolis, MN 55455

RECEIVED  
 NOV 04 2010

| PROC. DATE   | PATIENT ID | ABR ID | GEST | DESCRIPTION                                                                     | RESEARCHER | FEE             |
|--------------|------------|--------|------|---------------------------------------------------------------------------------|------------|-----------------|
| 8/10/2010    | 931001     | 2571   | 18   | Thymus, 2nd Trimester                                                           | [REDACTED] | 200.00          |
| 8/10/2010    | 931001     | 2572   | 18   | Liver, 2nd Trimester                                                            |            | 200.00          |
| 8/10/2010    | 931001     | 2578   |      | HIV/HC                                                                          |            | 90.00           |
|              |            |        |      | 10/19/10 UNPAID DUPLICATE Please process on recently acquired P.O. #0000342810. |            |                 |
| <b>Total</b> |            |        |      |                                                                                 |            | <b>\$490.00</b> |





**TISSUE ACQUISITION INVOICE**

|           |                  |            |
|-----------|------------------|------------|
| DATE      | P.O. #           | INVOICE #  |
| 9/15/2010 | 0000342810       | 1021569    |
|           | TERMS            | CUSTOMER # |
|           | Due Upon Receipt | 0542       |

BILL TO

University of Minnesota

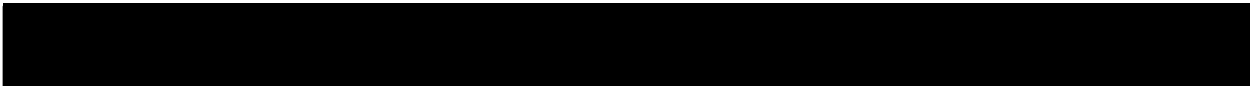


Minneapolis, MN 55455

RECEIVED

NOV 04 2010

| PROC. DATE | PATIENT ID | ABR ID | GEST | DESCRIPTION                                                                     | RESEARCHER   | FEE             |
|------------|------------|--------|------|---------------------------------------------------------------------------------|--------------|-----------------|
| 9/15/2010  | 921502     | 3933   | 18   | Thymus, 2nd Trimester                                                           | [REDACTED]   | 200.00          |
| 9/15/2010  | 921502     | 3934   | 18   | Liver, 2nd Trimester                                                            |              | 200.00          |
| 9/15/2010  | 921502     | 3937   |      | HIV/HC                                                                          |              | 90.00           |
|            |            |        |      | 10/19/10 UNPAID DUPLICATE Please process on recently acquired P.O. #0000342810. |              |                 |
|            |            |        |      |                                                                                 | <b>Total</b> | <b>\$490.00</b> |





**ABR**  
 ADVANCED BIOSCIENCE RESOURCES, INC.

**CREDIT MEMO**

|           |            |            |
|-----------|------------|------------|
| DATE      | P.O. #     | CREDIT #   |
| 8/26/2010 | 0000265239 | 1021084    |
|           |            | CUSTOMER # |
|           |            | 0422       |

CREDIT TO  
 University of MN  
 [REDACTED]  
 Minneapolis, MN 55455

SEP 01 2010

1026  
 11780  
 21574  
 720318

SEP 07 2010

| PROC. DATE | PATIENT ID | ABR ID | GEST | DESCRIPTION                                                                                                                                    | RESEARCHER    | FEE             |
|------------|------------|--------|------|------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------|
| 6/30/2010  |            |        |      | Delivery: FedEx-Priority Overnight                                                                                                             | [REDACTED]    | -85.00          |
|            |            |        |      | 08/26/10 CREDIT MEMO<br>Sample was picked up by Researcher, not delivered via FedEx. Please apply this credit balance toward a future payment. |               |                 |
|            |            |        |      |                                                                                                                                                | <b>Credit</b> | <b>\$-85.00</b> |

**ABR**

ADVANCED BIOSCIENCE RESOURCES, INC.

**TISSUE ACQUISITION INVOICE**

|           |                         |            |
|-----------|-------------------------|------------|
| DATE      | <i>closed</i><br>P.O. # | INVOICE #  |
| 6/30/2010 | 0000265239              | 1021084    |
|           | TERMS                   | CUSTOMER # |
|           | Due Upon Receipt        | 0422       |

JUL 23 2010

BILL TO

University of MN

Minneapolis, MN 55455

7/23

| PROC. DATE             | PATIENT ID | ABR ID | GEST | DESCRIPTION                                               | RESEARCHER | FEE             |
|------------------------|------------|--------|------|-----------------------------------------------------------|------------|-----------------|
| 6/30/2010<br>6/30/2010 | 933001     | 2531   | 16   | Lung, 2nd Trimester<br>Delivery: FedEx-Priority Overnight |            | 200.00<br>85.00 |
| <b>Total</b>           |            |        |      |                                                           |            | <b>\$285.00</b> |

**Blanket Order - Change Order**

Page 1

**CHANGE ORDER # 1 TO BLANKET ORDER # 000885453**

(Include all digits on submitted invoice)

|                                                                                                |                                |                                  |                              |
|------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|------------------------------|
| <b>Supplier #:</b> 0000012808<br>ADVANCED BIOSCIENCE RESOURCES INC<br>[REDACTED]<br>[REDACTED] | <b>Date</b><br>7/21/2014       | <b>Tax Exempt #</b><br>8029894   |                              |
|                                                                                                | <b>Payment Terms</b><br>Net 30 | <b>Freight Terms</b><br>DEST+FRT | <b>Ship Via</b><br>MOST ECON |
|                                                                                                | <b>Requestor</b><br>[REDACTED] |                                  | <b>Phone</b><br>[REDACTED]   |

Federal Contract Funding? No

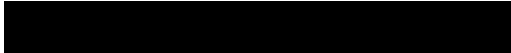
|                                                                           |                                     |
|---------------------------------------------------------------------------|-------------------------------------|
| <b>Bill To:</b><br>AP VOUCHER ENTRY<br>[REDACTED]<br>MINNEAPOLIS MN 55455 | <b>Ship To:</b><br>See Detail Below |
|---------------------------------------------------------------------------|-------------------------------------|

**Supplier: Review this document thoroughly to identify changes. Refer to original order for entire order.  
Terms and Conditions of original order apply.**

**COPY**

**Blanket Order - Change Order**

(Include all digits on submitted invoice)

| Line                                                                              | Item / Description                                                                                        | Quantity | UOM | Unit Price | Extended Amt |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------|-----|------------|--------------|
| 1                                                                                 | Blkt PO for Verneris Lab's tissue purchases from Advanced Bioscience Resources - replaces PO # 0000722133 | 1.00     | LOT | \$2,000.00 | \$2,000.00   |
| Start Date: 07/01/2014 through End Date: 08/01/2015                               |                                                                                                           |          |     |            |              |
| Start Date: 07/01/2014 through End Date: 08/01/2014                               |                                                                                                           |          |     |            |              |
| <b>Ship To:</b>                                                                   |                                                                                                           |          |     |            |              |
| PEDIATRICS-P118490013                                                             |                                                                                                           |          |     |            |              |
|  |                                                                                                           |          |     |            |              |
| MINNEAPOLIS MN 55455                                                              |                                                                                                           |          |     |            |              |

PO ESTIMATED TOTAL AMOUNT \$2,000.00

PO ESTIMATED TOTAL AMOUNT BEFORE CHANGE \$2,000.00

**ABOVE PURCHASE ORDER IS ELECTRONICALLY APPROVED BY UNIVERSITY OF MINNESOTA.**

**COPY**

**Blanket Order - Change Order**

(Include all digits on submitted invoice)

| Line | Sched | Dist | Amount |
|------|-------|------|--------|
| 1    | 1     | 1    | 650.00 |

| Fund | Deptid | Program | PC BU | Project  | Act | Account | Fin EmplID | Chartfield1 | Chartfield2 | CS |
|------|--------|---------|-------|----------|-----|---------|------------|-------------|-------------|----|
| 3002 | 11849  |         | UMSPR | 00034346 | 1   | 720299  |            |             |             |    |

| Line | Sched | Dist | Amount   |
|------|-------|------|----------|
| 1    | 1     | 2    | 1,350.00 |

| Fund | Deptid | Program | PC BU | Project  | Act | Account | Fin EmplID | Chartfield1 | Chartfield2 | CS |
|------|--------|---------|-------|----------|-----|---------|------------|-------------|-------------|----|
| 3002 | 11849  |         | UMSPR | 00034346 | 1   | 720299  |            |             |             |    |

**COPY**



## TISSUE ACQUISITION INVOICE

|          |                  |            |
|----------|------------------|------------|
| DATE     | P.O. #           | INVOICE #  |
| 5/8/2014 | 0000722133       | 1028587    |
|          | TERMS            | CUSTOMER # |
|          | Due Upon Receipt | 0566       |

BILL TO

University of MN-Pediatrics  
AP Voucher Entry

| PROC. DATE | PATIENT ID | ABR ID | GEST | DESCRIPTION          | RESEARCHER   | FEE             |
|------------|------------|--------|------|----------------------|--------------|-----------------|
| 5/8/2014   | 310802     | 8220   | 19   | Liver, 2nd Trimester |              | 325.00          |
| 5/8/2014   | 310805     | 8230   | 19   | Liver, 2nd Trimester |              | 325.00          |
|            |            |        |      |                      | <b>Total</b> | <b>\$650.00</b> |



# Exhibit 6.84

**CONFIDENTIAL**

Sponsored Programs

Port Collins, Colorado 80523-2002

 <http://web.research.colostate.edu/OSP>

To:   
Planned Parenthood of the Rocky Mountains  
  
Denver CO 80207

Date: March 17, 2010

Re: Material Transfer Agreement,  is CSU's Principal Investigator  
*(please reference in any correspondence)*

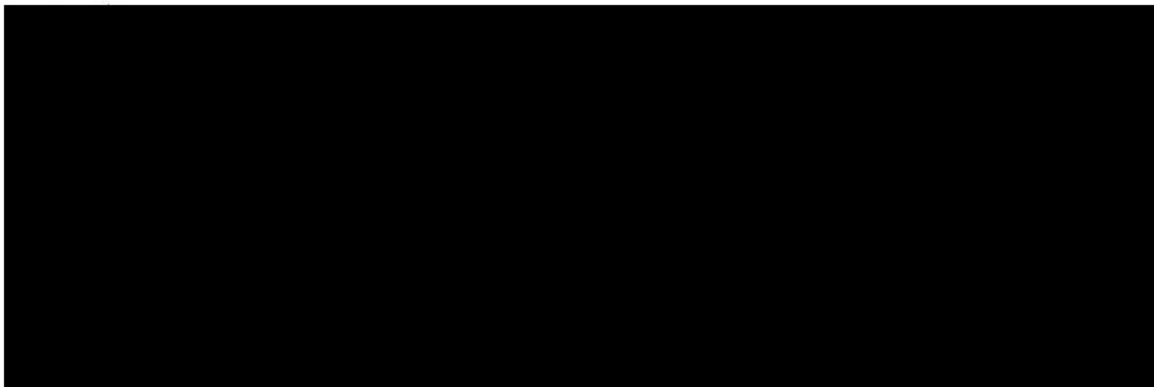
Enclosed is an original copy of the referenced document which has been signed on behalf of Colorado State University.

We are submitting a fully executed copy for your files.

We have retained a fully executed copy for our files.

**SPECIAL COMMENTS:**

Please direct any inquiries regarding the above referenced document to:





Agreement for Transfer of Human Fetal Tissue  
Between  
Planned Parenthood  
And  
Colorado State University

This Agreement for Transfer of Human Fetal Tissue, together with its Attachments (the "Agreement") is effective as of \_\_\_\_\_ (the "Effective Date") by and between the Board of Governors of the Colorado State University System by and through Colorado State University, a educational institution, having a principal place of business at Fort Collins, CO 80523 ("University") and Planned Parenthood of the Rocky Mountains ("Planned Parenthood"), \_\_\_\_\_ Denver, CO 80207.

WHEREAS, University desires to understand normal human placental development in order to better understand the pathogenesis of pregnancy complications associated with abnormal placentation; and

WHEREAS, Planned Parenthood has access to such human fetal tissue ("tissue") and, with appropriate informed consent, can supply such tissue to University;

WHEREAS, Planned Parenthood desires to supply, and University desires to obtain, human fetal tissue solely for use by Investigator (as defined herein) in the Research in accordance with the terms and conditions of this Agreement;

NOW THEREFORE, Planned Parenthood agrees to provide tissue to University for the purposes of conducting the Research, subject to the following terms and conditions:

1. Supply of Tissue

During the period of this Agreement:

- a. Planned Parenthood shall supply tissue to University for the study of normal human placental development in order to better understand the pathogenesis of pregnancy complications associated with abnormal placentation. Tissue will be collected at the site by University personnel after it has been examined by the appropriate Planned Parenthood staff and has been released to University.
- b. University will receive no identifying information regarding the source of the tissue and will have no access to medical records. Gestational age will be provided to University, and tissue will be limited to non-smokers.
- c. Planned Parenthood will take all reasonable precautions to ensure proper packaging of tissue for transportation purpose using the packaging materials provided by University. Planned Parenthood, however, will not be liable for any damages to the tissue once received by University.

2. Informed Consent

- a. University will have no involvement with obtaining informed consent and will depend on Planned Parenthood personnel to obtain such consent.

- b. Planned Parenthood will ensure that each tissue donor has given voluntary and informed written consent for providing the tissue obtained from that donor to University. Such consent will be given by signature of the donor on the consent form in the form attached hereto as Appendix A.
  - c. Planned Parenthood will not maintain any records linking any information that could be used to individually identify a patient as a specific tissue donor or a tissue donor as a specific patient. Planned Parenthood will store signed Informed Consents in a secure location, and will make such consents available only to regulatory authorities.
3. Payment
- a. University acknowledges that Planned Parenthood is not in the business of selling tissue nor is it a seller of such tissue, but is only providing a service to University. Therefore, in compliance with C.R.S. § 25-2-11.5, the University will reimburse Planned Parenthood for reasonable expenses incurred during the tissue retrieval process such the time involved in obtaining consent and packaging donations.
  - b. Planned Parenthood will invoice University for such expenses upon collection of 10 donations. University will pay said invoices within 60 days of receipt.
  - c. Planned Parenthood will notify University 30 days in advance of any changes in the costs incurred in connection with obtaining tissue for University under the Agreement, and will reasonably substantiate such changes in the cost structure.
4. Transfer and Use Restrictions
- a. University will not transfer the tissue to any third party, except to authorized users under a separated agreement with terms covering the transfer of human fetal tissue.
  - b. University will use the tissue only for permitted uses described in the Informed Consent signed by the tissue donors, and in accordance with the protocols approved from time to time by an institutional review board, if applicable.
  - c. University shall not utilize tissue in any manner that would allow the identification of a tissue donor, including through the use of genetic identification processes.
5. Reports
- a. University will supply reports to Planned Parenthood on a quarterly basis regarding the progress of the project and disposition of the tissue.
6. Publication
- a. The Agreement shall not be interpreted to prevent or delay publication of research resulting from the use of the donated tissue.
  - b. University shall have the right to publish and disclose the results of the research without providing any accounting or advance notice to Planned Parenthood. University acknowledges that Planned Parenthood does not wish to be identified as the source of tissue in any publication or public disclosure of research results, and University agrees that it shall not

identify Planned Parenthood in publication or public disclosure of research results except as may be required by law.

7. Term and Termination

- a. This agreement shall terminate on the earlier of the following dates:
  - i. On thirty (30) days written notice by either party to the other, or
  - ii. 5 (five) years from the last signature date.

8. Assignment and Entire Agreement

This Agreement is not assignable, whether by operation of law or otherwise, and sets forth the entire agreement and understanding of the parties and cannot be changed or amended except by written agreement executed by both parties.

The authorized signatures below verify agreement between the parties:

University

University's Scientist/Investigator:

**AMENDMENT TO AGREEMENT FOR TRANSFER OF HUMAN FETAL  
TISSUE BETWEEN PLANNED PARENTHOOD OF THE ROCKY  
MOUNTAINS, INC. AND COLORADO STATE UNIVERSITY**

Colorado State University ("University") and Planned Parenthood of the Rocky Mountains, Inc. ("Planned Parenthood") agree to the following amendments to the above referenced agreement ("Agreement"):

1. The addition of a section 9:

University shall maintain for itself appropriate liability coverage to the maximum extent allowed by Colorado law.

2. The addition of a section 10:

University shall advise Planned Parenthood as soon as practicable of any requests made under the Colorado Open Records Act, C.R.S. §§ 24-72-201 et seq., or any other similar statutes, regulations, or policies, that would require the University to disclose this Agreement to a third party.

The authorized signatures below verify agreement to the above stated amendments to the Agreement between the parties:

University:

University's Scientific Investigator:

Planned Parenthood of the Rocky Mountains  
[Redacted] Denver, CO 80207  
[Redacted]

Client Information for Informed Consent

**DONATION OF ABORTED PREGNANCY TISSUE FOR MEDICAL  
RESEARCH, EDUCATION, OR TREATMENT**

Recent advances in medical science have been developed through research using tissue that has been aborted. This research is being done to better understand abnormal placentation.

Tissue can be obtained as a result of donation of pregnancy tissue after an abortion. Before you give your consent to donate pregnancy tissue, **read each of the following statements and initial the line to the right.** If there is any statement you do not understand, or if you have any questions, someone will discuss them with you.

Before this consent was ever offered to me, I had previously decided to have an abortion and signed an informed consent document. \_\_\_\_\_

I agree to donate the tissue from the abortion and/or miscarriage as a bodily gift to be used for education, research, treatment or the advancement of medical science. \_\_\_\_\_

I understand the donation is made without any restriction regarding who might receive the donated tissue or for what purpose it might be used. \_\_\_\_\_

I have not been informed of the identity of any individual who will receive the tissue that I am donating. \_\_\_\_\_

I understand the method, timing or procedure of abortion cannot and will not be substantively altered for the purpose of obtaining the tissue. \_\_\_\_\_

I understand there will be no payment to me for the donated tissue or for any product, process or service that may result from this donation. \_\_\_\_\_

I understand that I may refuse to donate pregnancy tissue, and this will not affect my current medical care or my ability to get any future medical services at \_\_\_\_\_ (affiliate name) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

This Page Has Been Left Blank Intentionally.

# Exhibit 6.85

| Document<br>Id | Status | Document<br>Description | Invoice Account |         | Ledger           |                 | Check<br>Number | Disb. Date |
|----------------|--------|-------------------------|-----------------|---------|------------------|-----------------|-----------------|------------|
|                |        |                         | Number          | Number  | Document<br>Type | Total<br>Amount |                 |            |
|                |        | Advanced<br>Bioscience  | 1030204,        |         |                  |                 |                 |            |
| 5984191        | FINAL  | Resources, Inc          | 1030228         | 5335035 | DVCA             | 920             | 954680          | 5/19/2015  |
| 618449         | FINAL  | ABR invoice             | 1020135         | 5346580 |                  | 285             | 758723          | 2/17/2010  |
| 618441         | FINAL  | ABR invoice             | 1020111         | 5346580 |                  | 285             | 758723          | 2/17/2010  |
| 618434         | FINAL  | ABR invoice             | 1020064         | 5346580 |                  | 285             | 758723          | 2/17/2010  |
| 618409         | FINAL  | ABR invoice             | 1020043         | 5346580 |                  | 285             | 758723          | 2/17/2010  |
|                |        |                         | 1018920,        |         |                  |                 |                 |            |
|                |        | Advanced<br>Bioscience  | 1018874,        |         |                  |                 |                 |            |
|                |        |                         | 1018840,        |         |                  |                 |                 |            |
| 377056         | FINAL  | Invoices June           | 1018826         | 5376250 |                  | 1,100.00        | 744535          | 9/2/2009   |
|                |        |                         |                 |         |                  |                 |                 |            |
|                |        | Planned<br>Parenthood   | 4052011         | 5376110 |                  | 1600            | 800972          | 5/5/2011   |
| 1292378        |        | Planned<br>Parenthood   | 4272010         | 6457810 |                  | 1590            | 767466          | 5/26/2010  |
| 763460         |        |                         |                 |         |                  |                 |                 |            |



Disbursement Voucher ?

|            |            |          |                     |
|------------|------------|----------|---------------------|
| Doc Nbr:   | 1292378    | Status:  | FINAL               |
| Initiator: | [REDACTED] | Created: | 04:28 PM 05/03/2011 |

[expand all](#) [collapse all](#)  
\* required field

[Print Disbursement Voucher Coversheet](#)

Document Overview hide

|                                   |  |                                          |  |
|-----------------------------------|--|------------------------------------------|--|
| * Description: Planned Parenthood |  | Explanation: Consent and Processing fees |  |
| Organization Document Number:     |  |                                          |  |

|                                          |                        |
|------------------------------------------|------------------------|
| * Bank Code: 02<br>GENERAL DISBURSEMENTS | Total Amount: 1,600.00 |
|------------------------------------------|------------------------|

Payment Information hide

|                                                                                                                            |                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| * Payment Reason Code: A - < \$5000                                                                                        |                                                                                                       |
| * Payee ID: 25185-0                                                                                                        | * Payee Name: Planned Parenthood of the Rocky Mtns                                                    |
| Payee Type: Vendor                                                                                                         | Invoice Date:                                                                                         |
| Invoice Number: 04052011                                                                                                   | Address 2: [REDACTED]                                                                                 |
| * Address 1: Research Division                                                                                             | State: CO                                                                                             |
| * City: Denver                                                                                                             | Postal Code: 80207                                                                                    |
| Country: United States                                                                                                     | * Due Date: 05/04/2011                                                                                |
| * Check Amount: 1,600.00                                                                                                   |                                                                                                       |
| Payment Type: Is this a foreign payee: No<br>Is this payee an employee: No<br>Is this an employee paid outside of payroll: | Other Considerations: Check Enclosure: No<br><input checked="" type="checkbox"/> W-9/W-SBEN Completed |
| * Payment Method: P - Check/ACH                                                                                            | * Documentation Location Code: AP - Accounts Payable                                                  |
| * Check Stub Text: 04052011                                                                                                |                                                                                                       |

Accounting Lines hide

| Source           | * Chart                         | * Account Number                                   | Sub-Account | * Object                     | Sub-Object | Project | Org Ref Id | * Amount               | Actions |
|------------------|---------------------------------|----------------------------------------------------|-------------|------------------------------|------------|---------|------------|------------------------|---------|
| 1                | CO<br>Colorado State University | 5376110<br>Regulation of Trophoblast Proliferation |             | 6218<br>Med/Dent/Hosp/Lab Sp |            |         |            | 1,600.00               |         |
| Line Description |                                 |                                                    |             |                              |            |         |            |                        |         |
| 04052011         |                                 |                                                    |             |                              |            |         |            |                        |         |
|                  |                                 |                                                    |             |                              |            |         |            | <b>Total: 1,600.00</b> |         |

Contact Information hide

|                                   |
|-----------------------------------|
| * Contact Name: [REDACTED]        |
| * Phone Number: [REDACTED]        |
| Email Address:                    |
| Campus Code: MC - CSU Main Campus |

Special Handling show

- Nonresident Alien Tax show
- Wire Transfer show
- Foreign Draft show
- Non-Employee Travel Expense show
- Pre-Paid Travel Expenses show

5-376110



INVOICE #04052011

DATE: April 5, 2011

TO: [REDACTED]  
Department of Biomedical Sciences  
ARBL-Foothills Campus  
[REDACTED]  
Colorado State University  
Fort Collins, CO 80523-1683

REMIT TO: Research Division  
Planned Parenthood  
[REDACTED]  
Denver, CO 80207

---

To request reimbursement for:  
Per attached detail (if any)

Consent and processing fee for 10 specimens \$ 1,600

**Total Balance Due: \$1,600.00**

Disbursement Voucher [?](#)

|            |            |          |                     |
|------------|------------|----------|---------------------|
| Doc Nbr:   | 763460     | Status:  | FINAL               |
| Initiator: | [REDACTED] | Created: | 02:01 PM 05/21/2010 |

[expand all](#) [collapse all](#)  
\* required field

[Print Disbursement Voucher Coversheet](#)

Document Overview [hide](#)

|                                   |                         |
|-----------------------------------|-------------------------|
| * Description: Planned Parenthood |                         |
| Organization Document Number:     | Explanation: [REDACTED] |

|                                          |                        |
|------------------------------------------|------------------------|
| * Bank Code: 02<br>GENERAL DISBURSEMENTS | Total Amount: 1,590.00 |
|------------------------------------------|------------------------|

Payment Information [hide](#)

|                                                                                                                            |                                                                                                                     |  |  |
|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--|--|
| * Payment Reason Code: A - < \$5000                                                                                        |                                                                                                                     |  |  |
| * Payee ID: 25185-0                                                                                                        |                                                                                                                     |  |  |
| Payee Type: Vendor                                                                                                         | * Payee Name: Planned Parenthood of the Rocky Mtns                                                                  |  |  |
| Invoice Number:                                                                                                            | Invoice Date:                                                                                                       |  |  |
| * Address 1: Research Division                                                                                             | Address 2: 7155 E 38th Ave                                                                                          |  |  |
| * City: Denver                                                                                                             | State: CO                                                                                                           |  |  |
| Country: United States                                                                                                     | Postal Code: 80207                                                                                                  |  |  |
| * Check Amount: 1,590.00                                                                                                   | * Due Date: 05/22/2010                                                                                              |  |  |
| Payment Type: Is this a foreign payee: No<br>Is this payee an employee: No<br>Is this an employee paid outside of payroll: | Other Considerations: <input type="checkbox"/> Check Enclosure: No<br><input type="checkbox"/> W-9/W-8BEN Completed |  |  |
| * Payment Method: P - Check/ACH                                                                                            | * Documentation Location Code: AP - Accounts Payable                                                                |  |  |
| * Check Stub Text: Inv. 04272010                                                                                           |                                                                                                                     |  |  |

Accounting Lines [hide](#)

| Source           | * Chart                         | * Account Number                                 | Sub-Account | * Object                 | Sub-Object | Project | Org Ref Id | * Amount        | Actions |
|------------------|---------------------------------|--------------------------------------------------|-------------|--------------------------|------------|---------|------------|-----------------|---------|
| 1                | CO<br>Colorado State University | 6457810<br>Cymba Business Challenge - #<br>40833 |             | 6601<br>General Services |            |         |            | 1,590.00        |         |
| Line Description |                                 |                                                  |             |                          |            |         |            |                 |         |
|                  |                                 |                                                  |             |                          |            |         |            | Total: 1,590.00 |         |

Contact Information [hide](#)

|                                   |
|-----------------------------------|
| * Contact Name: [REDACTED]        |
| * Phone Number: [REDACTED]        |
| Email Address:                    |
| Campus Code: MC - CSU Main Campus |

Special Handling [show](#)

- Nonresident Alien Tax [show](#)
- Wire Transfer [show](#)
- Foreign Draft [show](#)
- Non-Employee Travel Expense [show](#)
- Pre-Paid Travel Expenses [show](#)

6457810  
-6601



INVOICE #04272010

DATE: April 27, 2010

TO: [REDACTED]  
Department of Biomedical Sciences  
ARBL-Foothills Campus  
[REDACTED]  
Colorado State University  
Fort Collins, CO 80523-1683

REMIT TO: Research Division  
Planned Parenthood  
[REDACTED]  
Denver, CO 80207

---

To request reimbursement for:  
Per attached detail (if any)

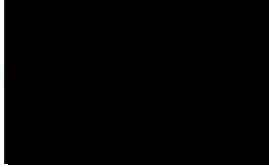
|                         |           |
|-------------------------|-----------|
| Instrument Supply       | \$ 90.00  |
| Administrative Start Up | \$1500.00 |

**Total Balance Due: \$1590.00**

# Exhibit 6.86




STEMEXPRESS, LLC



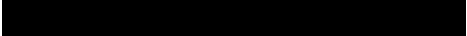
Invoice

| Date       | Invoice #  |
|------------|------------|
| 07/26/2013 | 2292       |
| Terms      | Due Date   |
| Net 15     | 08/10/2013 |

| Bill To                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Colorado State University, CSU<br>PATHOLOGY DEPT<br><br>Ft. Collins, CO 80523 USA |

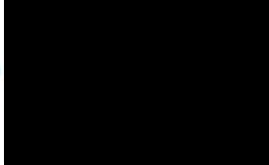
| Ship Via | Researcher                                                                          | Shipping    |
|----------|-------------------------------------------------------------------------------------|-------------|
| FedEx    |  | StemEx Acct |

| Description                         | Qty  | Price        | Amount Due      |
|-------------------------------------|------|--------------|-----------------|
| <b>07/25/2013</b>                   |      |              |                 |
| • Fetal Liver Procurement, POC # 04 | 1:00 | 250.00       | 250.00          |
| • Fed Ex Priority Overnight         | 1:00 | 85.00        | 85.00           |
|                                     |      | <b>Total</b> | <b>\$335.00</b> |

Thank you for your business. If you have any questions, contact Accounting at   
 Please note that invoices not paid within the designated terms are subject to a 10% late fee of the balance & a 1.5% per month (18% annum) interest fee, compounded monthly.



