TRANSCRIPT BY THE CENTER FOR MEDICAL PROGRESS

13 June 2013

Speakers:

-Perrin Larton, *Procurement Manager, Advanced Bioscience Resources* ("**ABR**")

-Linda Tracy, *CEO, Advanced Bioscience Resources* ("**ABR (Linda)**")

-Actor posing as fetal tissue researcher ("**Buyer**")

frame counts are approximate

033500

ABR: Hi there.

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Buyer: Do you work with Linda?

ABR: Excuse me?

Buyer: Do you work with Linda?

ABR: Yes

Buyer: Oh, coo- so, this is, yea, I didn't realize you guys were going to be here. I've been talking to her the past couple of weeks about trying to do-

ABR: Oh she's in- Yea

Buyer: -to do some SCID-hu mice research this summer? Yea, that's so cool that you guys are here. I didn't realize.

ABR: Yes! We're here.

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ABR: I'm the one you'll interact with mostly because I'm the procurement manager

Buyer: Perrin@garlic haha

ABR: Yes, that me.

Buyer: haha yea, I think I saw the thing. Ok, cool. Yea,so I know that I'm supposed to be writing up like, a little research synopsis I'm supposed to send to her, but I've been so swamped with y'know school and everything.

ABR: Yea, Truly it is just a half a paragraph, a couple sentences, ya know, just to get it back. And then, you can get it back to her or to me. Actually, get it back to me because she's going to be gone on vacation from the 18th to the end of the month. So, if you could just send it to me then I will get it to the scientific advisory board, and we will do that. So, you guys are gonna do the SCID-hu mice?"

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Buyer: Yes, I wanted to do the SCID-hu mice, BLT model with the long bones, and the thymus and the liver.

ABR: Perfect

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Buyer: Uh, Yea, and I'm trying to get the funding right now, because I'm a grad student, ya' know and it's not a exactly a normal kind of thing, but I'm still looking for like, major professor and stuff to sponsor it, so, I hope it all works out, cuz I'd like to get my hands on this.

ABR: Well, what you can do, that might save you time on the other end is, go ahead and submit the application. Well, with the one caveat that we do have to have the P.I. be the it would probably be the professor so it has to be an M.D. or P.H.D already, and all that kind of stuff.

Buyer: Oh so I won't be able to be the P.I.-

ABR: Are you the P.I. on this?

Buyer: Well, yea, because it would be graduate research for the summer. uh, I don't know, do you guys have a policy?

ABR: It has to be the guy- the person-it can go to you, the tissue can go to you, no problem. We just have to have somebody who is an M. D. or P.H.D-

Buyer: -who's supervising me (laughs)

ABR: Well, supervising, yea but just because that's what it says in our, in our-ya know, our M.O.U.s. Yea, we just have to have ya'know someone who is M.D., P.H.D. The scientific advisory committee would write me back and go "Perrin, who's going to be the P.I. on this?" ya'know. Even though you would be the P.I. on this, we have to have somebody's name on the project.

Buyer: Who is that? Is that like, for, is it a government thing? Or?

ABR: That is just for our, our scientific advisory committee, our advisory committee says that we have to have somebody who is an M.D. P.H.D that heads the project. Now, I will tell you that there are many people who get tissue from us all the time. And, they have, just a, M.D., P.H.D. who's like, they're the guy on the top line, but then everything, all the phone numbers, and all the deliveries go to you. so, thats just what they insist that we have.

Buyer: yea, and then I was gonna ask, since you mentioned, the time in between me actually submitting the application, the application that has all the information on it. What is the turn-around time on that between that and when we can start working on it?

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ABR: 5-7 working days, its nothing like it is in regular academia, because ya'know we want to get you approved and such. so, what we do is, I submit it, 9 times out of 10, I get it back, looks good. They're Approved. There's that one time, ya'know that I get it back that ya'know if I don't have that M.D., P.H.D at the top, or if they say, where is our funding from, or if you need serology testing on a donating mom, then they didn't mark whether it needed to be faxed, or ya'know, sent at the end of the month. There's just little things, that every once in a while that-I always that when they meet someone is pissed off about something and they just throw it back. "-we need this" and so I send it back saying, 'thank you so much, we'll do this and so, and they go "oh ok"

Buyer: Thats funny. Are they academics as well or?

ABR: Well, we have a doctor, and a uh, academic. and then, there's like a citizen person. That's kinda just-

Buyer: -Oh, interesting. Sounds like a mini-CIRM kind of a thing. haha

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ABR: it is, yea, well because of what it is, because we use fetal tissue, we want to be as politically correct as we can. We don't want a whole lot of people, coming in, and slapping us because, Ah, you're doing this, and you're getting all these scientific people here, and they're all agreeing and ya'know all that kind of stuff.

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Buyer: It's kinda counter-intuitive isn't it? Right? Like normally like, embryonic vs. stem cell research is the big controversial, whatever.

ABR: And you know, what the really weird thing is? embryonic, there is still a lot of controversy about that, ya'know but then fetal kind of got lost in the mix-

Buyer: -was it ever part of it? I'm young so, I don't know.

ABR: It was never uh, it was never outlawed, where during the Bush administration, Bush 1, it was uh, it was no federal funding could go to stem cell research or to embryonic cell research, the fetal tissue was taken out of that.

Buyer: Interesting-

ABR: -so we continued to send tissue to people like NIH, even though the government was paying for it. Fetal wasn't put in that little box of embryonic because it was different.

Buyer: WOW

ABR: yea, it was really weird

Buyer: yea, I wonder what the Anti's would do.

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ABR: And then, when Clinton came in, he did an executive order, one of the first one's he did, that talked about, ya'know, we could do all this research, And the Bush 2, took away funding again, for some of the stuff, and made it difficult, and ya'know you have to jump through hoops and do all that stuff.

Buyer: And is it easier now once Obama got re-elected?

ABR: It is easier now, except, except now we have uh, instead of trying to it the research community, now they're trying to make abortion illegal. And that's where we get out tissue-

Buyer: -right! I heard about that

ABR: -no you have this whole big thing, where you have people in different states that are absolutely, making it so difficult, ya'know they want transvaginal ultrasounds, just because. There's no medical reason for it. Now, you do them sometimes-

Buyer: -and the bans right? Aren't there some actual bans like the personhood? like fertilized eggs or whatever?

ABR: So crazy, those have been stopped by the um, watchdog groups, by putting in counter suits against those. So for now those have been stopped, but they want to keep putting it on the ballot and all that kind of stuff. So, it's, it's very difficult to [pause] figure

out what they're trying to do. Now, they want to ban abortions, people always had abortions, women-

Buyer: -I heard the one in North Dakota right? Heartbeats, 6 weeks or something

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ABR: Yea, and they're going' wait a minute. And then what will happen is, when people like Dr. Gosnell who was in Philadelphia, who was doing third trimester abortions and the ya'know clipping the spinal cord of the infant that's born-

Buyer: Really? That's true?

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ABR: Yes, Yea, he was doing that kind of stuff, he's a bad man. And I mean, I am absolutely 100% pro unforced, pregnancy. if you don't to be pregnant then don't be pregnant, and if you are pregnant and you don't want to be then you have a legal alternative. But, yea, he was preying, and that's the only reason I can think. He was preying on people of lower income and minorities. People who didn't have money for a first trimester abortion, couldn't save enough money until they were in the third trimester.

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Buyer: Yea, he found a niche he could exploit.

ABR: Yea, Exactly So yea, It's just difficult.

Buyer: That's really, -I don't know if you've heard of the movie "After Tiller"

ABR: Yes. I saw it.

Buyer: You saw the documentary? Wonderful right? I thought it was beautiful. um, that-

ABR: -In fact, we saw it right after it was done, because the three doctors, the ones that are in it? Are doctors that I know.

Buyer: Oh really? Do you procure from them as well?

ABR: uh, not from that clinic because they induce the fetal demise at about 20 weeks, 18-20 weeks. So, they inject digoxin in to the fetus-

Buyer: -right, Right. I was actually going to ask about that. Because I want to make sure there is no digoxin on my samples .

ABR: No. No. No.There's no-that's the problem with going there. But, what they also do, they induce labor most the time, the fetus is not, uh, so its intact because the whole point is that they want these women to be able to hold their babies. And most of the ones in the third trimester are, they have anomalies not compatible with life. They cannot live. And so they decide-

Buyer: -and that's not what I want for my SCID-hu mouse.

ABR: Exactly, Exactly, Exactly

Buyer: I want him to be normative and healthy.

ABR: So yea, "After Tiller" was a wonderful movie.

Buyer: Yea, I saw it in Berkley actually. You probably know Jackie Barbeck and she mentioned to me that I should talk to you guys, ya'know that I should talk to you guys if I wanted fetal tissue. But, I thought you only procured from here clinic.

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ABR: No, we do procure from her clinic on Saturdays, because that's the day they do large cases. Now, they do induce fetal demise about 21 weeks. Depending on the doctor, sometimes it's 20 weeks.

Buyer: Ok, cuz, for BLT I wanting like 18-22 weeks.

ABR: Right. Yes, and that would be fine. So, if we had 19 or 18 week we could get those to you.

Buyer: Right, and those don't have digoxin though.

ABR: No, No, it's not. and we, I mean, We've been in the business long enough where, I can tell if it's been ditched, or not.Yea, it has a smell, it's not right. It's just kind of icky. But, uh, we also have clinics in San Diego, Oregon, Minnesota and we soon will be soon starting in New Jersey and Philadelphia. Not Dr. Gosnell's clinics. Ethical ones

Buyer: The reason I mentioned "After Tiller" is just cuz when stuff like that gets in the news, then it redounds poorly on people like Shelly Sella, a Warren Hern, and the guys who are doing it right. And, it's just not fair.

ABR: Yes, exactly.

Buyer: So, do you know Susan?

ABR: Yea, I've worked with her, she used to do some cases in a clinic in San Jose for a while, and met her and worked with her, and Shelly-

Buyer: She's like the breakout star if the movie, she's so cute, she reminds me of my grandmother, totally.

ABR: Yea, yea, and Shelly I've known for years and years. She used to work in Sacramento at a clinic.

Buyer: And which clinic?

ABR: Shelly Sella is um, oh the clinic?

Buyer: Yea, which one, the one Sacramento?

ABR: Oh, they've closed. yea that one was-

Buyer: -there were a couple out there, yea so I thought, that maybe, uh that was my other thought, that if their was anywhere else in Northern California, like closer to Davis?

ABR: Exactly, because you don't want to do overnight, you want it same day.

Buyer: Right. And I'm even thinking like, if it's in Oakland, maybe I should just drive—

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Buyer: Am I allowed to do that?

ABR: Yes, you're allowed to do that. And what we would have to do is we would get it on Saturday morning, and then we'd have to get it to you, but if we had people who were needing to have tissue delivered in the San Francisco Bay Area on Saturday, then we'd have to wait till our courier could get to you, so it might be easier for you to just come in from Berkeley and--or come in from wh--

Buyer: Right, because it--in Davis actually, I'm in Davis.

ABR: Oh okay, yeah.

Buyer: Yeah I think it's just an hour, hour and a half drive. I thought might as well, why wait for FedEx?

ABR: Exactly. And what would happen is if we did FedEx for a Saturday procurement for you, then it wouldn't get to you till Monday because they don't deliver on Sundays.

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Buyer: Oh that's terrible. It'll be half-dead by then.

ABR: Exactly. Exactly. Exactly. Yeah.

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Buyer: Especially because I want the high viability of the specimen. Because ideally, and I have to wait and see what kind of funding they throw at me, but I would like to lean more on the side of even closer to whole organ transplant for the mice, because you can actually reconstitute the immune system that much better and that much more authentically if you're not just doing like mashed up little cell bits.

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ABR: Right. And the problem with that is, they don't come out intact.

Buyer: Oh, they don't?

ABR: No, there's not closed abdomen. Their whole--it's always pulled apart.

Buyer: Really. Ok.

ABR: Yeah. The whole point is not to have a live birth. And so the doctors have all--unless it's somebody who has had 6 pregnancies and 6 vaginal deliveries--

Buyer: And then it just kind of pops out?

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ABR: Yeah they put Iams in and she comes in the next morning and I literally have had women come in and they'll go in the OR, and they're back out in 3 minutes, and I'm going "What's goin' on?" "Oh yeah, the fetus was already in the vaginal canal whenever we put her in the stirrups, it just fell out."

Buyer: Wow.

ABR: So you know, because if they've had a lot of births, then that's just what happens. But most of the time it is not intact. We have some other people who would like to get the Biliary tree area and I think over the past 3 months we've been able to send 2.

Buyer: Really.

ABR: Because they just aren't, the abdomen is always ripped open.

Buyer: Wow.

ABR: And I don't understand why--

Buyer: Are the organs inside intact? Like the liver, and the thymus--

ABR: The organs are--

Buyer: Reasonably intact?

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ABR: Everything will just get ripped up. Whenever we have a smooth portion of liver, we think that's good.

Buyer: Oh, okay.

ABR: Because most of the time it's got, you know, just the instruments they go in to pull.

Buyer: Yeah.

ABR: And it's just whatever presents first. And unfortunately, and I don't know why, a lot of the times the abdomen presents first and they just go in and start pulling, and--

Buyer: Oh so they just go in and pull it out by the abdomen.

ABR: Yeah, they're not trying to--

Buyer: They're not trying to--they don't have my interests in mind!

ABR: Or mine. [Laughs] It really pisses me off!

Buyer: Yeah? Really?

ABR: Yeah, but they're just there to end the pregnancy. And so, we cannot ask them to change their process. So.

Buyer: Really?

ABR: Yes. Unfortunately.

Buyer: Even just to switch to like, induction versus D & E? They can't even do that?

ABR: They can't do that.

Buyer: Wow.

ABR: Yep. Hi.

Buyer: That's too bad.

ABR: Yeah, they cannot change the abortion procedure to benefit anybody. Unfortunate.

Buyer: I know! I was gonna say, you talk about benefit--HIV--

ABR: Yeah, well, it's against the law. There's a federal law that says you cannot change the abortion procedure to benefit anything.

Buyer: Oh okay.

ABR: So that's that.

Buyer: That's too bad. These are very cute by the way.

ABR: Yeah, well, Kleenex, tissues--

Buyer: They're very corny too.

ABR: Yeah, exactly! Well, what about "matchless service"?

Buyer: Wait, and do these not have any matches in them?

ABR: No, it's just a little notebook and it's "match-less".

Buyer: Oh my gosh, who invented these?

ABR: Yeah, Linda.

Buyer: This was Linda's idea?

ABR: This was all Linda. I gotta say that. This was all Linda too. But she kinda goes that way.

Buyer: That's so cute. That's really funny.

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ABR: Yeah, so, yeah unfortunately we just can't change any of the rules, so.

Buyer: Yeah. And it's a definite rule? It doesn't matter where my funding is coming from?

ABR: That's a definite rule. No, no it doesn't matter at all. Because the doctors--in fact, I have even said to some of the doctors, you know, can't you just put an extra lam in?

And one of the guys said to me, Perrin, I can't change anything. If for 18 weeks I put 4 lams in, I put 4 lams in.

Buyer: Wow.

ABR: He said maybe if she's 15 years old and I can get another one in, because she's had no, the cervix has never opened--

Buyer: So it's important there's some justification in the procedure for it.

ABR: Exactly. But, I'm not doing it for you, I'm doing it for the patient's well-being.

Buyer: Wow.

ABR: So I kinda go, well, okay, sucks to be me, but they can't do that.

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Buyer: Do you, are you kind of a clinic worker as well with it, do you help with the process, or do you just wait?

ABR: Um, no, we are totally not involved in the clinical work at all. The clinic does all of the consenting, the only thing we do is after the procedure we will draw blood from the donating mother if you need serology testing, and we will, then that's all we do with the patient. We don't do anything else. So.

Buyer: Yeah. Okay, so you just wait for them to bring you the tissue then.

ABR: Yeah. We're usually standing right outside the door. They're doing the procedure in the OR and we're in the lab area.

Buyer: Okay, gotcha.

ABR: Yeah, and so we're just kind of standing around waiting, and then we get the tissue, the doctor makes sure that the termination was complete, and then we--I mean, we have it immediately after. So.

