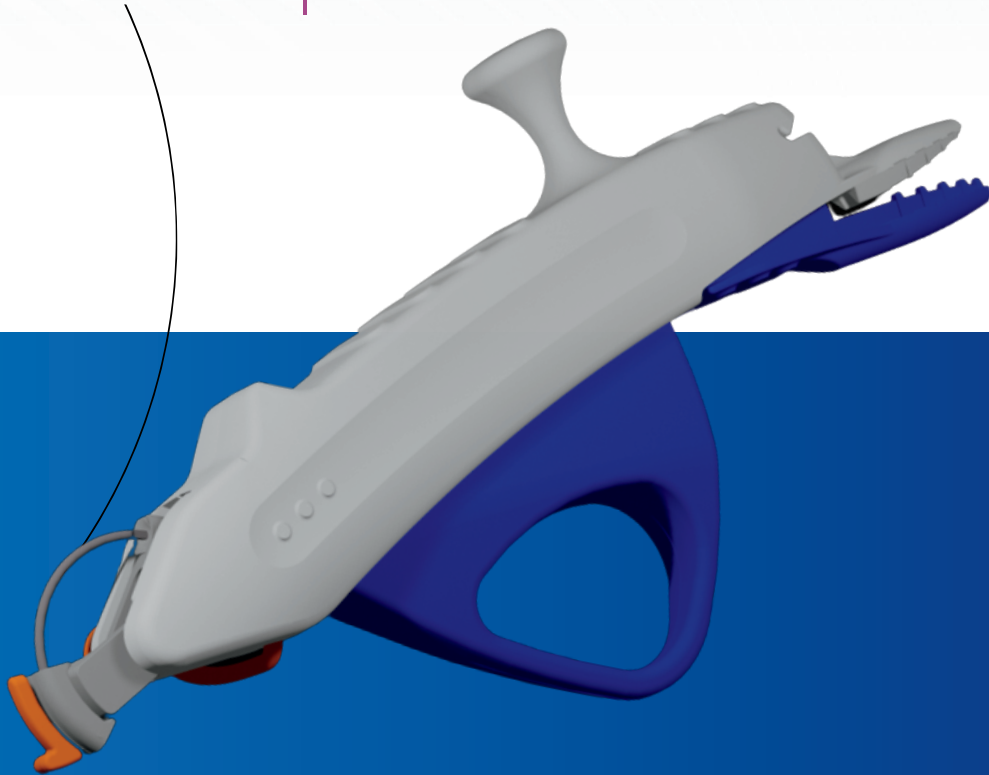


Simple Safe Secure™

The **First** Safety Suturing System for Catheter Securement and Skin Closure

Suture-based catheter securement and skin closure procedures expose healthcare workers to serious risks of needlestick injuries and bloodborne pathogens. The SafePath™ Safety Suturing System has been designed to address significant unmet safety and performance needs.

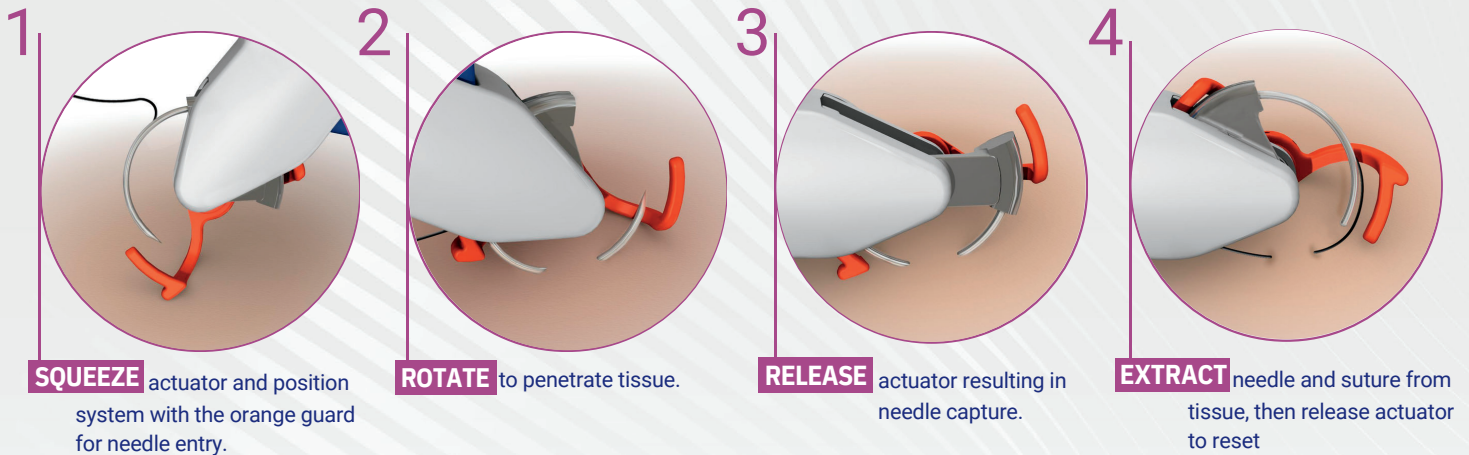


Benefits of the SafePath™ technology include:

- All in one suturing system that places, ties, and cuts suture
- Compliant with regulatory mandates for safety including the Needlestick Safety and Prevention Act¹
- Intelligent design virtually eliminates the risk of user infection by minimizing needlestick injuries²
- Suture-based catheter securement decreases risk of patient infection^{3,4}
- Approximately 2X faster than traditional suturing²
- Single-use, versatile, ergonomic, and intuitive
- Decreases costs to the institution



SafePath
MEDICAL



Technical Specifications	
Suture material	Nonabsorbable, sterile, non-pyrogenic, silk suture
Suture specifications	USP compliant, size 2-0 (metric size 3) black 36in (90cm) strand
Needle	½ circle, 26mm reverse cutting needle pre-loaded in a single patient use suturing system
Indication for use	The SafePath Suturing System is intended for use in placement of a silk suture in the skin and subcutaneous tissue

Product Name	Ordering Number	Packaging
SafePath Safety Suturing Device	1F002	Box of 5

Approximately **1 Million** **needlestick injuries** occur each year in the United States^{5,6}

Needlestick injuries result in almost **\$5 Billion** in preventable **healthcare costs** every year^{5,6,7}

¹ Federal Needlestick Safety and Prevention Act Public law 106-430. November 6, 2000.

² SafePath Medical Data on File

³ Centers for Disease Control and Prevention. Background Information. Strategies for Prevention of Catheter-Related Infections in Adult and Pediatric Patients. Guidelines for the Prevention of Intravascular Catheter-Related Infections (2011)

⁴ American Society of Anesthesiologists Task Force on Central Venous Access, Rupp SM, Apfelbaum JL, Blitt C, Caplan RA, Connis RT, et al. Practice guidelines for central venous access: a report by the American Society of Anesthesiologists Task Force on Central Venous Access. Anesthesiology. 2012; 116: 539-553

⁵ US Dept of Labor. OSHA. Occupational Exposure to Bloodborne Pathogens; Needlestick and Other Sharps Injuries, January 18, 2001.

⁶ Boden, LL. Understanding the Hospital Sharps Injury Reporting Pathway. Am J Ind Med. 2015 March; 58(3): 282-289. doi:10.1002/ajim.22392

⁷ Department of Health & Human Services. Centers for Disease Control. Workbook for Designing, Implementing and Evaluating a Sharps Injury Prevention Program. 2008. Pg 6.