STEMEXPRESS, LLC



# Invoice

| Date           | Invoice #  |
|----------------|------------|
| 01/12/2013     | 1941       |
| Terms          | Due Date   |
| Due on receipt | 01/12/2013 |

| Bill To                                                                                     |
|---------------------------------------------------------------------------------------------|
| Colorado State University, CSU<br>PATHOLOGY DEPT<br>[Redacted]<br>Ft. Collins, CO 80523 USA |

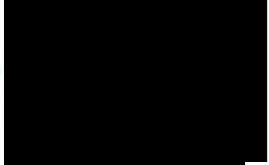
| Ship Date  | Ship Via | Tracking # | Researcher | Shipping         |
|------------|----------|------------|------------|------------------|
| 01/10/2013 | FedEx    | [Redacted] | [Redacted] | StemExpress Acct |

| Description                                   | Qty  | Price        | Amount Due      |
|-----------------------------------------------|------|--------------|-----------------|
| <b>01/10/2013</b>                             |      |              |                 |
| • Fetal Liver Procurement, POC # 02 - Liver   | 1:00 | 250.00       | 250.00          |
| • Fetal Thymus Procurement, POC # 02 - Thymus | 1:00 | 250.00       | 250.00          |
| • Fed Ex Priority Overnight                   | 1:00 | 85.00        | 85.00           |
|                                               |      | <b>Total</b> | <b>\$585.00</b> |

Thank you for your business. If you have any questions, contact [Redacted].




STEMEXPRESS, LLC



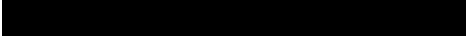
# Invoice

| Date           | Invoice #  |
|----------------|------------|
| 08/02/2013     | 2322       |
| Terms          | Due Date   |
| Due on receipt | 08/02/2013 |

| Bill To                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Colorado State University, CSU<br>PATHOLOGY DEPT<br><br>Ft. Collins, CO 80523 USA |

| Ship Via | Researcher                                                                          | Shipping    |
|----------|-------------------------------------------------------------------------------------|-------------|
| FedEx    |  | StemEx Acct |

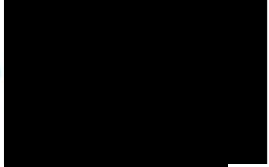
| Description                         | Qty  | Price        | Amount Due      |
|-------------------------------------|------|--------------|-----------------|
| <b>08/01/2013</b>                   |      |              |                 |
| • Fetal Liver Procurement, POC # 03 | 1:00 | 250.00       | 250.00          |
| • Fed Ex Priority Overnight         | 1:00 | 85.00        | 85.00           |
|                                     |      | <b>Total</b> | <b>\$335.00</b> |

Thank you for your business. If you have any questions, contact Accounting at   
 Please note that invoices not paid within the designated terms are subject to a 10% late fee of the balance & a 1.5% per month (18% annum) interest fee, compounded monthly.





STEMEXPRESS, LLC



# Invoice

| Date           | Invoice No. |
|----------------|-------------|
| 09/18/2013     | 2503        |
| Terms          | Due Date    |
| Due on receipt | 09/18/2013  |

| Bill To                                                                           |
|-----------------------------------------------------------------------------------|
| Colorado State University, CSU<br>PATHOLOGY DEPT<br><br>Ft. Collins, CO 80523 USA |

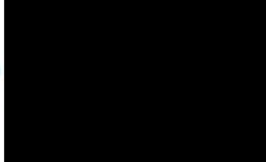
| Ship Date  | Ship Via | Researcher | Shipping    |
|------------|----------|------------|-------------|
| 09/18/2013 | FedEx    |            | StemEx Acct |

| Description                         | Qty  | Price        | Amount Due      |
|-------------------------------------|------|--------------|-----------------|
| <b>09/18/2013</b>                   |      |              |                 |
| • POC#02                            | 1:00 | 250.00       | 250.00          |
| • Fed Ex Priority Overnight, POC#02 | 1:00 | 85.00        | 85.00           |
|                                     |      | <b>Total</b> | <b>\$335.00</b> |

Thank you for your business. If you have any questions, contact Accounting at . Please note that invoices not paid within the designated terms are subject to a 10% late fee of the balance & a 1.5% per month (18% annum) interest fee, compounded monthly.




STEMEXPRESS, LLC



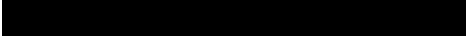
# Invoice

| Date           | Invoice No. |
|----------------|-------------|
| 09/26/2013     | 2546        |
| Terms          | Due Date    |
| Due on receipt | 09/26/2013  |

| Bill To                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Colorado State University, CSU<br>PATHOLOGY DEPT<br><br>Ft. Collins, CO 80523 USA |

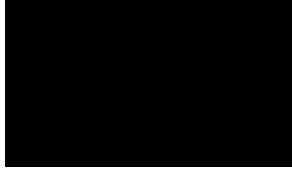
| Ship Date  | Ship Via | Researcher                                                                          | Shipping    |
|------------|----------|-------------------------------------------------------------------------------------|-------------|
| 09/26/2013 | FedEx    |  | StemEx Acct |

| Description                         | Qty  | Price  | Amount Due      |
|-------------------------------------|------|--------|-----------------|
| <b>09/26/2013</b>                   |      |        |                 |
| • Fetal Liver Procurement, POC # 03 | 1:00 | 250.00 | 250.00          |
| • Fed Ex Priority Overnight         | 1:00 | 85.00  | 85.00           |
| <b>Total</b>                        |      |        | <b>\$335.00</b> |

Thank you for your business. If you have any questions, contact Accounting at   
 Please note that invoices not paid within the designated terms are subject to a 10% late fee of the balance & a 1.5% per month (18% annum) interest fee, compounded monthly.



STEMEXPRESS, LLC



Invoice

| Date           | Invoice #  |
|----------------|------------|
| 05/25/2012     | 1591       |
| Terms          | Due Date   |
| Due on receipt | 05/25/2012 |

| Bill To                                                                           |
|-----------------------------------------------------------------------------------|
| Colorado State University, CSU<br>PATHOLOGY DEPT<br><br>Ft. Collins, CO 80523 USA |

| Ship Date  | Ship Via | Tracking # | Researcher | Shipping         |
|------------|----------|------------|------------|------------------|
| 05/23/2012 | FedEx    |            |            | StemExpress Acct |

| Description                                                                                                                                      | Qty  | Price        | Amount Due      |
|--------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------|-----------------|
| <b>05/23/2012</b><br>• Fetal Cadaverous Procurement: 2nd Trimester D&E (13-24 weeks),<br>POC# 02 Liver<br><b>Subtotal: 05/23/2012 = \$180.00</b> | 1:00 | 180.00       | 180.00          |
| <b>05/24/2012</b><br>• Fed Ex Priority Overnight<br><b>Subtotal: 05/24/2012 = \$85.00</b>                                                        | 1:00 | 85.00        | 85.00           |
|                                                                                                                                                  |      | <b>Total</b> | <b>\$265.00</b> |

Thank you for your business. If you have any questions, contact



# Exhibit 6.87

MEMORANDUM OF UNDERSTANDING BETWEEN

THE UNIVERSITY OF WISCONSIN MADISON  
AND  
PLANNED PARENTHOOD OF WISCONSIN, INC.

|                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PURPOSE                       | This memorandum provides an understanding for the interchange of employees of the University of Wisconsin Madison School of Medicine and Public Health (SMPH), hereinafter referred to as "the sending agency" to Planned Parenthood of Wisconsin, Inc. (PPWI) hereinafter referred to as "the receiving agency." In addition, this memorandum describes the supervisory role which employees of the SMPH will play, on behalf of the UW-SMPH with respect to educational programs in which UW-Madison medical students and UWHC residents and fellows gain training experiences at the receiving agency's site, the Comprehensive Reproductive Health Center, [REDACTED] Madison, Wisconsin, 53704.                                                                                                                                                                                                                                                                                             |
| ASSIGNMENT                    | Faculty members of the Department of Obstetrics and Gynecology will assume various duties and responsibilities related to work on behalf of the receiving agency as detailed in Attachment A. This work will be performed at Comprehensive Reproductive Health Center, or other clinics as designated by PPWI. In addition, faculty members of the Department of Obstetrics and Gynecology will assume supervisory responsibilities with respect to the UW-Madison medical students and the UWHC residents and fellows who are receiving training in family planning, colposcopy and abortion services at the Comprehensive Reproductive Health Center. Since it is difficult to separate this supervisory/educational activity from the related patient care services which generally take place simultaneously, no separate allocation of Faculty Time is being made for this purpose and the Faculty Time devoted to this activity is included in the time purchased by the receiving agency. |
| EMPLOYEE STATUS               | The faculty members performing the services identified in Attachment A will be on detail to the receiving agency and solely responsible to that agency for the performance of the responsibilities outlined in Attachment A and for adherence to receiving agency's policies and procedures, but will remain employees of the sending agency and subject to all appropriate and applicable university policies and procedures and will receive the salary and benefits to which entitled.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| TRAVEL EXPENSES & OTHER COSTS | All travel expenses and other related costs incurred in connection with the employee's assignments at the receiving agency will be paid for by the receiving agency on the same basis as a regular employee of the receiving agency.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>REIMBURSEMENT</p>           | <p>For the duration of this agreement the receiving agency will reimburse the sending agency the full cost of the Faculty Time (salary plus fringe benefits) for all work performed on behalf of the receiving agency as described in Attachment A as well as for the other work described in the Assignment and Purpose sections above. The salary and benefit costs are detailed in Attachment A. Payment will be made by the receiving agency upon receipt of invoice, accompanied by appropriate receipts for expenses, from the sending agency. Payment will also be made for appropriate travel by the Associate Medical Director at the then current IRS mileage rate. In addition, payment will be made for travel, hotel and registration expenses, if any, for one national meeting per 12 months related to the role of Associate Medical Director, up to a total maximum reimbursement amount of \$2,500. Appropriate documentation of expenses relating to this meeting must be presented with the claim for reimbursement. Invoices should be sent to:</p> <p>██████████<br/> Planned Parenthood of Wisconsin, Inc.<br/> ██████████<br/> Milwaukee, WI 53202</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <p>LIABILITY<br/> COVERAGE</p> | <p>Receiving agency warrants that a faculty member participating pursuant to this agreement is under the receiving agency's direction and control while performing duties and responsibilities on behalf of the receiving agency as outlined in Attachment A. Receiving agency will procure and maintain adequate medical malpractice liability coverage applicable to a faculty member's performance of these duties at the receiving agency. Receiving agency will defend, indemnify and hold harmless the sending agency and its respective officers, directors, employees, agents and successors from and against all actions, suits, proceedings, claims, demands, investigations, fees, costs, expenses (including reasonable attorneys' fees) and liabilities relating to a faculty member's performance of the duties and responsibilities performed on behalf of the receiving agency at the receiving agency under this agreement. The foregoing receiving agency obligation to defend, indemnify, and hold harmless as set forth above, does not extend to treatment provided by the sending agency or any of its faculty members to a receiving agency's patient subsequent to that patient becoming a patient of the sending agency and any of its faculty members. Faculty members participating in the supervision/training of UW-Madison medical students and UWHC residents and fellows are under the direction and control of and responsible to the Chair of the UW-SMPH Department of Obstetrics and Gynecology with respect to that activity. The foregoing receiving agency obligation to defend, indemnify, and hold harmless as set forth above, does not extend to negligent training and supervision by any of the sending agency's faculty members under this agreement. The sending agency will hold harmless the receiving agency and its respective officers, directors, employees, agents and successors from and against all actions, suits,</p> |

|          |                                                                                                                                                                                                                                                                                                                                                                                                                             |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|          | proceedings, claims, demands, investigations, fees, costs, expenses (including reasonable attorneys' fees) and liabilities arising from negligent training and supervision by a faculty member or arising from treatment provided by the sending agency or any of its faculty members to the receiving agency's patient subsequent to that patient becoming a patient of the sending agency and any of its faculty members. |
| DURATION | This memorandum of understanding is effective December 20, 2008 and shall continue in effect through December 31, 2009, unless terminated in writing by any party to this interchange agreement prior to that date. Any extension of this agreement will need to be negotiated by the parties prior to November 30, 2009.                                                                                                   |

UNIVERSITY OF WISCONSIN-MADISON

PLANNED PARENTHOOD OF WISCONSIN, INC.

[Redacted Signature]

12/16/08  
Date

Department Chair  
Obstetrics and Gynecology

[Redacted Signature]

12/18/08  
Date

Chief Executive Officer

[Redacted Signature]

12/16/08  
Date

Dean, School of Medicine and  
Public Health

[Redacted Signature]

12/16/08

Vice Chancellor for Administration      Date

ATTACHMENT A

PPWI will purchase the 0.5 FTE of Faculty Time (20 hours/week) which time will be spent performing the following activities:

1. On behalf of the receiving agency:
  - a) Act as Associate Medical Director, to assist in the direction and administration of the Affiliate Medical Program and ensure that the medical / surgical policies and clinical standards established by the National Medical Committee of PPFA (NMC) and relevant federal, state and local laws are implemented and maintained. (Dr. [REDACTED])
  - b) Direct, coordinate and provide services to PPWI patients in family planning, colposcopy, and abortion. [REDACTED]
2. On behalf of the sending agency:
  - a) Provide supervision and training for UW-Madison medical students and UWHC residents and fellows.

The activities described in 1 b) and 2 above will be carried on at the Comprehensive Reproductive Health Center in Madison.

The 2009 salary & benefits for 0.5 FTE = 1,040 hours @ \$150.00 : \$ 156,000



# Exhibit 6.88



February 15, 2016

Select Panel on Infant Lives, Majority Staff  
Committee on Energy and Commerce  
U.S. House of Representatives  
Via email: [REDACTED]

Select Panel on Infant Lives, Minority Staff  
Committee on Energy and Commerce  
U.S. House of Representatives  
Via email: [REDACTED]

Re: Letter dated January 21, 2016

To Whom it Concerns:

This letter is in response to your letter dated January 21, 2016, seeking certain documentation related to the University of Wisconsin, School of Medicine and Public Health's (UW SMPH) research with fetal tissue from January 1, 2010, to present. Your request was modified by our correspondence of February 5, 2016, and we understand that you are not requesting information related to cell lines, unless those lines were created by the University from fresh fetal tissue within the relevant time period. We appreciate the Panel's willingness to work with us on a production schedule, and the extension of the deadline for the initial set of documents to February 15, 2016.

As requested, we have bates-stamped each exhibit in sequential order. The total page count for exhibits is 85 pages.

### **Background**

Before we address your specific requests, we want to express our strong support for transparency surrounding the acquisition of fetal tissue for research purposes, and the costs paid for such tissue. We share concerns raised by members of Congress and the public that no one should profit from the sale of fetal tissue for research purposes, and that patients should not feel coerced to provide tissue for research purposes. The University of Wisconsin-Madison supports our extraordinary research community in their efforts to advance human health, and we are confident that those researchers who use fetal tissue are doing so in an ethical and legal manner.

As the Panel is no doubt aware, there are numerous medical breakthroughs that have saved countless lives which could not have happened without the use of fetal tissue in biomedical research. The human polio vaccine, for example, would not have been possible without cells of fetal origin. Other vaccines for rabies, chicken pox, German measles, and hepatitis A were all developed with the help of fetal-derived cells. Researchers around the country are using fetal tissue in research with the goal of understanding, mitigating the effects of, and discovering cures for a host of debilitating and deadly conditions. Such areas of research include:

- Preventing spontaneous pregnancy loss and recurrent spontaneous miscarriage.
- Preventing maternal diseases of pregnancy, including preeclampsia, and other such conditions which limit human fertility and reproductive success, and prevent couples from having healthy babies.
- Treating or curing many forms of cancer.
- Treating chronic Graft-versus-Host-Disease (GVHD). Chronic GVHD arises in about 30%-50% of patients who receive transplanted immune cells as a way of treating their cancer (there is currently no other effective treatment option).
- Studying white blood cells that mediate transplant rejection or acceptance, so that ultimately transplants need not be accompanied by drugs that suppress the immune system globally, making the patient more vulnerable to infections and cancer.
- Use of mouse models designed to provide a way for scientists engaged in the human immunology and stem cell/regenerative medicine fields to test organ replacement therapies such as stem-cell derived heart or nerve transplants, before trying these approaches in a patient.
- Responses of human immune cells to bacterial infections, which could lead to the development of new vaccine strategies to protect against major pathogens (e.g. tuberculosis or typhoid fever) or against multi-drug resistant bacteria (e.g. multi-drug resistant Staph aureus).
- Studying the involvement of white blood cells in atherosclerosis (a disease which results in heart attacks and sudden cardiac death).
- Studying how the maternal vascular system contributes to successful pregnancy and provides appropriate nutrient support for the growing fetus.
- Research on how Trisomy 21 (Down's syndrome) affects fetal growth and development, which directly leads to physiological problems for Down's individuals postnatally, and throughout their lifetime.

### **Record Request**

We turn now to your request for information. For ease of reference, we have copied your request below and address each question therein.

Please note that we have not included the names and contact information for any individual that provides medical services to patients seeking abortions, that conducts research using fetal tissue, or whose work supports either such practitioners or such researchers due to safety and security concerns for the individuals involved. We have also redacted locations where research using fetal tissue takes place on campus. For decades, extreme violence has been perpetrated against employees and staff of clinics that provide abortions, including arsons, stabbings, bombings, and shootings. Similar violence has plagued university campuses whose investigators conduct certain research with which some members of the public disagree. The murder and attempted murder of a dozen people in November of last year at a Planned Parenthood clinic in Colorado Springs was the direct result of the current national conversation about the ethics of the use of fetal tissue in medical research.

We are committed to protecting the safety of individuals who provide legal and ethical medical care to patients in Wisconsin and elsewhere, and to individuals who work for the advancement of medical breakthroughs that serve to better the health of citizens in our country and worldwide. In addition to the

safety concerns outlined above, we also considered the lack of relevance of the names of specific people engaged in or in support of fetal tissue research to the Panel's charge and to the interest of the public in general.

**1) A list of all entities, including firms, corporations, non-profit organizations, and educational institutions, from which Wisconsin receives or procures fetal tissue.**

Investigators within UW SMPH have obtained fetal tissue<sup>1</sup> from the following organizations since January 1, 2010:

- Planned Parenthood of Wisconsin (last acquisition date was November of 2010)
- Albert Einstein College of Medicine
- University of Washington (Seattle)
- Advanced Bioscience Resources, Inc.

**2) A list of all entities, including firms, corporations, non-profit organizations, and educational institutions, to which Wisconsin sells or donates fetal tissue.**

While some researchers may share fetal tissue with internal colleagues, UW SMPH does not sell or donate fetal tissue to any firms, corporations, organizations, or educational institutions.

**3) A list of any and all human-animal chimera research conducted by Wisconsin that involved embryo compartmentalization using fetal tissue.**

We interpret this request to be asking for information about research in which fetal tissue is acquired by UW SMPH and the tissue or cells from that tissue are injected into the embryos of non-human animals. We have no documents or information responsive to this request. We searched our human subjects protocol database for protocols using fetal tissue to locate those also using animal models. We then searched our animal protocol database by the investigators listed on those protocols. We found no research using fetal tissue which injects tissue or cells from such tissue into the embryos of non-human animals.

**4) An organization chart that detail [sic] Wisconsin personnel that procure fetal tissue at the clinic level and the supervisory personnel for those procurers of fetal tissue.**

We do not have an organizational chart that includes employees who procure fetal tissue at the clinic level. No UW SMPH employee procures fetal tissue for research.

In 2010 – the last time UW SMPH had a research study that used fetal tissue from Planned Parenthood of Wisconsin – two UW SMPH physicians provided medical care to patients at Planned Parenthood. Neither physician was an investigator on the study at issue. Some tissue obtained from abortions performed at the clinic was provided to study investigators at no cost and with consent of the patient. During this time, both physicians were employees of UW SMPH, within the Department of Obstetrics and Gynecology. The Department Chair is [REDACTED] reports to Dean [REDACTED].

---

<sup>1</sup> Defined to include tissue, organs and body parts obtained from a fetus resulting from an induced abortion in the designated time period.

**5) All communications, whether internal or external, which direct Wisconsin personnel to procure fetal tissue, including, but not limited to memoranda, emails, telephone messages, and purchase orders or bills of sale.**

We continue to work on identifying communications which direct UW SMPH employees to procure fetal tissue and will provide such documentation when we complete this search. Copies of purchase orders and invoices are included in our response to #6 below.

**6) All accounting records including accounting memoranda related to the cost and pricing of fetal tissue.**

Responsive records are attached as Exhibit A.

In order to locate potentially responsive documents, we searched our procurement and accounting databases both at central campus and at UW SMPH for records related to fetal tissue vendors by their names, vendor numbers, and acronyms. We also searched by manually reviewing invoices and receipts within the applicable timeframe from principal investigators engaged in fetal tissue research. All documents returned were then visually inspected for data pertaining to fetal tissue. Please note that while a fee schedule for Stem Ex, LLC, is included, UW SMPH never acquired fetal tissue from Stem Ex. As a result, Stem Ex is not listed in response to question #1 relating to entities from which UW SMPH acquired fetal tissue.

**7) All specific requests made to or from Wisconsin for fetal tissue made by or to any and all firms, corporations, non-profit organizations, educational institutions, or other entities, including, but not limited to, order lists, billing records, payment records, payment vouchers, and receipts.**

We continue to work on identifying communications to or from UW SMPH employees made by or to any organization that procures fetal tissue and will provide such documentation when we complete this search. Copies of purchase orders and invoices are included in our response to #6 above.

**8) All documents relating to the purchase, ownership, or rental by Wisconsin of equipment involving fetal tissue research, the preparation of fetal tissue for research, the modification of fetal tissue into cell lines, or any other actions taken by Wisconsin related to fetal tissue including, but not limited to, the date the equipment was purchased, its purchase price, its maintenance costs, and records of the depreciation treatment under the tax code of any such equipment.**

In order to locate potentially responsive documents, we searched all grants that support fetal tissue research by UW SMPH investigators within the specified date range. We then searched for capital equipment<sup>2</sup> purchases under those grants. We did not locate any capital equipment purchases on those grants.

**9) An inventory record of all fetal tissues obtained, sold, or retained by Wisconsin, as well as an inventory of current fetal tissue including, in particular, any records that refer to multiple tissue samples or organs or body parts obtained from a single fetus.**

---

<sup>2</sup> The UW defines "capital equipment" under its Accounting Services policy for managing equipment as any individual item costing \$5,000 or more and having a useful life of at least one year. <http://www.bussvc.wisc.edu/acct/policy/property/propuni.html>

As noted above in response to #2, UW SMPH does not sell fetal tissue. We do not maintain an inventory record for all fetal tissue obtained or retained by UW SMPH investigators. We direct you to #6 above for purchase orders and invoices documenting fetal tissue obtained at cost.

**10) All records related to any fetal tissue or cell lines procured or sold from twin fetuses.**

Responsive records are attached as Exhibit B.

No studies are specifically aimed at the study of fetal tissue or cell lines procured from twin fetuses. In locating purchase orders and invoices responsive to other portions of your request, however, we found two responsive documents.

**11) All documents relating to rent or site fees paid to entities from which Wisconsin obtained, sold, or donated fetal tissue.**

UW SMPH does not pay rent or site fees to entities from which UW SMPH investigators have obtained fetal tissue. As stated in #2 above, UW SMPH does not sell or donate fetal tissue.

**12) All training materials used by Wisconsin for the procurement of fetal tissue, preparation of fetal tissue, storage of fetal tissue, and training materials or guidance documents related to Wisconsin staff relations with personnel or patients.**

As noted above in response to #4, no UW SMPH employees procure fetal tissue. In 2010 – the last time UW SMPH had a research study that used fetal tissue from Planned Parenthood of Wisconsin – two UW SMPH physicians provided medical care to patients at Planned Parenthood. Neither physician was an investigator on the study at issue. Some tissue obtained from abortions performed at the clinic was provided to study investigators at no cost and with consent of the patient. The physicians followed their normal clinical practice and standard of care for performing abortions in these situations. No training materials were provided by the investigators.

**13) All Wisconsin banking records related to the procurement, sale, donation, or distribution or shipment of fetal tissue.**

Please see the documents provided in response to question #6 above.