Buyer: Like immediately after? They just bring it straight over.

ABR: Yeah, they just bring it out, the doctor kinda goes, yeah yeah yeah, and then they usually say, it's done. And here's Linda!

Buyer: You're Linda! Oh my goodness. [Name]. So good to finally meet you! I just walked up here and asked if she works with Linda?

ABR: We should send out an email to everybody. We're going to be as ISSCR.

Buyer: I was just saying these are very cute, and very corny.

ABR: I gave you the corniest.

ABR (Linda): Yea, Im the corny one. [laughs]

Buyer: That's so funny, the tissue I can kind of expect it, but I was like "Oh no, don't tell me their aren't actually matches in here." [laughs]

ABR (Linda): yea, I know.

Buyer: That is so funny.

ABR (Linda): Very good! I'm so glad to meet you.

Buyer: Yea, I'm sorry I haven't sent over the synopsis, there's just lots of stuff going on with the school year.

ABR (Perrin): Yea, I told him to go ahead and just get it in.

ABR (Linda): [laughs] Yes, that's right.

Buyer: Yea, so we've been figuring out how to get the whole logistics and everything, I mean I don't even have the rats yet. It's not like I'm not ready to-I don't want to submit something, and get something in the mail that I'm not prepared to-

ABR: Yea, we wait until you say you're ready. Even if you tell me you're ready, say tomorrow, it would go to the scientific advisory board to get approved. And then it can sit there, until you're ready. Not a problem at all.

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Buyer: And pretty much every Saturday, would you say is there-

ABR: Yes. Yes.

Buyer: -age appropriate tissue to-

ABR (Perrin): Well, it depends, it all depends. And that's what I tell people they say "well, you should be able to get something for me on Saturday" and I say, well it depends, it depends on how many patients per-

ABR (Linda): I'm sorry, this is one of the company's were working with. Which is Novogenix, they're based out of Los Angeles and they do bioinformatics on tissues that are-

Buyer: So, they could give me a genome if I needed? Not that I need it.

ABR: Yes. But, they could.

Buyer: That's interesting. But basically every Saturday there's going to be 18-22 or something that would work.

ABR (Perrin): Yes. But again, It depends, and it depends on the doctor whether they-- there is one doctor that doesn't didge until 22, so you would be able to get a little bit larger tissue. But then some of the doctors-

Buyer: And even when their didging, they're not doing induction? They're just pulling it out? Hm, that's odd, then again, I don't know.

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ABR (Perrin): A man after my own heart, he says "Why don't we just do inductions to get better tissue?"

Buyer: I thought it was going to be intact, I didn't realize-

ABR: No, No.

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ABR (Linda): We have to dig through the muck.

ABR (Perrin): And it's coming trans-vaginally, so it can be contaminated with whatever's in there.

Buyer: So, have you ever got one intact? One or two cases?

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ABR (Perrin): Every once in a while, we get them intact. But it's never completely intact. Unless, it's like the example I told you, when the woman gets into the stirrups and and the fetus is hanging out of the vaginal canal because she's had 16 kids or something.

Buyer: How long would you say, how long from cessation of circulation.

ABR (Perrin): That we send the tissue to you? Immediately, I mean, like I said, were in the lab, so within 5 minutes. We have it immediately, and it's out the door.

Buyer: Ok. Good. Yea, well like I was telling her, I still have to submit through the graduate studies portal and stuff, my university application to get funding and a major professor and all that so fingers crossed, it will work out, longer than I would like but I don't have $1000 bucks to spend on tissue of my own, so.

ABR: Exactly

Buyer: Yea, that's a shame. And it's per specimen right?

ABR: Yes

Buyer: Ok so if, let's say, my major professor or someone else in the department was doing a study, is there anyway to buy in bulk?

ABR: No.

Buyer: Or if we wanted a whole cadaver, and just do our own dissection?

ABR (Linda): We don't do whole cadavers, just because we rarely get them.

Buyer: Actually, I was going to say will I be competing very much with other orders in order to get-

ABR (Perrin): Other requests? Maybe? Generally, Saturday's it's only people in the SF/Bay area that want tissue and so it's much less than it would be on a different day. But, again, if you can take overnight tissue that gives you better chance to get tissue, because there's more clinics.

Buyer: Oh ok because the I could get it from Minnesota or some where else.

ABR (Perrin): Exactly. Or Oregon or New Jersey or Philadelphia.

Buyer: Yea, and I would rather have you know- I said I would drive out to Oakland to meet you. Forget Fedex [laughs] And especially because it wouldn't arrive until Monday if it was Fedex on-

ABR: -yea. Now you would get Saturday delivery if we courrier it to you.

Buyer: Oh ok, and that's one of your own people? Oh ok.

ABR (Perrin): But that would still be a fee, there is a fee associated with that and then it's hours to get it to you.

Buyer: Ok well I think it'll be good. When I get home I'll try to finish that synopsis and send it all in. Hopefully the advisory board is ok with everything.

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ABR (Linda): And if they need any letters of confirmation or affirmation or whatever, from us. We can send that to them just to let them know that we are legitimate and do everything with compliance-

Buyer: Oh you're talking about my people too? Yea!

ABR: So if you need a letter or anything

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Buyer: Yea, cuz you know there was one professor from one class that I had in the Immunology department, and I was telling him about what I wanted to do. I guess he does more like public health stuff, so he wasn't sure exactly what a SCID-hu mouse was. And I told him, well it was fetal tissue. And he freaked out at me, and I was- I think he was one of those anti-choicers-I was not expecting that.

ABR: Well you don't-

Buyer: Especially-Yea! you would think they would understand.

ABR: We run into them all the time [laughs]

Buyer: I guess the protesters.

ABR: Well those, but even some people in academia they will say, well, that may be what some people are doing, but I think their better ways, you don't have to do that. You don't have to sacrifice babies--

022400

Buyer: Well, let's see their clinical trials. [laughs] Are you guys involved in any of the uh, I guess StemCells Inc. has their clinical trials in Switzerland right now with, the fetal neural product-

ABR (Linda): We have sent them tissue in the past, but we're not sure if what they're doing right now is with tissue that we've supplied, but yea we are very-

Buyer: Ok because they're talking about their neural spheres so maybe they have cultured it up so they might not have to source it out again.

ABR (Linda): Right, they may not. That's one thing, you know. We supply it and they develop a cell line and then they use it, and then it's almost immortal you know?

Buyer: yea, so do you not have a lot of repeat?

ABR (Linda): Yea, well occasionally we have a lot of repeat researchers who ask for the same tissues over and over again. Not necessarily for the therapeutic.

Buyer: Oh not for the same thing, Gotcha. Ok cool, well I'm kinda starving. It was very good to meet you, I didn't realize you were going to be here. Great to meet you guys. Talk to you soon. Bye Bye.

024400

TRANSCRIPT BY THE CENTER FOR MEDICAL PROGRESS

21 September 2013

Speakers:

-Katharine Sheehan, MD, *Medical Director* Emerita, *Planned Parenthood Pacific Southwest* ("**PP**")

-Two actors posing as Fetal Tissue Procurement Company owner ("**Buyer**")

frame counts are approximate

039500

Buyer: Hi, I don't want to interrupt.

PP: Oh no, it's alright!

Buyer: [Name]. I was just talking to Mary, and she said you're the lady I need to talk to. So I'll just take a couple minutes. And [Name] is my assistant.

PP: Hi! Oh you're warm, I want to hang on to you. [laughter]

Buyer: So I was talking to Mary about what I'm trying to offer to clinics, is a procurement service, and she says you know all about this.

PP: Well we have already a relationship with ABR [Advanced Bioscience Resources].

Buyer: Oh okay, so.

PP: So is that the sort of thing you're doing?

Buyer: It's a start up.

PP: Uhuh.

Buyer: And I'm, I want to get in every state, that's my goal.

PP: Yeah, yeah.

Buyer: And I want to connect with medical directors of either private, you know smaller clinics—

PP: Mhm, yes.

Buyer: Obviously, a higher volume would be good for the fetal tissue, for researchers—

PP: Mhm.

Buyer: She's the science end, she knows I'm just—

PP: That's your role? Good.

Buyer: Yes, that's her role.

PP: Uhuh.

Buyer: So that's, she's more specific about—

[Dr. Sheehan coordinates travel with Dr. Scott Spear]

Buyer: So there's already a service there? So I'm thinking with my business—

PP: We've been using them for over 10 years, really a long time, so, we just kind of renegotiated their contract, they're doing the collection for government -evel collections and things like that.

Buyer: Okay.

PP: So I'm trying to think of other providers in town, there—

Buyer: So, I don't want to sound like a salesman here, but I'm going to.

PP: Uhuh. Haha!

Buyer: So, we return a portion of our fees to the clinics—

PP: Oh!

Buyer: Just, as a way to say thank you for this—

PP: Uhuh.

Buyer: Just trying to establish—

PP: Right, get a toe in and make it, make it work. Alright, well—

Buyer: Do you have a card?

PP: Yeah I think it would be a good idea, you know, I am not the medical director anymore, and so what I can do is take your information back, Dr. Kelly Culwell has just taken over, I'm about 36 hours into my retirement.

Buyer: I'm not going to do this to you! No, I don't—I'm taking your time anyway. What is her name?

PP: Kelly Culwell. C-U-L-W-E-L-L.

Buyer: Okay, so she'd be the—

PP: The medical director at the Planned Parenthood there in San Diego, which is called Planned Parenthood of the Pacific Southwest. And I have been carrying around cards in my big bag, but not in my little bag.

Buyer: Okay. Can you remember that? You want to write it down? Let's write it down. I do things the old fashioned way, that's why I have an assistant.

PP: She's putting it in her phone.

Buyer: Yes. So we'll have it doubled, that's good. Kelly—

PP: Culwell. C-U-L-W-E-L-L. And it's Planned Parenthood of the Pacific Southwest. Email would be cculwell—or kculwell, sorry, at planned—dot org, and her phone number is 619-881-4527.

Buyer: And then would you mind writing your name just so I can introduce—

PP: Like a referral?

Buyer: So I can introduce myself as, I spoke to you.

PP: That's me.

Buyer: Alright. Thank you so much for your time. Thank you, nice talking to you.

PP: I'm glad to meet you, it's important work, and I'd like to be able to support you, I don't have any prediction of what will happen. But I think it's worth talking to them.

Buyer: Okay. Thank you very much.

TRANSCRIPT BY THE CENTER FOR MEDICAL PROGRESS

25 July 2014

Speakers:

-Deborah Nucatola, MD, *Senior Director of Medical Services, Planned Parenthood Federation of America* ("**PP**")

-Two actors posing as Fetal Tissue Procurement Company ("**Buyer**")

frame counts are approximate

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Buyer: So, I have a dilemma to ask the doctor.

PP: OK.

Buyer: I really, after this week was looking forward to a glass of wine, maybe a bottle, to share of course. I have such a sinus headache though, I have advil sinus, not over the counter though. Can I mix them?

PP: Uh-huh. Oh yea.

Buyer: Please tell me yes. Ok.

PP: Absolutely. I recommend that you drink as much water as you do wine, or your headache is going to get worse. But yea, no that should be fine. So, where are you guys based?

Buyer: Here we go, Norwalk. Based out of Norwalk.

PP: oh. I was sitting here trying to figure out when we ended up where we are. I was like, are you close you close to here?

Buyer: You're based out of Sherman Oaks right?

PP: Yes, and I'm actually seeing a patient in Calabasas today.

Buyer: So you ok now? Glad to be out of your car?

PP: Oh, I'm so happy to out of my car. Luckily I can take Beverly Glen home, so I'm very happy. I won't have to deal with any freeways after.

Buyer: Well, again we appreciate, I give you time to look over the menu.

PP: I'm actually going to talk to the waiter and be annoying. But, I pretty much know what I'm going to do.

Buyer: What kind of wines do you like?

PP: I'm generally big red fan, myself.

Buyer: No. All girls are white.

PP: You know, I think what is, I justify the red because it has health benefits. Where the white is purely pleasure.All go for anything, and white's cold and it's ninety degrees outside, so whatever you like.

Buyer: Well, I love red, but I was for sure thinking that-

Waitress: How are you? Iced water ok to start?

PP: I'm well thank you. Iced water fabulous.

Waitress: You need an iced tea or anything?

PP: No, thank you. Do you still have the wine list?

Buyer: They took it. The other folder? They took it.

PP: Good we've finally been able to connect, I know it's been difficult.

Buyer: Was it a good time for you?

PP: Yes, I've been in LA for almost two weeks. I'm leaving again for two weeks on Monday.

Buyer: So, I want to pick your brain and make your time as productive as possible. How much time do you have? I want to make sure we're not-

PP: I have a meeting at 4.

Buyer: At 4. Ok, how long would it take you to get there?

PP: I'm going over Beverly Glen. As long as we're done by three I should be fine. I mean, I don't what you guys have planned, but I think we should have time.

Buyer: Picking your brain. Picking your brain, and having a glass of wine.

PP: What are you guys having?

Buyer: For food? I like the look of the salmon, with the cherry tomato and the basil.

PP: Oh then it has to be white. It has to be.

Buyer: It does not have to be.

PP: It does. We can do a rosé as well. I'll let them pick, I like to do it based on what we're eating.

Buyer: I am not picky. But, I like you idea about red. You can justify it right?

PP: Of course. It has health benefits.

Buyer: If it's a good red wine, the cheap ones, it's mostly coloring, from what I hear.

PP: Yes, if it's done well and made well, it has health benefits. That's my uh, that's my line.

Buyer: So, the main thing, well, not the main thing that I would like to discuss is, I'd really like to connect with people who feel they don't know we're out there. They don't know there's this opportunity. And that could be a little touchy, for them more for us, and I want to be delicate to any reservations.

PP: Yeah, you know, I don't think it's a reservations issue so much as a perception issue, because I think every provider has had patients who want to donate their tissue, and they absolutely want to accommodate them. They just want to do it in a way that is not perceived as, 'This clinic is selling tissue, this clinic is making money off of this.' I know in the Planned Parenthood world they're very very sensitive to that. And before an affiliate is gonna do that, they need to, obviously, they're not—some might do it for free—but they want to come to a number that doesn't look like they're making money. They want to come to a number that looks like it is a reasonable number for the effort that is allotted on their part. I think with private providers, private clinics, they'll have much less of a problem with that.

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Buyer: Okay, so, when you are, or the affiliate is determining what that monetary—so that it doesn't create, raising a question of this is what it's about, this is the main—what price range, would you—?

PP: You know, I would throw a number out, I would say it's probably anywhere from $30 to $100 [per specimen], depending on the facility and what's involved. It just has to do with space issues, are you sending someone there who's going to be doing everything, is there shipping involved, is somebody gonna have to take it out. You know, I think everybody just wants, it's really just about if anyone were ever to ask them, "What do you do for this $60? How can you justify that? Or are you basically just doing something completely egregious, that you should be doing for free." So it just needs to be justifiable. And, look, we have 67 affiliates. They all have different practice environments, different staff, and so that number—

Buyer: Did you say 67?

PP: 67.

Buyer: Okay. And so of that number, how much would personality of the personnel in there, would play into it as far as how we're speaking to them—

PP: I think for affiliates, at the end of the day, they're a non-profit, they just don't want to—they want to break even. And if they can do a little better than break even, and do so in a way that seems reasonable, they're happy to do that.

Really their bottom line is, they want to break even. Every penny they save is a just pennies they give to another patient. To provide a service the patient wouldn't get.

Buyer: Because of the losses in that area.

PP: Exactly. So, I don't know your, what you're thinking as far as range. If you're thinking about just California, if you're thinking about just the West Coast, if you're thinking about bigger regions.

Buyer: Right now, we're obviously right here in Norwalk, would love to uh-

Buyer: Get established locally, I think is kinda the primary concern. Uh, to be established with a collection site for fetal tissue locally, and then ultimately, I think, what I would like to see happen, which would be something very different, as far as the different procurement organizations that exist right now, for example, StemExpress, they cater to researchers across the country but they're sourcing material from just Northern California.

PP: Exactly.

