



BLOOD  
TRANSFUSIONS  
CONVENIENT  
AND ACCESSIBLE  
**FOR ALL**

The first out-of-the-box  
solution for **cell salvage**.

 **Hemo**Clear



**surgery**



**disaster  
management**



**trauma**

**Every second, someone in the world needs blood**

*An estimation of the global volume of surgery- [www.thelancet.com](http://www.thelancet.com) Vol 372 ,  
Universal Access to Safe Blood Transfusion- World Health Organization*



# Expensive

100 M units donor blood globally used every year.

Complications, longer recovery time or even mortality

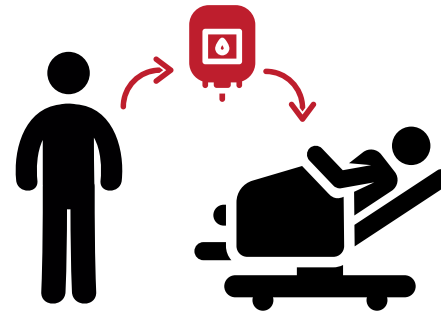
Hospital **surgical** transfusion costs \$1.62 to \$6.03 million per hospital

| Is there  
a better way?

## Cell salvage:

The most perfect  
transfusion blood  
is your own blood.

### Transfusion



### Cell salvage



**Cell salvage is endorsed by official guidelines**



**We recommend that it should be available for immediate use 24 h a day in any hospital undertaking surgery** where blood loss is a recognized potential complication.

*2018, Association of Anaesthetists guidelines*

**Losing platelets leads to life-threatening complications**

**British Journal of Anaesthesia**

For every 4 bags of blood, 1 bag of platelets is should be transfused (€800) in heavy bleeding

*2010, British Journal of Anaesthesia*

# Current cell salvage technologies are limiting

dedicated equipment

expensive consumables

trained operators

**no platelets**

**Cell Saver®**  
Haemonetics



**Sorin EXTRA®**  
Livanova



**AutoLog®**  
Medtronic



**C.A.T.S.®**  
Fresenius Kabi



| Our solution:

# HemoClear

**the first out-of-the-box  
solution for cell salvage**

A convenient and safe way to recover and deliver back a patient's own blood during any surgical procedure.

High-quality autologous blood for transfusion in 30-minutes

No high capital investment, extensive training, and expensive consumables.