**14) A list of all grants that involved fetal tissue research received or issued by Wisconsin, or any of its affiliates, including but [sic] limited to any foundations, to any corporation, education institution, research institution, or other entity.**

We searched our human subjects protocol database for protocols using fetal tissue and the grants associated with those protocols are as follows:

- MSN149665, Endocrine Specification and Maturation from Human Pluripotent Stem Cells
- SN161497, Determining the Alloimmune Response to Human iPS Cell-Derived Pancreatic Beta Cells
- MSN161214, Minority Undergraduate ADA Internship Award
- MSN177670, The Molecular Genetics of High Myopia
- MSN180195, The Molecular Genetics of High Myopia
- PRJ83PD, Campus Bridge Funding
- 233HG19, Regenerative Medicine Program – Immunology & Pathology Care

- MSN115118, EBV-based Strategies for AIDS-related Malignancies
- MSN137117, Analysis of Human NKT Cells in GVHD In Vivo
- MSN138224, Utilization of Human Neural Progenitor Cells (hNPCs) for Retinal Cell Rescue in Age-related Macular Degeneration
- 233JX90, R&D Program Support for Fellowship
- PRJ66XZ, Bisphosphonates and Breast Cancer Prevention: Mechanistic and Clinical Analyses
- MSN144188, Analysis of Human NKT Cells in GVHD In Vivo
- MSN114866, ARRA Functional Analysis of Human NKT Cells and Myeloid DCs within Murine SCID Hosts
- MSN149706, Using NKT-Instructed APCs to Prevent GVHD
- MSN137117, Analysis of Human NKT Cells in GVHD In Vivo

### Certification

The University of Wisconsin-Madison is a large, decentralized research institution with over 21,000 faculty and staff, and approximately \$1 billion in research expenditures annually. Given the vast amount of documentation requested within 10 business days, we have done our best to determine where such documentation is most likely to be stored on campus and what searches would be most likely to yield responsive documents.

With these limitations and per your request, I certify that:

1. To the best of my knowledge, a diligent search has been completed within the timeframe allotted using the methods described above which we deem most likely to locate those documents which are within our possession, custody, and control which reasonably could contain responsive documents.
2. To the best of my knowledge, documents responsive to your request have not been destroyed, modified, removed, transferred, or otherwise made inaccessible to the Committee in response to receipt of the Committee's request or in anticipation of receiving the Committee's request, except to the extent described above.
3. To the best of my knowledge, all documents identified during the searches outlined above that are responsive have been produced to the Committee.

If you have questions or concerns related to this response, please do not hesitate to contact me.

Sincerely,

[REDACTED]  
Dean, School of Medicine and Public Health  
Vice Chancellor for Medical Affairs  
University of Wisconsin-Madison

Exhibits

## Exhibit A

Information in response to #6: "All accounting records including accounting memoranda related to the cost and pricing of fetal tissue."



## FEES FOR SERVICES SCHEDULE

Effective January 1, 2013

### FETAL CADAVEROUS PROCUREMENT

### SERVICE FEE

|                                               |              |       |
|-----------------------------------------------|--------------|-------|
| 2nd trimester D & E (13 - 24 weeks) .....     | PER SPECIMEN | \$275 |
| 1st trimester aspiration (8 - 12 weeks) ..... | PER SPECIMEN | \$515 |

### BLOOD SAMPLE PROCUREMENT

|                                |              |       |
|--------------------------------|--------------|-------|
| Maternal Peripheral .....      | PER SPECIMEN | \$230 |
| Adult Peripheral .....         | PER SPECIMEN | \$230 |
| Full Term Umbilical Cord ..... | PER SPECIMEN | \$535 |

### SPECIAL PROCESSING/PRESERVATION

|                                                 |              |       |
|-------------------------------------------------|--------------|-------|
| Case Report Form (CRF) completion .....         | PER CASE     | \$25  |
| Tissue "cleaning" .....                         | PER SPECIMEN | \$50  |
| Special requests (evaluated individually) ..... | PER SPECIMEN | \$25  |
| Snap freezing (LN2) .....                       | PER SPECIMEN | \$40  |
| Passive freezing (Dry ice) .....                | PER SHIPMENT | \$80  |
| Foreign shipments .....                         | PER SHIPMENT | \$100 |
| Electronic Fund Transfer (EFT).....             | PER INVOICE  | \$25  |

**The following fees are subject to change based upon increases imposed from outside Labs and Courier Companies.**

### INFECTIOUS DISEASE SCREENING

|                        |  |      |
|------------------------|--|------|
| HIV, HBsAg .....       |  | \$95 |
| Additional tests ..... |  | CALL |

### DELIVERY

(Applicant responsible for delivery charges.)

(FedEx billed on Researcher's account but reversed to ABR will incur a \$15 Rebill Fee)

|                                                                   |  |       |
|-------------------------------------------------------------------|--|-------|
| Federal Express Priority Overnight .....                          |  | \$110 |
| Federal Express First Overnight .....                             |  | \$140 |
| Federal Express Saturday Delivery .....                           |  | \$155 |
| Other courier services .....                                      |  | CALL  |
| Fuel Surcharge (Courier charge passed along to Researchers) ..... |  | CALL  |

**Our Terms: Net Due Upon Receipt**

# STEM EX, LLC

## FEES FOR SERVICES SCHEDULE

### FETAL CADAVEROUS PROCUREMENT

### SERVICE FEE

|                                               |              |       |
|-----------------------------------------------|--------------|-------|
| 2nd trimester D & E (13 - 24 weeks) .....     | PER SPECIMEN | \$180 |
| 1st trimester aspiration (5 - 12 weeks) ..... | PER SPECIMEN | \$390 |
| Complete POC .....                            | PER SPECIMEN | \$890 |

### BLOOD SAMPLE PROCUREMENT

|                                |              |       |
|--------------------------------|--------------|-------|
| Maternal Peripheral .....      | PER SPECIMEN | \$185 |
| Adult Peripheral .....         | PER SPECIMEN | \$185 |
| Full Term Umbilical Cord ..... | PER SPECIMEN | \$445 |

### SPECIAL PROCESSING/PRESERVATION

|                                  |              |      |
|----------------------------------|--------------|------|
| Tissue "cleaning" .....          | PER SPECIMEN | \$45 |
| Special requests .....           | PER SPECIMEN | \$45 |
| Snap freezing (LN2) .....        | PER SPECIMEN | \$40 |
| Passive freezing (Dry ice) ..... | PER SHIPMENT | \$80 |

### INFECTIOUS DISEASE SCREENING \*

|                                |      |
|--------------------------------|------|
| HIV, HBsAg .....               | \$75 |
| Additional tests are available |      |

### DELIVERY \*

Researcher will be responsible for paying costs of shipping to FedEx. In the event that Stem-Ex is billed for shipping costs shall be as follows:

|                                          |       |
|------------------------------------------|-------|
| Federal Express Priority Overnight ..... | \$85  |
| Federal Express First Overnight .....    | \$115 |
| Federal Express Saturday Delivery .....  | \$100 |

Other shipping methods may be determined by mutual agreement.

\*Lab and Courier fees are subject to change based upon increase imposed by providers.

### **Our Terms: Net Due Upon Receipt**

These Fees are Effective April 1st, 2010



ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

|          |                  |            |
|----------|------------------|------------|
| DATE     | P.O. #           | INVOICE #  |
| W18/2014 | Credit Card      | 1029256    |
|          | TERMS            | CUSTOMER # |
|          | Due Upon Receipt | 9405       |

BILL TO

University of WI

Madison, WI 53792

| PROC. DATE   | PATIENT ID | ABR ID | GEST | DESCRIPTION                        | RESEARCHER | FEE             |
|--------------|------------|--------|------|------------------------------------|------------|-----------------|
| 9/18/2014    | [REDACTED] | 7425   | 17   | Pancreas, 2nd Trimester            | [REDACTED] | 325.00          |
| 9/18/2014    |            |        |      | Delivery: FedEx-Priority Overnight |            | 120.00          |
|              |            |        |      | 10/06/14 PAID via VISA [REDACTED]  |            |                 |
|              |            |        |      | Request by: [REDACTED]             |            |                 |
| <b>Total</b> |            |        |      |                                    |            | <b>\$445.00</b> |

ADVANCED BIOSCIENCE RESOURCES

Ref ID: 0806

Sale

Entry Method: Manual

\$ 390.00

\$ 9.00

\$ 280.00

12-25-29

Acq Codes: 055503

Batch: 100004

10/06/14

Inv #: 480005

Invoice: Billie

ABR Code: 717 MARCH 2

Cost #: 405

Customer Copy

PLEASE COPY  
ORWE A NICE DAY



ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

|           |                  |            |
|-----------|------------------|------------|
| DATE      | P.O. #           | INVOICE #  |
| 9/11/2014 | Credit Card      | 1029232    |
|           | TERMS            | CUSTOMER # |
|           | Due Upon Receipt | 0405       |

**BILL TO**  
 University of WI  
 [REDACTED]  
 [REDACTED]  
 Madison, WI 53792

| PROC. DATE   | PATIENT ID | ABR ID | GEST | DESCRIPTION                        | RESEARCHER | FEE             |
|--------------|------------|--------|------|------------------------------------|------------|-----------------|
| 9/11/2014    | [REDACTED] | 1157   | 15   | Pancreas, 2nd Trimester            | [REDACTED] | 325.00          |
| 9/11/2014    | [REDACTED] |        |      | Delivery: FedEx-Priority Overnight |            | 120.00          |
|              |            |        |      | 10/06/14 PAID via VISA [REDACTED]  |            |                 |
|              |            |        |      | Request by [REDACTED]              |            |                 |
| <b>Total</b> |            |        |      |                                    |            | <b>\$445.00</b> |

11  
 [REDACTED]  
 Invoice # 5108654090  
 Date of Invoice 10/06/2014  
 Entry Method: Manual  
 Amount: \$ 820.00  
 Tax: \$ 0.00  
 Total: \$ 820.00  
 10-06-14  
 Inv #: 49006  
 Order Code: 05500  
 Batch #: 00104  
 Order Code: JIP BATCH 2  
 Cust #: 05  
 Question: Case  
 ORDER 2014  
 NAME & TITLE - HWI



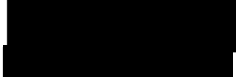
ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

|           |                  |            |
|-----------|------------------|------------|
| DATE      | P.O. #           | INVOICE #  |
| 10/2/2014 | Credit Card      | 1029327    |
|           | TERMS            | CUSTOMER # |
|           | Due Upon Receipt | 0405       |

BILL TO

University of WI



Madison, WI 53792

| PROC. DATE   | PATIENT ID | ABR ID | GEST | DESCRIPTION                        | RESEARCHER | FEE               |
|--------------|------------|--------|------|------------------------------------|------------|-------------------|
| 10/2/2014    |            | 5263   | 19   | Thymus, 2nd Trimester              |            | 325.00            |
| 10/2/2014    |            | 5264   | 19   | Liver, 2nd Trimester               |            | 325.00            |
| 10/2/2014    |            | 5265   | 19   | Pancreas, 2nd Trimester            |            | 325.00            |
| 10/2/2014    |            |        |      | Delivery: FedEx-Priority Overnight |            | 120.00            |
|              |            |        |      | 10/31/14 PAID via VISA             |            |                   |
|              |            |        |      | Request by                         |            |                   |
| <b>Total</b> |            |        |      |                                    |            | <b>\$1,095.00</b> |

Ref ID: 0003

Sale

Entry Method: Manual

Amount: 1,095.00

Tax: 0.00

Totals: 1,095.00

10/21/14

15-12-24

Form #: 000003

Approved: [Signature]

Batch#: 000005

10/21/14

Form #: 000003

Approved: [Signature]

Batch#: 000005

Customer Care  
Please call  
1-800-451-1000

PLEASE PRINT  
NAME & TITLE ONLY



ADVANCED BIOSCIENCE RESOURCES, INC.

# TISSUE ACQUISITION INVOICE

|            |                  |            |
|------------|------------------|------------|
| DATE       | P.O. #           | INVOICE #  |
| 12/30/2014 | Credit Card      | 1029686    |
|            | TERMS            | CUSTOMER # |
|            | Due Upon Receipt | 0405       |

**BILL TO**

University of WI

Madison, WI 53792

| PROC. DATE                        | PATIENT ID | ABR ID | GEST | DESCRIPTION                        | RESEARCHER | FEE               |
|-----------------------------------|------------|--------|------|------------------------------------|------------|-------------------|
| 12/30/2014                        |            | 8981   | 19   | Thymus, 2nd Trimester              |            | 325.00            |
| 12/30/2014                        |            | 8982   | 19   | Liver, 2nd Trimester               |            | 325.00            |
| 12/30/2014                        |            | 8983   | 19   | Pancreas, 2nd Trimester            |            | 325.00            |
| 12/30/2014                        |            |        |      | Delivery: FedEx-Priority Overnight |            | 120.00            |
| 01/14/15 PAID via VISA [REDACTED] |            |        |      |                                    |            |                   |
| [REDACTED] Request by [REDACTED]  |            |        |      |                                    |            |                   |
| <b>Total</b>                      |            |        |      |                                    |            | <b>\$1,095.00</b> |

ADVANCED BIOSCIENCE RESOURCES  
 Merchant ID: 8900771362  
 Ref ID: 8807  
**Sale**  
 Entry Method: Manual  
 Amount: \$ 1,095.00  
 Tax: \$ 0.00  
 Total: \$ 1,095.00  
 01/14/15 14:58:39  
 Inv #: 898065  
 Approval: Online  
 ABR Code: ZIP MATRIN 2  
 Dist #: 405

Customer Copy  
 THANK YOU  
 HAVE A NICE DAY!



ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

|           |                  |            |
|-----------|------------------|------------|
| DATE      | P.O. #           | INVOICE #  |
| 4/23/2015 | Credit Card      | 1030261    |
|           | TERMS            | CUSTOMER # |
|           | Due Upon Receipt | 0405       |

BILL TO

University of WI

Madison, WI 53792

| PROC. DATE                        | PATIENT ID | ABR ID | GEST | DESCRIPTION                        | RESEARCHER | FEE    |
|-----------------------------------|------------|--------|------|------------------------------------|------------|--------|
| 4/23/2015                         |            | 16123  | 17   | Thymus, 2nd Trimester              |            | 340.00 |
| 4/23/2015                         |            | 16124  | 17   | Liver, 2nd Trimester               |            | 340.00 |
| 4/23/2015                         |            |        |      | Delivery: FedEx-Priority Overnight |            | 120.00 |
| 05/07/15 PAID via VISA [REDACTED] |            |        |      |                                    |            |        |
| Request by [REDACTED]             |            |        |      |                                    |            |        |

ADVANCED BIOSCIENCE RESOURCES  
 [REDACTED]  
 Ref. #: 0000  
 Account: \$ 800.00  
 Fax: \$ 0.00  
 Total: \$ 800.00  
 05/06/15 12:44:24  
 Inv #: 000003 Paper Codes: #27203  
 Researcher: [REDACTED] Batch#: 000118  
 #15, Code: ZIP BATCH 7  
 Cust #: 006

Cardholder: [REDACTED]  
 TRIPPER YUJ  
 MAKE A PRICE LAST!

|              |                 |
|--------------|-----------------|
| <b>Total</b> | <b>\$800.00</b> |
|--------------|-----------------|



ADVANCED BIOSCIENCE RESOURCES, INC.

# TISSUE ACQUISITION INVOICE

|           |                  |            |
|-----------|------------------|------------|
| DATE      | P.O. #           | INVOICE #  |
| 5/21/2015 | Credit Card      | 1030398    |
|           | TERMS            | CUSTOMER # |
|           | Due Upon Receipt | 0405       |

**BILL TO**

University of WI

Madison, WI 53792

| PROC. DATE   | PATIENT ID | ABR ID | GEST | DESCRIPTION                        | RESEARCHER | FEE               |
|--------------|------------|--------|------|------------------------------------|------------|-------------------|
| 5/21/2015    |            | 16249  | 17   | Thymus, 2nd Trimester              |            | 340.00            |
| 5/21/2015    |            | 16250  | 17   | Liver, 2nd Trimester               |            | 340.00            |
| 5/21/2015    |            | 16251  | 17   | Spleen, 2nd Trimester              |            | 340.00            |
| 5/21/2015    |            |        |      | Delivery: FedEx-Priority Overnight |            | 120.00            |
|              |            |        |      | 06/10/15 PAID via VISA [REDACTED]  |            |                   |
|              |            |        |      | [REDACTED] Request by [REDACTED]   |            |                   |
| <b>Total</b> |            |        |      |                                    |            | <b>\$1,140.00</b> |

ADVANCED BIOSCIENCE RESOURCES, INC.  
 Merchant ID: 0000000711362  
 Ref. #: 0006  
**Sale**  
 Entry Method: Manual  
 Amount: \$ 1,140.00  
 Tax: \$ 0.00  
 Total: \$ 1,140.00  
 06/10/15  
 Inv #: 000006  
 Approval: Online  
 ABR Code: ZIP MATCH Z  
 Cust #: 405

Customer Copy  
 THANK YOU  
 HAVE A NICE DAY!





ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

|           |                  |            |
|-----------|------------------|------------|
| DATE      | P.O. #           | INVOICE #  |
| 6/25/2015 | Credit Card      | 1030539    |
|           | TERMS            | CUSTOMER # |
|           | Due Upon Receipt | 0405       |

BILL TO  
 University of W  
 [Redacted]  
 Madison, WI 53792

| PROC. DATE                        | PATIENT ID | ABR ID | GEST | DESCRIPTION                        | RESEARCHER | FEE               |
|-----------------------------------|------------|--------|------|------------------------------------|------------|-------------------|
| 6/25/2015                         | [Redacted] | 16344  | 19   | Thymus, 2nd Trimester              | [Redacted] | 340.00            |
| 6/25/2015                         | [Redacted] | 16343  | 19   | Liver, 2nd Trimester               | [Redacted] | 340.00            |
| 6/25/2015                         | [Redacted] | 16346  | 19   | Pancreas, 2nd Trimester            | [Redacted] | 340.00            |
| 6/25/2015                         |            |        |      | Delivery: FedEx-Priority Overnight |            | 120.00            |
| 07/15/15 PAID via VISA [Redacted] |            |        |      |                                    |            |                   |
| [Redacted] Request by [Redacted]  |            |        |      |                                    |            |                   |
| <b>Total</b>                      |            |        |      |                                    |            | <b>\$1,140.00</b> |

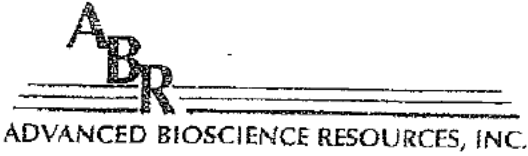
ABR  
 07/16/15  
 999 Lakeside Drive  
 Madison, WI 53792  
 Tel: 608-263-8800

Merchant ID: 0000000000000000  
 Ref #: 0045

**Sale**

VISA  
 Entry Method: Manual  
 Amount: \$ 1,140.00  
 Tax: \$ 0.00  
 Total: \$ 1,140.00

Customer: Univ  
 TRADE SELL  
 3WAY & MORE 0011



**TISSUE ACQUISITION INVOICE**

|           |                  |            |
|-----------|------------------|------------|
| DATE      | P.O. #           | INVOICE #  |
| 4/25/2015 | Credit Card      | 1030274    |
|           | TERMS            | CUSTOMER # |
|           | Due Upon Receipt | 0702       |

**BILL TO:**  
Univ. of WI-Madison  
[Redacted]  
Madison, WI 53705

| PROC. DATE   | PATIENT ID | ABR ID | GEST | DESCRIPTION                                                | RESEARCHER | FEE             |
|--------------|------------|--------|------|------------------------------------------------------------|------------|-----------------|
| 4/25/2015    | [Redacted] | 5733   | 24   | Eye (1), 2nd Tri-Formalin                                  | [Redacted] | 340.00          |
| 4/25/2015    | [Redacted] | 5734   | 24   | Eye (1), 2nd Tri-RNA Later                                 | [Redacted] | 340.00          |
|              |            |        |      | 05/07/15 PAID via VISA [Redacted]<br>Request by [Redacted] |            |                 |
| <b>Total</b> |            |        |      |                                                            |            | <b>\$680.00</b> |

ADVANCED BIOSCIENCE RESOURCES

Invoice ID: 06906671362 Ref #: 00019

**Sale**

VISA  
Entry Method: Manual  
Amount: \$ 680.00  
Tax: \$ 0.00  
Total: \$ 680.00  
06/06/15 14:54:11  
Inv #: 000019 Appr Code: 02255  
Approved: Online Batch #: 000118  
ANS Code: ZIP MATCH 7  
Cust #: 702

Customer Copy  
THANK YOU  
HAVE A NICE DAY!



ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

|          |                  |            |
|----------|------------------|------------|
| DATE     | P.O. #           | INVOICE #  |
| 5/2/2015 | Credit Card      | 1030304    |
|          | TERMS            | CUSTOMER # |
|          | Due Upon Receipt | 0702       |

BILL TO

University of WI-Madison

Madison, WI 53705

| PROC. DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                       | PATIENT ID | ABR ID | GEST | DESCRIPTION                       | RESEARCHER | FEE               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------|------|-----------------------------------|------------|-------------------|
| 5/2/2015                                                                                                                                                                                                                                                                                                                                                                                                                                                         | [REDACTED] | 5760   | 12   | Eye (1). 1st Tri-RNA LATER        | [REDACTED] | 550.00            |
| 5/2/2015                                                                                                                                                                                                                                                                                                                                                                                                                                                         | [REDACTED] | 5761   | 12   | Eye (1). 1st Tri-FORMALIN         | [REDACTED] | 550.00            |
| 5/2/2015                                                                                                                                                                                                                                                                                                                                                                                                                                                         | [REDACTED] | 5762   | 12   | Eye (1). 1st Tri-RNA LATER        | [REDACTED] | 550.00            |
| 5/2/2015                                                                                                                                                                                                                                                                                                                                                                                                                                                         | [REDACTED] | 5763   | 12   | Eye (1). 1st Tri-FORMALIN         | [REDACTED] | 550.00            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |        |      | 05/27/15 PAID via VISA [REDACTED] |            |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |        |      | [REDACTED] Request by [REDACTED]  |            |                   |
| <p>ADVANCED BIOSCIENCE RESOURCES</p> <p>[REDACTED]</p> <p>Merchant ID: 800806771362 Ref #: 0011</p> <p><b>Sale</b></p> <p>[REDACTED]</p> <p>VISA Entry Method: Manual</p> <p>Amount: \$ 3,560.00</p> <p>Tax: \$ 0.00</p> <p>Total: \$ 3,560.00</p> <p>05/27/15 16:59:30</p> <p>Inv #: 000011 Appr Code: 078664</p> <p>Approved: Online Batch#: 000120</p> <p>AVS Code: ZIP MATCH 2</p> <p>Cust #: 702</p> <p>Customer Copy</p> <p>THANK YOU HAVE A NICE DAY!</p> |            |        |      |                                   |            |                   |
| <b>Total</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |        |      |                                   |            | <b>\$2,200.00</b> |



ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

|          |                  |            |
|----------|------------------|------------|
| DATE     | P.O. #           | INVOICE #  |
| 5/6/2015 | Credit Card      | 1030333    |
|          | TERMS            | CUSTOMER # |
|          | Due Upon Receipt | 0702       |

BILL TO

University of WI-Madison



Madison, WI 53705

| PROC. DATE   | PATIENT ID | ABR ID | GEST | DESCRIPTION                                                | RESEARCHER | FEE               |
|--------------|------------|--------|------|------------------------------------------------------------|------------|-------------------|
| 5/6/2015     | [REDACTED] | 5771   | 24   | Eyes (2). 2nd Tri-Formalin                                 | [REDACTED] | 680.00            |
| 5/6/2015     | [REDACTED] | 5784   | 24   | Eyes (2). 2nd Tri-Formalin                                 | [REDACTED] | 680.00            |
|              |            |        |      | 05/27/15 PAID via VISA [REDACTED]<br>Request by [REDACTED] |            |                   |
| <b>Total</b> |            |        |      |                                                            |            | <b>\$1,360.00</b> |



ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

|           |                  |            |
|-----------|------------------|------------|
| DATE      | P.O. #           | INVOICE #  |
| 6/27/2015 | Credit Card      | 1030552    |
|           | TERMS            | CUSTOMER # |
|           | Due Upon Receipt | 0702       |

BILL TO

University of WI-Madison

Madison, WI 53705

| PROC. DATE | PATIENT ID | ABR ID | GEST | DESCRIPTION                                                                                     | RESEARCHER   | FEE             |
|------------|------------|--------|------|-------------------------------------------------------------------------------------------------|--------------|-----------------|
| 6/27/2015  | [REDACTED] | 5881   | 24   | Eyes (2), 2nd Tri-In Formalin<br><br>07/15/15 PAID via VISA [REDACTED]<br>Request by [REDACTED] | [REDACTED]   | 680.00          |
|            |            |        |      |                                                                                                 | <b>Total</b> | <b>\$680.00</b> |

Ref #: 0819

Merchant ID: 80066171367

Sale

Entry Method: Manual

Amount: \$ 680.00

Tax: \$ 0.00

Total: \$ 680.00

07/15/15

Inv #: 800014

Approved: Online

ABR Code: ZIP MATCH Z

Cust #: 702

15:55:25

Appr Code: 854562

Batch#: 800124

Customer Copy

THANK YOU  
HAVE A NICE DAY!

BILLING ADDRESS  
UW-Madison Accounts Payable  
[REDACTED]  
Madison WI 53715-1218

# BLANKET ORDER

PURCHASE ORDER NUMBER  
291K373 136503  
DATE 03 02 2011

BZH P5L

VENDOR

ADVANCED BIOSCIENCE RESOURCES INC  
[REDACTED]  
ALAMEDA CA 94501

SHIP TO

[REDACTED]  
UNIVERSITY OF WISCONSIN  
[REDACTED]  
MADISON WI 53715

CONTACT: [REDACTED]

| F.O.B. | TERMS | DELIVERY | ORDER TYPE | REFERENCE | STATE CONTRACT |
|--------|-------|----------|------------|-----------|----------------|
| S      | N30   |          | BA         | 11 9900   |                |

| ITEM | QUANTITY | UNIT | ITEM DESCRIPTION | COMMODITY CODE | UNIT PRICE | TOTAL |
|------|----------|------|------------------|----------------|------------|-------|
|------|----------|------|------------------|----------------|------------|-------|

01 1 TERM Blanket Order for miscellaneous lab supplies 49043000000  
not available on Materials Distribution  
Services, State or UW Contracts.

VENDOR NOTE: The ship-to department will  
call for product or service as needed.