Buyer: But when we're talking about stem cell research, cell viability and the amount of time that we're actually looking at from extraction to you know, getting it to the laboratory is critical. So, ideally if what we can provide is to be able to source as locally as possible to where a given research client is, that would be really, a huge competitive advantage for us. And, also I think that's something that researchers would want, that would facilitate the whole thing a lot better.

PP: And then, what gestational age range were you thinking? When can you start? Because you know, I've worked with people who start at 9 weeks. I've had the ones who wanted the higher gestational ages.

Buyer: There's times depending on the specific project that people want pancreas at 9 weeks, 10 weeks. From my perspective, I think it's not going to be reasonable to be collecting at a site that does not have the capability to go farther up in to the 2nd trimester. It doesn't mean that the facility needs to go all the way up to 24 weeks every time but, to be able to at least say we can go up to 12 and 16, 12 and 18 would probably be better, for the age protocols that require later gestational tissue, 18 weeks is kind of the lowest range, 18 to 20, 24 for certain things. So, if we could get up to 18, that would make it worth it to be operating at that site.

PP: Ok, and we have some affiliates that use digoxin or some other feticide and that would basically limit. So, in general, you're probably going to be able to get to twenty weeks, it's going to be very unusual to get a patient that's above twenty weeks. At the Planned Parenthoods in California. New York, doesn't use digoxin at all-

Buyer: Not at all.

PP: Not at all. There's like a culture war on feticide. People on the west coast seem to prefer feticide, people on the east coast seem to not believe in feticide. Everyone has their own styles.

Buyer: Eleanor Drey was telling me that they do not use it as UCSF.

PP: That's not Planned Parenthood, Eleanor hates misoprostol and digoxin. That's Eleanor.

Buyer: So, that's a personal- ok.

PP: It's a data poor zone, I wouldn't say it's a data free zone because there is some limited data and it is up to interpretation as to what you think of that data. I think it also has to do, again, with model of delivery. Eleanor is in a hospital where they can hold patients all day long, if they need, even overnight. In outpatient clinics I think people are trying to do so in a much more efficient way. So, in general what I'm saying you'll probably get up to twenty and then after

twenty you' getting feticide. But there are three affiliates right now in California that go up to 20 weeks. The other thing is, have you been speaking with Family Planning Associates at all, in California?

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Buyer: I was told that FPA- FPA is the same thing right? I was told that they start digging at thirteen weeks, once they go into the second trimester.

PP: They're not digging at thirteen weeks.

Buyer: That's not true?

PP: Not at all, I know they're medical director, I can connect you with their medical director, that's not the case.

Buyer: Wow, because I was shocked. When I heard that I thought, wow well- Do you have her name?

PP: Her name is Rachel Steward. I'll connect you all via e-mail.

Buyer: That would be excellent. I know that we had spoken a couple times about the Orange County affiliate, which I think, is literally the closest to us right now.

PP: Yea, and I reached out to their medical director, and they're working with someone, I don't know who it is, but they're just not interested in talking with anyone at the moment. I don't know what's going on with the San Diego and Riverside County affiliates- Orange is Orange and San Bernardino, San Diego is San Diego and Riverside. In L.A. there is the affiliate in Pasadena.

Buyer: And how far do they go?

PP: I think they only go up to 14 weeks.

Buyer: Eh, that's not really-

PP: L.A. is working with a partner-

Buyer: Novogenix

PP: Yea, I guess.

Buyer: You don't know for sure, I guess.

PP: I know the people, I don't know- I know the staff. I've never actually asked, because that's a decision that's not actually made by me. But, it's an established

relationship, I don't imagine that it's going to change in the short term. Which, is why I think family planning associates is an option because they go from Bakersfield, all the way down to Orange County, so pretty broad range. They definitely go to 18 weeks, and at some sites, a little higher than 18 weeks.

Buyer: When we were talking saying the **$30-$100** price range **is per specimen** that were talking about, right?

PP: Per specimen. Yes.

Buyer: And what does per specimen mean for Planned Parenthood? Is that, you guys consider that, a discrete sample.

PP: One case. One patient, and again, there's different steps involved too right? There's who's going to consent the patient to donate. It it's staff, then that's staff time, that gets figured into it, as opposed to if there's someone that's there, then it's just flagging the interested or "eligible" patient and somebody else does the work. It's basically for individual patient. So, if you end up shipping four individual specimens, that's still one patient.

Buyer: Yea, that's what I was going to say. If we take kidney, liver, thymus and say bone marrow-

PP: Yea, to us it's all just one.

Buyer: Because when we charge, that's four different specimens to a researcher but-

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PP: That's basically the way that they do their work. The way they budget is by the amount of time they spend on one patient. That's one bunch of tissue, they handle the tissue, they do what they do, you know, in that way, so. But yea, that's the way- It depends, if you're expecting somebody to process, and package, identify tissue for you, it's going to be at the higher end of the range. In all cases, it's really gonna be about staff time, because that's the only cost to the affiliate. And then, if you want space. For example, it is, it's Novogenix is at PPLA, they have a corner of the lab. And they set up, come in with their coolers and everything, and handle all the tissue, but they're taking up space, so I'm sure the affiliate considers that when they come up with what's reasonable. But I don't think anybody's gonna come up with a crazy number, because they're all very sensitive to this too. And at the end of the day, they want to offer this service because patients ask about it.

Buyer: I think that's what is most important to me is the patient and how can we serve them, and how can we make this- just the whole experience, well maybe

just my passion for the patient. So can you give me an idea of what that's like for the patient? I get to them after, but doing that, is there a way to do it in a delicate way so that—

PP: Yea, I mean, there are obviously the patients how come in, who are asking about it from the start so it's easy to talk about. **But the others, I mean honestly, there's not going to be one thing that works for every patient. Every patient experiences a whole wide range of emotions about the experience in general, and so you don't know where they're coming at from there. But I think every one of them is happy to know that there's a possibility for them to do "this extra bit of good," in what they do**. And I think patients respond most to knowing the types of outcomes that it might contribute to, so for example Alzheimer's research, Parkinson's research. I think most of these patients have some experience with at least one of these conditions or another. I think the ones that come in asking are the ones who have already had the experience, that's why they come in asking. But um, **I actually think it's an easier conversation to have, than just consenting them for the procedure in general** because at this point, I think it's more important when you have the conversation. I think that a lot of people feel strongly that the conversation shouldn't be had until after they've made their decision to terminate, they know how far along they are, and they know what's going to happen, and when all that is said and done, and they've had time for all of that to sink in, then it's time to basically say, this is how we normally handle the tissue, but if you would be interested here's another opportunity to contribute to research, contribute to science, donate your tissue. Most patients are very motivated. I haven't really seen very many patients that say no. I was in the O.R. yesterday and we had, I'd say, **18 patients, probably half of them were either got digoxin or were under eighteen and the rest of them all donated their tissue.** So, I don't think- I don't think it's a difficult conversation to have because the difficult stuff has already happened, they're kind of prepped for this. **If anything, this is almost a pleasant surprise in a way, you know you've been through the tough stuff, you've made this difficult decision.** Now there is one more opportunity for you to think about. And, I think they appreciate it.

Buyer: And, you're even saying that if you can have the conversation earlier, the earlier the better.

PP: Well, we like- there's always concerns too about kind of coercion. So you always have to make sure they've made their decision, to actually have the procedure, and then before you start adding on other things, any time we do any research. And Planned Parenthood has very strict protocols or grounds, if we're doing a research study in general, when the different points in the consent happen. This doesn't fall into the research bucket because it's not a specific protocol, it's not specific project. So, if there's not consented for a specific project, it's not going to an I.R.B., but yet there's still certain principles we still think it's most ethical to follow. And that is just to make sure they've made their

decision and they're comfortable with the decision, then to say ok, now that you're past that point in the process, now there's one other opportunity we wanted to let you know about.

Buyer: Well, it can't hurt if I'm in an area that I'm not familiar with, so, I don't even know how to phrase it. If there is a particular organ that we need, would the procedure be any longer?

PP: So, that's a whole 'nother issue, and that's kind of an ethical issue too, ideally you shouldn't do the procedure in any other way. You should always do the procedure the same, and that's what the providers try to do. They're not gonna treat these patients any differently than they would treat any other patients, just the disposition of the tissue at the end of the case is different.

Buyer: So, would that not be something- I'm thinking of specific requests that we have from our researchers, so would, obviously, 20, 21 weeks, I imagine this, but I don't know, I imagine it would take longer. Does the patient know that, are they willing to go through that?

PP: What would take longer?

Buyer: Just the procedure—

Buyer: So, I guess cell viability is a concern right? So, some of the intactness of the specimens is a pretty big deal.

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PP: Yea, so that's where we kind of get into an ethical situation, because what I think most providers don't want to have do, they don't want- In terms of the steps and the preparation, and getting them to the actual procedure, you know, if you really want an intact specimen, the more dilation, the better. **Is the clinic gonna you know, put in another set of laminaria to do something different?** I think they'd prefer not to. For example, what I'm dealing with now, **if I know what they're looking for, I'll just keep it in the back of my mind, and try to at least keep that part intact.** But, I generally don't do extra dilation. I won't put in an extra set of laminaria, or add an extra day, **that's going to add significant cost of expense to everybody.** Basically, if you need to add another set of laminaria, and have the patient come back another day, if you provide procedures enough days in a row that you can do that, then you know, that's a whole 'nother consideration. In general, I'd say most people, unless there's a specific research protocol that's been I.R.B. approved, try to avoid that.

Buyer: You're saying, on the researcher side, if their I.R.B. has signed off on what- how they want to do it.

PP: Yeah, I mean, what I mean is, in general the standard protocol should apply. So, in general, patient was seen the day before, the goal is to get a minimum number of laminaria, and that's it. And once they've reached, if they get what they think is reasonable with laminaria, the patient goes home and comes back the next day for the procedure, they get misoprostol for the same amount of time as everybody else. Some patients are going to respond very well, some patients aren't. I don't think there are a lot of providers who A, have to opportunity to say, well, they're not really that dilated so let bring in another set, their schedules just don't work that way. And, kind of ethically I don't think they want to do that, they basically want to treat the patient as they would any other, and again, it's just the disposition of the tissue. So, you know, every case, every patient that consents and wants to participate, doesn't always yield the tissue that you're looking for. If it were to go beyond that, if there were patients who were treated in a different way, specifically to maintain, you know, it opens a whole new avenue. I think there's a difference consent that's involved.

Buyer: A different consent?

PP: Yeah.

Buyer: So, if the patient was one who was very happy knowing where it was going, would you have more freedom?

PP: You probably would, but they would have to be consented differently right? Because ideally the procedure that they were consented for, they're not going to have the same procedure. The way it's described in their consent form is different. Right now, when they are consenting to tissue donation, they're just consenting to what happens with the tissue after the procedure is done. They would have to have an extra level of consent that would probably say, "I understand that this procedure may take an extra day, or I might be here extra hours. And so it's adds a complexity level for the patient, but also on the staff and the flow of the affiliate to actually accomplish what they're setting out to accomplish.

Buyer: So it sounds like, it's more something if you had in the back of your mind-

PP: Yes. So if I know if somebody's in the clinic, and there's something that's specific they're trying to collect, I'll keep it in the back of my mind, but I'm not going to say no, I'm not going to do this case now, I don't have enough dilation to do that. But we do the best we can with the situation that we have. Like I said, it's just a kind of a consent issue, the idea is they're now not getting the standard of care, like everyone else.

Buyer: But from our end I'm just thinking the consent issue, the staffing, the time, it makes it more complex.

PP: Yes.

Buyer: Well, that's good to hear.

Buyer: What would you say is the degree of a difference I guess you can make, if you have it in the back of your mind-

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Buyer: We need liver and we prefer, you know, an actual liver, not a bunch of shredded up—

PP: Piece of liver.

Buyer: Yeah. Or especially brain is where it's actually a big issue, hemispheres need to be intact, it's a big deal with neural tissue and the progenitors, because those are particularly fragile. If you've got that in the back of your mind, if you're aware of that, technically, how much of a difference can that actually make if you know kind of what's expected or what we need, versus—

PP: It makes a huge difference. I'd say a lot of people want liver. And for that reason, most providers will do this case under ultrasound guidance, so they'll know where they're putting their forceps. The kind of rate-limiting step of the procedure is the calvarium, the head is basically the biggest part. Most of the other stuff can come out intact. It's very rare to have a patient that doesn't have enough dilation to evacuate all the other parts intact.

Buyer: To bring the body cavity out intact and all that?

PP: Exactly. So then you're just kind of cognizant of where you put your graspers, you try to intentionally go above and below the thorax, so that, you know, we've been very good at getting heart, lung, liver, because we know that, so I'm not gonna crush that part, I'm going to basically crush below, I'm gonna crush above, and I'm gonna see if I can get it all intact. And with the calvarium, in general, some people will actually try to change the presentation so that it's not vertex, because when it's vertex presentation, you never have enough dilation at the beginning of the case, unless you have real, huge amount of dilation to deliver an intact calvarium. So if you do it starting from the breech presentation, there's dilation that happens as the case goes on, and often, the last, you can evacuate an intact calvarium at the end. So I mean there are certainly steps that can be taken to try to ensure—

Buyer: So they can convert to breach, for example, at the start of the—"

PP: Exactly, exactly. Under ultrasound guidance, they can just change the presentation.

Buyer: Okay.

PP: So the preparation would be exactly the same, it's just the order of the removal of the products is different. And most people see that as not very-

Buyer: Yea, we're not talking about it needs to be a hysterotomy or anything, or something crazy like that, in order to- there's probably an easier solution to this problem.

PP: And, we've been pretty successful with that. I'd say.

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Buyer: So yesterday was a clinic day. So for example, what did you procure?

PP: You know I asked her at the beginning of the day what she wanted, yesterday she wanted, she's been asking, a lot of people want intact hearts these days, they're looking for specific nodes. AV nodes, yesterday I was like wow, I didn't even know, good for them. Yesterday was the first time she said people wanted lungs. And then, like I said, always as many intact livers as possible. People just want—

Buyer: Yeah, liver is huge right now.

PP: Some people want lower extremities too, which, that's simple. That's easy. I don't know what they're doing with it, I guess if they want muscle.

Buyer: Yeah. A dime a dozen.

PP: Mhm.

Buyer: Yeah.

PP: You know, I think it's good to have—so this is another consideration to make, because when you do partner with a clinic, you're probably partnering with the manager, the owner, the director, you're not so much having a relationship with the providers, but **I think it helps to have a relationship with the provider, because if you do, you can have this conversation with them, and you can say, this is what we're looking for today, and they're more apt to—**

Buyer: Keep it in the back of their mind.

PP: Absolutely. Of course I want to help. I'd rather this actually get used for something, so I think, as much as the patients, the providers absolutely want to help.

Buyer: And so, if it's something as simple as converting to breech that doesn't require a separate consent? Does that make the procedure take longer? Is that another step for the provider?

PP: No, it's just what you grab versus what comes out. It doesn't make anything any different. The other consideration I think you guys need to make, is who does the training. Because when they do the training, you're basically guaranteed to not get anything.

Buyer: Oh, you mean when it's a provider who's been training.

PP: One who's training, who's basically doing the procedure, it comes out in a thousand- you're not going to get anything intact, so. What we did for a while, and I think it worked pretty well **if there's a trainee, I'd say, any research case, I'll do.** And as you get better, I'll let you do more, but we really need to do this, intact.

Buyer: So, you probably did all the procurement cases yesterday.

PP: I didn't have a trainee yesterday so, it's a lot, they're just starting.

Buyer: When you said training, I thought you meant tissue training, for clinicians. Because that's something that we should talk about, that impacts the contractual relationship with the facility. Is it, does it tend to be more one way, than the other? Are there many affiliates with staff that have tissue training? they know how to handle it, they know what to do with it, they prefer to have their own people doing it. Or because we've been imagining that we would do it, sending techs of our own in. Similar to the Novogenix situation that you have.

PP: I would say, baring some bizarre space issue, because some places have very limited space. Some people would be happy to do as little for you as possible. The more you can do for them, the easier it is. That includes consenting the patients-

Buyer: Right, because I was imagining would be doing consent a well.

PP: That's probably the biggest inconvenience, ugh that's one more thing my staff has to talk about. **They only have so many minutes to talk to the patient.** If you said you're going to do all the consenting, you're going to collect the tissue, I don't know who would really say no. I really don't.