**Rich in platelets**



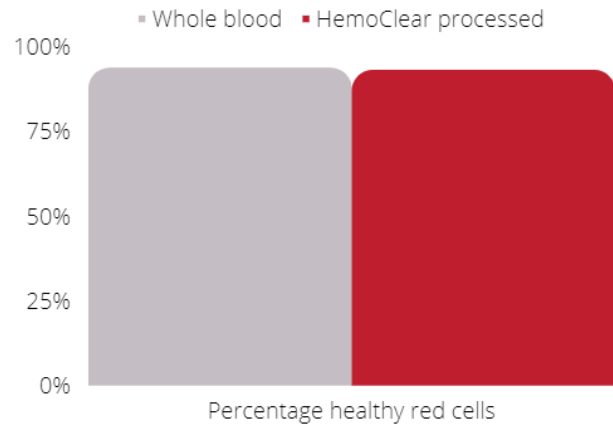
# Simple procedure



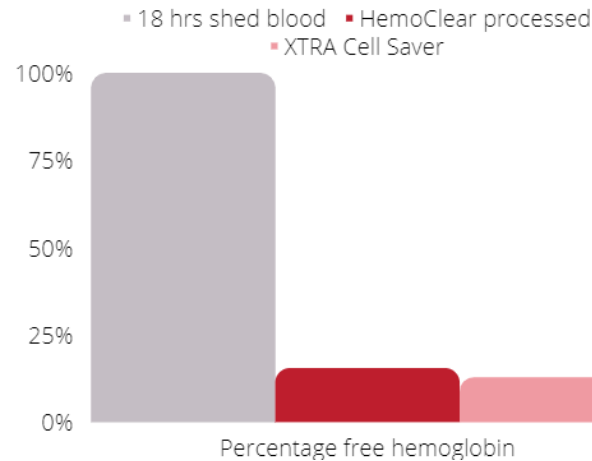


# HemoClear versus Cell Saver

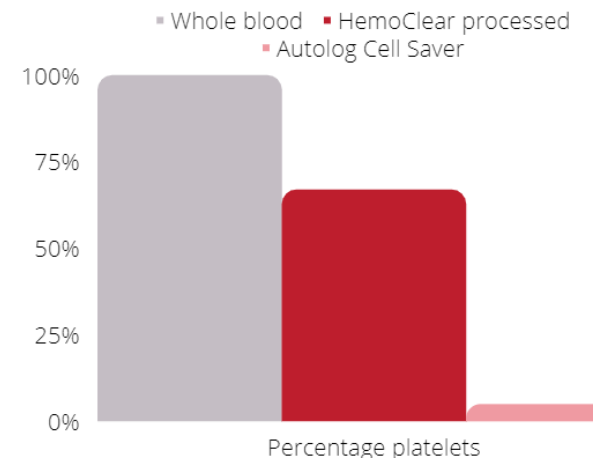
Recuperates healthy red blood cells <sup>1</sup>



Eliminates non-cellular components <sup>2</sup>



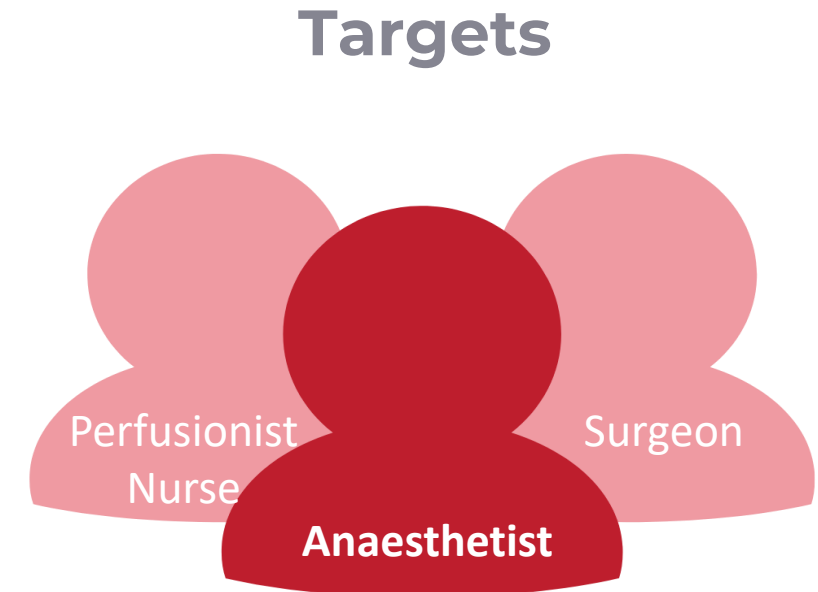
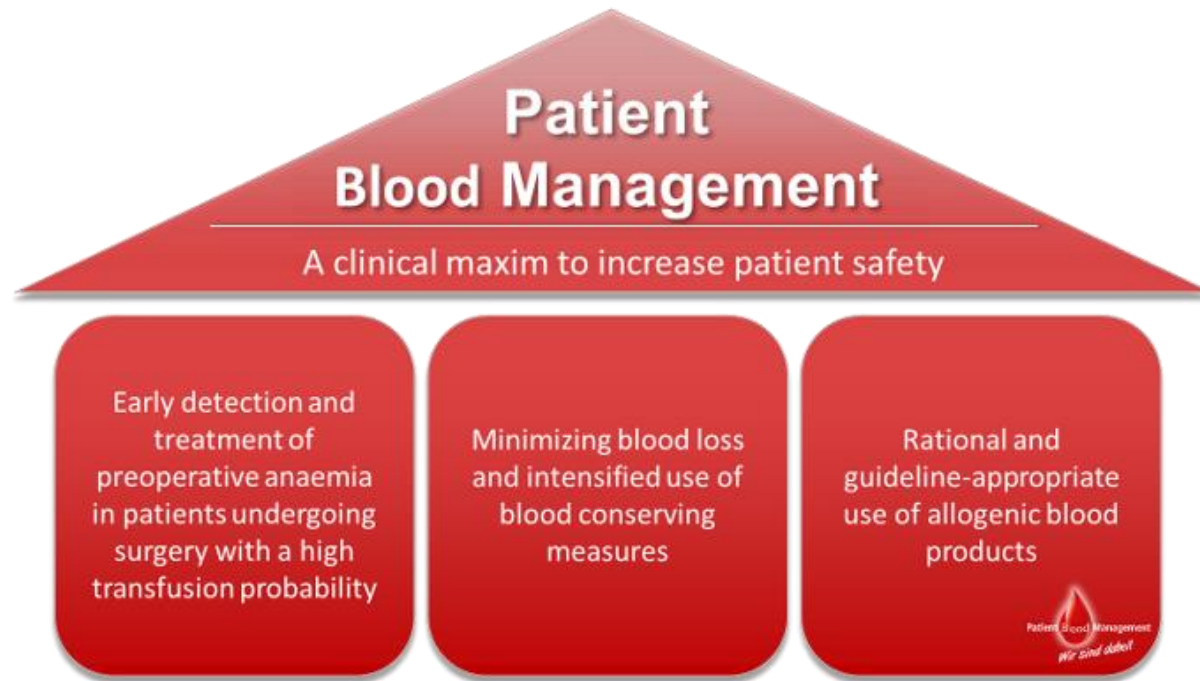
Salvage functioning platelets <sup>1</sup>