NO SINGLE TRANSACTION OR RELEASE MAY  
EXCEED \$5,000.00

NO CAPITAL EQUIPMENT, COMPRESSED AIR  
(GAS) CYLINDERS, PAPER, PRINTING, ALCOHOLIC  
BEVERAGES, ETHYL ALCOHOL, CONTROLLED  
SUBSTANCES (DRUGS), FIREARMS, OR  
RADIOACTIVE MATERIAL MAY BE PURCHASED  
ON THIS ORDER.

VENDOR NOTE: For products requiring MSDS,  
one copy is to accompany shipment, and  
one copy is to be sent to:

UW Safety Dept,  
[REDACTED]

Madison WI 53715.

BL2

TERMS: NET 30 DAYS

VENDOR NOTE: TECHNICAL QUESTIONS REGARDING THIS PURCHASE ORDER WILL BE  
ANSWERED BY THE CONTACT PERSON LISTED UNDER THE DELIVERY  
ADDRESS. HOWEVER, NO CHANGES TO THIS ORDER CAN BE MADE WITHOUT  
AUTHORIZATION FROM THE PURCHASING SERVICES DEPARTMENT.

EFFECTIVE 3/1/2011 THRU 2/28/2012

FOR UNIVERSITY USE ONLY:

1 3105 233 A536300 4 PRJ12SW



ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

|           |                  |            |
|-----------|------------------|------------|
| DATE      | P.O. #           | INVOICE #  |
| 4/20/2011 | 29IK373-136503   | 1022904    |
|           | TERMS            | CUSTOMER # |
|           | Due Upon Receipt | 0563       |

**BILL TO**

University of WI



Madison, WI 53715

| PROG. DATE   | PATIENT ID | ABR ID | GEST | DESCRIPTION                        | RESEARCHER | FEE             |
|--------------|------------|--------|------|------------------------------------|------------|-----------------|
| 4/20/2011    |            | 3033   | 18   | Liver, 2nd Trimester               |            | 220.00          |
| 4/20/2011    |            | 3035   | 24   | Liver, 2nd Trimester-Twin A        |            | 220.00          |
| 4/20/2011    |            | 3037   | 24   | Liver, 2nd Trimester-Twin B        |            | 220.00          |
| 4/20/2011    |            |        |      | Delivery: FedEx-Priority Overnight |            | 90.00           |
|              |            |        |      | Accounting Services                |            |                 |
|              |            |        |      | MAY 18 2011                        |            |                 |
|              |            |        |      | Accounts Payable                   |            |                 |
| <b>Total</b> |            |        |      |                                    |            | <b>\$750.00</b> |



Vendor # \_\_\_\_\_ UW DIRECT PAYMENT REQUEST

Voucher # \_\_\_\_\_

Check Payable To: University of Washington  
Invoice # PD11Q1001  
Tax ID #  
91-6001537  
Transaction/Invoice Date: 06/17/2011



Type of Payment: Supplies - Research  
Payment Method and Currency: check, US Dollars

Mail check to: University of Washington  
Invoice Receivables Department of Pediatrics  
P.O. Box 94224  
Seattle, WA 98195-0024  
98124-6524

Purpose of Payment: Purchased Issue samples from the University of Washington Birth Defects Research Laboratory.

Funding for University of Washington:

| Amount | Acct | Fund | Dept   | Prog | Class/Bldg | Budget Year | Project | Problem |
|--------|------|------|--------|------|------------|-------------|---------|---------|
| 200.00 | 3105 | 233  | 539742 | 4    |            | 2011        | 233HG19 |         |

Net Amt \$200.00

**ATTACHMENT**

\_\_\_\_\_  
 Contact Name  
 \_\_\_\_\_  
 Contact Number

\_\_\_\_\_  
 PI Dept Approval  
 \_\_\_\_\_  
 Division / Dean Approval

6/23/11  
 Date  
 6/20/11  
 Date

\_\_\_\_\_  
 Financial Aids Approval  
 \_\_\_\_\_  
 Accounting Services

\_\_\_\_\_  
 Date  
 \_\_\_\_\_  
 Date

Required Forms: Invoice



University of Washington  
Department of Pediatrics

**01286546**

**BIRTH DEFECTS RESEARCH LABORATORY**

**INVOICE**

University of Washington  
Department of Pediatrics

██████████  
Seattle, WA 98195-6320

DATE: 5/5/2011  
INVOICE NO.: PD11Q1001  
PERIOD COVERED: 3/1/2011-3/31/2011  
TAX ID NO: ██████████  
UW BUDGET NO: 65-9567

Bill To:

University of Wisconsin  
Attn: ██████████  
██████████  
Madison, WI 53792

| Shipped Date     | Collection and distribution of tissue:<br># of tissue samples sent: | Quantity | Unit Price (\$) | Total Amount    |
|------------------|---------------------------------------------------------------------|----------|-----------------|-----------------|
| 1/27/2011        | 4                                                                   | 1        | 200.00          | 200.00          |
|                  |                                                                     |          |                 |                 |
|                  |                                                                     |          |                 |                 |
|                  |                                                                     |          |                 |                 |
|                  |                                                                     |          |                 |                 |
|                  |                                                                     |          |                 |                 |
|                  |                                                                     |          |                 |                 |
|                  |                                                                     |          |                 |                 |
| <b>TOTAL DUE</b> |                                                                     |          | <b>1</b>        | <b>\$200.00</b> |

If you have any questions on this invoice, please contact ██████████

Make the checks payable to **UW INVOICE RECEIVABLES** (be sure to reference the invoice number) and mail to:

University of Washington  
Invoice Receivables  
██████████  
Seattle, WA 98124-6524

**NOTE: INSTITUTIONAL POLICY**

**IF NOT PAID WITHIN 30 DAYS; THERE WILL BE A ONE TIME COLLECTION CHARGE OF \$25,  
PLUS AN ADDITIONAL 12% INTEREST  
FROM THE DATE OF THE INVOICE**

**THANK YOU AND WE APPRECIATE YOUR ATTENTION TO THIS MATTER!**

01307307 pg 1 of 1



ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

|           |                  |            |
|-----------|------------------|------------|
| DATE      | P.O. #           | INVOICE #  |
| 6/15/2011 | 291K373-136503   | 1023236    |
|           | TERMS            | CUSTOMER # |
|           | Due Upon Receipt | 0563       |

BILL TO

University of WI

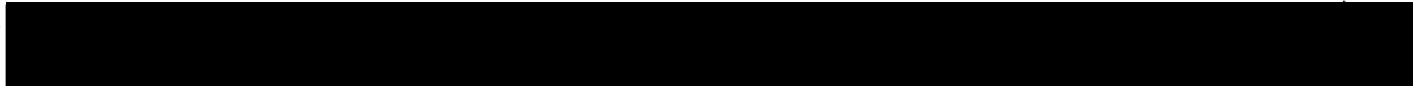


Madison, WI 53715

8/12/11  
gr



| PROC. DATE | PATIENT ID | ABR ID | GEST | DESCRIPTION                        | RESEARCHER      | FEE             |
|------------|------------|--------|------|------------------------------------|-----------------|-----------------|
| 6/15/2011  | [REDACTED] | 6994   | 18   | Liver, 2nd Trimester               | [REDACTED]      | 220.00          |
| 6/15/2011  |            |        |      | Delivery: FedEx-Priority Overnight |                 | 90.00           |
| 6/15/2011  |            | 4729   | 16   | Liver, 2nd Trimester               |                 | 220.00          |
| 6/15/2011  |            | 4732   | 18   | Liver, 2nd Trimester               |                 | 220.00          |
| 6/15/2011  |            |        |      | Delivery: FedEx-Priority Overnight |                 | 90.00           |
|            |            |        |      |                                    | <b>K Series</b> |                 |
|            |            |        |      |                                    | <b>Total</b>    | <b>\$840.00</b> |

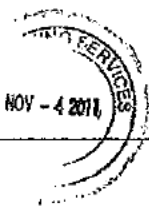


01358788 pg 1 of 2

Vendor # 136503 UW DIRECT PAYMENT REQUEST

Voucher # \_\_\_\_\_

Check Payable To: **Advanced Bioscience Resources, Inc.**  
Invoice # **1023073**  
Tax ID # \_\_\_\_\_



Type of Payment: **Supplies - Classroom or Lab**  
Payment Method and Currency: **check, US Dollars**

Transaction/Invoice Date: **10/24/2011**

Mail check to: **Advanced Bioscience Resources, Inc.**  
[Redacted]  
**Alameda, CA 94501 USA**

Purpose of Payment: **Payment of invoice. PO has expired.**

Funding for Advanced Bioscience Resources, Inc.:

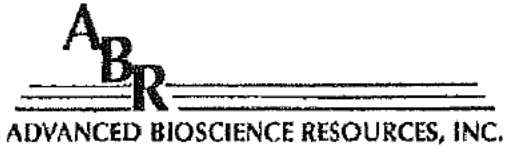
| Amount | Acct | Fund | Dept   | Prog | Class/Bldg | Budget Year | Project | Problem |
|--------|------|------|--------|------|------------|-------------|---------|---------|
| 750.00 | 3104 | 233  | 536300 | 4    |            | 2012        | PRJ32AK |         |

Net Amt \$750.00 **3105**

[Redacted] \_\_\_\_\_ **10/25/11** \_\_\_\_\_  
 Contact Name \_\_\_\_\_ Date Financial Aids Approval \_\_\_\_\_ Date  
 [Redacted] \_\_\_\_\_ **11-3-11** \_\_\_\_\_  
 Contact Number \_\_\_\_\_ Division / Dean Approval \_\_\_\_\_ Date Accounting Services \_\_\_\_\_ Date

**Required Forms: Invoice**

01358788 pg 2 of 2



**TISSUE ACQUISITION INVOICE**

|           |                  |            |
|-----------|------------------|------------|
| DATE      | P.O. #           | INVOICE #  |
| 5/18/2011 | 291K373-136563   | 1023073    |
|           | TERMS            | CUSTOMER # |
|           | Due Upon Receipt | 0563       |

**BILL TO**  
University of WI  
[Redacted]  
Madison, WI 53715

| PROC. DATE | PATIENT ID | ABR ID | GEST | DESCRIPTION                        | RESEARCHER   | FEE             |
|------------|------------|--------|------|------------------------------------|--------------|-----------------|
| 5/18/2011  | [Redacted] | 6913   | 16   | Liver, 2nd Trimester               | [Redacted]   | 220.00          |
| 5/18/2011  | [Redacted] | 6515   | 16   | Liver, 2nd Trimester               | [Redacted]   | 220.00          |
| 5/18/2011  | [Redacted] | 6916   | 18   | Liver, 2nd Trimester               | [Redacted]   | 220.00          |
| 5/18/2011  |            |        |      | Delivery: FedEx-Priority Overnight |              | 90.00           |
|            |            |        |      | 10/16/11 UNPAID DUPLICATE          |              |                 |
|            |            |        |      |                                    | <b>Total</b> | <b>\$750.00</b> |

| Vendor #                                                                                                                                                                                                                                    |  | Direct Payment Form<br>NOT FOR EMPLOYEE REIMBURSEMENT |         |      |        |      |                |             | Voucher # |                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------|---------|------|--------|------|----------------|-------------|-----------|----------------------------------------------------------------------------------------------------------------|
| Check Payable To: (Vendor)                                                                                                                                                                                                                  |  | Amount(s)                                             | Account | Fund | Dept   | Prog | Class (Rdgg #) | Budget Year | Project   | Additional Information/Justification: If vendor billed, airfare or registration, list who, where, why, & when. |
| LW Invoice Receivables                                                                                                                                                                                                                      |  |                                                       |         |      |        |      |                |             |           | Tissue samples for [REDACTED]                                                                                  |
| B1-6001537                                                                                                                                                                                                                                  |  | \$400.00                                              | 3105    | 136  | 539742 | 4    |                |             | PRJ33RN   |                                                                                                                |
| Type of Payment                                                                                                                                                                                                                             |  |                                                       |         |      |        |      |                |             |           |                                                                                                                |
| Invoice                                                                                                                                                                                                                                     |  |                                                       |         |      |        |      |                |             |           |                                                                                                                |
| Send Check to:                                                                                                                                                                                                                              |  |                                                       |         |      |        |      |                |             |           |                                                                                                                |
| University of Washington                                                                                                                                                                                                                    |  |                                                       |         |      |        |      |                |             |           |                                                                                                                |
| Invoice receivables                                                                                                                                                                                                                         |  |                                                       |         |      |        |      |                |             |           |                                                                                                                |
| Seattle WA 98124-6524                                                                                                                                                                                                                       |  |                                                       |         |      |        |      |                |             |           |                                                                                                                |
| Invoice Number: PD11Q2001                                                                                                                                                                                                                   |  |                                                       |         |      |        |      |                |             |           |                                                                                                                |
| Payment Handling Code:                                                                                                                                                                                                                      |  |                                                       |         |      |        |      |                |             |           |                                                                                                                |
| Contact Person:                                                                                                                                                                                                                             |  |                                                       |         |      |        |      |                |             |           | Total Amount<br>\$400.00                                                                                       |
| Telephone Number:                                                                                                                                                                                                                           |  |                                                       |         |      |        |      |                |             |           |                                                                                                                |
| Please see the following website for Direct Payment Form instructions and guidelines: <a href="http://www.bussvc.wisc.edu/accinst/instructions/direct_payment.html">http://www.bussvc.wisc.edu/accinst/instructions/direct_payment.html</a> |  |                                                       |         |      |        |      |                |             |           |                                                                                                                |
| I certify that I have reviewed this payment and find it to be in compliance with all established purchasing and accounting policies.                                                                                                        |  |                                                       |         |      |        |      |                |             |           |                                                                                                                |
| Supervisor Approval                                                                                                                                                                                                                         |  | 10/23/11                                              |         |      | R      |      |                | Date        |           |                                                                                                                |
| Director Approval                                                                                                                                                                                                                           |  | 1-0-12                                                |         |      |        |      |                | Date        |           |                                                                                                                |
| Upon receipt of a properly submitted invoice/paid receipt, Accounting Services will process payment according to Wisconsin Prompt Payment Statutes.<br>Send completed form to Accounts Payable, [REDACTED]                                  |  |                                                       |         |      |        |      |                |             |           |                                                                                                                |

ALS-17401p[direct\_payment-f.xls]TRAV

UNIVERSITY OF WISCONSIN DP 04/24/2007 (Updated 04/23/2010)

direct\_payment-1.xls

**University of Washington  
Department of Pediatrics**

**BIRTH DEFECTS RESEARCH LABORATORY**

University of Washington  
Department of Pediatrics

[Redacted]

Seattle, WA 98195-6320

[Redacted]

**INVOICE**

DATE: 7/15/2011  
 INVOICE NO.: PD11Q2001  
 PERIOD COVERED: 4/1/2011-6/30/2011  
 TAX ID NO: [Redacted]  
 UW BUDGET NO: 65-9567

**BILL To:**

University of Wisconsin

[Redacted]

Madison, WI 53792

| Shipped Date     | Collection and distribution of tissue:<br># of tissue samples sent: | Quantity | Unit Price (\$) | Total Amount    |
|------------------|---------------------------------------------------------------------|----------|-----------------|-----------------|
| 4/8/11           | 3                                                                   | 1        | 200.00          | 200.00          |
| 5/12/11          | 2                                                                   | 1        | 200.00          | 200.00          |
|                  |                                                                     |          |                 |                 |
|                  |                                                                     |          |                 |                 |
|                  |                                                                     |          |                 |                 |
|                  |                                                                     |          |                 |                 |
|                  |                                                                     |          |                 |                 |
| <b>TOTAL DUE</b> |                                                                     |          | <b>2</b>        | <b>\$400.00</b> |

If you have any questions on this invoice, please contact [Redacted]

Make the checks payable to **UW INVOICE RECEIVABLES** (be sure to reference the invoice number) and mail to:

University of Washington  
 Invoice Receivables  
 [Redacted]  
 Seattle, WA 98124-6524

**NOTE: INSTITUTIONAL POLICY**

**IF NOT PAID WITHIN 30 DAYS; THERE WILL BE A ONE TIME COLLECTION CHARGE OF \$25,  
 PLUS AN ADDITIONAL 12% INTEREST  
 FROM THE DATE OF THE INVOICE**

THANK YOU AND WE APPRECIATE YOUR ATTENTION TO THIS MATTER!

01423444 p1 # of 2

| Vendor #                                                                                                                                                                                                                      |                        | Direct Payment Form<br>NOT FOR EMPLOYEE REIMBURSEMENT |         |                        |        |      |                |             | Voucher # |                                                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------------------------------------|---------|------------------------|--------|------|----------------|-------------|-----------|----------------------------------------------------------------------------------------------------------------|
| Check Payable To: (Vendor)                                                                                                                                                                                                    |                        | Amount(s)                                             | Account | Fund                   | Dept   | Prog | Class (Stdg #) | Budget Year | Project   | Additional Information/Justification: If vendor billed, address or registration, list who, where, why, & when. |
| UW Invoice Receivables                                                                                                                                                                                                        |                        | \$400.00                                              | 3105    | 136                    | 639742 | 4    |                | 12          | PRJ33RN   |                                                                                                                |
| Type of Payment                                                                                                                                                                                                               |                        |                                                       |         |                        |        |      |                |             |           |                                                                                                                |
| <input checked="" type="checkbox"/> vBCCR                                                                                                                                                                                     |                        |                                                       |         |                        |        |      |                |             |           |                                                                                                                |
| Send Check to:                                                                                                                                                                                                                |                        |                                                       |         |                        |        |      |                |             |           |                                                                                                                |
| University of Washington<br>Invoice Receivables<br>Seattle WA 98124-8524                                                                                                                                                      |                        |                                                       |         |                        |        |      |                |             |           |                                                                                                                |
| Invoice Number:                                                                                                                                                                                                               | Payment Handling Code: |                                                       |         |                        |        |      |                |             |           |                                                                                                                |
| PD11Q3001                                                                                                                                                                                                                     |                        |                                                       |         |                        |        |      |                |             |           |                                                                                                                |
| Contact Person:                                                                                                                                                                                                               | Telephone Number:      | Total Amount:                                         |         |                        |        |      |                |             |           |                                                                                                                |
|                                                                                                                                                                                                                               |                        | \$400.00                                              |         |                        |        |      |                |             |           |                                                                                                                |
| Please see the following website for Direct Payment Form instructions and guidelines: <a href="#">3rd page</a>                                                                                                                |                        |                                                       |         |                        |        |      |                |             |           |                                                                                                                |
| I certify that I have reviewed this payment and find it to be in compliance with all established purchasing and accounting policies.                                                                                          |                        |                                                       |         |                        |        |      |                |             |           |                                                                                                                |
| Subsector Approval:                                                                                                                                                                                                           |                        | Date: 2/17/12                                         |         | Institution Pre-Audit: |        |      |                | Date:       |           |                                                                                                                |
| Director Approval:                                                                                                                                                                                                            |                        | Date: 2/21/12                                         |         |                        |        |      |                |             |           |                                                                                                                |
| Upon receipt of a properly submitted invoice and receipt, Accounting Services will process payment according to Wisconsin Prompt Payment Statutes.<br>Send completed form to Accounts Payable, SU No 6191, 21 N. Park Street. |                        |                                                       |         |                        |        |      |                |             |           |                                                                                                                |

Washington 3Q 2011.dsj/TKAV

UW/MADISON DP 04/24/2007 (Updated 04/23/2010)

SCHOOL of MEDICINE  
and PUBLIC HEALTH  
FEB 20 2012  
**RECEIVED**

UW Washington 3Q 2011

01423444 pg 2 of 2

University of Washington  
Department of Pediatrics

BIRTH DEFECTS RESEARCH LABORATORY

University of Washington  
Department of Pediatrics

[Redacted]  
Seattle, WA 98195-6320

[Redacted]

**INVOICE**

CHOOH OF MEDICINE  
AND PUBLIC HEALTH  
FEB 20 2012  
RECEIVED

DATE: 10/17/11  
INVOICE NO.: PD11Q3001  
PERIOD COVERED: 6/1/2011-9/30/2011  
TAX ID NO: [Redacted]  
UW BUDGET NO: 65-9567

Bill To:

University of Wisconsin

[Redacted]

Madison, WI 53792

| Shipped Date     | Collection and distribution of tissue:<br># of tissue samples sent | Quantity (\$200 per unit) | Total Amount    |
|------------------|--------------------------------------------------------------------|---------------------------|-----------------|
| 9/2/11           | 6                                                                  | 1                         | 200.00          |
| 9/29/11          | 3                                                                  | 1                         | 200.00          |
|                  |                                                                    |                           |                 |
|                  |                                                                    |                           |                 |
|                  |                                                                    |                           |                 |
|                  |                                                                    |                           |                 |
|                  |                                                                    |                           |                 |
| <b>TOTAL DUE</b> |                                                                    | <b>2</b>                  | <b>\$400.00</b> |

If you have any questions on this invoice, please contact [Redacted]

Make the checks payable to UW INVOICE RECEIVABLES (be sure to reference the invoice number) and mail to:

University of Washington  
Invoice Receivables  
[Redacted]  
Seattle, WA 98124-6524

NOTE: INSTITUTIONAL POLICY

**IF NOT PAID WITHIN 30 DAYS; THERE WILL BE A ONE TIME COLLECTION CHARGE OF \$25,  
PLUS AN ADDITIONAL 12% INTEREST  
FROM THE DATE OF THE INVOICE**

THANK YOU AND WE APPRECIATE YOUR ATTENTION TO THIS MATTER!



01423437 pg 1 of 2

| Direct Payment Form                                                                                                                                                                                      |                        |              |      |                           |      |                |             |         |                                                                                                              | Voucher # |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------|------|---------------------------|------|----------------|-------------|---------|--------------------------------------------------------------------------------------------------------------|-----------|
| NOT FOR EMPLOYEE REIMBURSEMENT                                                                                                                                                                           |                        |              |      |                           |      |                |             |         |                                                                                                              |           |
| Check Payable To: (Vendor)                                                                                                                                                                               | Amount(s)              | Account      | Fund | Dept                      | Proj | Class (Bldg #) | Budget Year | Project | Additional Information/Justification: If vendor billed, state or registration, list who, where, why, & when. |           |
| UW Invoice Receivables                                                                                                                                                                                   | \$200.00               | 3106         | 136  | 559742                    | 4    |                | 12          | PRJ33RN | Tissue samples for [redacted] 2011 4th quarter billing.                                                      |           |
| Type of Payment                                                                                                                                                                                          |                        |              |      |                           |      |                |             |         |                                                                                                              |           |
| Send Check to:                                                                                                                                                                                           |                        |              |      |                           |      |                |             |         |                                                                                                              |           |
| University of Washington<br>Invoice Receivables<br>Seattle WA 98124-8524                                                                                                                                 |                        |              |      | STP<br>-ES 21 9000<br>023 |      |                |             |         |                                                                                                              |           |
| Invoice Number: PD11Q4004                                                                                                                                                                                | Payment Handling Code: |              |      |                           |      |                |             |         |                                                                                                              |           |
| Contact Person:                                                                                                                                                                                          | Telephone Number:      | TOTAL AMOUNT |      |                           |      |                |             |         |                                                                                                              |           |
|                                                                                                                                                                                                          |                        | \$200.00     |      |                           |      |                |             |         |                                                                                                              |           |
| Please see the following website for Direct Payment Form instructions and guidelines: <a href="#">3rd QTR</a>                                                                                            |                        |              |      |                           |      |                |             |         |                                                                                                              |           |
| I certify that I have reviewed this payment and find it to be in compliance with all established purchasing and accounting policies.                                                                     |                        |              |      |                           |      |                |             |         |                                                                                                              |           |
| Supervisor Approval:                                                                                                                                                                                     |                        |              |      |                           |      |                |             |         |                                                                                                              |           |
|                                                                                                                                                                                                          |                        |              |      |                           |      |                |             |         |                                                                                                              |           |
| Dean/Director Approval:                                                                                                                                                                                  |                        |              |      |                           |      |                |             |         |                                                                                                              |           |
|                                                                                                                                                                                                          |                        |              |      |                           |      |                |             |         |                                                                                                              |           |
| Upon receipt of a properly submitted invoice/paid receipt, Accounting Services will process payment according to Wisconsin Prompt Payment Statute.<br>Send completed form to Accounts Payable [redacted] |                        |              |      |                           |      |                |             |         |                                                                                                              |           |

Washington EQ 2011.xls/JTRAV

UW/MADISON DP 04/24/2007 (Updated 04/23/2010)

SCHOOL of MEDICINE  
and PUBLIC HEALTH  
FEB 20 2012  
**RECEIVED**

**University of Washington  
Department of Pediatrics**

**BIRTH DEFECTS RESEARCH LABORATORY**

University of Washington  
Department of Pediatrics

Seattle, WA 98195-6320

**INVOICE**

DATE: 2/8/2012  
 INVOICE NO.: PD11Q4004  
 PERIOD COVERED: 10/27/2011-12/31/2011  
 TAX ID NO: [REDACTED]  
 UW BUDGET NO: 85-9567

Bill To:

University of Wisconsin

Madison, WI 53792

PO/Contract No.

| Shipped Date | Collection and distribution of tissue:<br># of tissue samples sent | Quantity (\$200 per unit) | Total Amount  |
|--------------|--------------------------------------------------------------------|---------------------------|---------------|
| 10/27/2011   | 3                                                                  | 1                         | \$ 200        |
|              |                                                                    |                           | \$ -          |
|              |                                                                    |                           | \$ -          |
|              |                                                                    |                           | \$ -          |
|              |                                                                    |                           | \$ -          |
|              |                                                                    |                           | \$ -          |
|              |                                                                    |                           | \$ -          |
|              |                                                                    |                           | \$ -          |
|              |                                                                    |                           | \$ -          |
|              |                                                                    |                           | \$ -          |
|              |                                                                    |                           | \$ -          |
|              |                                                                    |                           | \$ -          |
|              |                                                                    |                           | \$ -          |
|              | <b>Total Due</b>                                                   | <b>1</b>                  | <b>\$ 200</b> |

If you have any questions, please contact [REDACTED] email: [REDACTED]

Make the checks payable to **UW INVOICE RECEIVABLES**  
 (be sure to reference the invoice number) and mail to:

University of Washington  
 Invoice Receivables  
 [REDACTED]  
 Seattle, WA 98124-6524

NOTE: INSTITUTIONAL POLICY

**IF NOT PAID WITHIN 30 DAYS; THERE WILL BE A ONE TIME COLLECTION CHARGE OF \$25,  
 PLUS AN ADDITIONAL 12% INTEREST FROM THE DATE OF THE INVOICE  
 THANK YOU AND WE APPRECIATE YOUR ATTENTION TO THIS MATTER!**