Buyer: That's really what they want to hear.

PP: That's what they want to hear, they want to hear you basically say, other than taking up a little bit of space, this is going to be as low impact as possible, on you and your flow. You're going to need a room, somewhere to consent the patients, once the patient is ready to be consented. So, you're going to need space in the lab, you're going to need a place to consent. That's it, otherwise, as long as you don't leave anything behind, they're going to be happy. Their are affiliates who have been doing this for so long, they have staff that are so good at it, they may just say, that it's something that staff can do. Especially because you know, they know how to identify some stuff. They probably wouldn't know how to identify the stuff you need. They're looking for basically, all of the limbs a thorax a head, to present them, "We've got it all." That's the only concern.

Buyer: How long, right now, is the average amount of time they spend with a patient?

PP: I would say about ten minutes.

Buyer: Per patient.

PP: Per patient. yes. And also contraceptive counseling and all that.

Buyer: That's all pre procedure, pre op.

PP: The layout of the actual Planned Parenthood is counseling rooms and procedure rooms. So, yea those are just counseling rooms with a desk and a chair.

Buyer: Certainly, I'm not an expert in your clinic flow, I don't presume to know where would best fit in. But, I know that what we've done for other practices, for example the cosmetic facilities. We have a clinic float, our tech kind of acts as a float, they have their clipboard, and kind of mark down all the interested patients, you know ahead of time to try to facilitate that. I don't know if that will help or hinder your process.

PP: That's how it works with a lot of the researchers, as well. They kind of just identify who is interested. What did you do at the cosmetic centers?

Buyer: That's where we get a lot of the adipose tissue because that is a very rich source of multipotent and pluripotent stem cells.

PP: There's a private surgical center that I work with in Calabasas, where I was this morning, they have tons of far. There were six canisters when I get there this morning.

Buyer: It's not the sexiest thing to work with but-

PP: It works.

Buyer: Yea, and they pay for it, so. It's a good way to start out. As you can imagine, the jokes are not ending.

PP: I bet.

Buyer: So, you spoke with the medical director of the Orange affiliate, and they have an organization already, they're not interested in changing? Do you know anything- what in particular they are really satisfied with from that relationship, that maybe we can emulate?

PP: I didn't probe, I just asked if they were interested, they said they were working with someone. I don't know who it is. I know years ago there was someone they were working with, and they stopped for a little bit, I don't know if they started again.

Buyer: And that situation or the one right now, is that a procurement organization they're working with or is it just a laboratory-

PP: I don't know. That, I don not know. I'm just trying to think of our affiliates up and down the west coast. Like I said, San Diego/Riverside, I didn't ask.

Buyer: From what I understand, ABR is pretty tight with San Diego.

PP: Ok. I'm actually going to be having drinks with their medical director next week so, I can ask.

Buyer: Ok, yea, yea. That would be good. We were talking about it, and we if we were looking farther up field rather than locally around here, then it makes most sense to be looking at that swath or southwestern United States going east. Ideally we could just be going north, but Northern California is kind of dominated by StemExpress. Whether or not that will continue, is an open question. From what I understand of them, but it looks like it's better to go East into kinda more open territory right now. We're looking at Arizona, New Mexico-

PP: Arizona only goes to 20 weeks. There's is a law that says 20 weeks, it was 18, I think it has a stay, but it is definitely a possibility.

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Buyer: But, they do go to 20 in Arizona? Because that's as good as we would be getting in Orange right? Because they start dig'ing at 20 weeks.

PP: I'm sure they would be interested.

Buyer: In Arizona? Do you know the medical director, or their patient services person? How many surgical locations do they have?

PP: They have two. They used to be two separate affiliates, Northern Arizona and Southern Arizona and they partnered. I think it's Phoenix and Tucson.

Buyer: Those are big cities though, I imagine, if those are the only two clinics they probably have pretty good volume then.

PP: You know, I can't tell you. Off the top of my head, I don't know but they seem to have pretty good volume. But yeah, I think Arizona's good, and they definitely have the gestation—they go as far as the state will allow them to go.

Buyer: Do they have any previous experience with providing, procurement or—?

PP: No and they have a fairly new medical director also, but their CEO is very business savvy and like I said, I can't imagine he wouldn't be interested.

Buyer: You have to talk directly to the CEO as opposed to-

PP: I'll reach out to the CEO, and they have two medical directors, one who handles primary care, and one who handles surgical services. I'll reach out to both of them and ask them who's the best person to connect you with.

Buyer: I did see online that the Gulf Coast affiliate as well already does donation services-

PP: They do a ton of research, so I wouldn't be surprised if-

Buyer: So, I don't know if that's in conjunction with a tissue procurement organization or if they work directly with researchers or if they've already got it covered and there is no need for us but-

PP: I can ask. Of all the affiliates they have the largest research program, they have a multi-million dollar budget. I think they are very well connected. I'll ask.
Buyer: Yea, the research client community in Texas is kind of a hub. Not so much as California or Wisconsin for example. But in terms of the regions of client base we're looking at is basically California, Wisconsin, North Carolina, and Texas are kind of-

PP: North Carolina, they don't have your gestational age-

Buyer: Is there- apart from New York, is there any where else on the east coast- if we could open up the research triangle area in North Carolina, the Raleigh to Chapel Hill area. That's a huge, huge market.

PP: We have an affiliate in Orlando that goes to 20 weeks right now. I'm pretty sure. We have several affiliates not just in New York city that go to at least 18. I think, I have to see, the southern New England affiliate, Connecticut and Rhode Island and then there's Massachusetts, which is huge, but they also have a very developed research program. I'm sure whatever they are doing, they're doing locally. It's worth reaching out.

Buyer: Washington DC? I met Dr.-

PP: I think they only go to 14 weeks. Genola Perry is their medical director.

Buyer: I didn't meet her, I met the guy who is also the medical director for NAF. Matt Reeves.

PP: Matt Reeves, he's a provider there. Yea, I'm pretty sure they only do 1st tri's there. Not positive.

Buyer: I know that- He and I spoke about second trimester and he indicated he had good volume. It was an interesting conversation because he's friends with someone, I think it was in Pennsylvania, who was actually a researcher and so he's like: "Oh yea, in the '90s we used to collaborate all the time, it was great."

PP: I'm trying to think of the meeting that I had with pretty much all the later 2nd trimester providers.

Buyer: Did people talk about this kind of stuff there, was there a good response to it? What was your impression?

PP: Just causally, the meeting was for several other purposes. I'm just trying to think of who was there. Like I said, the Southern New England affiliate was there along with Connecticut and Rhode Island. Gulf Coast was there, Minnesota, North Dakota and South Dakota go up to 20 weeks. Middle of the country-

Buyer: They're within courier distance though.

PP: Yes they are.

Buyer: Yea, that might be a good one. That's what I mean by sourcing tissue, as locally as possible to a client. Because if we can get it to a point where it's not a matter of FedExing it over night or delivery or something like that, it's just a matter or somebody couriering it a three or four hour drive. That's kind of the critical that makes a huge difference between us and another organization.

PP: Now, is StemExpress just located in Northern California? I don't even know.

Buyer: That's my understanding, they're located in the Sacramento area. Mar Monte, the big Mar Monte affiliate and I think whatever other Southern California affiliates there are.

PP: Yea, I know that the Shasta Pacific affiliate works with them. I guess Mar Monte works with them. And many, many years ago there was University of Washington, there was a group at University of Washington that reached out to-

Buyer: Yea, University of Washington, that's the NIH they're kind of the official fetal tissue collection service and they- a lot of researchers don't use them- I'm not sure why, I think it's because there's kind of a backlog in their cases. They were the only one around for a long time and the pipeline just doesn't work properly.

PP: So I guess my question is, are you guys planning on exhibiting at a Planned Parenthood meeting?

Buyer: The one that you mentioned earlier, the one in October, Brianna-

PP: Are you going to be in Miami?

Buyer: Yea, we're going to barring unforeseen circumstances.

PP: That would be a good opportunity, all the medical providers are going to be there, some of the CEO's are going to be there. I mean, you want to talk to the surgical services medical director.

Buyer: And the main thing that they're going to want to hear is that we do everything.

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PP: Yes. Basically, like I said- Look, **there is not a provider out there, I can't imagine, who I don't know if you talked to Warren Hern at all**, maybe he doesn't care. **But there is not a provider out there, who doesn't want this.** Everybody just sees this as a way to add another layer of good on top of what they're already doing. They already feel that what they're doing is good. Again, the majority of the providers are non-profit organizations like Planned Parenthood or operating on a razor thin budget. So as low impact that you can be on them, the better. I really do think you have a good opportunity with Family Planning Associates in Southern California. As I said, as soon as I get back to my desk I'll connect you guys with Rachel. They're expanding their services in a lot of ways. To my knowledge networking is even easier in California. So, I think that's a fantastic opportunity there. Right now the laws in Texas are crazy, there's two affiliates- there's only seven clinics. Five of them are independent and two are Planned Parenthood.

Buyer: So, low volume [inaudible]

PP: High volume, because there isn't anywhere for patients to go. Texas is a huge state and they closed down almost all the clinics. There's a woman named Amy, I'm blanking on her last name. She's from whole woman's health- I'm sure you met her, she got kind of shorter blonde hair, very nice, very outspoken.

Buyer: Yea, we spoke with her.

PP: She's basically got most the clinics in Texas but then, there's Gulf Coast, like I said, I don't know the specifics of what they're doing, but I'll ask. And then there's Greater Texas, which is Dallas and Austin. I don't think they're working with anyone.

Buyer: And, what's their gestational limit?

PP: 20 weeks. So I think that, then again, the affiliates in Texas, I think, even if Gulf Coast is working with someone. I think if you can be creative or come up with another way or a better way, **times are hard in TX right now, anything that you can do to make things a little bit easier for them, or a little bit better for everybody,** I think gets your foot in the door. So, I'd be happy to introduce you to both of their medical directors. Paul Fine is Gulf Coast, and Darryl Johnson is Greater Texas. Both Gulf Coast and Greater Texas have pretty well developed structures and pretty independent surgical services, and people in academic research. One other place I would consider, that you're not thinking about possibly is St. Louis.

Buyer: Right, Missouri, I think we mentioned that.

PP: David Eisenberg is the Medical Director of the St. Louis region. They do 2nd tri's they have a few extensive collaboration with all kinds of research, pretty dynamic medical director, his name is David Eisenberg. I think that's definitely worth your while. And just looking at the map, if there was one place that was untapped, I would say St. Louis.

Buyer: And what's the best way- for you to connect us by email?

PP: Yea, what I'll do, is kinda reach out and see if any of these folks are interested. Like I mentioned, they all be in Miami in October. I guarantee you, even if I didn't connect you, they would come up to your table, because they're all interested in doing this. To my knowledge, everyone has been looking to do this, but they've only been able to find someone who very local or very small opportunity to do this. If there is an organization that someone is working with that they can make an introduction or connection. I think they would be very open to that. So I think that's a possibility, and like I said, you know, like one thing I think is a big pet peeve for many of them- people kinda just don't understand the

practice environment. They don't understand the way that patients flow, and how it's going to impact them, so if you can show that you're sensitive to that, that's a breath of fresh air. Just say: "We understand that you're time limited, you have your staff, we want to be as low impact as possible. Just flag the patient that is interested, set some space aside some room for us, we can do the rest. We will handle the tissue, we will do everything, all we're asking for, is your space and consideration." And, I think that- I don't know anyone who would say no. **Everyone's been looking to do this for a year and a half**, the affiliates in California have been very lucky, because in California there is no shortage of possibilities. That's not the case elsewhere. And definitely saw StemExpress at the NAF meeting but, I don't even know how the connection with Novogenix was made, most affiliates don't even know how to reach out, or who to reach out to, or even how to make this connection.

Buyer: Yea. Has the relationship with Novogenix been for the last year and half?

PP: I don't know how long it's been, I think it's been about a year or two, yea.

Buyer: And what was it about the last year and a half that everybody's talking about? Is StemExpress and the Norcal affiliates?

PP: I think it's a variety of things, I think patients are asking more-

Buyer: Just more, more people are aware, yea.

PP: Patients will call up, make an appointment and say: "I would like to donate my tissue." And the affiliates are really feeling like "Oh wow, I really need to figure out a way to get this done." Because, patients are talking about- you know, in general, in healthcare, a provider is not going to offer a service unless there's demand. And, there is a demand now, I mean, women know that this is something that they can do.

Buyer: So, that would be something for us to think about, just women's, making-

PP: That's going to be the best money that you spend, it's just word of mouth, it's much better than any ad, or anything you could ever do, if you can get women talking, saying "I want to do this", the providers will then say, "Wow, I need to do this, it's what they think about when scheduling appointments."

Buyer: So how many affiliates would you say total, that are actually working with a fetal tissue procurement organization right now?

PP: To my knowledge, right now, I only know the California affiliates. When you mentioned Gulf Coast, I didn't even know that, so I don't believe it's—I don't know what it is they're doing, but the Northern California affiliates, and the Southern California affiliates-

Buyer: Because it seemed like kind of a trade off to me, whether to try to focus on affiliates who have experience with doing this, either currently or in the past.

PP: Yea.

Buyer: But then, if it's somebody who is already involved, then it becomes an issue of competition. Whereas if it's someone who's never done this before, maybe they're interested but how long it's going to take to get started up.

PP: Yea, you know, I almost feel like I have to say, California is almost done in this regard-

Buyer: Saturated?

PP: And it is, the reason that it's saturated too is, Normally, let's say an affiliate, for example, was looking for a lab to work with, to do their pap-smears or their STD tests. They're going to look for someone who gives the best service for the lowest price. This is a little bit different, because they want to do this, but they want to do it in a way that's not going to impact them, and it's much much less about money. You could call them up and say, "I'll pay you double the money," and they're almost more inclined to say no, because it's going to look bad.

Buyer: Right.

PP: To them, this is not a service they should be making money from, it's something they should be able to offer this to their patients, in a way that doesn't impact them.

Buyer: Offsetting their costs.

PP: Right. No one's going to see this as a money making thing. The other reason affiliates think this is a good thing is, it's less tissue that they need to worry about, it's taken care of. They have to do something with that tissue, it's hard to find somebody that wants to do something with that tissue, so the fact that there's somebody that's looking for that tissue is-

Buyer: And that was a point we were looking into, what if, just taking that from them.

PP: That is such a huge service to them, and I just have to say-

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PP: -time this came up on a national level, is there are issues with disposal of fetal tissue. Probably, the biggest company in the world that does this, is

Stericycle. Some anti-choice groups got the names of the board of directors for those companies, and started coming to their houses, making them feel uncomfortable, stop picking up tissue. At the houses of the directors, of a waste management company basically, that just handles biological waste. And, I think that's what's started the conversations with affiliates because they're like: "What am I supposed to do with this tissue?"

Buyer: We went to a session on that.

PP: Yea, there was a session on that at NAF, because it is a serious issue. That's a service that affiliates need, so I think some affiliates are looking at it as a way- it's not obviously going to account for everything, not everyone is eligible, not everyone is going to donate, you can't take everything, but that has raised an issue so, I don't know if that is ridiculously far-fetched, we'll handle all of you tissue.

Buyer: Matt Reeves had actually suggested that to us.

PP: Even if you could find a way to do that, can I just tell you? Even if there were people who weren't donating, you'd have huge business just for taking the tissue. People would pay you. They would just say, "Take my tissue!" Then, you could only send off what you wanted to send off, but you would still have to consent the patients though. It's just something to keep in the back of your mind.

Buyer: Yea, I was about to suggest that- I mean if it's the situation of, you know, California, so let's say Novogenix is paying $50 dollars per specimen, and we say we'll do $60. "Oh, I don't know, it seems a little sketch."

PP: That makes it look fishy. Exactly.

Buyer: And so, they say, "Alright, well Novogenix is only taking, like, what? They took five samples yesterday-"

PP: Yea, we'll take it all.

Buyer: Yea, what if we could take it all. That is the better way to negotiate about this.

PP: Yea, that's gonna win your business. "We'll take all of your tissue at the end of the day."

Buyer: Right. So we're bartering more about services, than money.