1) Osemwengie, Dion, Johan W. Lagerberg, Richard Vlaar, Erik Gouwerok, Mya Go, Arno P. Nierich, and Dirk de Korte. 2022. "Recovery of Platelet-Rich Red Blood Cells and Acquisition of Convalescent Plasma with a Novel Gravity-Driven Blood Separation Device." *Transfusion Medicine* 32(1):53-63.

2) Hoetink A, Scherphof SF, Mooi FJ, et al. An in Vitro Pilot Study Comparing the Novel HemoClear Gravity-Driven Microfiltration Cell Salvage System with the Conventional Centrifugal XTRATM Autotransfusion Device. *Anesthesiol Res Pract.* 2020. doi:10.1155/2020/9584186

# Primary target: Anaesthetist



# HemoClear boosts transfusion options

In casualty and disaster management  
Victims who don't get blood product resuscitation **within an hour** usually won't survive.

HemoClear boosts transfusion options in the so-called crucial 'golden-hour' of survival:

- Medication
- Artificial blood
- Donor blood
- **Give back own blood with HemoClear**

The infographic is titled "Testing a One-Shot Solution for SURVIVING BLOOD LOSS". It features a central silhouette of a soldier in a combat uniform, holding a rifle, with a red heart icon on his chest. The background is a mix of black and light beige. The text is in various colors, including red, black, and white. The infographic is divided into several sections: "THE PROBLEM:", "HOW IT WORKS:", "THE DISCOVERY:", and "THE TRIAL:". It includes statistics, a list of effects, and a description of the trial.

Testing a One-Shot Solution for  
**SURVIVING BLOOD LOSS**

UAB has received a \$10 million contract from the U.S. Department of Defense to launch the first human trials of a potentially lifesaving treatment for wounded soldiers — and trauma victims everywhere.

**THE PROBLEM:**  
**80%+**  
of potentially survivable U.S. battlefield deaths from 2001-2011 were due to severe blood loss.

**TIME IS EVERYTHING.** Victims who don't get blood product resuscitation within an hour usually won't survive.

**HOW IT WORKS:**  
EE-3-SO<sub>2</sub> is thought to have three main effects:

- 1 makes the heart beat more efficiently
- 2 recruits more fluid into the bloodstream from surrounding tissue
- 3 raises blood pressure

**THE DISCOVERY:**  
UAB researchers have found a way to **EXTEND THAT TIME** significantly. They discovered that a single injection of **EE-3-SO<sub>2</sub>**, a synthetic form of the female hormone estrogen, enables **SIX-HOUR** survival times after extreme blood loss in animal models.

**THE TRIAL:**  
In UAB's specialized Phase 1 Clinical Trials Unit, EE-3-SO<sub>2</sub>'s safety and efficacy will be tested in healthy human volunteers.

Because estrogen is a natural human hormone, it is expected to have few side effects.

# HemoClear

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solution for **cell salvage**

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