01470940 ps 1 of 2

| Vendor #                                                                                                                                            |                        | Direct Payment Form<br>NOT FOR EMPLOYEE REIMBURSEMENT |                       |      |        |      |               |             |         | Voucher #                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------------------------------------|-----------------------|------|--------|------|---------------|-------------|---------|----------------------------------------------------------------------------------------------------------------|
| Check Payable To: (Vendor)                                                                                                                          |                        | Amount                                                | Account               | Fund | Dept   | Prog | Class (BKG #) | Budget Year | Project | Additional Information/Justification: If vendor billed, address or registration, list who, where, why, & when. |
| UNL Invoicing Responsibilities University of Washington                                                                                             |                        | \$200.00                                              | 3105                  | 136  | 539742 | 4    |               | 12          | PRJ33RH | Tissue samples for [redacted] 2012 1st quarter billing.                                                        |
| Type of Payment                                                                                                                                     |                        |                                                       |                       |      |        |      |               |             |         |                                                                                                                |
| Send Check to:                                                                                                                                      |                        |                                                       |                       |      |        |      |               |             |         |                                                                                                                |
| University of Washington                                                                                                                            |                        |                                                       |                       |      |        |      |               |             |         |                                                                                                                |
| Invoice Receivables                                                                                                                                 |                        | Accounting Services                                   |                       |      |        |      |               |             |         |                                                                                                                |
| Seattle WA 98124-6524                                                                                                                               |                        | MAY 01 2012                                           |                       |      |        |      |               |             |         |                                                                                                                |
|                                                                                                                                                     |                        | Accounts Payable                                      |                       |      |        |      |               |             |         |                                                                                                                |
| Invoice Number:                                                                                                                                     | Payment Handling Code: |                                                       |                       |      |        |      |               |             |         |                                                                                                                |
| PD12Q1001                                                                                                                                           |                        |                                                       |                       |      |        |      |               |             |         |                                                                                                                |
| Contact Person:                                                                                                                                     | Telephone Number:      | Total Amount:                                         |                       |      |        |      |               |             |         |                                                                                                                |
| [redacted]                                                                                                                                          | [redacted]             | \$200.00                                              |                       |      |        |      |               |             |         |                                                                                                                |
| Please see the following website for Direct Payment Form Instructions and guidelines: 3rd quarter                                                   |                        |                                                       |                       |      |        |      |               |             |         |                                                                                                                |
| it to be in compliance with all established purchasing and accounting policies.                                                                     |                        |                                                       |                       |      |        |      |               |             |         |                                                                                                                |
| [redacted]                                                                                                                                          |                        | Date                                                  | Institution Pre-Audit |      |        |      |               |             |         |                                                                                                                |
| [redacted]                                                                                                                                          |                        | Date                                                  |                       |      |        |      |               |             |         |                                                                                                                |
| Upon receipt of a properly submitted invoice/paid receipt, Accounting Services will process payment according to Wisconsin Prompt Payment Statutes. |                        |                                                       |                       |      |        |      |               |             |         |                                                                                                                |
| Send completed form to Accounts Payable [redacted]                                                                                                  |                        |                                                       |                       |      |        |      |               |             |         |                                                                                                                |

Washington 4Q 2011 (11) TRAV

UWMADISON EP 04/24/2007 (0154524 04/23/09) 10

SCHOOL OF MEDICINE  
AND PUBLIC HEALTH  
APR 26 2012  
RECEIVED

Univ Washington INQ 5012

University of Washington  
Department of Pediatrics

BIRTH DEFECTS RESEARCH LABORATORY

University of Washington  
Department of Pediatrics

Seattle, WA 98195-6320

# INVOICE

DATE: 19 April 2012

INVOICE NO.: PD12Q1001  
PERIOD COVERED: 1/1/2012-3/31/2012  
TAX ID NO:  
UW BUDGET NO: 65-9567

Bill To:

University of Wisconsin

Funding No. 136 539742

Madison, WI 53792

| Shipped Date | Collection and distribution of tissue:<br># of tissue samples sent | Quantity<br>(\$200 per unit) | Total Amount  |
|--------------|--------------------------------------------------------------------|------------------------------|---------------|
| 3/29/2012    | 4                                                                  | 1                            | \$ 200        |
|              |                                                                    |                              | \$ -          |
|              |                                                                    |                              | \$ -          |
|              |                                                                    |                              | \$ -          |
|              |                                                                    |                              | \$ -          |
|              |                                                                    |                              | \$ -          |
|              |                                                                    |                              | \$ -          |
|              |                                                                    |                              | \$ -          |
|              |                                                                    |                              | \$ -          |
|              |                                                                    |                              | \$ -          |
|              |                                                                    |                              | \$ -          |
|              |                                                                    |                              | \$ -          |
|              |                                                                    |                              | \$ -          |
|              |                                                                    |                              | \$ -          |
|              | <b>Total Due</b>                                                   | <b>1</b>                     | <b>\$ 200</b> |

If you have any questions, please contact [redacted]  
For questions regarding payments, please contact [redacted]

Make the checks payable to UW INVOICE RECEIVABLES, the UW does not accept Credit Card payments (be sure to reference the invoice number) and mail to:

University of Washington  
Invoice Receivables  
[redacted]  
Seattle, WA 98124-6524

NOTE: INSTITUTIONAL POLICY

**IF NOT PAID WITHIN 30 DAYS; THERE WILL BE A ONE TIME COLLECTION CHARGE OF \$25,  
PLUS AN ADDITIONAL 12% INTEREST FROM THE DATE OF THE INVOICE**

THANK YOU AND WE APPRECIATE YOUR ATTENTION TO THIS MATTER!

Vendor #

# UW DIRECT PAYMENT REQUEST

Voucher #

C1844451 P31082

Check Payable To: Yeshiva University  
Invoice # 431-RB  
Tax ID # [REDACTED] - on File

Type of Payment: Supplies - Laboratory  
Payment Method and Currency: check, US Dollars

Transaction/Invoice Date: 09/27/2013

Mail check to: Yeshiva University  
Albert Einstein College of Med. [REDACTED]  
[REDACTED]  
Bronx, NY 10461 USA

Purpose of Payment: Tissue received in [REDACTED] lab on 9.11.13.

Funding for Yeshiva University:

| Amount | Acct | Fund | Dept   | Prog | Class/Bldg | Budget Year | Project | Problem |
|--------|------|------|--------|------|------------|-------------|---------|---------|
| 500.00 | 3105 | 133  | 539742 | 4    |            | 2014        | PRJ76TR |         |

Net Amt \$500.00

Accounting Services

DEC 18 2013

Accounts Payable

Contact Name: [REDACTED] 12/19/13 Date: \_\_\_\_\_ Financial Aids Approval Date: \_\_\_\_\_  
 [REDACTED] 12-16-13 Date: \_\_\_\_\_  
 Contact Number: \_\_\_\_\_ Division / Dean Approval Date: \_\_\_\_\_ Accounting Services **SMPH** Date: \_\_\_\_\_

Required Forms: Invoice

DEC 18 2013  
RECEIVED

Friday, September 27, 2013

01844451 pg 2 of 2

Invoice Number: 431-RR



Grant:  
User: 98

[Redacted]

Ph.D.

Surgery, [Redacted]

University of Wisconsin

[Redacted]

Madison WI 53782-7376

| Order number: | Tissue:   |          |    |    | Processing charge: |
|---------------|-----------|----------|----|----|--------------------|
| 6981          | 9/11/2013 | 17 weeks | Li | TC | \$250.00           |
| 6982          | 9/11/2013 | 17 weeks | P  | TC | \$250.00           |

Total # of Specimens: 2

Processing Fee Total \*: \$500.00

Make check payable to Yeshiva University  
(Please write invoice number on check).

Mail check to:

Yeshiva University  
Albert Einstein College of  
Medicine  
[Redacted]  
Department of Pathology  
[Redacted]  
Bronx, NY 10461

\* Charges only reflect the cost of processing each specimen.

Federal TIN #: 131624226

133 PRJ16TR  
539742

01620485 pg 1 of 2

Vendor # \_\_\_\_\_ UW DIRECT PAYMENT REQUEST

Voucher # \_\_\_\_\_

Check Payable To: Yeshiva University et al  
Invoice # 384-RB  
Tax ID # \_\_\_\_\_

Type of Payment: SUPPLIES - DRUGS AND MEDICAL SUPPLIES (Human use only)  
Payment Method and Currency: check, US Dollars

Transaction/Invoice Date: 12/19/2012

Mail check to: Yeshiva University  
Albert Einstein College of Medicine, Dept of Pathology  
Bronx, New York 10461 USA

Purpose of Payment: Tissue for humanized acid mouse model. Research tissue sample.

Funding for Yeshiva University \_\_\_\_\_

| Amount | Acct | Fund | Dept   | Prog | Class/Bldg | Budget Year | Project | Problem |
|--------|------|------|--------|------|------------|-------------|---------|---------|
| 500.00 | 3118 | 136  | 539742 | 4    |            | 2013        | PRJ33RN |         |

Net Amt \$500.00 *3105*

Accounting Services  
JAN 16 2013  
Accounting Services

\_\_\_\_\_  
Contact Name *Student Approval* *12/19/12* Date Financial Aids Approval

\_\_\_\_\_  
Contact Number *Division / Dean Approval* *1-15-13* Date Accounting Services

Required Forms: Invoice

SMPH  
JAN 03 2013  
RECEIVED

Wednesday, October 31, 2012

Invoice Number: 384-RR



Grant:  
User: 98

[Redacted]

Ph.D.

Surgery, [Redacted]

University of Wisconsin

[Redacted]

Madison WI 53782-7375

| Order number: | Tissue:    |          |    |    | Processing charge: |
|---------------|------------|----------|----|----|--------------------|
| 6830          | 10/19/2012 | 17 weeks | Li | TC | \$250.00           |
| 6832          | 10/19/2012 | 17 weeks | Th | TC | \$250.00           |

Total # of Specimens:

2  
\$500.00

Processing Fee Total\*:

Make check payable to: Yeshiva University  
(Please write invoice number on check).

Mail check to:

Yeshiva University  
 [Redacted]  
 Department of Pathology  
 Albert Einstein College of Medicine  
 [Redacted]  
 Bronx, NY 10461

\* Charges only reflect the cost of processing each specimen.





ADVANCED BIOSCIENCE RESOURCES, INC.

# TISSUE ACQUISITION INVOICE

|           |                  |            |
|-----------|------------------|------------|
| DATE      | P.O. #           | INVOICE #  |
| 1/28/2010 | Credit Card      | 1020166    |
|           | TERMS            | CUSTOMER # |
|           | Due Upon Receipt | 0405       |

BILL TO

University of WI

Madison, WI 53792

| PROC. DATE | PATIENT ID | ABR ID | GEST | DESCRIPTION                        | RESEARCHER | FEE    |
|------------|------------|--------|------|------------------------------------|------------|--------|
| 1/28/2010  |            | 3645   | 19   | Thymus, 2nd Trimester              |            | 200.00 |
| 1/28/2010  |            | 3646   | 19   | Liver, 2nd Trimester               |            | 200.00 |
| 1/28/2010  |            |        |      | Delivery: FedEx-Priority Overnight |            | 85.00  |
|            |            |        |      | 02/07/10 PAID via VISA             |            |        |

ADVANCED BIOSCIENCE RESOURCES

FEB 07, 2010 03:39PM

TERM :  
MERCH :

REF # : 003  
ACT # :  
CARD : VISA

SALE : \$ 485.00

CUST #: 405  
RETR REF#: 003822400977  
APPROVAL CODE: 087446

I AGREE TO PAY THE ABOVE AMOUNT PER THE CARD ISSUER AGREEMENT

x-----  
SIGNATURE

THANK YOU  
HAVE A NICE DAY!  
CUSTOMER COPY

Total

\$485.00

3/4/10



ADVANCED BIOSCIENCE RESOURCES, INC.

# TISSUE ACQUISITION INVOICE

|          |                  |            |
|----------|------------------|------------|
| DATE     | P.O. #           | INVOICE #  |
| 3/2/2010 | Credit Card      | 1020369    |
|          | TERMS            | CUSTOMER # |
|          | Due Upon Receipt | 0405       |

BILL TO

University of WI

Madison, WI 53792

| PROC. DATE | PATIENT ID | ABR ID | GEST | DESCRIPTION                        | RESEARCHER | FEE    |
|------------|------------|--------|------|------------------------------------|------------|--------|
| 3/2/2010   |            | 9995   | 18   | Thymus, 2nd Trimester              |            | 200.00 |
| 3/2/2010   |            | 9996   | 18   | Liver, 2nd Trimester               |            | 200.00 |
| 3/2/2010   |            |        |      | Delivery: FedEx-Priority Overnight |            | 85.00  |
|            |            |        |      | 03/26/10 PAID via VISA             |            |        |

ADVANCED BIOSCIENCE RESOURCES

MAR 26, 2010 03:45PM

TERM : 1  
MERCH : 000006771362

REF # : 007  
ACT # :  
CARD : VISA

SALE : \$ 485.00

CUST #: 405  
RETR REF#: 008522005816  
APPROVAL CODE: 071795

I AGREE TO PAY THE ABOVE AMOUNT PER THE CARD ISSUER AGREEMENT

x-----SIGNATURE

THANK YOU  
HAVE A NICE DAY!  
CUSTOMER COPY

**Total \$485.00**



ADVANCED BIOSCIENCE RESOURCES, INC.

# TISSUE ACQUISITION INVOICE

|          |                  |            |
|----------|------------------|------------|
| DATE     | P.O. #           | INVOICE #  |
| 4/7/2010 | Credit Card      | 1020593    |
|          | TERMS            | CUSTOMER # |
|          | Due Upon Receipt | 0405       |

BILL TO

University of WI



Madison, WI 53792

| PROC. DATE                              | PATIENT ID | ABR ID | GEST | DESCRIPTION                        | RESEARCHER | FEE    |
|-----------------------------------------|------------|--------|------|------------------------------------|------------|--------|
| 4/7/2010                                |            | 4807   | 18   | Thymus, 2nd Trimester              |            | 200.00 |
| 4/7/2010                                |            | 4808   | 18   | Liver, 2nd Trimester               |            | 200.00 |
| 4/7/2010                                |            |        |      | Delivery: FedEx-Priority Overnight |            | 85.00  |
| 04/26/10 PAID via VISA #3724 [REDACTED] |            |        |      |                                    |            |        |
| Request by [REDACTED]                   |            |        |      |                                    |            |        |

ADVANCED BIOSCIENCE RESOURCES

APR 26, 2010 04:00PM

TERM : 1  
MERCH: 000006771362

REF #: 003  
ACT #: [REDACTED]  
CARD : VISA

SALE: \$ 1455.00

CUST #: 405  
RETR REF#: 011622002401  
APPROVAL CODE: 089164

I AGREE TO PAY THE ABOVE AMOUNT PER THE CARD ISSUER AGREEMENT

SIGNATURE

THANK YOU  
HAVE A NICE DAY!  
CUSTOMER COPY

Total

\$485.00

5/11/10



ADVANCED BIOSCIENCE RESOURCES, INC.

# TISSUE ACQUISITION INVOICE

|           |                  |            |
|-----------|------------------|------------|
| DATE      | P.O. #           | INVOICE #  |
| 4/13/2010 | Credit Card      | 1020630    |
|           | TERMS            | CUSTOMER # |
|           | Due Upon Receipt | 0405       |

BILL TO

University of WI  
[Redacted]  
Madison, WI 53792

| PROC. DATE | PATIENT ID | ABR ID | GEST | DESCRIPTION                        | RESEARCHER | FEE    |
|------------|------------|--------|------|------------------------------------|------------|--------|
| 4/13/2010  | [Redacted] | 2465   | 19   | Thymus, 2nd Trimester              | [Redacted] | 200.00 |
| 4/13/2010  | [Redacted] | 2463   | 19   | Liver, 2nd Trimester               | [Redacted] | 200.00 |
| 4/13/2010  |            |        |      | Delivery: FedEx-Priority Overnight |            | 85.00  |
|            |            |        |      | 04/26/10 PAID via VISA [Redacted]  |            |        |

ADVANCED BIOSCIENCE

[Redacted]

APR 26, 2010 04:00PM  
 TERM : 1  
 MERCH: 000006771362  
 REF #: 003  
 ACT #: [Redacted]  
 CARD : VISA  
 SALE: \$ 1455.00  
 CUST #: 405  
 RETR REF#: 011622002401  
 APPROVAL CODE: 089164

I AGREE TO PAY THE ABOVE AMOUNT PER THE CARD ISSUER AGREEMENT

-----  
 SIGNATURE  
 THANK YOU  
 HAVE A NICE DAY!  
 CUSTOMER COPY

|              |                 |
|--------------|-----------------|
| <b>Total</b> | <b>\$485.00</b> |
|--------------|-----------------|

5/11/12



ADVANCED BIOSCIENCE RESOURCES, INC.

# TISSUE ACQUISITION INVOICE

|           |                  |            |
|-----------|------------------|------------|
| DATE      | P.O. #           | INVOICE #  |
| 4/15/2010 | Credit Card      | 1020653    |
|           | TERMS            | CUSTOMER # |
|           | Due Upon Receipt | 0405       |

BILL TO

University of WI

Madison, WI 53792

| PROC. DATE | PATIENT ID | ABR ID | GEST | DESCRIPTION                        | RESEARCHER | FEE    |
|------------|------------|--------|------|------------------------------------|------------|--------|
| 4/15/2010  | [REDACTED] | 2472   | 17   | Thymus, 2nd Trimester              | [REDACTED] | 200.00 |
| 4/15/2010  | [REDACTED] | 2473   | 17   | Liver, 2nd Trimester               | [REDACTED] | 200.00 |
| 4/15/2010  |            |        |      | Delivery: FedEx-Priority Overnight |            | 85.00  |
|            |            |        |      | 04/26/10 PAID via VISA [REDACTED]  |            |        |

ADVANCED BIOSCIENCE

APR 26, 2010 04:00PM

TERM : 1  
MERC#: 000006771362

REF #: 003  
ACT #: [REDACTED]  
CARD : VISA

SALE: \$ 1455.00

CUST #: 405  
RETR REF#: 011622002401  
APPROVAL CODE: 989164

I AGREE TO PAY THE  
ABOVE AMOUNT PER THE  
CARD ISSUER AGREEMENT

SIGNATURE

THANK YOU  
HAVE A NICE DAY!  
CUSTOMER COPY

Total

\$485.00



ADVANCED BIOSCIENCE RESOURCES, INC.

# TISSUE ACQUISITION INVOICE

|           |                  |            |
|-----------|------------------|------------|
| DATE      | P.O. #           | INVOICE #  |
| 4/22/2010 | Credit Card      | 1020689    |
|           | TERMS            | CUSTOMER # |
|           | Due Upon Receipt | 0405       |

BILL TO

University of WI

Madison, WI 53792

| PROC. DATE | PATIENT ID | ABR ID | GEST | DESCRIPTION                        | RESEARCHER | FEE    |
|------------|------------|--------|------|------------------------------------|------------|--------|
| 4/22/2010  | 642202     | 1019   | 17   | Thymus, 2nd Trimester              | [REDACTED] | 200.00 |
| 4/22/2010  | 642202     | 1020   | 17   | Liver, 2nd Trimester               |            | 200.00 |
| 4/22/2010  |            |        |      | Delivery: FedEx-Priority Overnight |            | 85.00  |
|            |            |        |      | 05/02/10 PAID via VISA [REDACTED]  |            |        |

ADVANCED BIOSCIENCE RESOURCES

[REDACTED]

MAY 02, 2010 06:14PM

TERM :  
MERCH: 000006771362

REF #: 004

ACT #: [REDACTED]

CARD : VISA  
SALE: \$ 485.00

CUST #: 405  
RETR REF#: 012300601149  
APPROVAL CODE: 076821

I AGREE TO PAY THE ABOVE AMOUNT PER THE CARD ISSUER AGREEMENT

-----  
SIGNATURE

THANK YOU!  
HAVE

**Total**

**\$485.00**

**TISSUE ACQUISITION INVOICE**

|           |                  |            |
|-----------|------------------|------------|
| DATE      | P.O. #           | INVOICE #  |
| 4/29/2010 | Credit Card      | 1020723    |
|           | TERMS            | CUSTOMER # |
|           | Due Upon Receipt | 0405       |

BILL TO

University of WI  
 [REDACTED]  
 Madison, WI 53792

| PROC. DATE | PATIENT ID | ABR ID | GEST | DESCRIPTION                        | RESEARCHER | FEE    |
|------------|------------|--------|------|------------------------------------|------------|--------|
| 4/29/2010  | [REDACTED] | 2488   | 18   | Thymus, 2nd Trimester              | [REDACTED] | 200.00 |
| 4/29/2010  | [REDACTED] | 2489   | 18   | Liver, 2nd Trimester               | [REDACTED] | 200.00 |
| 4/29/2010  |            |        |      | Delivery: FedEx-Priority Overnight |            | 85.00  |
|            |            |        |      | 05/10/10 PAID via VISA [REDACTED]  |            |        |

ADVANCED BIOSCIENCE  
 RESOURCES

MAY 10, 2010 06:34PM  
 TERM :  
 MERCH : 0000006771362  
 REF #: 002  
 ACT # : [REDACTED]  
 CARD : VISA  
 SALE: \$ 485.00  
 CUST #: 405  
 RETR REF#: 013100202803  
 APPROVAL CODE: 073463  
 I AGREE TO PAY THE  
 ABOVE AMOUNT PER THE  
 CARD ISSUER AGREEMENT

-----  
 SIGNATURE  
 THANK YOU  
 HAVE A NICE DAY!  
 CUSTOMER COPY

**Total \$485.00**



ADVANCED BIOSCIENCE RESOURCES, INC.

# TISSUE ACQUISITION INVOICE

|           |                  |            |
|-----------|------------------|------------|
| DATE      | P.O. #           | INVOICE #  |
| 5/20/2010 | Credit Card      | 1020837    |
|           | TERMS            | CUSTOMER # |
|           | Due Upon Receipt | 0405       |

BILL TO  
 University of WI  
 [REDACTED]  
 Madison, WI 53792

| PROC. DATE | PATIENT ID | ABR ID | GEST | DESCRIPTION                        | RESEARCHER | FEE    |
|------------|------------|--------|------|------------------------------------|------------|--------|
| 5/20/2010  | [REDACTED] | 4920   | 19   | Thymus, 2nd Trimester              | [REDACTED] | 200.00 |
| 5/20/2010  | [REDACTED] | 4921   | 19   | Liver, 2nd Trimester               | [REDACTED] | 200.00 |
| 5/20/2010  |            |        |      | Delivery: FedEx-Priority Overnight |            | 85.00  |
|            |            |        |      | 05/31/10 PAID via VISA [REDACTED]  |            |        |

ADVANCED BIOSCIENCE RESOURCES  
 [REDACTED]  
 MAY 31, 2010 05:53PM  
 TERM :  
 MERCH: 000006771362  
 REF #: 002  
 ACT #: [REDACTED]  
 CARD : VISA  
 SALE: \$ 485.00  
 CUST #: 405  
 RETR REF#: 015200403727  
 APPROVAL CODE: 094260  
 I AGREE TO PAY THE ABOVE AMOUNT PER THE CARD ISSUER AGREEMENT

-----  
 SIGNATURE  
 THANK YOU  
 HAVE A NICE DAY!  
 CUSTOMER COPY

**Total \$485.00**





ADVANCED BIOSCIENCE RESOURCES, INC.

# TISSUE ACQUISITION INVOICE

|           |                  |            |
|-----------|------------------|------------|
| DATE      | P.O. #           | INVOICE #  |
| 6/16/2010 | Credit Card      | 1020997    |
|           | TERMS            | CUSTOMER # |
|           | Due Upon Receipt | 0405       |

BILL TO

University of WI

Madison, WI 53792

| PROC. DATE | PATIENT ID | ABR ID | GEST | DESCRIPTION                        | RESEARCHER | FEE    |
|------------|------------|--------|------|------------------------------------|------------|--------|
| 6/16/2010  | [REDACTED] | 3859   | 19   | Thymus, 2nd Trimester              | [REDACTED] | 200.00 |
| 6/16/2010  | [REDACTED] | 3860   | 19   | Liver, 2nd Trimester               | [REDACTED] | 200.00 |
| 6/16/2010  |            |        |      | Delivery: FedEx-Priority Overnight |            | 85.00  |
|            |            |        |      | 07/08/10 PAID via VISA [REDACTED]  |            |        |

ADVANCED BIOSCIENCE RESOURCES

JUL 08, 2010 11:48AM

TERM :  
MERCH:

1  
000006771362

REF #: 002  
ACT #:  
CARD : VISA

SALE: \$ 485.00

CUST #: 405

RETR REF#: 018918402664  
APPROVAL CODE: 083454

I AGREE TO PAY THE ABOVE AMOUNT PER THE CARD ISSUER AGREEMENT

SIGNATURE

THANK YOU  
HAVE A NICE DAY!  
CUSTOMER COPY

**Total**

**\$485.00**

# TISSUE ACQUISITION INVOICE

|          |                  |            |
|----------|------------------|------------|
| DATE     | P.O. #           | INVOICE #  |
| 7/1/2010 | Credit Card      | 1021099    |
|          | TERMS            | CUSTOMER # |
|          | Due Upon Receipt | 0405       |

**BILL TO**

University of WI  
 [REDACTED]  
 Madison, WI 53792

| PROC. DATE                        | PATIENT ID | ABR ID | GEST | DESCRIPTION                        | RESEARCHER | FEE    |
|-----------------------------------|------------|--------|------|------------------------------------|------------|--------|
| 7/1/2010                          | [REDACTED] | 1151   | 19   | Thymus, 2nd Trimester              | [REDACTED] | 200.00 |
| 7/1/2010                          | [REDACTED] | 1152   | 19   | Liver, 2nd Trimester               | [REDACTED] | 200.00 |
| 7/1/2010                          |            |        |      | Delivery: FedEx-Priority Overnight |            | 85.00  |
| 07/17/10 PAID via VISA [REDACTED] |            |        |      |                                    |            |        |

ADVANCED BIOSCIENCE  
 [REDACTED]

JUL 17, 2010 06:29PM

TERM : 1

MERCH : 000006771362

REF # : [REDACTED]

ACT # : [REDACTED]

CARD : VISA

SALE : \$ 485.00

CUST #: 405

RETR REF#: 019900203303

APPROVAL CODE: 011753

I AGREE TO PAY THE ABOVE AMOUNT PER THE CARD ISSUER AGREEMENT

-----  
 SIGNATURE

THANK YOU  
 HAVE A NICE DAY!  
 CUSTOMER COPY

**Total** \$485.00



ADVANCED BIOSCIENCE RESOURCES, INC.