PP: Yes, and again, affiliates don't - affiliates are not looking to make money by doing this. They're looking to serve their patients and just make it not impact their bottom line. If anything, you can make it even better to their bottom line by giving

them services in kind instead of money. I think a lot of them will take you up on that. That would definitely get people. Say, **"I'll give it to you for the same price, AND I'll do that."**

Buyer: What uh- We only briefly got into it with Matt, what kind of total volume, like, if we're talking about containers or liters of material, let's use yesterday as an example, there were 18 cases?

PP: 18 cases.

Buyer: 18 cases, so for those 18 cases, let's say it was all boxed up and binned up. What kind of volume of material are we talking about here? Quantitatively?

PP: To be on the safe side, let's say 18 liters.

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Buyer: 18 liters. That's really not a lot.

Waiteress: Any coffee or tea?

PP: No.

Buyer: So, normally how are you guys disposing of it when it's not being donated? Is it going to Stericycle?

PP: It goes in a labeled box, and it goes to Stericycle, yes. Stericycle, they handle- this is considered pathologic waste, there's pathologic waste and biological waste. You know, it has to be labeled in a special way, flagged in a special way. Because apparently, I didn't know this until this whole issue came up, but apparently- a lot of waste is just steam sterilized and then dumped. If it's biological waste it has to be incinerated, it has to be tagged for incineration, that adds cost. They only have so many sites that do incineration and they charge those for incineration.

Buyer: (inaudible)

PP: For everyone. And then when you have less players who are willing to do it, there's only one price.

Buyer: Is there a reason an affiliate just doesn't have it's own incinerator? Because that, I mean-

PP: I think it's probably expensive, I think if push came to shove and they had to they probably will. Affiliates are just starting to band together and do certain things, operate labs for example, I wouldn't be surprised if in the next five or ten

years, there is somebody who does it, and maybe they take on all of the business- it's still business, they're a non-profit, it's not like they have a lot of money lying around at the start. You have to spend money to do something like that, and they just don't have the money to spend. And, I think they would rather just spend it on helping patients. It's just the right space for it.

Buyer: Yea, I mean obviously we're not medical doctors so this is a little far out of our field with that. I'm surprised that incinerations is so expensive. That's it not a- seems like it's just burning up-

PP: Yea, it's not just that it's so expensive, especially in California, I mean, I don't know there's emission issues-

Buyer: (inaudible)

PP: There's gotta be all kinds of regulations that you can police, because you're probably regulated environmentally, you're regulated by OSHA, you're regulated by the state department of health it's just-

Buyer: It's not easy.

PP: I've said well, can you partner with a hospital across the way- what's the nearest hospital? They have to do something with their waste, they have surgical specimen's and things, what are they supposed to do with everything? Eventually somebody will do it. Eventually it will all make sense. But, no, to take 18 liters of tissue, I mean what do you do at the end of the day? I guess you just ship off your tissue now?

Buyer: Oh, you mean when we have access? We collect what researchers want-

PP: Yea, and that's it.

Buyer: We don't collect- Our tissue procurement really is not based on taking that everything and sorting through it. We're trying to isolate exactly what's needed and move one, Yea. So that was my initial response to Matt Reeves, was like we don't really want to be a disposal service-

PP: Yea, nobody does.

Buyer: We want the stuff that is actually valuable.

PP: Everything just adds another layer of complication to it.

Buyer: Yea, interesting.

PP: But yea, that would be a huge sell, a huge, huge sell.

Buyer: Yeah. More so than being able to say we'll so $60 or $75 per specimen.

PP: Yea. For sure. I'm telling you, Family Planning Associates, they may go for their money. Private providers, they are definitely private clinics, and that's why exhibiting at NAF is great. I don't know how their- it depends on the market. In most markets their volume's not going to compare to Planned Parenthood's volume. We have 40 percent of the market in the whole country.

Buyer: 40 percent?

PP: 40 percent.

Buyer: Wow.

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PP: Yea. Not that we're trying to, we just do. We're looking now- moving forward as access is getting harder, and laws are changing- to figure out how we can partner so that everybody has access, but the way it turns out, if you look at it today, we have 40 percent because we're the largest provider and we're the target-

Waitress: A little more wine, do we split it between the two of you?

PP: We should just pour out what's in the bottle. And if we drink it we drink it, and if we don't we don't.

Waitress: Yeah.

PP: Not gonna throw it away. It'll evaporate. I'm very practical.

Waitress: That's good, it's a good way to live.

PP: But, because of that, we're the target. And because we're the target, we're not looking to make money from this. Our goal is to keep access available. And if we do something that makes a target, that just removes access for everybody.

Buyer: To be sustainable, essentially. Yea, and that's kind of intuitively, I think we've been feeling about the providers we want to partner with, is you know, as far as the Independents, and not to, you know- I think that everyone is doing good work in a really hard situation, not to cast aspersions on that, but a lot of independents don't really seem to have it together, as much as you know, a large center. And-

PP: And a lot of them aren't under the scrutiny that we are under.

Buyer: And so just in terms of not only in terms of being able to have a workable relationship, but also having a sustainable relationship down the road. You know, if we partner with a clinic that goes out of business in a year, two years, or whatever, you know, that's no good for us.

PP: Well, that's really the fundamentals too, of talking about the cost per specimen. At the end of the day we just want to keep the doors open. And we don't want to let jeopardize keeping the doors open. We just want it to be reasonable for the impact it has on the clinic. This is not a new revenue stream the affiliates are looking at. This is a way to offer the patient the service that they want. Do good for the medical community.

Buyer: Right.

PP: And still have access at the end of the day. That's really where people-

Buyer: And we just want to make sure that we can maintain our access to the stuff and that's why-

PP: Absolutely. I'm sure access is critical to you as well as our patients.

Buyer: But, that's when those specimen fees come in for us. We want to make sure establish a relationship and keep it, um whatever's the best way to.

Buyer: I think just as important though is the volume, knowing that we have it, that we're not making empty promises to people, making sure we have a secure access to a high volume.

PP: Absolutely, you know, PPLA for example, probably about 3,000 2nd tri's, 12,000 total. But what you're going to see, and see more of is, the Planned Parenthood affiliates who do go to 20 weeks, their volume is going to go up, it's not going down. Because what's happening is, the laws, the legal environment, is not shutting us down. They're shutting everyone else down, who just don't have their act together because they're just not under the scrutiny. Um, and there are some groups and some independent providers, but there is only so much independent providers can do to withstand the pressure they're getting. Which is, like I said, why we're trying to partner together, to say, "Look we're not going to be able to go to this community, what can we keep your doors open?" We want everyone to keep their doors open, but we have a little more- I wouldn't even call it a resource, I would call it man power. We have a national office, we have people who are doing work on the advocacy front. We try to do everything we can for, our affiliates still need to do the work on the ground at the end of the day. We try to take as much of the burden off, as we can. The same would extend to you. All the burden we can take off is just one more thing.

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PP: You know, I would love to find a way to frame this, too. And maybe you guys can think about this. You know it's all about framing.

Buyer: To frame if for affiliates or, you mean publicly.

PP: Yes, to frame this publicly, because right now, we're in a position where yes, our patients ask about this, and they feel that this is important, and they feel that they're doing a good thing. But there are a lot of people who think that what we're all doing is bad and they don't want it to happen at all. You know, is there a way to continue to frame this, are there things that we can spotlight, benefits. Because if we can reframe the conversation, it's just a win-win for everybody. More patients will want to do it, more affiliates will want to partner with you, and maybe some of the people who are trying to shut it down on every level will not. I don't know how to do that, if I knew how to do that, I would have done it already.

Buyer: But you're making me think of other things that I do, you know, sometimes it doesn't have to be a public conversations. It can just spread by mouth, as you said.

PP: But, even a public conversation, a few years ago there was someone in the administration, and I'm blanking on who it was, it'll probably come to me, who was just pushing, even when Christopher Reeves was working- there are people who are trying to elevate this and I think we just need to find the right champion.

Buyer: Yea, now that you say that, that's very similar to a conversations that scientists in the stem cell research, the regenerative medicine area have been having for many years now. Ever since it's become a political issue, what ten years ago? However long? I was just at ISSCR, International Society for Stem Cell Research. It's like the major meeting, this is my swag from the meeting. You know, every time they have a session on, "How do we communicate with the public?"

PP: Yes.

Buyer: "About what we know technically and what we're doing." I don't think they're as sophisticated as framing and reframing and discourse and whatever. It's much more techy and kind of nerdy. It's the same kind of problem. I was at an OC business mixer several months ago, and I was talking to someone who does social media about biotech and about tissue procurement. And he says: "Well, if you guys want to increase your client base, you need to be taking pictures of what you do and putting it on Instagram-

PP: No, you don't. He doesn't understand what you do. [laughter]

Buyer: And, I was like wait a sec, get this though, and I say that to him. And he says: "No, people are going to see it, they're going to be grossed out and

offended, but there's that fifteen year old emo kid who's going to think that liver is the coolest thing ever. He's going to like it, he's not even a scientist, he thinks it's gross, he likes it because he's a fifteen year old emo kid. And then his dad sees it, and his dad is a doctor, or his dad is a researcher, and so he knows to go to you or to donate to you." And I say, well, but what if his dad is a pastor? You know-

PP: Yea, which happens a lot.

Buyer: This guy was very- he doubled down. He said: "Yea, people are going to throw stones-

PP: There's always-

Buyer: "You just have to be proud of what you do, and know that's them, not you. And stand up and-

PP: And, I think-

Buyer: It's a bold vision, but I don't know if, you know-

PP: It is a bold vision, and the conversation needs to continue, but you're right, we all need to figure out a way to talk about what we do. I'm proud of what I do, I know you guys are proud of what you do. But, are there times when I'm sitting on an airplane thinking I don't know if I want to tell this person what I do, because I don't know anything about this person. I have to sit next to this person for the next four hours. It could be the worst four hours of my life. So uh, you don't know, you have to be a little daring, but I do, I do think that we can figure out a way to talk about this. Look we've got to come up with the statistics, four in ten women have had an abortion in their lifetime, you know, by the time they're forty-five- everybody knows somebody who's done this. Wanna know something else? Even more than that I will say, everybody knows somebody who can benefit from stem cells research. We just need to collectively figure out, what the talking points are, but I know that we all want to be strong partners in this for sure. Like I said, I want to see all of this succeed. So, anything that I can do to work for everybody is a good thing.

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Buyer: Would there be a way, in the future maybe, if there's a way rather than having to deal with all the different affiliates, is there a way to partner with PPFA directly? To get some kind of pre clearance or something, so that we have-

PP: So, we tried to do this, and at the national office we have a Litigation and Law Department that just really doesn't want us to be the middle people for this issue, right now. Because we were actually approached by

StemExpress to do the same thing. One of the California affiliates said, "We're working with these people, we love it, we think every affiliate should work with them." And so we had a conversation, and we said, you know, what if we go out and find everyone who is doing this and present everybody with a menu, and at the end of the day they just decided that right now, it's just too touchy and issue for us to be an official middleman.

Buyer: But, when they say right now, do they see a future?

PP: Right now, the way the Supreme Court looks, it doesn't look very good. If you talk to my litigation and law folks they will tell you that anything that goes to the Supreme Court right now, we all lose. There is also the cycle right? There's the time of the year, anything that's going to be heard we usually know by April, so after April it's usually ok to talk because we don't want to incite anyone to take it to that level. So, we're at a pretty crappy time right now. We just heard Hobby Lobby and we knew we were going to lose the buffer zone case. **Unless the composition of the Supreme Court changes anytime soon, we don't want to be raising eyebrows.**

Buyer: Uh-huh

PP: But I will tell you that behind closed doors, these conversations are happening with affiliates. And your presence- yea, in the future sometime, yes. This is something we need to continue the conversation because this is something we are always re-evaluating. And as I mentioned, the patients want to do this, the affiliates want to do this. We just don't feel like it's the right decision at the time. The timing is not right. Hopefully we'll feel better, maybe we'll feel better after November. Maybe things will look a lot better after November, I'm not so sure, I'm hoping. You know, otherwise I might move up to Canada. I can do my work from Vancouver just as well as I can do it from Los Angeles.

Buyer: I was just there for ISSCR. Beautiful place.

PP: It is a beautiful place. They have wineries, they have farms, very outdoorsy, a lot of snow in the winter but I'll survive. I'll come down to Southern California, my house.

Buyer: Ha ha.

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PP: Yea, we've asked, and it's just not something we can't commit to right now. That doesn't mean that we're not continuing to have these conversations, that we are not going to continue to provide opportunities for our affiliates to connect. So, I really do think that you guys being there in Miami is important, not just for Planned Parenthood, but for all the academics. So, the forum- the meeting you guys would be exhibiting at is a partnership between Planned Parenthood and

the Society for Family Planning. The Society for Family Planning, is essentially every training program that trains abortion providers in the country, is at that meeting. So this means you're going to have people who are going on and doing this in their private practice, or their going to come and do it for Planned Parenthood. So with the exception of some of the more cowboyish independent providers, who we love and we're trying to support. This is where everybody is, this is a win-win. And then look on the flip side, there maybe people who want to partner with you to procure tissue for them.

Buyer: Right. That's what I was thinking when you said academics.

PP: Yea, so there's going to be people from all over the sites, you know, Harvard, name a program the will be there. Wash U, OHSU, University of Maryland. We have twenty-three really strong sites, and many other around the country. So, you will be meeting a lot of academics, who really believe in what you do and good contacts, I mean, you've got Matt. He's got the independent provider side. You've got me who's got the PP side, and hopefully you can make some strong academic contacts. With UCSF? I don't know that their are many academic sites, at the volume and support at UCSF are kind of an anomaly and giant.

Buyer: They are saturated though, that was the word Dr. Drey used. They're volume is saturated with being committed their local-

PP: What about Cook County? Have you connected with Cook County?

Buyer: Where is that? Chicago?

PP: Chicago. The largest family planning provider in the Mid-West. Cook County hospital, Stroger Hospital-

Buyer: And it's a hospital, not an out patient clinic?

PP: Not an out patient, it's a hospital.

Buyer: And what is it called?

PP: Cook county, Ashlesha Patel is the family planning program director. I'll put her on my list.

Buyer: And, what's their limit?

PP: 24. 20, 24.

Buyer: Do they do dig?

PP: Yea, they dig.

Buyer: How late?

PP: 20, most people do 20.

042119
Buyer: So that- it's not a PPFA National policy though right?

PP: Not a PPFA National policy.

Buyer: New York is not using it then.

PP: PPFA National policy is you must comply with the Federal Abortion Act. There are a variety of ways to do that. In fact, you can't do that before 20 weeks. And there are affiliates who start at 20, there are affiliates that start at 22, and there are affiliates who don't do it at all. New York doesn't do it at all, I don't know if you spoke with them. New York City is- what PPLA is on the west coast, New York City is on the east coast. They don't use dig, so you would have up to 24 weeks, the other thing is, that they're volume is probably as big, if not bigger, they do procedures Tuesday through Saturday.

Buyer: Yea.

PP: This is the type of setting where they check to see if the dilation is enough, if it's not they put another set, and have them come back the next day because they're doing them five days in a row. There you have probably the best opportunity outside of UCSF to get those larger cases. But Cook County is fabulous, it's in the center of Chicago, two airports, plenty of opportunities there.

Buyer: I know that we definitely want to get established somewhere local, and just to have that, it's just more stable. You know? It's kind of a sustainability issue-

PP: I'm just trying to think of a way to get good volume in California.

Buyer: Right. I would love- If we could sit down and have the same conversation with Orange County. I don't know if PP Orange is more tied to their group or PPLA is more tied to Novogenix, you know, who has the stronger-

PP: I don't think anybody is tied to anybody. I think the problem with PPLA right now, is that they're going through a leadership change. So, I don't think anything is going to change anytime soon.

Buyer: You guys don't- aren't in a position to-

PP: We have an interim medical director, we don't have an ongoing medical director right now, so they're just not in to make any big shifts until a new senior management has kind of settled in. I'll definitely let you know when there's a new medical director on board. You know, Orange I just don't know, I get the feeling that they were like: "We're good." So I didn't push it-

Buyer: Can you find out who the company is that they're working with?

PP: Sure.