# TISSUE ACQUISITION INVOICE

|           |                  |            |
|-----------|------------------|------------|
| DATE      | P.O. #           | INVOICE #  |
| 7/15/2010 | Credit Card      | 1021192    |
|           | TERMS            | CUSTOMER # |
|           | Due Upon Receipt | 0405       |

BILL TO

University of WI

Madison, WI 53792

| PROC. DATE             | PATIENT ID | ABR ID | GEST | DESCRIPTION                        | RESEARCHER | FEE    |
|------------------------|------------|--------|------|------------------------------------|------------|--------|
| 7/15/2010              |            | 5120   | 19   | Thymus, 2nd Trimester              |            | 200.00 |
| 7/15/2010              |            | 5121   | 19   | Liver, 2nd Trimester               |            | 200.00 |
| 7/15/2010              |            |        |      | Delivery: FedEx-Priority Overnight |            | 85.00  |
| 07/31/10 PAID via VISA |            |        |      |                                    |            |        |

ADVANCED BIOSCIENCE  
RESOURCES

JUL 31, 2010 04:01PM

TERM : 1  
MERCH : 000006771362

REF # : 002  
ACT # :  
CARD : VISA

SALE : \$ 485.00

CUST #: 405  
RETR REF#: 021222202868  
APPROVAL CODE: 043300

I AGREE TO PAY THE  
ABOVE AMOUNT PER THE  
CARD ISSUER AGREEMENT

SIGNATURE

THANK YOU  
HAVE A NICE DAY!  
CUSTOMER COPY

Total

\$485.00



ADVANCED BIOSCIENCE RESOURCES, INC.

# TISSUE ACQUISITION INVOICE

|           |                  |            |
|-----------|------------------|------------|
| DATE      | P.O. #           | INVOICE #  |
| 8/11/2010 | Credit Card      | 1021345    |
|           | TERMS            | CUSTOMER # |
|           | Due Upon Receipt | 0405       |

BILL TO  
 University of WI  
 [REDACTED]  
 Madison, WI 53792

| PROC. DATE | PATIENT ID | ABR ID | GEST | DESCRIPTION                        | RESEARCHER | FEE    |
|------------|------------|--------|------|------------------------------------|------------|--------|
| 8/11/2010  | [REDACTED] | 3812   | 17   | Thymus, 2nd Trimester              | [REDACTED] | 200.00 |
| 8/11/2010  | [REDACTED] | 3813   | 17   | Liver, 2nd Trimester               | [REDACTED] | 200.00 |
| 8/11/2010  |            |        |      | Delivery: FedEx-Priority Overnight |            | 85.00  |
|            |            |        |      | 08/27/10 PAID via VISA [REDACTED]  |            |        |

ADVANCED BIOSCIENCE RESOURCES

[REDACTED]

AUG 27, 2010 05:24PM

TERM : 1  
MERCH: 000006771362

REF #: 005  
ACT #: [REDACTED]  
CARD : VISA

SALE: \$ 485.00

CUST #: 405  
RETR REF#: 023923601286  
APPROVAL CODE: 072693

I AGREE TO PAY THE ABOVE AMOUNT PER THE CARD ISSUER AGREEMENT

x-----  
SIGNATURE

THANK YOU  
HAVE A NICE DAY!  
CUSTOMER COPY

|              |                 |
|--------------|-----------------|
| <b>Total</b> | <b>\$485.00</b> |
|--------------|-----------------|



ADVANCED BIOSCIENCE RESOURCES, INC.

# TISSUE ACQUISITION INVOICE

|          |                  |            |
|----------|------------------|------------|
| DATE     | P.O. #           | INVOICE #  |
| 9/8/2010 | Credit Card      | 1021528    |
|          | TERMS            | CUSTOMER # |
|          | Due Upon Receipt | 0405       |

BILL TO

University of WI

Madison, WI 53792

| PROC. DATE             | PATIENT ID | ABR ID | GEST | DESCRIPTION                        | RESEARCHER | FEE    |
|------------------------|------------|--------|------|------------------------------------|------------|--------|
| 9/8/2010               |            | 3859   | 20   | Thymus, 2nd Trimester              |            | 200.00 |
| 9/8/2010               |            | 3860   | 20   | Liver, 2nd Trimester               |            | 200.00 |
| 9/8/2010               |            |        |      | Delivery: FedEx-Priority Overnight |            | 85.00  |
| 09/27/10 PAID via VISA |            |        |      |                                    |            |        |

ADVANCED BIOSCIENCE RESOURCES

SEP 27, 2010 12:01PM

TERM : 1  
MERCH : 000006771362

REF #: 002  
ACT #:   
CARD : VISA

SALE: \$ 485.00

CUST #: 405  
RETR REF#: 027018002190  
APPROVAL CODE: 048997

I AGREE TO PAY THE ABOVE AMOUNT PER THE CARD ISSUER AGREEMENT

-----  
SIGNATURE

THANK YOU  
HAVE A NICE DAY!  
CUSTOMER COPY

|              |                 |
|--------------|-----------------|
| <b>Total</b> | <b>\$485.00</b> |
|--------------|-----------------|



ADVANCED BIOSCIENCE RESOURCES, INC.

# TISSUE ACQUISITION INVOICE

|           |                  |            |
|-----------|------------------|------------|
| DATE      | P.O. #           | INVOICE #  |
| 11/4/2010 | Credit Card      | 1021890    |
|           | TERMS            | CUSTOMER # |
|           | Due Upon Receipt | 0405       |

**BILL TO**  
 University of WI  
 [REDACTED]  
 Madison, WI 53792

| PROC. DATE | PATIENT ID | ABR ID | GEST | DESCRIPTION                        | RESEARCHER | FEE    |
|------------|------------|--------|------|------------------------------------|------------|--------|
| 11/4/2010  | [REDACTED] | 1407   | 19   | Thymus, 2nd Trimester              | [REDACTED] | 200.00 |
| 11/4/2010  | [REDACTED] | 1408   | 19   | Liver, 2nd Trimester               | [REDACTED] | 200.00 |
| 11/4/2010  |            |        |      | Delivery: FedEx-Priority Overnight |            | 85.00  |
|            |            |        |      | 11/10/10 PAID via VISA [REDACTED]  |            |        |

ADVANCED BIOSCIENCE RESOURCES

NOV 10, 2010 08:32PM

TERM :  
MERCH: 000006771362

REF #: 002

ACT #: [REDACTED]  
CARD : VISA

SALE: \$ 485.00

CUST #: 405  
RETR REF#: 031502201426  
APPROVAL CODE: 088080

I AGREE TO PAY THE ABOVE AMOUNT PER THE CARD ISSUER AGREEMENT

-----  
SIGNATURE

THANK YOU  
HAVE A NICE DAY!  
CUSTOMER COPY

**Total \$485.00**



ADVANCED BIOSCIENCE RESOURCES, INC.

# TISSUE ACQUISITION INVOICE

|           |                  |            |
|-----------|------------------|------------|
| DATE      | P.O. #           | INVOICE #  |
| 2/15/2011 | Credit Card      | 1022454    |
|           | TERMS            | CUSTOMER # |
|           | Due Upon Receipt | 0405       |

BILL TO

University of WI  
[Redacted]  
Madison, WI 53792

| PROC. DATE | PATIENT ID | ABR ID | GEST | DESCRIPTION                        | RESEARCHER | FEE    |
|------------|------------|--------|------|------------------------------------|------------|--------|
| 2/15/2011  | [Redacted] | 5788   | 17   | Thymus, 2nd Trimester              | [Redacted] | 220.00 |
| 2/15/2011  | [Redacted] | 5789   | 17   | Liver, 2nd Trimester               | [Redacted] | 220.00 |
| 2/15/2011  |            |        |      | Delivery: FedEx-Priority Overnight |            | 85.00  |
|            |            |        |      | 02/22/11 PAID via VISA [Redacted]  |            |        |

ADVANCED BIOSCIENCE RESOURCES

FEB 22, 2011 05:15PM

TERM :  
MERCH: 000006771362

REF #: 002  
ACT #: [Redacted]  
CARD : VISA

SALE: \$ 525.00

CUST #: 405  
RETR REF#: 105400401889  
APPROVAL CODE: 043580

I AGREE TO PAY THE ABOVE AMOUNT PER THE CARD ISSUER AGREEMENT

SIGNATURE

THANK YOU  
HAVE A NICE DAY!  
CUSTOMER COPY

Total

\$525.00

3/15/11



ADVANCED BIOSCIENCE RESOURCES, INC.

# TISSUE ACQUISITION INVOICE

|           |                  |            |
|-----------|------------------|------------|
| DATE      | P.O. #           | INVOICE #  |
| 7/13/2011 | Credit Card      | 1023416    |
|           | TERMS            | CUSTOMER # |
|           | Due Upon Receipt | 0405       |

BILL TO  
 University of WI  
 [REDACTED]  
 Madison, WI 53792

| PROC. DATE | PATIENT ID | ABR ID | GEST | DESCRIPTION                        | RESEARCHER   | FEE             |
|------------|------------|--------|------|------------------------------------|--------------|-----------------|
| 7/13/2011  | [REDACTED] | 2126   | 20   | Thymus, 2nd Trimester              | [REDACTED]   | 220.00          |
| 7/13/2011  | [REDACTED] | 2127   | 20   | Liver, 2nd Trimester               | [REDACTED]   | 220.00          |
| 7/13/2011  |            |        |      | Delivery: FedEx-Priority Overnight |              | 90.00           |
|            |            |        |      | 07/22/11 PAID via VISA [REDACTED]  |              |                 |
|            |            |        |      |                                    | <b>Total</b> | <b>\$530.00</b> |



ADVANCED BIOSCIENCE  
RESOURCES



JUL 22, 2011 12:49PM

TERM : 1  
MERCH: 000006771362

REF #: 008  
ACT #: [REDACTED]  
CARD : VISA

SALE: \$ 530.00

CUST #: 405  
RETR REF#: 120319204317  
APPROVAL CODE: 046862

I AGREE TO PAY THE  
ABOVE AMOUNT PER THE  
CARD ISSUER AGREEMENT

X-----  
SIGNATURE

THANK YOU  
HAVE A NICE DAY!

CUSTOMER COPY



ADVANCED BIOSCIENCE RESOURCES, INC.

# TISSUE ACQUISITION INVOICE

|           |                  |            |
|-----------|------------------|------------|
| DATE      | P.O. #           | INVOICE #  |
| 10/5/2011 | Credit Card      | 1023937    |
|           | TERMS            | CUSTOMER # |
|           | Due Upon Receipt | 0405       |

BILL TO

University of WI



Madison, WI 53792

| PROC. DATE | PATIENT ID | ABR ID | GEST | DESCRIPTION                        | RESEARCHER | FEE          |                 |
|------------|------------|--------|------|------------------------------------|------------|--------------|-----------------|
| 10/5/2011  | [REDACTED] | 9200   | 18   | Thymus, 2nd Trimester              | [REDACTED] | 220.00       |                 |
| 10/5/2011  | [REDACTED] | 9201   | 18   | Liver, 2nd Trimester               | [REDACTED] | 220.00       |                 |
| 10/5/2011  | [REDACTED] | 9202   | 18   | Pancreas, 2nd Trimester            | [REDACTED] | 220.00       |                 |
| 10/5/2011  |            |        |      | Delivery: FedEx-Priority Overnight |            | 90.00        |                 |
|            |            |        |      | 10/21/11 PAID via VISA [REDACTED]  |            |              |                 |
|            |            |        |      |                                    |            | <b>Total</b> | <b>\$750.00</b> |

ADVANCED BIOSCIENCE RESOURCES

OCT 21, 2011 01:25PM

TERM :

MERCH :

0000006771362

REF # : 011

ACT # : [REDACTED]

CARD : VISA

SALE :

\$ 750.00

CUST #: 1405

RETR REF#: 129420002079

APPROVAL CODE: 071209

I AGREE TO PAY THE ABOVE AMOUNT PER THE CARD ISSUER AGREEMENT

SIGNATURE

THANK YOU HAVE A NICE DAY! CUSTOMER -



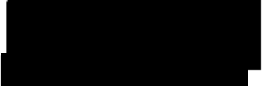
ADVANCED BIOSCIENCE RESOURCES, INC.

# TISSUE ACQUISITION INVOICE

|            |                  |            |
|------------|------------------|------------|
| DATE       | P.O. #           | INVOICE #  |
| 10/26/2011 | Credit Card      | 1024058    |
|            | TERMS            | CUSTOMER # |
|            | Due Upon Receipt | 0405       |

BILL TO

University of WI



Madison, WI 53792

| PROC. DATE               | PATIENT ID | ABR ID | GEST | DESCRIPTION                                                   | RESEARCHER | FEE             |
|--------------------------|------------|--------|------|---------------------------------------------------------------|------------|-----------------|
| 10/26/2011<br>10/26/2011 | [REDACTED] | 2479   | 18   | Pancreas, 2nd Trimester<br>Delivery: FedEx-Priority Overnight | [REDACTED] | 220.00<br>90.00 |
|                          |            |        |      | 12/07/11 PAID via VISA [REDACTED]                             |            |                 |

ADVANCED BIOSCIENCE  
RESOURCES



DEC 07, 2011 03:36PM

TERM :  
MERCH :

0000006771362

REF #: 003

ACT #:

CARD : VISA

SALE:

\$ 310.00

CUST #: 405

RETR REF#: 134122200079

APPROVAL CODE: 017324

I AGREE TO PAY THE  
ABOVE AMOUNT PER THE  
CARD ISSUER AGREEMENT

SIGNATURE

THANK YOU  
HAVE A NICE DAY!  
CUSTOMER COPY

Total

\$310.00



ADVANCED BIOSCIENCE RESOURCES, INC.

# TISSUE ACQUISITION INVOICE

|          |                  |            |
|----------|------------------|------------|
| DATE     | P.O. #           | INVOICE #  |
| 3/8/2012 | Credit Card      | 1024730    |
|          | TERMS            | CUSTOMER # |
|          | Due Upon Receipt | 0405       |

BILL TO

University of WI

Madison, WI 53792

| PROC. DATE   | PATIENT ID | ABR ID | GEST | DESCRIPTION                        | RESEARCHER | FEE             |
|--------------|------------|--------|------|------------------------------------|------------|-----------------|
| 3/8/2012     | [REDACTED] | 3844   | 19   | Thymus, 2nd Trimester              | [REDACTED] | 230.00          |
| 3/8/2012     | [REDACTED] | 3845   | 19   | Liver, 2nd Trimester               | [REDACTED] | 230.00          |
| 3/8/2012     | [REDACTED] |        |      | Delivery: FedEx-Priority Overnight |            | 95.00           |
|              |            |        |      | 03/21/12 PAID via VISA [REDACTED]  |            |                 |
| <b>Total</b> |            |        |      |                                    |            | <b>\$555.00</b> |

ADVANCED BIOSCIENCE RESOURCES

Merchant ID: 00000671362

Ref #: 0003

Sale

Entry Method: Manual

Amount: \$ 555.00

Tax: \$ 0.00

Total: \$ 555.00

03/21/12 16:24:41

Inv #: 0000003

Apprvd: OnLine

ANS Code: ZIP MATCH Z

Batch#: 0000004

Cust #: 405

Customer Copy

THANK YOU  
HAVE A NICE DAY!

4/12/12

**TISSUE ACQUISITION INVOICE**

|           |                  |            |
|-----------|------------------|------------|
| DATE      | P.O. #           | INVOICE #  |
| 6/20/2012 | Credit Card      | 1025329    |
|           | TERMS            | CUSTOMER # |
|           | Due Upon Receipt | 0405       |

**RESEARCHER REFERENCE COPY**

BILL TO  
 University of WI  
 [REDACTED]  
 Madison, WI 53792

| PROC. DATE | PATIENT ID | ABR ID | GEST | DESCRIPTION                                                                       | RESEARCHER   | FEE             |
|------------|------------|--------|------|-----------------------------------------------------------------------------------|--------------|-----------------|
| 6/20/2012  | [REDACTED] | 7067   | 17   | Thymus, 2nd Trimester                                                             | [REDACTED]   | 230.00          |
| 6/20/2012  | [REDACTED] | 7068   | 17   | Liver, 2nd Trimester                                                              | [REDACTED]   | 230.00          |
| 6/20/2012  | [REDACTED] | 7069   | 17   | Pancreas, 2nd Trimester                                                           | [REDACTED]   | 230.00          |
| 6/20/2012  | [REDACTED] |        |      | Delivery: FedEx-Priority Overnight                                                | [REDACTED]   | 95.00           |
|            |            |        |      | 07/17/12 UNPAID DUPLICATE Emailed to [REDACTED] for updated payment instructions. |              |                 |
|            |            |        |      | 07/24/12 PAID via VISA [REDACTED]                                                 |              |                 |
|            |            |        |      |                                                                                   | <b>Total</b> | <b>\$785.00</b> |

**TISSUE ACQUISITION INVOICE**

|           |                  |            |
|-----------|------------------|------------|
| DATE      | P.O. #           | INVOICE #  |
| 6/27/2012 | Credit Card      | 1025369    |
|           | TERMS            | CUSTOMER # |
|           | Due Upon Receipt | 0405       |

**RESEARCHER REFERENCE COPY**

BILL TO  
 University of WI  
 [REDACTED]  
 Madison, WI 53792

| PROC. DATE             | PATIENT ID | ABR ID | GEST | DESCRIPTION                                                                       | RESEARCHER | FEE             |
|------------------------|------------|--------|------|-----------------------------------------------------------------------------------|------------|-----------------|
| 6/27/2012<br>6/27/2012 | [REDACTED] | 8149   | 14   | Pancreas, 2nd Trimester<br>Delivery: FedEx-Priority Overnight                     | [REDACTED] | 230.00<br>95.00 |
|                        |            |        |      | 07/17/12 UNPAID DUPLICATE Emailed to [REDACTED] for updated payment instructions. |            |                 |
|                        |            |        |      | 07/24/12 PAID via VISA [REDACTED]                                                 |            |                 |
| <b>Total</b>           |            |        |      |                                                                                   |            | <b>\$325.00</b> |



ADVANCED BIOSCIENCE RESOURCES, INC.

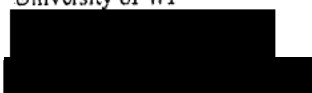
# TISSUE ACQUISITION INVOICE

|           |                  |            |
|-----------|------------------|------------|
| DATE      | P.O. #           | INVOICE #  |
| 7/10/2012 | Credit Card      | 1025406    |
|           | TERMS            | CUSTOMER # |
|           | Due Upon Receipt | 0405       |

RESEARCHER REFERENCE COPY

BILL TO

University of WI



Madison, WI 53792

| PROC. DATE | PATIENT ID | ABR ID | GEST | DESCRIPTION                                                                       | RESEARCHER   | FEE             |
|------------|------------|--------|------|-----------------------------------------------------------------------------------|--------------|-----------------|
| 7/10/2012  | [REDACTED] | 4289   | 16   | Pancreas, 2nd Trimester                                                           | [REDACTED]   | 230.00          |
| 7/10/2012  |            |        |      | Delivery: FedEx-Priority Overnight                                                |              | 95.00           |
|            |            |        |      | 07/17/12 UNPAID DUPLICATE Emailed to [REDACTED] for updated payment instructions. |              |                 |
|            |            |        |      | 07/24/12 PAID via VISA [REDACTED]                                                 |              |                 |
|            |            |        |      |                                                                                   | <b>Total</b> | <b>\$325.00</b> |



5/10/12

**TISSUE ACQUISITION INVOICE**

|           |                  |            |
|-----------|------------------|------------|
| DATE      | P.O. #           | INVOICE #  |
| 7/19/2012 | Credit Card      | 1025471    |
|           | TERMS            | CUSTOMER # |
|           | Due Upon Receipt | 0405       |

**RESEARCHER REFERENCE COPY**

BILL TO  
 University of WI  
 [REDACTED]  
 Madison, WI 53792

| PROC. DATE | PATIENT ID | ABR ID | GEST | DESCRIPTION                        | RESEARCHER   | FEE             |
|------------|------------|--------|------|------------------------------------|--------------|-----------------|
| 7/19/2012  | [REDACTED] | 8222   | 20   | Pancreas, 2nd Trimester            | [REDACTED]   | 230.00          |
| 7/19/2012  |            |        |      | Delivery: FedEx-Priority Overnight |              | 95.00           |
|            |            |        |      | 07/24/12 PAID via VISA [REDACTED]  |              |                 |
|            |            |        |      |                                    | <b>Total</b> | <b>\$325.00</b> |

8/16/12





ADVANCED BIOSCIENCE RESOURCES, INC.

# TISSUE ACQUISITION INVOICE

|           |                  |            |
|-----------|------------------|------------|
| DATE      | P.O. #           | INVOICE #  |
| 9/21/2012 | Credit Card      | 1025782    |
|           | TERMS            | CUSTOMER # |
|           | Due Upon Receipt | 0405       |

**BILL TO**  
 University of WI  
 [REDACTED]  
 Madison, WI 53792

| PROC. DATE   | PATIENT ID | ABR ID | GEST | DESCRIPTION                       | RESEARCHER | FEE             |
|--------------|------------|--------|------|-----------------------------------|------------|-----------------|
| 9/21/2012    | [REDACTED] | 5467   | 17   | Thymus, 2nd Trimester             | [REDACTED] | 230.00          |
| 9/21/2012    | [REDACTED] | 5468   | 17   | Liver, 2nd Trimester              | [REDACTED] | 230.00          |
| 9/21/2012    | [REDACTED] |        |      | Delivery: FedEx-Saturday Delivery | [REDACTED] | 115.00          |
|              |            |        |      | 10/06/12 PAID via VISA [REDACTED] |            |                 |
| <b>Total</b> |            |        |      |                                   |            | <b>\$575.00</b> |

ADVANCED BIOSCIENCE RESOURCES  
 Merchant ID: 866806771352  
 Ref #: 8083

Sale

Entry Method: Manual  
 Amount: \$ 575.00  
 Tax: \$ 0.00  
 Total: \$ 575.00  
 10/06/12 16:31:04  
 Inv #: 866803  
 Acct: Online  
 A/R Code: ZIP MATCH Z  
 Cust #: 405

Customer Copy  
 THANK YOU  
 HAVE A NICE DAY!

**TISSUE ACQUISITION INVOICE**

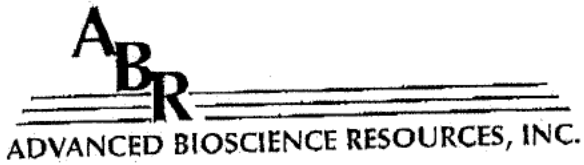
|            |                  |            |
|------------|------------------|------------|
| DATE       | P.O. #           | INVOICE #  |
| 12/11/2012 | Credit Card      | 1026143    |
|            | TERMS            | CUSTOMER # |
|            | Due Upon Receipt | 0405       |

**BILL TO**  
 University of WI  
 [REDACTED]  
 Madison, WI 53792

| PROC. DATE   | PATIENT ID | ABR ID | GEST | DESCRIPTION                        | RESEARCHER | FEE             |
|--------------|------------|--------|------|------------------------------------|------------|-----------------|
| 12/11/2012   | [REDACTED] | 4584   | 18   | Pancreas, 2nd Trimester            | [REDACTED] | 230.00          |
| 12/11/2012   | [REDACTED] | 4604   | 18   | Pancreas, 2nd Trimester            | [REDACTED] | 230.00          |
| 12/11/2012   | [REDACTED] |        |      | Delivery: FedEx-Priority Overnight | [REDACTED] | 95.00           |
|              |            |        |      | 12/31/12 PAID via VISA [REDACTED]  |            |                 |
| <b>Total</b> |            |        |      |                                    |            | <b>\$555.00</b> |

ADVANCED BIOSCIENCE RESOURCES  
 Ref #: 0683  
 Merchant ID: 80006771362  
**Sale**  
 VISA  
 Entry Method: Manual  
 Amount: \$ 555.00  
 Tax: \$ 0.00  
 Total: \$ 555.00  
 12/31/12 14:51:55  
 Inv #: 000000 Appr Code: 047266  
 Approved: Online Batch#: 000003  
 ABR Code: ZIP BATCH Z  
 Cust #: 496

Customer Copy  
 THANK YOU  
 HAVE A NICE DAY!



# TISSUE ACQUISITION INVOICE

|            |                  |            |
|------------|------------------|------------|
| DATE       | P.O. #           | INVOICE #  |
| 11/13/2012 | Credit Card      | 1026019    |
|            | TERMS            | CUSTOMER # |
|            | Due Upon Receipt | 0405       |

**BILL TO**  
University of WI  
[Redacted]  
Madison, WI 53792

| PROC. DATE   | PATIENT ID | ABR ID | GEST | DESCRIPTION                        | RESEARCHER | FEE             |
|--------------|------------|--------|------|------------------------------------|------------|-----------------|
| 11/13/2012   | [Redacted] | 4541   | 16   | Pancreas, 2nd Trimester            | [Redacted] | 230.00          |
| 11/13/2012   | [Redacted] | 4555   | 20   | Pancreas, 2nd Trimester            | [Redacted] | 230.00          |
| 11/13/2012   |            |        |      | Delivery: FedEx-Priority Overnight |            | 95.00           |
|              |            |        |      | 12/10/12 PAID via VISA [Redacted]  |            |                 |
| <b>Total</b> |            |        |      |                                    |            | <b>\$555.00</b> |

ADVANCED BIOSCIENCE RESOURCES  
Merchant ID: 003018671352  
Ref #: 0604  
**Sale**  
Entry Method: Manual  
Amount: \$ 555.00  
Tax: \$ 0.00  
Total: \$ 555.00  
12/10/12 16:34:18  
Inv #: 000004  
Approve: Online  
MS Code: ZIP MARCH Z  
Cust #: 405

Customer Copy  
THANK YOU  
HAVE A NICE DAY!

11/13

**TISSUE ACQUISITION INVOICE**

|           |                  |            |
|-----------|------------------|------------|
| DATE      | P.O. #           | INVOICE #  |
| 1/22/2013 | Credit Card      | 1026324    |
|           | TERMS            | CUSTOMER # |
|           | Due Upon Receipt | 0405       |

**BILL TO**  
 University of WI  
 [REDACTED]  
 Madison, WI 53792

| PROC. DATE   | PATIENT ID | ABR ID | GEST | DESCRIPTION                        | RESEARCHER | FEE             |
|--------------|------------|--------|------|------------------------------------|------------|-----------------|
| 1/22/2013    | [REDACTED] | 4659   | 19   | Pancreas, 2nd Trimester            | [REDACTED] | 275.00          |
| 1/22/2013    | [REDACTED] | 4664   | 17   | Pancreas, 2nd Trimester            | [REDACTED] | 275.00          |
| 1/22/2013    | [REDACTED] |        |      | Delivery: FedEx-Priority Overnight |            | 110.00          |
|              |            |        |      | 02/13/13 PAID via VISA [REDACTED]  |            |                 |
| <b>Total</b> |            |        |      |                                    |            | <b>\$660.00</b> |

ADVANCED BIOSCIENCE RESOURCES  
 Merchant ID: 00000571362 Ref #: 8003  
**Sale**  
 Entry Method: Manual  
 Amount: \$ 660.00  
 Tax: \$ 0.00  
 Total: \$ 660.00  
 02/13/13 11:02:48  
 Inv #: 000003 Refr Code: 075151  
 Approval: Online Batch#: 000050  
 AWS Code: ZIP MATCH Z  
 Cust #: 495

Customer Copy  
 THANK YOU  
 HAVE A NICE DAY!



ADVANCED BIOSCIENCE RESOURCES, INC.

# TISSUE ACQUISITION INVOICE

|          |                  |            |
|----------|------------------|------------|
| DATE     | P.O.#            | INVOICE #  |
| 2/5/2013 | Credit Card      | 1026410    |
|          | TERMS            | CUSTOMER # |
|          | Due Upon Receipt | 0405       |

**BILL TO**  
 University of WI  
 [REDACTED]  
 Madison, WI 53792

| PROC. DATE   | PATIENT ID | ABR ID | GEST | DESCRIPTION                        | RESEARCHER | FEE             |
|--------------|------------|--------|------|------------------------------------|------------|-----------------|
| 2/5/2013     | [REDACTED] | 9416   | 20   | Thymus, 2nd Trimester              | [REDACTED] | 275.00          |
| 2/5/2013     | [REDACTED] | 9417   | 20   | Liver, 2nd Trimester               | [REDACTED] | 275.00          |
| 2/5/2013     |            |        |      | Delivery: FedEx-Priority Overnight |            | 110.00          |
|              |            |        |      | 02/21/13 PAID via VISA [REDACTED]  |            |                 |
| <b>Total</b> |            |        |      |                                    |            | <b>\$660.00</b> |

PROVIDED BIOSCIENCE RESOURCES

Merchant ID: 000006771362

Ref #: 0084

**Sale**

Entry Method: Manual

Amount: \$ 660.00  
 Tax: \$ 0.00  
 Total: \$ 660.00

02/21/13 12:50:05  
 Inv #: 000004  
 Approval: Online  
 M/S Code: ZIP MATCH Z  
 Cust It: 405

Customer Copy  
 THANK YOU  
 HAVE A NICE DAY!



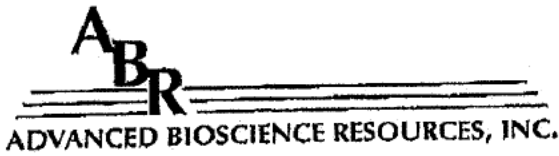
# TISSUE ACQUISITION INVOICE

| DATE             | P.O. #      | INVOICE #  |
|------------------|-------------|------------|
| 11/6/2013        | Credit Card | 1027669    |
| TERMS            |             | CUSTOMER # |
| Duc Upon Receipt |             | 0405       |

**BILL TO**  
 University of WI  
 [Redacted]  
 Madison, WI 53792

| PROC. DATE   | PATIENT ID | ABR ID | GEST | DESCRIPTION                        | RESEARCHER | FEE             |
|--------------|------------|--------|------|------------------------------------|------------|-----------------|
| 11/6/2013    | [Redacted] | 3584   | 20   | Pancreas, 2nd Trimester            | [Redacted] | 300.00          |
| 11/6/2013    | [Redacted] |        |      | Delivery: FedEx-Priority Overnight |            | 110.00          |
|              |            |        |      | 11/23/13 PAID via VISA [Redacted]  |            |                 |
| <b>Total</b> |            |        |      |                                    |            | <b>\$410.00</b> |

Merchant ID: 80004721082    Ref #: 2604  
**Sale**  
 Entry Method: Manual  
 Amount: 1,120.00  
 Tax: 0.00  
 Total: 1,120.00  
 11/23/13 18:08:23  
 Inv #: 000604    Order Code: 077553  
 Approved: Online    Batch#: 000077  
 AHS Code: ZIP MARCH 2  
 Cust #: 45  
 Duplicate Copy  
 THINK YOU  
 MAKE A NICE DAY!



**TISSUE ACQUISITION INVOICE**

|           |                  |            |
|-----------|------------------|------------|
| DATE      | P.O. #           | INVOICE #  |
| 11/7/2013 | Credit Card      | 1027694    |
|           | TERMS            | CUSTOMER # |
|           | Due Upon Receipt | 0405       |

**BILL TO**  
 University of WI  
 [Redacted]  
 Madison, WI 53792

| PROC. DATE | PATIENT ID | ABR ID | GEST | DESCRIPTION                        | RESEARCHER   | FEE             |
|------------|------------|--------|------|------------------------------------|--------------|-----------------|
| 11/7/2013  | [Redacted] | 4351   | 20   | Pancreas, 2nd Trimester            | [Redacted]   | 300.00          |
| 11/7/2013  | [Redacted] | 4355   | 20   | Pancreas, 2nd Trimester            | [Redacted]   | 300.00          |
| 11/7/2013  |            |        |      | Delivery: FedEx-Priority Overnight |              | 110.00          |
|            |            |        |      | 11/23/13 PAID via VISA [Redacted]  |              |                 |
|            |            |        |      |                                    | <b>Total</b> | <b>\$710.00</b> |

Ref #: 0084

Merchant ID: 00000000000000000000  
**Sale**

Entry Method: Manual

\$ 1,220.00

\$ 0.00

\$ 1,220.00

11/23/13 18:08:23

Appr Code: 077553

Batch#: 000077

Inv #: 000004

Apprvd: OnLine

ANS Code: ZIP BATCH Z

Cust #: 415

Customer Copy  
 THANK YOU  
 HAVE A NICE DAY!



ADVANCED BIOSCIENCE RESOURCES, INC.

# TISSUE ACQUISITION INVOICE

|           |                  |            |
|-----------|------------------|------------|
| DATE      | P.O. #           | INVOICE #  |
| 7/10/2014 | Credit Card      | 1028878    |
|           | TERMS            | CUSTOMER # |
|           | Due Upon Receipt | 0405       |

BILL TO

University of WI  
[Redacted]  
Madison, WI 53792

| PROC. DATE   | PATIENT ID | ABR ID | GEST | DESCRIPTION                        | RESEARCHER | FEE             |
|--------------|------------|--------|------|------------------------------------|------------|-----------------|
| 7/10/2014    | [Redacted] | 7201   | 18   | Thymus, 2nd Trimester              | [Redacted] | 325.00          |
| 7/10/2014    | [Redacted] | 7202   | 18   | Liver, 2nd Trimester               | [Redacted] | 325.00          |
| 7/10/2014    | [Redacted] |        |      | Delivery: FedEx-Priority Overnight |            | 120.00          |
|              |            |        |      | 07/30/14 PAID via VISA [Redacted]  |            |                 |
| <b>Total</b> |            |        |      |                                    |            | <b>\$770.00</b> |

ADVANCED BIOSCIENCE RESOURCES

Merchant ID: 000006771362

Ref #: 0007

**Sale**

Entry Method: Manual

Amount: \$ 1,865.00

Tax: \$ 0.00

Total: \$ 1,865.00

07/30/14 15:11:21

Inv #: 000007 Appr Code: 035592

Batch#: 000007

Apprvd: Online

ANS Code: ZIP MATCH Z

Cust #: 405

Customer Copy  
THANK YOU  
HAVE A NICE DAY!

8/18/14





ADVANCED BIOSCIENCE RESOURCES, INC.

# TISSUE ACQUISITION INVOICE

|           |                  |            |
|-----------|------------------|------------|
| DATE      | P.O. #           | INVOICE #  |
| 7/16/2014 | Credit Card      | 1028904    |
|           | TERMS            | CUSTOMER # |
|           | Due Upon Receipt | 0405       |

BILL TO

University of WI

Madison, WI 53792

| PROC. DATE   | PATIENT ID | ABR ID | GEST | DESCRIPTION                        | RESEARCHER | FEE               |
|--------------|------------|--------|------|------------------------------------|------------|-------------------|
| 7/16/2014    |            | 7502   | 17   | Thymus, 2nd Trimester              |            | 325.00            |
| 7/16/2014    |            | 7503   | 17   | Liver, 2nd Trimester               |            | 325.00            |
| 7/16/2014    |            | 7504   | 17   | Spleen, 2nd Trimester              |            | 325.00            |
| 7/16/2014    |            |        |      | Delivery: FedEx-Priority Overnight |            | 120.00            |
|              |            |        |      | 07/30/14 PAID via VISA             |            |                   |
| <b>Total</b> |            |        |      |                                    |            | <b>\$1,095.00</b> |



**TISSUE ACQUISITION INVOICE**

|           |                  |            |
|-----------|------------------|------------|
| DATE      | P.O. #           | INVOICE #  |
| 9/15/2011 | Credit Card      | 1023811    |
|           | TERMS            | CUSTOMER # |
|           | Due Upon Receipt | 0578       |

**BILL TO**  
 University of WI  
 [REDACTED]  
 Madison, WI 53705

| PROC. DATE | PATIENT ID | ABR ID | GEST | DESCRIPTION                        | RESEARCHER | FEE    |
|------------|------------|--------|------|------------------------------------|------------|--------|
| 9/15/2011  | [REDACTED] | 4068   | 20   | Thymus, 2nd Trimester              | [REDACTED] | 220.00 |
| 9/15/2011  | [REDACTED] | 4069   | 20   | Liver, 2nd Trimester               | [REDACTED] | 220.00 |
| 9/15/2011  |            |        |      | Delivery: FedEx-Priority Overnight | [REDACTED] | 90.00  |
|            |            |        |      | 09/20/11 PAID via VISA [REDACTED]  |            |        |

ADVANCED BIOSCIENCE  
 RESOURCES

SEP 20, 2011 03:52PM  
 TERM : 1  
 MERCH : 000006771362  
 REF # : 008  
 ACT # : [REDACTED]  
 CARD : VISA  
 SALE : \$ 530.00  
 CUST # : 578  
 RETR REF# : 126322404657  
 APPROVAL CODE : 014148

I AGREE TO PAY THE  
 ABOVE AMOUNT PER THE  
 CARD ISSUER AGREEMENT

-----  
 SIGNATURE

THANK YOU  
 HAVE A NICE DAY!  
 CUSTOMER COPY

|              |                 |
|--------------|-----------------|
| <b>Total</b> | <b>\$530.00</b> |
|--------------|-----------------|



ADVANCED BIOSCIENCE RESOURCES, INC.

# TISSUE ACQUISITION INVOICE

|           |                  |            |
|-----------|------------------|------------|
| DATE      | P.O. #           | INVOICE #  |
| 9/28/2011 | Credit Card      | 1023889    |
|           | TERMS            | CUSTOMER # |
|           | Due Upon Receipt | 0578       |

**BILL TO**  
 University of WI  
 [REDACTED]  
 Madison, WI 53705

| PROC. DATE | PATIENT ID | ABR ID | GEST | DESCRIPTION                        | RESEARCHER | FEE    |
|------------|------------|--------|------|------------------------------------|------------|--------|
| 9/28/2011  | [REDACTED] | 3516   | 22   | Liver, 2nd Trimester               | [REDACTED] | 220.00 |
| 9/28/2011  |            |        |      | Delivery: FedEx-Priority Overnight |            | 90.00  |
|            |            |        |      | 10/07/11 PAID via VISA [REDACTED]  |            |        |

ADVANCED BIOSCIENCE RESOURCES

OCT 07, 2011 11:42AM

TERM :  
MERCH :

REF # : 008  
ACT # : [REDACTED]

CARD : VISA

SALE :

\$ 310.00

CUST #: 578

RETR REF#: 128018001144  
APPROVAL CODE: 011624

I AGREE TO PAY THE ABOVE AMOUNT PER THE CARD ISSUER AGREEMENT

SIGNATURE

THANK YOU  
HAVE A NICE DAY!  
CUSTOMER COPY

**Total**

**\$310.00**



ADVANCED BIOSCIENCE RESOURCES, INC.

# TISSUE ACQUISITION INVOICE

|            |                  |            |
|------------|------------------|------------|
| DATE       | P.O. #           | INVOICE #  |
| 12/15/2011 | Credit Card      | 1024288    |
|            | TERMS            | CUSTOMER # |
|            | Due Upon Receipt | 0578       |

**PAID**  
12/29/2011

BILL TO

University of WI

Madison, WI 53705

| PROC. DATE | PATIENT ID | ABR ID | GEST | DESCRIPTION                                    | RESEARCHER   | FEE             |
|------------|------------|--------|------|------------------------------------------------|--------------|-----------------|
| 12/15/2011 |            | 3688   | 16   | Thymus, 2nd Trimester                          |              | 220.00          |
| 12/15/2011 |            | 3689   | 16   | Liver, 2nd Trimester                           |              | 220.00          |
| 12/15/2011 |            |        |      | Delivery: FedEx-Priority Overnight             |              | 90.00           |
|            |            |        |      | 12/29/11 PAID via VISA                         |              |                 |
|            |            |        |      | 01/10/12 PAID DUPLICATE Emailed per request of |              |                 |
|            |            |        |      |                                                | <b>Total</b> | <b>\$530.00</b> |





ADVANCED BIOSCIENCE RESOURCES, INC.

# TISSUE ACQUISITION INVOICE

|           |                  |            |
|-----------|------------------|------------|
| DATE      | P.O. #           | INVOICE #  |
| 2/22/2012 | Credit Card      | 1024606    |
|           | TERMS            | CUSTOMER # |
|           | Due Upon Receipt | 0578       |

**BILL TO**

University of WI

Madison, WI 53706

| PROC. DATE             | PATIENT ID | ABR ID | GEST | DESCRIPTION                        | RESEARCHER | FEE             |
|------------------------|------------|--------|------|------------------------------------|------------|-----------------|
| 2/22/2012              |            | 7819   | 18   | Thymus, 2nd Trimester              |            | 230.00          |
| 2/22/2012              |            | 7820   | 18   | Liver, 2nd Trimester               |            | 230.00          |
| 2/22/2012              |            |        |      | Delivery: FedEx-Priority Overnight |            | 95.00           |
| 03/01/12 PAID via VISA |            |        |      |                                    |            |                 |
| <b>Total</b>           |            |        |      |                                    |            | <b>\$555.00</b> |

ADVANCED BIOSCIENCE RESOURCES

Merchant ID: 000006771362

Ref #: 0004

**Sale**

Entry Method: Manual

Amount: \$ 555.00

Tax: \$ 0.00

Total: \$ 555.00

03/01/12 12:29:03

Inv #: 000004 Appr Code: 001411

Apprvt: OnLine Batch#: 000002

ANS Code: NO MATCH N

Cust #: 578

Customer Copy

THANK YOU  
HAVE A NICE DAY!



ADVANCED BIOSCIENCE RESOURCES, INC.

# TISSUE ACQUISITION INVOICE

|           |                  |            |
|-----------|------------------|------------|
| DATE      | P.O. #           | INVOICE #  |
| 2/28/2012 | Credit Card      | 1024656    |
|           | TERMS            | CUSTOMER # |
|           | Due Upon Receipt | 0578       |

**PAID**  
03/13/2012

BILL TO

University of WI  
[Redacted]  
Madison, WI 53706

| PROC. DATE | PATIENT ID | ABR ID | GEST | DESCRIPTION                                   | RESEARCHER   | FEE             |
|------------|------------|--------|------|-----------------------------------------------|--------------|-----------------|
| 2/28/2012  | [Redacted] | 7843   | 17   | Thymus, 2nd Trimester                         | [Redacted]   | 230.00          |
| 2/28/2012  | [Redacted] | 7844   | 17   | Liver, 2nd Trimester                          | [Redacted]   | 230.00          |
| 2/28/2012  |            |        |      | Delivery: FedEx-Priority Overnight            |              | 95.00           |
|            |            |        |      | 03/13/12 PAID via VISA [Redacted]             |              |                 |
|            |            |        |      | 03/19/12 PAID DUPLICATE Emailed to [Redacted] |              |                 |
|            |            |        |      |                                               | <b>Total</b> | <b>\$555.00</b> |



ADVANCED BIOSCIENCE RESOURCES, INC.

# TISSUE ACQUISITION INVOICE

|           |                  |            |
|-----------|------------------|------------|
| DATE      | P.O. #           | INVOICE #  |
| 3/28/2012 | Credit Card      | 1024836    |
|           | TERMS            | CUSTOMER # |
|           | Due Upon Receipt | 0578       |

RESEARCHER REFERENCE COPY

**BILL TO**  
 University of WI  
 [REDACTED]  
 Madison, WI 53706

| PROC. DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | PATIENT ID | ABR ID | GEST | DESCRIPTION                        | RESEARCHER | FEE             |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------|------|------------------------------------|------------|-----------------|--|
| 3/28/2012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | [REDACTED] | 2908   | 20   | Liver, 2nd Trimester               | [REDACTED] | 230.00          |  |
| 3/28/2012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |        |      | Delivery: FedEx-Priority Overnight |            | 95.00           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |        |      | 04/03/12 PAID via VISA [REDACTED]  |            |                 |  |
| <p>ADVANCED BIOSCIENCE RESOURCES</p> <p><b>REPRINT</b></p> <p>Merchant ID: 000005771362 Ref #: 6009</p> <p><b>Sale</b></p> <p>VISA Entry Method: Manual</p> <p>Amount: \$ 325.00</p> <p>Tax: \$ 0.00</p> <p>Total: \$ 325.00</p> <p>04/03/12 15:02:54</p> <p>Inv #: 0000009 Appr. Code: 076755</p> <p>Approved: OnLine Batch#: 000005</p> <p>ANS Code: NO MATCH N</p> <p>Cust #: 578</p> <p>I agree to pay above total amount according to card issuer agreement (Merchant agreement if credit voucher)</p> <p>X</p> <p>Merchant Copy<br/>THANK YOU<br/>HAVE A NICE DAY!</p> |            |        |      |                                    |            |                 |  |
| <b>Total</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |        |      |                                    |            | <b>\$325.00</b> |  |





ADVANCED BIOSCIENCE RESOURCES, INC.

# TISSUE ACQUISITION INVOICE

|           |                  |            |
|-----------|------------------|------------|
| DATE      | P.O. #           | INVOICE #  |
| 6/20/2012 | Credit Card      | 1025333    |
|           | TERMS            | CUSTOMER # |
|           | Due Upon Receipt | 0578       |

**BILL TO**

University of WI



Madison, WI 53706

| PROC. DATE | PATIENT ID | ABR ID | GEST | DESCRIPTION                        | RESEARCHER | FEE             |
|------------|------------|--------|------|------------------------------------|------------|-----------------|
| 6/20/2012  | [REDACTED] | 8112   | 19   | Thymus, 2nd Trimester              | [REDACTED] | 230.00          |
| 6/20/2012  | [REDACTED] | 8113   | 19   | Liver, 2nd Trimester               | [REDACTED] | 230.00          |
| 6/20/2012  |            |        |      | Delivery: FedEx-Priority Overnight |            | 95.00           |
|            |            |        |      | 06/29/12 PAID via VISA [REDACTED]  |            |                 |
|            |            |        |      |                                    |            | <b>Total</b>    |
|            |            |        |      |                                    |            | <b>\$555.00</b> |

ADVANCED BIOSCIENCE RESOURCES

Merchant ID: 000005771382

Ref #: 0005

**Sale**



Entry Method: Manual

Amount: \$ 555.00  
 Tax: \$ 0.00  
 Total: \$ 555.00

06/29/12 16:10:21

Inv #: 000005 Appr Code: 006797

Approved: OnLine Batch#: 000017

AVS Code: NO MATCH N

Cust #: 578

Customer Copy  
THANK YOU  
HAVE A NICE DAY!



ADVANCED BIOSCIENCE RESOURCES, INC.

# TISSUE ACQUISITION INVOICE

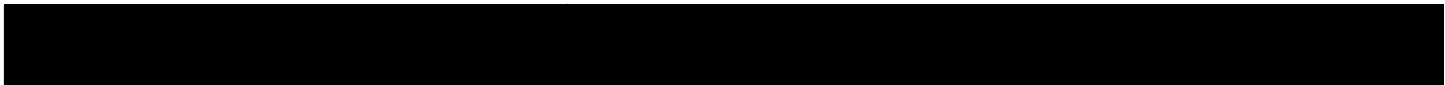
|           |                  |            |
|-----------|------------------|------------|
| DATE      | P.O. #           | INVOICE #  |
| 9/26/2012 | Credit Card      | 1025802    |
|           | TERMS            | CUSTOMER # |
|           | Due Upon Receipt | 0578       |

BILL TO  
 University of WI  
 [REDACTED]  
 Madison, WI 53706

| PROC. DATE | PATIENT ID | ABR ID | GEST | DESCRIPTION                        | RESEARCHER   | FEE             |
|------------|------------|--------|------|------------------------------------|--------------|-----------------|
| 9/26/2012  | [REDACTED] | 7186   | 20   | Chest, 2nd Trimester               | [REDACTED]   | 230.00          |
| 9/26/2012  | [REDACTED] |        |      | Delivery: FedEx-Priority Overnight |              | 95.00           |
|            |            |        |      | 10/06/12 PAID via VISA [REDACTED]  |              |                 |
|            |            |        |      |                                    | <b>Total</b> | <b>\$325.00</b> |

ADVANCED BIOSCIENCE RESOURCES  
 Merchant ID: 000008771352  
 Ref #: 0005  
**Sale**  
 Entry Method: Manual  
 Amount: \$ 325.00  
 Tax: \$ 0.00  
 Total: \$ 325.00  
 10/06/12 16:38:16  
 Inv #: 000005  
 Apprvt: Online  
 AHS Code: NO MATCH N  
 Cust #: 578

Customer Copy  
 THANK YOU  
 HAVE A NICE DAY!



**TISSUE ACQUISITION INVOICE**

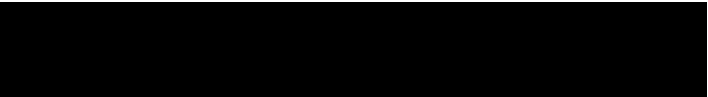
|            |                  |            |
|------------|------------------|------------|
| DATE       | P.O. #           | INVOICE #  |
| 11/13/2012 | Credit Card      | 1026018    |
|            | TERMS            | CUSTOMER # |
|            | Due Upon Receipt | 0578       |

**BILL TO**  
 University of WI  
 [REDACTED]  
 Madison, WI 53706

| PROC. DATE   | PATIENT ID | ABR ID | GEST | DESCRIPTION                        | RESEARCHER | FEE             |
|--------------|------------|--------|------|------------------------------------|------------|-----------------|
| 11/13/2012   | 251303     | 4543   | 16   | Chest, 2nd Trimester-Female        | [REDACTED] | 230.00          |
| 11/13/2012   |            |        |      | Delivery: FedEx-Priority Overnight |            | 95.00           |
|              |            |        |      | 12/10/12 PAID via VISA [REDACTED]  |            |                 |
| <b>Total</b> |            |        |      |                                    |            | <b>\$325.00</b> |

ADVANCED BIOSCIENCE RESOURCES  
 Merchant ID: 00006771362 Ref #: 0003  
**Sale**  
 VISA Entry Method: Manual  
 Amount: \$ 325.00  
 Tax: \$ 0.00  
 Total: \$ 325.00  
 12/10/12 16:53:00  
 Inv #: 000003 Appr Code: 000058  
 Approved: Online Batch#: 000040  
 A/S Code: NO MATCH N  
 Cust #: 578

Customer Copy  
 THANK YOU  
 HAVE A NICE DAY!



**TISSUE ACQUISITION INVOICE**

|            |                  |            |
|------------|------------------|------------|
| DATE       | P.O. #           | INVOICE #  |
| 11/13/2012 | Credit Card      | 1026018    |
|            | TERMS            | CUSTOMER # |
|            | Due Upon Receipt | 0578       |

**RESEARCHER REFERENCE COPY**

**BILL TO**

University of WI

Madison, WI 53706

| PROC. DATE | PATIENT ID | ABR ID | GEST | DESCRIPTION                        | RESEARCHER | FEE    |
|------------|------------|--------|------|------------------------------------|------------|--------|
| 11/13/2012 |            | 4543   | 16   | Chest, 2nd Trimester-Female        |            | 230.00 |
| 11/13/2012 |            |        |      | Delivery: FedEx-Priority Overnight |            | 95.00  |
|            |            |        |      | 12/10/12 PAID via VISA             |            |        |

*On R01...  
 Change to ~~start up~~  
 start up  
 (transfer) requested 1/11/13 (JD)*

ADVANCED BIOSCIENCE RESOURCES

**REPRINT**

Merchant ID: 00000671362

Ref #: 0009

**Sale**

Entry Method: Manual

Amount: \$ 325.00  
 Tax: \$ 0.00  
 Total: \$ 325.00

12/10/12 16:53:00  
 Inv #: 000009 Appr Code: 000350  
 Approved: Online Batch#: 000040  
 AYS Code: NO MATCH N  
 Cust #: 578

I agree to pay above total amount according to card issuer agreement (Merchant agreement if credit voucher)

Merchant Copy  
 THANK YOU  
 HAVE A NICE DAY!

**Total \$325.00**

# Direct Payment Form

Vendor # **70051**

Voucher # **955575**

Check Payable To: (Vendor or UW Employee) **Albert Einstein College of Medicine**

Taxpayer ID# (SSN, EIN, ITIN) \_\_\_\_\_

Type of Payment

VENDOR  UW EMPLOYEE

Send Check to:

**Albert Einstein College of Medicine**

**Bronx, NY 10461**

Attn \_\_\_\_\_

Invoice Number: **235-RB** Payment Handling Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Total Amount **\$1,000.00**

Please see the following website for Direct Payment Form Instructions and Guidelines:

[http://www.bussvc.wisc.edu/acct/instructions/direct\\_payment.html](http://www.bussvc.wisc.edu/acct/instructions/direct_payment.html)

I hereby certify that I have reviewed this document and find it to be in compliance with all established purchasing and accounting policies.

| Amount(s)                                                                           | Account | Fund | Dept   | Prog. | Class (Bldg #) | Budget Year | Project | Additional Information/Justification: If vendor billed, airfare or registration, list who, where, why, & when. |
|-------------------------------------------------------------------------------------|---------|------|--------|-------|----------------|-------------|---------|----------------------------------------------------------------------------------------------------------------|
| \$1,000.00                                                                          |         | 233  | 539742 | 4     |                | 2010        | 233HG19 | Payment for Invoice # 235-RB                                                                                   |
|  |         |      |        |       |                |             |         |                                                                                                                |

Dean/Director Approval: \_\_\_\_\_ Date: **2/11/10** Institution Pre-Audit: \_\_\_\_\_ Date: **2/15/10**

Attach original plus two copies of invoice, payment document, or itemized, paid receipt to this form and forward to your Dean/Director's Business Office. Note: Your Dean/Director's Business Office may require additional copies. Upon receipt of a properly submitted invoice/paid receipt, Accounting Services will process payment according to prompt pay statute. Send completed form to Accounts Payable, Suite 5301, 21 N. Park Street.