Buyer: Because especially if it's not a procurement organization, but just a biotech lab that happens to be in Orange County. So that, I didn't mean to interrupt you. Sorry.

046735
PP: Oh no. I'll ask them, but I'll also push Jennefer Russo to your table. She's the medical director of Orange County. I'll make sure you guys connect with her.

Buyer: Because that-

PP: You guys can have the conversations with her, she can probably she more than I have any idea. Because I can ask what I can ask her, but I don't know what I'm asking her about.

Buyer: Because that makes a huge difference, if there's only a lab, local that they're working with, I'm sure that lab doesn't have the kind of volume where they need all of their second tri cases. I would be surprised, unless it was UC Irvine.

PP: I don't even know, and like I said, the Novogenix name came about before, they've had three medical directors since the last medical director resigned, she set that up and nothing has been stable enough for them to re-evaluate that situation.

Buyer: (inaudible) That's not normal.

PP: No, that's not normal. The change is in senior management, one medical director retired. And after she retired, they haven't been able to find a good fit yet.

Buyer: So building a relationship with someone and then-

PP: Yea, I just don't feel like there's the opportunity for that right now because everything is so transient that, until I feel we've found something with sticking power, it's not worth your while. I do feel like Family Planning Associates has good possibilities. In fact, I'm going to text her right now to ask the dig question. I can't believe that question.

Buyer: I was shocked, there goes that opportunity.

PP: I don't think they do dig, I'm going to double check right now. I don't even think they do it at all.

Buyer: They must be really concerned about a sheriff is Bakersfield or something.

PP: I would be shocked, and she's usually pretty quick, she might be with patients, but let's see. Oh, we just got an answer. They don't do dig until 18.6.

Buyer: Oh, 18.6.

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Buyer: Can you ask her if they're working with anyone right now?

PP: Look what says! "Are you working with anyone." In exact, actual words.

Buyer: Read my mind. Is she in the area? Does she want to come and have a drink?

PP: She's downtown. In Koreatown actually, where their headquarters is. I trained her.

Buyer: Oh wow. So you think FPA is a good provider, in your book they're legit. They're not flaky like the independent providers.

PP: Novogenix is very little potatoes, I feel like its'- Doogie Howser basically runs the company, he's a doc. I don't know how he-

PP: You're talking about Novogenix? or FPA?

PP: Novogenix. FPA is totally worth working with, with their medical director, for many years, I was apprehensive about FPA because it was basically just kind of like a for profit organization. They have a medical director there- they offer prenatal care now, they're offering- they're really rounding themselves out. They're going to be become quite a competitor to Planned Parenthood in California. I'm not worried about it-

Buyer: Friendly competition.

PP: They're trying to really build- to strengthen themselves to be a long time player in the community, and I think that's an important collaboration.

Buyer: Almost like Kaiser.

PP: Oh yea, for sure.

Buyer: If, we can offer to an affiliate that we're going to take care of everything, the consenting, the collection, we don't even need an extra room, we just need three feet of space in the path lab, in the back with a dish so we can do that.

PP: Uh huh. Which we already have set up, you just have to-

Buyer: Right. Is that- are there affiliates, who would just donate the tissue for free?

PP: Probably. I mean really, the guidance is, this is not something you should be making an exorbitant amount of money on.

Buyer: Is that the PPFA guidance or?

004293
PP: Yes. Our goal, like I said, is to give patients the option without impacting our bottom line. The messaging is this should not be seen as a new revenue stream, because that's not what it is.

Buyer: That seems like it would be, and correct me if I'm wrong. Seems like it would be such an easy thing to not show a profit. No matter how much we compensate, it—

PP: Yeah. Well, but at the end of the day, you still need to have the paperwork to back it up because, we are under a microscope.

Buyer: But your cost, your loss in some areas must be so much that that can be shown to, I don't know-

PP: I understand. If you were to look at it in the big picture, yes. But nobody looks at it in the big picture, they look with the little blinders on.

Buyer: Ok. I'm just trying to brainstorm. Because, I think offering some people, not only, just offsetting their cost in other areas, seeing the potential for that, besides the potential, for the patient, I'm still going down that road, even though I know, I understand what you're saying. This cannot be seen as, "We're doing this for profit."

006878
PP: No. Nothing, no affiliate should be doing anything that's not like, reasonable and customary. This is not- nobody should be "selling" tissue. That's just not the goal here.

Buyer: Right. And, I never see that as, I don't look at it that way, we're not selling tissue, we're selling the possibility of what the research can offer.

PP: I think we all would agree with you. That's just not the perception, sadly, for everybody.

Buyer: I mean, researchers are paying for procurement, they're not paying for-

PP: Yea, I know.

Buyer: You're not buying a brain, you're buying a procurement service.

PP: Exactly. Exactly. And, at the end of the day, it is all just sitting there, it's all just going to be wasted otherwise. That's what it is, it's a waste. It's a complete and total waste. I work at a private clinic where, if the patients want to take the remains with them, they can do that. But at the end of the day, it's just being sent off to Stericycle or some other company, I just don't see-

Buyer: It could rot in the ground.

PP: And have an impact. But, I mean I understand, there's so many ethical levels involved, and people have very strong feeling, and they're entitled to their opinions. But at the end of the day, I'm just trying to make the most people happy. And to do the most with it.

Buyer: Right, and do it in a way that's mindful- often times- Lisa Harris was a very interesting presentation, the NAF meeting, how often times stigma masquerades as ethics or conscience, and so again if people are looking at tissue procurement services and looking at it with blinders on, as opposed to seeing the big picture, why are you looking at it with blinders to begin with? That's a manifestation of your own prejudices and judgment.

PP: Yea, Lisa's been doing amazing work, for the last five years so on this. That's another affiliate that goes to 20 weeks.

Buyer: She said she's a quite a bit of experience with it, she's provided materials to Michigan researchers in the past. Although, it's sounds like her volume is not very big.

PP: Oh I don't know her volume- It can't be that big, because they were sending their students to Los Angeles to train.

Buyer: Really? Wow.

PP: She didn't come across on my list. Like I said I think we kinda went through the folks- Like I said, I think your best bet at this point would be FPA. They have

a ridiculous volume, and Rachel Steward is the person to connect with. Whenever she answers me, I'll follow that up, but I think you've got some good leads.

Buyer: Yea, and if Dr. Russo as well wanted to have a conversation, I think we would both-

PP: I think that she's always willing to talk. It's just- we'll get her on a conversation soon, don't want to be too pushy. And when I'm down in San Diego, I'll just learn a little about what they're doing. I didn't realize that the hostess is in a sling.

Buyer: Her wrist.

PP: Is that what happened? To get surgery or?

Buyer: I asked her and she said it's not very exciting.

PP: She's in this lovely dress and a sling. It's hard not to notice.

Buyer: So, when you're- when you know, in the back of your mind you've got X, Y, and Z organs that need to be procured and we want them to be reasonably intact, and you convert to breech, are you saying that pretty much, I mean there's no guarantees with any of this, but we can pretty much count on having you know, the major areas, torso, thorax, abdomen intact-

014865
PP: I'll actually collect what you want sometimes, and put it aside.

Buyer: Oh, so you actually do the-

015120
PP: If I see it. Why not? I'm right there. Oh, for sure, I mean to me, I don't know, it makes the procedure that much better, like I've done something better. Like I said, I think that forming a relationship with the providers, like you did at NAFF because that was a lot of providers. the providers as much as the patients want to do this. I think they would all love to participate in something like this. It just adds another level of interest to what they're doing. **You know, everyone has a different technique, so that's the thing.** There's definitely local variance, like no two people do a C-section the same way, no two people do a hysterectomy the same way. No two people do a D&E the same way. **With that said, If you maintain enough of a dialogue with the person who's actually doing the procedure, so they understand what the end-game is, there are little things, changes they can make in their technique to increase your success.**

Buyer: Even though they have a set way that they do it, they're open to changing that?

PP: Reasonable, if they're reasonable people, sure. I'm mean there's always going to be that one person who's like: "This is my thing I've been doing it for one-hundred years-

Buyer: Warren Hern.

PP: Yea. **I love Warren Hern, he serves a purpose. I mean, he just lives in an alternate universe.** He just lives in Warren's universe. I love him, I use his instruments, I use a lot of his techniques, you know, but he's Warren.

Buyer: If we were to look at it from a different perspective, kind looking across the nation at the providers who are best, or most technically skilled maybe-

PP: Yes.

Buyer: Who we can say, you know, we need two intact brain hemispheres, we need thymus, liver, you know, not shredded liver that's in eight pieces. Does that change the landscape at all? Kind of whoever's better suited to facilitate the process at all.

PP: I'll be honest with you, if you have very specific things you're looking for, you're almost more likely to get that, rather than at a clinic, and a private provider who does exactly what they want, the way they want to do it. So for example, when I worked at PPLA, they were seen by a nurse practitioner going over protocol, you have to get at least six laminaria in, if you get more, great, if you can't, no big deal I'll figure something out. When I see my private patients at the other surgical center where I work, I put in the laminaria myself, I know that this isn't enough, so I'm going to do this, that, different things.

020221
PP: So, if there are very specific things you are thinking of, sometimes an independent clinic or a private provider, while your volume is going to be lower, you quality is going to be higher. And that's not true for all of them, it's just some of them.

Buyer: But it's possible that they may have more freedom-

PP: Yes.

Buyer: To work the way they want to.

020850

PP: But, on the flip side, for example, so I had 8 cases yesterday. And I knew exactly what we needed, and I kinda looked at the list and said okay, this 17-weeker has 8 lams, and this one—so I knew which were the cases that were probably more likely to yield what we needed, and I made my decisions according to that too, so it's worth having a huddle at the beginning of the day, and that's what I do. I don't think other providers do that, but I actually like being involved in the process, so I say, 'Okay, what are you looking to supply today?' And then I look at the list, and I say well, all these patients, they only have 3 laminaria, I wouldn't hold your breath for that, I think I might be able to get it for this case, I think I might be able to get it for that case, is there, you know, what else can we do? But it's worth having that conversation, that's why I say that the providers are important. Most of the conversation you're going, I want say- at the NAF meeting there's two different crowds. And I feel like the one's who are going to come to your table, are going to be a lot of the independent clinics, owners of independent clinics, and that's who's going to be coming to your table. But there's also the 2nd trimester providers meeting, that's where you heard Lisa Harris talk, that's where- those are the folks who do just those cases that yield the tissue that you want, you know, there should be a way, maybe Matt and figure this out. But, you guys can establish a relationship with just those providers, to just tap into those practices. There's not a lot of us- that's the conversation to have. In most cases it's going to be the clinic owner or the clinic manager saying: "Yes, we're doing this, this is what we're doing." You're not really going to talk to the provider, they change everyday, they do what they do everyday. If you can establish a relationship with the providers, that would be great. When you work with and affiliate- once or twice a year, they have a providers meeting, maybe you say, I don't know if you have meeting with providers, but we'd love to come in and introduce ourselves, talk about what we do, and that's who those people are in the tissue lab, when they're wondering what that person is in the corner. Maybe you forge that relationship to make your quality a little bit better. It can't hurt, it couldn't hurt.

Buyer: Right. I didn't realize there wasn't a standard number of laminaria for each patient. But it's highly variable?

PP: Every clinic I've been to has an entirely different protocol. Planned Parenthood, New York City, the surgeon that's there that day, takes out the laminaria, does an exam, decides if there's enough for them, if there's not they put more in and come back the next day. PPLA, if they're above 20 weeks, they get at least six in, it's fine. Family Planning Associates in Chicago has what they have. Every- Jerry Edwards has what he has. Warren Hern has what he has.

025813
PP: As far as medicine goes, this, for a very long time has been a data-free zone. In the last three to five years, we've seen a lot more, because the Society for Family Planning has been publishing guidelines. So, in ten years from now, I think it'll be much more standard, but we're still a long way away from that.

Buyer: So, that's why it's so important to talk directly with he affiliates because you can't necessarily tell us-

PP: I can't tell you how they're doing it. I can tell you what it says in the standards. I can tell you the protocol as, these are all the things you must do, and it allows for **incredible variability.** Like I said, you don't have to use digoxin, you don't have to use misoprostol. Some people use laminaria, some people use Dilapan, so really all over the map.

Buyer: Would you- because I heard for example from one of the Planned Parenthood providers, in Northern California, who works with StemExpress. She was saying that she uses misoprostol for all her dilations, and that, she thought made a huge difference, in terms of getting out intact specimens. So can we make a request like that- or maybe more realistically. Digoxin. If we were working with somebody who digs at twenty weeks, and somebody really needs twenty two week thymus, can we hold the dig for two weeks.

028543
PP: So let me tell you an interesting story. So there's not a lot of clear data on digoxin. Providers who use digoxin use if for one of two reasons. There's a group of people who use it so they have no risk of violating the Federal Abortion Ban. Because if you induce a demise before the procedure, nobody's going to say you did a "live"—whatever the federal government calls it. Partial-birth abortion. It's not a medical term, it doesn't exist in reality. So some people use it to avoid providing a "partial-birth abortion." Others use it because they actually think it makes the tissue softer and it makes it safer and easier to do the procedure. Is there data for either of these? No. Because number 1, the Federal Abortion Ban is a law, and laws are up to interpretation. So there are some people who interpret it as intent. So if I say on Day 1 I do not intend to do this, what ultimately happens doesn't matter. Because I didn't intend to do this on Day 1 so I'm complying with the law. There are other people that say well if you induce demise it doesn't matter, you're never gonna do it so you don't have to worry about intent. So that's one side of it. The other side is there are providers who actually feel it makes the procedure easier. I am one of those providers. And so a few years ago, we actually tried to get affiliates to agree together to do a randomized control trial-

Buyer: Oh wow.

PP: -where patients go digoxin and some didn't, but at the end of the day, the affiliates who liked using digoxin, did not want to give that up. And the affiliates who didn't give digoxin didn't want to do it. We couldn't get anyone to agree to randomize, so the likelihood that you're going to go to an affiliate who uses dig and ask them not to do it, and they say yes? Not

going to happen. Not going to happen, people are not going to give up they're dig. And the dig haters are not going to give in.

Buyer: Wow. Wow.

PP: Even in the face of research. So they say that they work with UCLA and USC but-

Buyer: UCLA is Novogenix, that's where they're based out of.

PP: So, I'm thinking they have Novogenix. Which doesn't surprise me because Dr. Steward sometimes fills in at PPLA who probably works with Novogenix. I asked her if she has a procurement company. So the likelihood that you're going to get someone to not use dig, it's low. You're either going to partner with someone who never uses dig, or you're not going to have a choice.

Buyer: They're really set in their way basically, it's not a-

PP: Until there's more data, I just don't see it changing, like I said, I tried for more than a year to get people to agree, like this is research, this is a randomized control trial, they were willing to randomize everything else. They were not willing to give up digoxin or to give digoxin. Which is- it's amazing how something that has such little data, has such strong feelings.

Buyer: So, it sounds like even with data, the emotions are still going to be there.

PP: Yea, well, I don't know, I don't think we're ever going to get data-

Buyer: Really?