Friday, January 29, 2010

Invoice Number: 235-RR



Grant:

User: 98

[Redacted]

Surgery, [Redacted]  
University of Wisconsin  
[Redacted]  
Madison WI 53792-7375

| Order number: | Tissue:   |          |    |    | Processing charge: |
|---------------|-----------|----------|----|----|--------------------|
| 6318          | 1/27/2010 | 19 weeks | Li | TC | \$250.00           |
| 6319          | 1/27/2010 | 19 weeks | Th | TC | \$250.00           |
| 6295          | 1/6/2010  | 20 weeks | Li | TC | \$250.00           |
| 6296          | 1/6/2010  | 20 weeks | Th | TC | \$250.00           |

Total # of Specimens: 4

Make check payable to: **AECOM** (Please write invoice number on check).

Processing Fee Total\*: \$1,000.00

Mail check to:

AECOM  
c/o [Redacted]  
Department of Pathology  
Albert Einstein College of Medicine  
[Redacted]  
Bronx, NY 10461

\* Charges only reflect the cost of processing each specimen.

# Direct Payment Form



Vendor # **70051** Voucher # **938454**

Check Payable To: (Vendor or UW Employee) **Albert Einstein College of Medicine**

Taxpayer ID# (SSN, EIN, ITIN) **\$500.00** Account **144** Fund **144** Dept **539742** Prog. **4** Class (Bldg #) **2010** Budget Year **144QW77** Project

Type of Payment  VENDOR  UW EMPLOYEE

Send Check to: **Albert Einstein College of Medicine**

**Bronx, NY 10461**

Attn: **[REDACTED]**

Invoice Number: **266-RB** Payment Handling Code: **Total Amount \$500.00**

Contact Person: **[REDACTED]** Telephone Number: **[REDACTED]**

| Amount(s)                    | Account    | Fund | Dept   | Prog. | Class (Bldg #) | Budget Year | Project | Additional Information/Justification: If vendor billed, airfare or registration, list who, where, why, & when. |
|------------------------------|------------|------|--------|-------|----------------|-------------|---------|----------------------------------------------------------------------------------------------------------------|
| \$500.00                     | [REDACTED] | 144  | 539742 | 4     |                | 2010        | 144QW77 | Payment for Invoice # 226-RB<br><i>IS THIS A STUDICE?</i>                                                      |
| <b>Total Amount \$500.00</b> |            |      |        |       |                |             |         |                                                                                                                |

Please see the following website for Direct Payment Form Instructions and Guidelines: [http://www.bussvc.wisc.edu/acct/instructions/direct\\_payment.html](http://www.bussvc.wisc.edu/acct/instructions/direct_payment.html)

Find it to be in compliance with all established purchasing and accounting policies.

Date: **1/20/10** Institution Pre-Audit: **[REDACTED]**

Date: **1/25/10**

Dean/Director Approval: **[REDACTED]**

Thursday, December 31, 2009

Invoice Number: **226-RB**



Grant:

User: 98

[Redacted]

Surgery [Redacted]  
University of Wisconsin  
H4/747 Clinical Sci Ctr  
[Redacted]  
Madison WI 53792-7375

| Order number: | Tissue:   |          |    |    | Processing charge: |
|---------------|-----------|----------|----|----|--------------------|
| 6272          | 12/9/2009 | 23 weeks | Li | TC | \$250.00           |
| 6273          | 12/9/2009 | 23 weeks | Th | TC | \$250.00           |

Total # of Specimens: 2

Processing Fee Total \*: \$500.00

Make check payable to: **AECOM** (Please write invoice number on check).

Mail check to:

AECOM  
[Redacted]  
Department of Pathology  
Albert Einstein College of Medicine  
[Redacted]  
Bronx, NY 10461

\* Charges only reflect the cost of processing each specimen.



## Exhibit B

Information in response to #10: "All records related to any fetal tissue or cell lines procured or sold from twin fetuses."

**From:** [REDACTED]  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** RE: tissue/RNA  
**Date:** Friday, June 20, 2014 9:34:34 AM

---

[REDACTED]

I'll be sending Li, Sp and Th (3 tubes: AA, UW, RNAlater) for two cases (marked "A" and "B"). The twins were diamniotic, dichorionic (ie fraternal twins) and 23gw.

Where should I send the samples?

[REDACTED]

**From:** [REDACTED]  
**Sent:** Wednesday, June 18, 2014 9:45 PM  
**To:** [REDACTED]  
**Subject:** RE: tissue/RNA

Hi [REDACTED]

Just checking to see if there will be any tissue available this week?

Thanks,

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Dept. of Surgery/Transplant Division

University of Wisconsin-Madison

[REDACTED]

[REDACTED]

Madison, WI 53792

E: [REDACTED]

T: [REDACTED]

F: [REDACTED]

>>> [REDACTED] > 6/12/2014 11:55 AM >>>

See attached approval.

[REDACTED]

[REDACTED]

---

**From:** [REDACTED]  
**Sent:** Thursday, June 12, 2014 10:48 AM  
**To:** [REDACTED]  
**Subject:** RE: tissue/RNA

Hi [REDACTED]

Can you also send me your IRB approval?



ADVANCED BIOSCIENCE RESOURCES, INC.

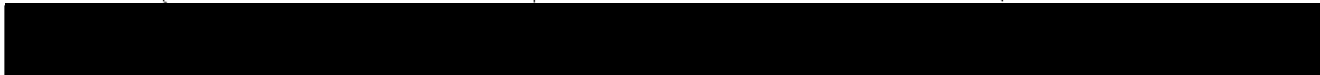
TISSUE ACQUISITION INVOICE

|           |                  |            |
|-----------|------------------|------------|
| DATE      | P.O. #           | INVOICE #  |
| 4/20/2011 | 29IK373-136503   | 1022904    |
|           | TERMS            | CUSTOMER # |
|           | Due Upon Receipt | 0563       |

BILL TO

University of WI  
 [Redacted]  
 [Redacted]  
 Madison, WI 53715

| PROG. DATE   | PATIENT ID | ABR ID | GEST | DESCRIPTION                        | RESEARCHER | FEE             |
|--------------|------------|--------|------|------------------------------------|------------|-----------------|
| 4/20/2011    | [Redacted] | 3033   | 18   | Liver, 2nd Trimester               | [Redacted] | 220.00          |
| 4/20/2011    | [Redacted] | 3035   | 24   | Liver, 2nd Trimester-Twin A        | [Redacted] | 220.00          |
| 4/20/2011    | [Redacted] | 3037   | 24   | Liver, 2nd Trimester-Twin B        | [Redacted] | 220.00          |
| 4/20/2011    |            |        |      | Delivery: FedEx-Priority Overnight |            | 90.00           |
|              |            |        |      | Accounting Services                |            |                 |
|              |            |        |      | MAY 18 2011                        |            |                 |
|              |            |        |      | Accounts Payable                   |            |                 |
| <b>Total</b> |            |        |      |                                    |            | <b>\$750.00</b> |



# Exhibit 6.89

AGREEMENT FOR THE AFFILIATION OF  
PLANNED PARENTHOOD OF WISCONSIN, INC., WITH  
UNIVERSITY OF WISCONSIN HOSPITALS AND CLINICS AUTHORITY  
FOR THE TRAINING OF RESIDENTS

THIS AGREEMENT (Agreement) is made and entered into this 14th day of April, 2009 by PLANNED PARENTHOOD OF WISCONSIN, INC. (PPWI), and the University of Wisconsin Hospitals and Clinics Authority (UWHC), a public body corporate and politic created by the laws of the State of Wisconsin.

WHEREAS, UWHC conducts training programs for resident physicians, seeks varied sites for training resident physicians;

WHEREAS, UWHC desires that certain resident physicians receive training at PPWI ("Residents");

WHEREAS, PPWI is willing to be a training site for UWHC Residents;

THEREFORE, these parties agree as follows:

TERMS

1. Purposes, Term, and General Policy.

1.1 Purposes. The purpose of this affiliation is to support residency training opportunities at PPWI.

1.2 Term and Termination.

1.2.1 The initial term of this Agreement is from the above stated date through June 30, 2012. On each subsequent June 30, the agreement shall automatically renew for an additional year unless one party gives the other party one year's written notice of non-renewal.

1.2.2 The parties may terminate this Agreement at any time by written mutual consent or on at least six month's written notice to be effective on the following June 30. In the event of termination the parties will endeavor to complete any residency training programs. The parties will give special attention to avoiding hardships for Residents.

1.3 General Policy.

1.3.1 Departmental Basis for Residency Programs. As necessary or desirable, PPWI, through its Director of Medical Education, and the departmental Residency Program Director at UWHC may mutually agree to establish a specific departmental residency program. The departmental Residency Program Director and the Director of Medical Education for PPWI shall agree on the specific structure and content of such departmental residency programs and submit the developed program to the UWHC Senior Vice President/ Medical Affairs for approval.

1.3.2 Program Coordination. The UWHC Senior Vice President/ Medical Affairs shall have primary authority for the conduct of all educational programs involving Residents

at UWHC. The departmental Residency Program Director shall have primary authority over that entire departmental program, including any training received by Residents at PPWI. PPWI agrees to designate a physician from the University of Wisconsin School of Medicine and Public Health (UWSMPH) as the Director of Medical Education at PPWI to serve as coordinator of all educational activities at PPWI under this agreement.

1.3.3 Compliance with Legal and Accreditation Standards. Each party, its employees, and professional staff shall conduct themselves in compliance with: all applicable federal and state laws, rules, and regulations; the rules, regulations, and standards of the United States Department of Health and Human Services, and the Wisconsin Department of Health Services; applicable institutional rules, policies, and procedures; and the standards of the Accreditation Council for Graduate Medical Education. Residents assigned to PPWI shall conduct themselves in compliance with the rules, regulations and standards of Planned Parenthood Federation of America while engaged in activities at PPWI within the scope of their training program.

1.3.4 Program Review. Appropriate representatives of the parties, as identified in Section 1.3.2 of this Agreement (the departmental Residency Program Directors and the Director of Medical Education at PPWI or his or her designee), shall meet, as necessary and at least once a year, in order to review departmental program agreements, program coordination, program objectives, program budgets, and other matters related to the programs established for Residents by this Agreement.

## 2. Clinical Faculty and Staff.

2.1 Supervision of Residents while at PPWI shall be by physicians who have UWSMPH faculty appointments and are members of the medical staff at PPWI, or, at the specific direction of the Director of Medical Education at PPWI, by other licensed PPWI physicians.

## 3. Status of Residents and Students.

3.1 Because the major purpose of this Agreement is to support Resident training, the parties expressly intend that this Agreement be construed in accordance with such declared purpose.

3.2 Residents sent to PPWI from UWHC are UWHC employees. Each Resident retains his or her original employment status regardless of the site at which he or she receives training.

3.3 The parties recognize that PPWI has duties and obligations to all physicians admitted to its medical staff and permitted to practice at its institutions. The parties also recognize that PPWI must establish rules, regulations, and policies concerning the practice of medicine at its institutions. The parties agree that with this Agreement they do not intend to:

i) substitute the activities of Residents for the performance of patient services by medical staff at PPWI; or

ii) create any obligation for or to authorize control by PPWI over UWHC's Residents beyond that control which PPWI exercises over other health care providers employed by and practicing at PPWI.

The departmental Residency Program Director shall exercise primary control over the activities of UWHC Residents, as appropriate, during training periods at PPWI.

4. RESIDENTS - Assignment, Rights and Responsibilities, and Performance Evaluation.

4.1 Assignment. UWHC is responsible for assigning Residents to programs based at PPWI. With regard to each Resident who participates in PPWI's programs, UWHC is responsible for:

4.1.1 Sending only those Residents for training who meet all requirements and qualifications and who agree to follow PPWI institutional rules and regulations;

4.1.2 Submitting to appropriate PPWI officials, three (3) months before the beginning of the academic year, the beginning and ending dates of the training period for each Resident and that Resident's assigned area;

4.1.3 Notifying Residents of their assignments;

4.1.4 Providing documentation that each Resident has successfully received the following immunizations, tests, and training:

4.1.4.1 Cardiopulmonary resuscitation training and

4.1.4.2 A tuberculin test and those immunizations to which the parties mutually agree;

4.1.4.3 The drug screening routinely performed by UWHC.

4.1.5 Providing Residents with appropriate training in occupational safety and health.

4.1.6 Providing PPWI with documentation of compliance with the Wisconsin caregiver background check requirements for the Residents.

4.2 Rights and Responsibilities of Residents.

4.2.1 Residents assigned to PPWI shall comply with the applicable bylaws, rules, regulations, and policies of PPWI.

4.2.2 UWHC Residents who fail to conform to the bylaws, rules, regulations, or policies of PPWI, or whose performance is unsatisfactory in the opinion of the appropriate program officials, or whose health status prevents successful completion of a training assignment may be terminated from an assignment to PPWI through the following procedure:

The Director of Medical Education for PPWI shall first attempt to achieve an informal resolution of the problem. If this informal resolution is unsuccessful, the Director of Medical Education for PPWI will inform the departmental Residency Program Director about the problem. The Director for Medical Education at PPWI will make a recommendation to both the individual Resident and the departmental Residency Program Director about the Resident's continued participation in the training program at PPWI.



accompanied by a written statement of reasons for the recommendation. The individual Resident shall have an opportunity to meet (in person or by teleconference) with the departmental Residency Program Director to respond to the written statement of the Director of Medical Education. Following this response (or the opportunity for a response), the departmental Residency Program Director shall make a final decision, in consultation with the Director of Medical Education at PPWI, about the Resident's continued participation in the training program at PPWI. No Resident may continue to participate in the training program at PPWI, however, without the consent and approval of the Director of Medical Education.

The above procedure does not preclude PPWI from immediately suspending the assignment of a Resident to a PPWI program if such action is necessary to safeguard patient care. In such a case, the Resident will be entitled to the procedure described above following his or her suspension.

4.3 Performance Evaluation. Clinical faculty for the teaching programs at PPWI, in accordance with the rules, regulation, and procedures of UWHC, shall provide timely reports evaluating the performance and progress of UWHC's Residents assigned to PPWI.

5. PPWI's Responsibilities for Resident Assignment, Orientation, and Supervision It is PPWI's responsibility to:

5.1 Advise appropriate officials at UWHC of the number of Residents that PPWI can accommodate;

5.2 Conduct orientation programs to acquaint Residents with PPWI's facilities, faculty and staff, bylaws, rules, regulations, policies, procedures, and the particular individuals and groups with whom the Residents will be working;

5.3 Maintain administrative and professional supervision of Residents insofar as their presence and program assignments affect the operations of and patient care at PPWI.

6. Numbers of Residents and Notice Regarding Change. The parties will mutually agree on the numbers of Residents trained each year at PPWI no later than four (4) months prior to the beginning of any program period.

To facilitate planning for participation in the residency matching process, UWHC and PPWI agree to notify each other before January 1 if either one intends to reduce the number of Residents that it will accept the following July 1.

7. Clinical and Program Facilities. UWHC and PPWI each agree to provide the following facilities for the educational programs established by this Agreement:

7.1. Adequate facilities to fulfill the purposes of this Agreement;

7.2. Space for and access to reference materials for Residents;

8. Independent Relationship. None of the provisions of this Agreement are intended to create, nor shall be deemed or construed to create, any relationship of the parties other than that of independent entities contracting with each other solely for the purposes of effecting the provisions of this Agreement. None of the parties or any of their officers, directors, employees, or agents shall

QB\7731560.2

be construed to be the agent, employee, or representative of any other party. This Agreement shall not be deemed a joint venture. As independent parties, PPWI and UWHC each shall maintain separate and independent management. Each party also has full, complete, absolute, and sole authority over, as well as responsibility for, its own operations. No party shall have any direction or control over the manner in which any other party performs its obligations.

9. Recruitment and Appointment of Clinic and Authority Residents The recruitment and appointment of qualified graduates of medical schools to positions as Residents employed by UWHC shall be the sole responsibility of UWHC.

10. Liability Coverage UWHC is covered by the Wisconsin Injured Patients and Families Compensation Fund ("PCF"), established under Chapter 655, Wisconsin Statutes, for professional malpractice liability of UWHC and its Residents. UWHC shall provide and maintain the primary liability coverage required by the PCF in compliance with PCF requirements. UWHC shall make such payments as may be required to maintain PCF requirements.

PPWI shall promptly advise the CEO of UWHC, or his or her designee, in the event it has reason to believe a claim may exist against UWHC or any of its agents or employees for services performed under this Agreement.

11. Public Reference to the Affiliation The parties agree to obtain the written approval of the CEO of the other party before referring to the other party in any publication, website, release or other materials.

12. No Mutual Indemnification The parties agree that each party is and shall be solely responsible for any claim or damage resulting from its own negligence, acts, or omissions. This Agreement shall not be construed to require any party to indemnify any other party from its own negligence, acts, or omissions.

13. Nondiscrimination The parties shall not discriminate in their training or education of any person or in the conditions of training or education or in other actions taken as a result of this Agreement by reason of age, race, religion, color, handicap, sex, physical condition, developmental disability, sexual orientation, or national origin. Each party will make reasonable accommodations to assure accessibility to training programs for persons with disabilities.

14. Entire Agreement; Modifications This Agreement contains all terms among the parties and may be amended only in writing and if signed by all parties.

15. Severability Each paragraph of this Agreement is severable from all other paragraphs. In the event any court of competent jurisdiction determines that any paragraph or subparagraph of this Agreement is invalid or unenforceable for any reason, all remaining paragraphs and subparagraphs will remain in full force and effect.

16. Assignment Nothing in this Agreement shall be construed to permit the assignment by the UWHC or PPWI of any rights or obligations hereunder, and such assignment by a party is expressly prohibited without the prior written consent of the other parties.

17. Notice Notice to any party must be in writing, signed by the party giving the notice, and shall be deemed given when mailed, postage prepaid, by United States Postal Service first class, certified, or express mail or hand delivered to the parties at the following addresses:

To UWHC: University of Wisconsin Hospitals and Clinics Authority  
President & CEO

[REDACTED]  
600 Highland Avenue  
Madison, WI 53792

To PPWI: Planned Parenthood of Wisconsin, Inc.  
Chief Executive Officer

[REDACTED]

18. No Third Party Beneficiaries. Nothing in this Agreement shall be construed to confer any legally enforceable right on any party other than UWHC and PPWI.

19. Paragraph Headings. The paragraph headings in this Agreement exist only for ease of reference and do not limit, modify, construe, or interpret any provisions of this Agreement.

The duly authorized representatives of the parties sign this Agreement in acknowledgment of the terms and conditions that it contains.

For Planned Parenthood of Wisconsin, Inc.:

[REDACTED]

date: 4-14-09

Print Title: Chief Executive Officer

For the University of Wisconsin Hospitals and Clinics Authority:

[REDACTED]

date: 4/14/09

Print name:  
Print Title: President & CEO

# Exhibit 6.90



6008 FLEMING ADMINISTRATION BUILDING  
503 THOMPSON STREET  
ANN ARBOR, MICHIGAN 48109-1340  
██████████

February 29, 2016

**BY ELECTRONIC MAIL**

Mr. Matthew Tallmer  
United States House of Representatives  
Committee on Energy and Commerce  
2125 Rayburn House Office Building  
Washington, DC 20515-6115

Dear Mr. Tallmer:

Thank you for your January 21, 2016, letter to Dr. ██████████, Executive Vice President of Medical Affairs and Dean of the Medical School, from the Select Panel on Infant Lives (“Select Panel”). I am pleased to respond on Dr. ██████████’s behalf.

We very much appreciate the opportunity to provide the Select Panel with information on the conduct of fetal tissue research at the University of Michigan (“University”). The research enterprise at the University is substantial and is a critical component of the University’s mission. In order to demonstrate the size, scope, and productivity of the research enterprise at the University, certain data for FY 2015 are instructive. Illustratively, in FY 2015 the University’s research expenditures totaled \$1.3 billion, exceeding the billion-dollar mark for the seventh straight year; this remains one of the highest levels in the nation. In addition to federal funding of \$738 million, direct research contracts from industry increased almost 25 percent, to a record high of \$62 million in FY 2015. Finally, the Office of Technology Transfer reported record numbers of licensing agreements and startup companies for FY 2015, demonstrating the entrepreneurial and innovative spirit that is present at the University.

We have diligently sought to gather information responsive to the Select Panel’s request within the brief time period provided for a response. This review is ongoing, and the University will supplement this response as additional, responsive information becomes available.

As you know, the University is an extraordinarily complex, large organization. With an enterprise this size, it is important to note that, in providing the requested information, we have used our best efforts to gather accurate information. Thus, in preparing this response, we have sought information throughout the University. For example, we searched research protocols by the

keyword search function, using “fetal tissue,” and arrived at a lengthy list of studies that could potentially involve the use of fetal tissue. Many studies on this list were “false positives” that did not involve fetal tissue.

At this point in its review, for the time period for which the Select Panel has requested information, the University has located eight (8) studies that involved the use of fetal tissue. A brief description of each study follows:

1. **Blindness:** One researcher in the Department of Ophthalmology procured tissue from Advance Bioscience Resources, Inc. (“ABR”) to perform research that places the tissue in culture and expands it so that it can be used for certain experiments over the course of several months. The ultimate goal of this research is to study pathways potentially involved in age-related blindness. The research team uses cultures to screen compounds and perform other studies to find ways to therapeutically tackle age-related blindness and age-related macular degeneration.

Another researcher in the Department of Ophthalmology procured fetal tissue from ABR to understand macular degeneration, the leading cause of blindness. This research study involved establishing primary cultures for retinal pigment epithelium. Primary cultures are a category of growing cells that more realistically model actual tissues in the body, relative to cell lines. Cell lines lose many properties over time that make them less like the tissues from which they came. The goal of this research is to model age-related macular degeneration. At this time, therapies exist for only ten to fifteen percent of patients and animal models are not very good. Fetal human retinal pigment epithelium behaves more like the type of tissue that researchers are attempting to model.

2. **Pediatric Behavioral Disorders:** One researcher in the Department of Psychiatry procured fetal tissue from the University of Michigan Health System. This research study examined the impact of steroids given to children with membrane disease as part of their standard clinical care to determine whether there is an impact of the steroid treatment on the children’s behavior and brain structure.
3. **Prostate Cancer:** One researcher in the Department of Urology procured fetal tissue from University of Washington. This research seeks to better understand how prostate cancer spreads to bone.
4. **Cancer in Young Boys:** One researcher in the Department of Human Genetics procured fetal tissue from Novogenix. This research study was an attempt to confirm previously successful experiments that used fetal gonadal tissues isolated from mice. The work was undertaken with the goal of giving young boys treated for cancer the opportunity to have their own children and lead normal lives after radiation or chemical cancer therapy. Although a useful experimental system for understanding the development of the gonad, the

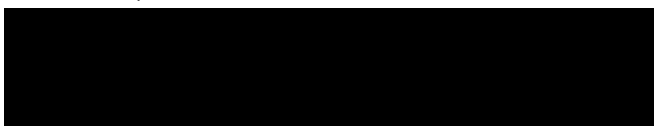
mouse fetal gonad is not an exact analog of human development. In order to apply preliminary mouse-based findings to improvements in human health, it is important to confirm the results in human cells. The goal of this research was to uncover the mechanisms that control germ cell development and may allow the growth of germ cells independent of the development of other tissues (i.e., in vitro germ cell development).

5. **Genetic Impacts of Environmental Toxins**: One researcher in the Department of Environmental Health Sciences procured fetal tissue from University of Washington to conduct research examining the impact of early environmental toxins on the epigenome with the goal of protecting people from disease that is environmentally-induced. This research examines how early exposure to toxins can change gene expression.
  
6. **Pediatric Eye Cancer and Congenital Blindness**: Another researcher in the Department of Ophthalmology procured fetal tissue from ABR to conduct research to establish whether a new children's eye cancer biomarker and therapeutic target is also required for human retinal development. The ultimate goal of this research study was to better understand childhood eye cancer, congenital blindness, and for comparison of cultured stem cell lines against proteins that are actually produced during development for treatment of blinding diseases and cancer.
  
7. **Cellular Development**: One researcher in the Department of Internal Medicine procured tissue from two (2) sources: Novogenix and ABR. This research generates tissue cultures. Over the last five (5) years, the research team has generated human organ-like tissue in culture ("organoid") as part of an effort to validate the understanding that the organoid operates like tissue derived from natural sources. This research uses the tissue culture system to study disease with the ultimate goal of understanding how organs and tissues develop in embryos.

We are proud of our faculty's efforts in the pursuit of new discoveries that will result in fewer deaths from cancer and other diseases and improved quality of life.

The University of Michigan very much appreciates the opportunity to provide additional information on the importance of fetal tissue in the pursuit of groundbreaking discoveries in the areas of cancer, ophthalmic disease, and brain development. The University will also provide a response to the inquiry received from Ranking Member Schakowsky, as requested.

Sincerely,

A large black rectangular redaction box covering the signature of the Vice President for Government Relations.

Vice President for Government Relations

# Exhibit 6.91





## FAMILY MEDICINE MEDICAL CONSULTING (PLANNED PARENTHOOD)



### Description

Physicians of the University of Michigan Health System Department of Family Medicine provide consultation and administer patient care at Planned Parenthood.

Those interested in receiving services from Planned Parenthood, should call [REDACTED] in Ann Arbor, or [REDACTED] in Ypsilanti.

Individuals interested in volunteering for this program are encouraged to contact Planned Parenthood directly at [REDACTED]

### Contact Information

[REDACTED]  
Department of Family Medicine  
University of Michigan  
1018 Fuller Street  
Ann Arbor, MI 48104-1213

### Visit the Program on the Web at:

<http://www.plannedparenthood.org/>

### Program End Date

Ongoing

### Sponsoring Service Unit(s)

[Medical School, University of Michigan Health System](#)

### Sponsoring Department(s)

[Department of Family Medicine](#)

### Program Available to these Cities

[Ann Arbor, Ypsilanti](#)

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## Ann Arbor Planned Parenthood



### Ann Arbor Planned Parenthood

General and preventative medicine for women; routine gynecological exams and premarital exams; pregnancy and childbirth care; family planning counseling; and menopause and perimenopause counseling.