PP: -the data, I would love good data. the problem is, the data that we have right now is wishy-washy. The data is, yes providers can tell, if the dig worked or not, they could tell that there was demise, does it translate to anything at the end of the day? I don't know. Do they subjectively see it was easy, yes. Does it make the procedure any easier? Are we ever going to get the volume to show data? Incidence of complication is so low, you would need tens of thousands of cases to show a difference in complications. So, they're probably never going to show a difference in complications. The third difference is, does the patient experience it differently? and there's only one study that really looked at this well. In a small number of patients it showed supposedly, that nausea was higher in the patients that got dig, but they didn't measure the nausea at different parts, so you don't know what the nausea was really from, was it from the laminaria insertion, was it from the dig injection, was it from just being pregnant? So, the people who are anti dig generally say: "It doesn't give you any benefit, it just increases nausea." I don't see nausea as a negative, I think most of these patients are experiencing nausea already, and I have been able to complete procedures already, that I

know I would not have been able to complete if it wasn't dig. But again, I don't have a randomized control trial to back that up. I don't know, maybe we'll get there. We've been able to slowly get there with randomized control trials around cervical dilation. So, I don't know if you guys have ever spoken to Alyssa Goldberg? Alisa Goldberg is at Planned Parenthood of Massachusetts, she just got a grant for a very large control trial for what dilation is best? What techniques work? Does adding misoprostol make a difference? And things like that. I think it makes a difference. And so maybe after a few more years of success doing these large randomized control trials on dilation, maybe they'll do it on digoxin again. There's just a lot of people that just want to avoid any problem and if there's some fetal demise, you don't have to worry about intent, you don't have to worry about abortion man or anything else. So, like I said, if you want no dig, your options are UCSF and Planned Parenthood New York City, and that's it. And the reason they for Planned Parenthood New York City is because they all trained at UCSF. So, it's like the UCSF school. They're the only ones to my knowledge that don't use dig before 20, 22 weeks. It's going to be hard to get those later cases. Like I said, New York City is worth going for, and I don't know that they're partnered with anybody. I don't know what the feasibility for that is for you but to me that, other than UCSF is the largest site of 20 to 22 week cases that have not gotten feticide, and I know because I'm a provider there too. So, I mean, I've practiced in both places. My subjective experience, it's easier with dig. The other thing that might interesting for you to learn is that there are some affiliates who are interested, there are,

040113
PP: so, genetic abnormalities. Do you guys ever collected tissue in patients with genetic abnormalities?

Buyer: Once or twice if there's a specific project going on with that stuff. And even certain genetic mutations are interesting for- not for harmful abnormalities but for HIV, there's a long story we don't have to get involved.

PP: There are affiliates that will do cases higher than they normally would, because they have genetic abnormalities. But we don't know if you would accept that tissue.

Buyer: For fetal indications. More than nine times out of ten, more like ninety five times out of one hundred, stem cell researchers want normal healthy tissue, for therapeutic applications.

PP: Well, that's what I figured. You can't develop a cell line if you don't want it to have abnormalities. When I went to medical school I did cell culture for—.

Buyer: Oh, yea, yea yea.

PP: It was just heart and muscle though. I have a little idea.

Buyer: Oh yea, so you know a little about a certain number of passages, and after a certain number it's no good anymore. You have to source it again.

PP: Well yea, people need to develop cell line, and there was this really interesting story in the news. You must have heard- There was a cell line and they traced it back to the patient and the family is suing.

Buyer: Yea, Henrietta Lacks. The HeLa cells.

PP: Yea, and so I'm reading that and I'm like wow. Take it and do whatever you want with it.

Buyer: Ha ha yea, sometimes there is a specific project that, you know, has to do with Down Syndrome or Sickle Cell Anemia or something very specific and the do want something like that, but that's definitely a rarity, especially when it comes to cell based therapies. Really, the fetal cells are getting the most action right now when it comes to translational research, which is actually taking things from the lab into the clinic, finding therapeutic applications that could go to market. There's some really cool stuff going on with neural progenitor cells going on right now. Human clinical trials going on, stage two and three FDA clinical trials right now.

044142
PP: So, you know there are providers who go beyond 24 weeks. Are you working with any of them?

Buyer: So, you know for example, Susan Robinson-

PP: And Shelley Sella.

Buyer: Over in Albuquerque, they start doing dig at 18 weeks. I had a great conversations with Susan at NAFF, I recognized her from "After Tiller" which I saw about a year ago. And so we had a great conversation and she was saying she had experience working with Planned Parenthood in Fresno maybe?

PP: She works in the Santa Barbara-Ventura, San Luis Obispo clinic and probably Mar Monte and some of those up north.

Buyer: She said a couple years ago, she had been working in the Central Valley clinics. They had been working with StemExpress at the time, and she thought it was so fascinating to watch the tech work, and all the parts. She said it's wonderful, we've done it before, would love to do it but, we start doing dig at 18 weeks in New Mexico, and I think they already working with somebody too, maybe with the university there or something. The really extreme or later cases, that's the- there's a standard that researchers are looking at right now, I would

say is roughly between 16 and 22 weeks. I think that's kind of where everybody is focused on right now, and maybe some of that is artificial because there just aren't that many places to get 24 and later, so that's why nobody is using higher gestational tissue, I don't know, it's just a result of the supply that's there, not of actually-

PP: So, she's not working with anybody, she's just working in individual studies right now, whenever it happens. I asked if they were interested.

Buyer: And that's?

PP: Family Planning Services. So you might have just hit the jackpot.

Buyer: Ha, another conversation very soon, about that.

047828
PP: Yea, the reason that I mention that is, there are a few sites that go to 26 or go further and there's a lot of conversation-

Buyer: Those are Planned Parenthood sites?

PP: Not yet- but there's a lot of conversation about who goes to the legal limit in their state, if they don't go to the legal limit in their state why don't they, is there another provider that does? So we're about to start doing some mapping work to say, you know, are there states where nobody's going to the legal limit? And if not, why not, and what can we do about that? So that's just, I'll keep that in the back of my mind, because that's something worth thinking about. You know, another state you should consider, Utah really has just got their service off the ground, but they're are no other providers in Utah. I'm sure they'd be interested in going further.

Buyer: How far are they going now?

PP: I just gave them a waiver. They're probably going to 14 or 16, but I just gave them a waiver to go to 20, and I think they're going to start going to 20 on a regular basis. Utah's got a nice airport, Salt Lake City, right there. It's kind western.

Buyer: It's not too far away.

PP: And uh, they train fellows, but they've got some really motivated providers. I think they would be someone else worth considering. I'll add it to my list.

Buyer: Who's the medical director there? His name is David Turok, he's doing a lot of work right now with emergency contraception and IUDs. Pretty incredible guy, pretty forward thinking, always willing to push the envelope a little further

than anyone else, that's kinda why he popped in to my mind. I feel that there are about a million introductions that I want to make, you know? Not only to people via email, I want you guys to talk to each other.

Buyer: I mean certainly, the one's who are closer like Dr. Russo, Dr. Patel? Did you say from Family Planning?

PP: No, she's in Chicago. Steward.

Buyer: Steward. I have it here, yea.

PP: Yea, we'll definitely get you-

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Buyer: So, it's easy for us to do the same kind of thing here, and for the ones that are further away, it would be just a little bit more preparation to-

PP: Yea, well, the ones that are further away, it probably makes more sense to chat with them in October and then if something comes of it, follow up from there. October actually is not that far away.

Buyer: October is not too far away, yea. No pun intended right? For Halloween, October.

PP: I'm trying schedule another meeting and looking at the calendar, I'm like we're already in the first two weeks of August, so I'm looking at October for scheduling meetings now. Where has the year gone? It's just wrong, it just gets faster. Can we slow it down a little bit? You know, the work you're doing? Slow down time?

Buyer: Yea, I know. I think that's physics, not biology. (inaudible) Well that's the crazy thing. The biggest thing about R&D time lines, some of them are so shackled to the timeline of availability or unavailability of material to work with and so, if you can really open that up, and get the tissues to researchers when they need them, and the stuff that they need that can literally cut in half. The time that their projecting for what they're working on. You know, if you're doing a study that you're foreseeing to have any kind of clinical application whatsoever, the the biggest thing that you're looking at is being able to reproduce or replicate whatever you're showing, so you need more samples, more trails and again, it's just the volume-

PP: So, I just had a really weird idea. You know I find it very interesting you know, explaining how tissue procurement will affect the projects, and things like that. Have you ever thought about doing a little talk? On it?

Buyer: Like a little workshop.

PP: Yea, like at the NAF meeting, or just a little something for the local providers or something like that?

Buyer: If they would let us. Yea

PP: You know, where they can hear about and understand where the tissue goes, the impact and things like that?

Buyer: That's a word where going through my mind as you were talking. We need to educate.

PP: Well, I'm sure people are dying to know. And, they're dying to know, here's the thing, if you can do it for providers. In a way, you have backwards word of mouth. They're going to tell it to the patients too, they are able to share that information and everyone's going to get on board. You do a little thirty minute session before the day starts or at the end of the day, about this is what happens once- once the patients donates tissue, this is what really happens. This is how it affects time lines, this is how critical it is to the people, this is the impact that you can have. That's the best marketing you could ever do. Like I said, I think especially in the scientific community would, they would all find it unbelievably interesting. I certainly do.

Buyer: Can we have a wine and cheese evening? We'll get Dr. Steward and Russo and people from Pacific Southwest in a room together.

PP: I think we should. Actually, let me reach out to them and say: Hey you know, do you guys ever wonder about these things? We just have to get together one night, and kinda talk about it and what happens.

Buyer: Then we could brainstorm about messaging afterwards, and all kind of, you know.

PP: Yea.

Buyer: We're going to change the world.

PP: Look, everyday that's what we try to do. Slow work and sometimes you wish things would slow down so you can have an impact but-

Buyer: No, this is the good side of time passing quickly.

PP: There you go. I'm going to start changing the way I think about things.

Buyer: Good. Reframe it.

PP: I don't consider myself a very political person, but I think it's worth you doing something like that. Let's do kind of a little local thing, and then if it's a hit, you may want to do it for a bigger group.

Buyer: So, when you say local, how many people are you talking about, in what area?

PP: Here's an idea—the southern California medical directors have an LLC meeting quarterly, and they do it somewhere the San Diego, Orange, Pasadena, LA people, and Santa Barbara people all get together. So maybe we can do it like to coincide wherever they're meeting someday, at the end of that day. I could pull in someone who runs the program at USC, I could pull in the person who is at Family Planning Associates, I could figure out if there is anyone locally-

Buyer: What type of venue and how much time?

PP: I would just be interested in hearing about what you were just talking about.

Buyer: So, like thirty minutes.

PP: Yea, so just like a little thirty minutes talk. Just time to chat about it. I think that would be fabulous. You know, you could limit it to medical director people or you could bring in some of the local providers as well. We could pull in the local fellows. You tell me what you think you would want to do. I think that's an amazing idea.

Buyer: You said the meet four times?

PP: They meet every three months, I know they just had one, we may just want to do something as a one off, or we may want to give you guys some time to plan to do something in October.

Buyer: Does that sound like something-

PP: I mean we should talk about this. I feel like-

Buyer: This is exciting to me.

PP: And just, I can't imagine that there's not one of them who wants to understand a little bit better about the other side. We know our side really well, we want to know your side. And it gives you an opportunity to learn our side, and give you ideas as well. But I also think you- you can kinda test it and see what happens, take a shot in the dark, maybe you want to tell them that. You could do a workshop on tissue donation and what it means. We want to do a little reception at the National Medical Conference or Forum or something. I do- I think

testing it, right here, right now, and seeing what comes of it is probably a good idea.

Buyer: Yea.

PP: UCLA and USC, they both have a fellowship program, so they have OB/GYNs who are training to be providers. So, maybe. No, I think it's worth a little test. I think the conversation would be unbelievably stimulating for both sides. We'd all get a lot of insight. On both sides of the coin.

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Buyer: Yea, speaking of which you don't have, by chance, on you copy of PPFA tissue procurement guidelines or anything like that.

PP: There are no guidelines.

Buyer: Not written.

PP: They're guidelines on research, but there are no guidelines on tissue procurement.

Buyer: Okay.

PP: And there will never be guidelines.

Buyer: Oh. Just to keep it—to keep everything—

PP: There's no guidelines, if something qualifies as research, and an affiliate wants to participate in a particular research study, there are guidelines of how that happens. If they're gonna participate in something like this, you know there are mechanisms by which contracts can be reviewed and things like that, but there are no guidelines. This is something that the national office is not involved in. For the first few years that it happened, it was treated as research, and then we realized that this was kind of overkill because we didn't have a particular IRB approved study, it just didn't fit into our framework. So we just kind of backed off of it.

Buyer: I guess, even in terms of compensation and stuff like that?

PP: Nothing is written. There's nothing in stone.

Buyer: As a security measure, as much as anything else.

PP: You know, it's- if people want to ask for guidance, there is. But do we have a written policy? No. I can't imagine we're going to have one anytime soon.

Buyer: Yea, I think I would agree, I think these things are kind of best handled- when the atmosphere is the way it is, that kind of thing is best handled at the local level.

015607
PP: Alright, FPA apparently seems to think that it's research and that it's kinda wishy washy-

Buyer: Wait. Can you explain to me, what did she say?

PP: She said: "Well because we're a for profit-company we can't really get involved in research." I said, well, I'm not sure this is research this is quite different, we actually-

Buyer: If they want to talk profit, I'll talk profit.

PP: Well, it's funny because at Planned Parenthood, we don't consider that research. The FPA apparently they consider it research. I also think that's another interesting conversation, I think there needs to be a meeting so we understand what it is, and how it fits into all our different agendas, whatever, how the environment influences all of us. I think it's worth doing. For sure. So, I think this is definitely to be continued.

Buyer: Definitely. Is there anything you wanted to talk- is there anything else on your agenda?

PP: Any more picking you want to do?

Buyer: No, I think we've got a good pit.

PP: Well, I feel like we've got some good idea's here.

Buyer: I'm excited. Thank you for taking the time.

PP: Yeah, absolutely. Thank you for being persistent and having me here today, and for a fabulous lunch. I have to tell you, I am excited about the prospect of even hearing a little bit about what happens once you leave one of our sites, with your tissue. What it means to the researcher and the bigger picture. It's almost kind of like image building.

Buyer: Yea.

PP: And it's a good thing for everyone. Yea, and who knows, maybe in November we'll feel even better. Something else will happen.

Buyer: There is hope.

PP: There is always hope, that's why we all do what we do. Yea, so how did you get involved in-

Buyer: I was a bio major in school and I've done graduate research with- my main interest is SCID mouse modeling, which is where you have the humanized mouse model, I don't know how familiar you are with it. So, that's why I say liver and thymus and bone marrow so much, because that's kind of the classic humanized mouse model when you have certain strains of mice that are mutated, they lack a murine immune system.

PP: So, I used to bike, I went to school at the University of Wisconsin, in Madison and I used to bike right past this facility where all these poor mutant mice come from.

Buyer: No, so they're not ugly or-

PP: No, no. They're lacking this gene or they're lacking that gene. What ever mutation they have, they're all have the same-

Buyer: So, if they're lacking a mouse immune system, then you can graft whatever you want into them and they won't reject it. So you can graft human fetal tissue into them, and if it's fresh and the cells still viable, then the thymus will still grow and produce thymus cells and the liver will do it's thing, still have hematopoiesis going on. You can construct a human immune system inside a mouse, and then test different diseases, drugs-

PP: Vaccines.

Buyer: All kinds of stuff on a human immune system, except it's a mouse. It's because of that kind of model that we are on the brink of a cure for HIV. I mean it's right- they're are functional cell based cures, based on bone marrow and things like that. That's when I was talking about the CCR delta-32 mutation, I don't know if that means anything you, it's a mutation that affects the way the actually binds to a cell, and so people- individuals who have the CCR delta-32 mutation in their cells, the virus can't enter the cells.

PP: I know. I know someone who has that.

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Buyer: You know the Berlin patient?

PP: I do, I know the patient. It's funny that you mention it, it's very interesting.

Buyer: I mean so it figuring out- how can we use viral vectors or genetic therapy to tale regular stem cell, alter them and put them back in, and producing an

immune system that it itself immune to HIV truly. And there's other models, there's other ways to go about it. There's a lot of interesting work being done, where it's not the CCR delta-32 mutation. Where the idea is to genetically modify the cells to express the same factors and chemicals as typical HIV anti-virus cocktails, the medicine that people take. There was one study where they combine the three most potent HIV meds and took whatever combination that was and inserted it into the cells, and inserted that into the stem cells, and the stem cells will produce antiviral retro therapy stem cells.

PP: Yeah, we're really excited, we just rolled out PREP through Planned Parenthood-

Buyer: Truvada or something else? Truvada.

PP: It's actually affordable for some patients. Not all of them, but for some. See, that's the thing, if people to hear more about the bigger picture too, that's what you need to tell them about. Everybody, at the end of the day, they need to understand the big picture, the end game. It's very easy to protest when they have their blinders on at they're twenty feet view. They get a ten thousand feet view, and suddenly it all fits together.

Buyer: [inaudible] Where is that person now? Just being sensitive to how much they can hear. How about you? How did you come to do-

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PP: Oh god, you know, it's funny, I train a lot of people, I do a lot of mentoring, I'm probably the worst person ever to tell you how to get where you are. I didn't ever really ever have a plan, I knew what I liked, and knew what I didn't like, and luckily for me opportunities presented themselves every so often and so, I made a decision every few years, but I never looked for a job in my life, I never said I need to do this, I need to do that, it just kind of happened. So, to make a long story as short as possible, I was an athlete and I had a whole bunch of injuries and surgeries, and things like that. I became very interested in orthopedic surgery, and then I said ok, I'm going to be an orthopedic surgeon. And then I went to college and I said, I don't want to be an orthopedic surgeon, maybe I'll just do sports medicine. But, you know I'll be a physical therapist, because that's easier than- Orthopedics are like big old burly guys, and I didn't know if I wanted to be with these people, surrounded, that's just not what I look like, I'm not the orthopedic surgeon type. So I'm going to be a physical therapist, and when I was in college physical therapy became a master's degree instead of a bachelor's degree, and I said, if I'm going to graduate school, I might as well become a doctor. So, I decided to go to graduate school, and then I hung out with all the Ortho people, and I said No, this definitely isn't for me. **But I really liked babies, believe it or not.** And I said ok, I'm going to be a pediatrician. I don't know if you know much about pediatrics, it's really treating moms. It's not really treating kids,

and the kids you do treat, they're sick, and it's very depressing and I said there's no way I can do this. I could maybe do perinatology, where I deal with like just born babies, and neonatology, and then I said ok, I'm going to be an OBGYN, and then I'm going to become a maternal-fetal medicine specialist. And that was kind where I was going, and I will tell you the date, I was on-call, it was my last day, I was on call, when you're a resident in obstetrics and gynecology you spend a dedicated amount of time in obstetrics and a dedicated amount of time in gynecology. In your senior year, it's four months of each. So, February 28th 1998 was my last day of GYN ever as a resident and then I would be done. July I would graduate and then I would be an OB/GYN. And on that day, there was patient that was transferred to me, from an outside clinic, who had had a D&E, dilation and evacuation, late second trimester abortion, she was bleeding. That patient was transferred to me and she got to the hospital and I met her in the emergency room and I saw her and she was as white as this napkin, and I still remember her name, I remember everything about her, and she looked up at me, and she said, "Don't let me die." And she actually bled to death. We did a hysterectomy in about twelve minutes and she died. It was very distressing and very upsetting. I probably had a very different reaction than most people would, which was **well I do D&Es all the time, and I don't ever have complications.** And I think I'm pretty good at them, I need to keep making sure that there are lots of people doing these D&Es safely so there's not another patient like this. That was the day I said I'm not doing perinatology, which is high-risk OB, I'm going to do family planning, and I'm going to train others to do family planning. So I interviewed for a fellowship in family planning, and Dan Michelle was my program director at the time and he interviewed me and he said: "Why do you want to do this?" And I told him the story, and he said: "What do you see yourself doing in five years?" And I told him all the things I wanted to be doing. He said, "Oh, you want to be the medical director of Planned Parenthood." I said, really? I didn't even know what Planned Parenthood was. I think I went to a Planned Parenthood once when I was in college-

Buyer: What year?

PP: I think it was '90—no, 2001. He said: "You want to be the medical director of a Planned Parenthood." So, I finished my residency in 2002, I did the Fellowship, it was two years, and then about six months after I finished the Fellowship, I was still faculty at USC, I decided to stay, and I was running the family planning program there. Planned Parenthood of Santa Barbara called me and asked if I would interview to be their medical director. I did, the next thing I know, I was there medial director. I did that for three years, but I didn't get the opportunity to do as much research and teaching there, as I did when I was in LA. I left there and became an associate medical director at LA. I ran the research program and I trained all the fellows at USC. I did that for a few years and then I started consulting for PPFA, and they asked me if I would write protocol for this and that, and I did. And they said our Senior Director of Medical Services job is opening up, would you interview for that? I said no, I'm too young and there's a lot of

things I still want to do. They said: "We understand but we can't guarantee that after you do those things, the job will still be available, we think you should interview." So, I did and I got the job, and that's where I am. That was five years ago and that's where I am now. So, I mean, every few years, I've made a decision based on what I feel I should do. I've been very fortunate, that's just kind of happened.

Buyer: Totally disagree with you about the mentoring thing.

PP: I tell people all the time, I'm just very lucky. I've heard you make your luck. I'm like no, I don't think so.

Buyer: I totally disagree with you, it's fabulous.

PP: Point taken, but yea, how about you?

Buyer: Well, I'm older much than probably both of you combined, it would take too long. What time is it? You need to be out by three? Oh my goodness, my story? I have to go to the bathroom.

[bathroom break]

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Buyer: I'm a terrible not taker, I have kind of a photographic memory so I just like to sit and listen as opposed to-

PP: No, I hear you. I have to write certain things down, just because there are so many, that if I don't have key points then I'll forget it and not do any of it.

Buyer: I'm trying to think if we covered everything. Is there anything that you feel- I think we're good. I don't know, maybe you're clear so maybe we don't need to go over this compensation, how that-

PP: Yea, I feel like you guys-

Buyer: I think I've got- I know that we want to be sensitive when we talk about that obviously, and if it's an issue- it seems like- when we're talking about that- what we're looking at is less a situation of competing with other people or just- it's not so much about competing piles of money. As it is being able to fit the needs of the affiliate, because they're just trying to be a successful non-profit and meet their bottom line. That's ultimately what we're trying to facilitate, does that sound like a good way to summarize it?

PP: Yes, like I said, at the end of the day. What you're trying to do is say, if you were to take money out of the equation, which is what most of the affiliates are

trying to do. How can we do this for you in the most beneficial way? I think you've totally got it.

Buyer: Yea, what are the cost gaps that an affiliate is typically looking at?

PP: I don't understand what you mean. The way they look at time, is space and staff time. So, you know, it's a matter of- here's how we can help, we're going to take up the least possible space, we're going to do as much as we can, so it's not your staff time, it's our staff time. You know, maybe there is some other, in kind something else that can happen. You know, so that's it's simply not a- they all want to do this. They just don't have to present it to a single patient ever. That would be the ideal situation, obviously that's not going to work. Somebody is going to have to flag somebody or have the conversation and let them know, this is available, and it's probably going to be their staff. The way to do this with leaving the fewest footprints at the health center, it's going to be beneficial for everybody. We can do that.

Buyer: No, I think we started thinking very creatively about way to do that. I do think feedback is good too. Sure, anyone can come get the tissue donation and send it off. I think affiliates would like to know, we send specimens to research who are working on this and this. I think that kind of positive feedback in the end it will just be a better relationship, it just kind of adds a whole human touch.

PP: Yea, and we're talking about people in the non-profit sector, the motivations are a little bit different. This is all- anything you can do to help explain, who's benefitting, the benevolence of what they're doing. I think that holds as much value as any cash prize. You know, I think the affiliates would be proud of this. They would go back to their donors, they would go back to their boards, and say look, we contributed to this, this, this, with just this one service, working with this one partner. You know, I think that this could help you on the back end too, because if there are board members- maybe there are board members somewhere else, that say alright, who else can partner with this organization. How else can we contribute to this? They're are bound to be people that have personal connections, patients, donors, board members.

Buyer: Yea, we have the Berlin patient right over here.

PP: It really, really makes a difference. So, I think, perhaps the difference is, affiliates are looking to benefit in very different ways than just dollars and cents. I mean I get, they're not going to do it in a way that costs them money. They want to break even, they want to be compensated reasonably for the time and space, whatever impact it has. But, I think that they are looking for something bigger.

Buyer: And $30 to $100 is what we're going to be looking at in terms of- that's what they'll reasonably think is going to cover-

PP: I think so. I think, again, you're going to have to do- it's funny we do a lot of training and we've been trying- is there a way to standardize the contract and what the rate looks like, and at the end of the day, the lines be the same, but at the end of the day, it's very different. The staff member that's involved, the amount of time it takes them, the space it's going to be variable. Could we come up with a line item? Sure. This is what we pay for space, this is what I'm going to pay you for your staff time for this- it's almost the way an affiliate comes up with a research budget. Right? I need this level of staff to consent the patient. It's going to take fifteen minutes, this is what they get paid per hour plus twenty percent, that's how much that costs. So, can you come up with a standard way to do it? Probably, but I wouldn't expect it to be the same number.

Buyer: Is that a PPFA project? You're trying to figure out a standard-

PP: A lot of the training programs are funded by the same donors. So, from there they came back to us and they're like: "How come with this affiliate it cost his much to train a resident, how come this affiliate-" I said well this affiliate has five ultrasound machines in two rooms, and this affiliate does one ultrasound in one room and **so they're losing patient revenue**. So, it all has to fit into the bigger picture. So can we come up with a template and line items, and think about this creatively in a way that these are all the things we should consider? Yes. Is the number going to be the same at the end of the day or everybody? No way.

Buyer: Yea.

PP: And that's just the way it is.

Buyer: It's such a tapestry we're looking at.

PP: It's just like when a patient walks into a health center in Nebraska or Los Angeles of Minnesota. It's going to be very different cost, and it's based on the dynamics and the demand and you know, the level of staff that is required by the state medical board and things like that. At the end of the day the number's going to be different. But, all the input should be exactly the same. And yea, hey in the perfect world if you could find a way to help them deal with their biological waste, pathological waste, they would love that.

Buyer: Yea, I'll do some research and see what the details are of getting an incinerator.

PP: And also, some of the people that you supply everybody-

Buyer: Yea because if there's a university that just processes- there's a university hospital they have their own incinerator. There's all kind of networks that this ends up opening up.

PP: Yea, I know originally, when we did research on it, we looked at- what are all of these labs that we work with, because these labs, we send in the labs tissue and at the end of the day, they do something with it. Turns out they use Stericycle like everybody else.

Buyer: Sounds like Stericycle is able to get the monopoly. They figured out, well everyone has garbage.

PP: That's what ended up happening, they bought up everyone's contracts, they bought up all the smaller vendors, and they're this big multi-national. But no, there has to be another option. Messaging, that's a whole 'nother issue. If you guys could come up with a way to message, it makes it easier for everyone at the end of the day. if there's some kind of one pager that says this is what we offer, this is the service, this is the type of research it contributes to, these are the types of achievements we've been able to work in. This is something you might be interested to ask you doctor or your nurse, if this is something that works for you. It will make it easier for whoever actually does the consenting. **It'll drive demand, it's a win-win.**

Buyer: When- as far as consenting, at your site is it Planned Parenthood counselors who are doing the consenting or is it Novogenix?

PP: It's the same medical assistants who consent for everything else. Once all that's done, they say oh by the way, we also do this.

Buyer: So it's a PPLA consent form.

PP: It is, it's a PPLA consent form for tissue donation. But the interesting thing, I'll tell you is, some people consent, some people don't. The funny thing is, the second day, when that patients actually comes back for their procedure, when they're waiting, what often happens is, Novogenix will talk to people who haven't consented, and they usually do, once someone has the time and energy to sit and have the conversation with them. So, she ends up picking up several more specimens, just from being there and speaking.

Buyer: The seeds have been planted.

PP: The seeds have been planted, they thought about it for twenty four hours, now here's somebody else- they're sitting there, waiting, they've got nothing else to do, it's not like one on top of the next, on top of the next. So, I think it's always beneficial, if you have somebody who that's just what they do, they're going to do it much better than incorporating it in, but it can be, it works both ways.

Buyer: I was just thinking about if we use our own consent form or would we use the Planned Parenthood form.

PP: You could use the consent form you created, but it would still have to be approved.

Buyer: At the end of the, it's another thing, depending on the affiliate that's gonna-

PP: Yes, one thing I can promise you, it won't have to go through the rigorous role of a research project, because there is precedent for this now, and affiliates know how to deal with it. Like I said before, it was a nightmare, it had to go through an IRB, not just your IRB, it had to be an IRB for the affiliate. It would have to go through the national office, it had to go through contracts and all these other things. We've totally removed ourselves from the equation because, we said look, in reality, is this tissue going to research eventually? Yes. Is this a dedicated product, that adds additional risks, there is no specific protocol, we're not changing the way we care for the patient. It's just a decision between you and the patient, and we're not going to be apart of it.

Buyer: So, is it only the affiliates that have a robust research department like Gulf Coast have IRBs or-

PP: Yea, and most of them use commercial IRBs-

Buyer: I think most people do.

PP: Yea, commercial IRBs, they all know which IRBs to use depending on what they are doing, and how they feel about it so, yea. Most people hate Western IRB now.

Buyer: There's quite a few options out there, Quorum and other.

PP: I get emails from Quorum on a daily basis. But yea, everyone has their own process. With that said, most of the affiliates who go to the higher gestational ages, who also tend to be more developed, there may be a little more process involved. But, I can't speak to everyone's processes. Like I said, I'm going to have a conversation with Rachel, there's misperception on every level. I don't think that misperception exists in Planned Parenthood anymore, because this is a conversation we've been having for years now, where people know it's research and yes, it's an alternative way to help you manage your tissues, but it doesn't account for all tissue, because everybody's not going to be eligible, everybody's not going to consent, you're still going to have someone else manage your tissue, even though it's donated, everything's not donated. At the end of the day, it all goes somewhere.

Buyer: And all that's conversations, like we're having. None of that's written down?

PP: No.

Buyer: So I mean if we're concerned about messaging, I don't know if- well, you can have messaging be spoken word. You don't have to have things written down.

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PP: Well you can have messaging, **and what happens is, folks will ask the national office questions. We certainly have answers to the questions, but we don't have a policy per se, and that is by choice.**

Buyer: Yea.

PP: So for now, that's the way it will be. And when they ask the questions they're going to get the answer. It's just getting people asking the question. But, I think like I said, people have been talking about this for so long now- California's pretty saturated, I think we have an opportunity with FPA. But most of the other locations, I don't think they are so much, and so it's just a matter of what makes the most sense where you can put some resources and how it can work out. So, between PPFA and FPA in California, I think you have pretty broad reach, I don't know of any other volume providers, and the academic sites will be at the Forum. But, they don't have any particular volume.

Buyer: Yea. Yea.

PP: Cedars is going to have a fellowship program, they're in the process of putting it together. USC has one, UCLA has one. Those are basically the three sites that are training all the providers in the region. So, if everybody who is providing knows you exist, you know, I don't know what you're interest is in a small provider, who wants to call you up and offers one case today, do you want to come out and do this? That's kind of a lot of work.

Buyer: Yea, that's really not an ideal situation.

PP: That's why you want to go with someone like PPFA, who does 40 percent of the cases and has a whole schedule for the day. Again, FPA is a possibility we just have to do some education there. On both sides, now you know they don't dig until 18.6, now I just need to let them know, it's not really research.

Buyer: Does FPA do actual research, research where they have IRBs for that or?

PP: Nah, they might participate in a one off study but, like she was just saying, they feel uncomfortable doing research because they are a for-profit. I think it actually looks worse for their research partner.

Buyer: Oh.

PP: You know for profit companies doing research.

Buyer: I'm sure that the partner can make that determination though- they're talking about people who are partnered with FPA?

PP: She's basically partnered with USC and UCLA to help them recruit for studies, but I guess it looks weird when a for profit partner for a project, because they probably have some- they could be accused of having an outcome in mind, if they stand to gain something. As opposed to just general letting patients donate their tissue, it's a service.

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PP: I see it as a service that is offered to patients, and it just happens to be a service that is offered to researchers on the back side. It's not what's seen on the face of the health centers though. It's if our patients want to do this, we make it available to our patients. And, I think I can have that conversation with Rachel as well. So, it might take a little while, I need to have a few conversation with Rachel before I can make an introduction. We'll see what happens.

Buyer: How much time do you think you need to have that conversation.

PP: Couple weeks. Yea, just because I'm leaving town on Monday. I won't be able to have a real conversation with her until I get back. I'm leaving town for a week, and then I go to New York for half the week, then I get back, so I'm guessing mid-August. It's not too far way, it's July 25.

Buyer: Time goes quickly.

PP: And apparently that's a good thing. I need to just change my perspective. Is there anything else we haven't touched on?

Buyer: I think we're saturated for now.

PP: Haha, like much of southern California.

Buyer: The conversation will continue, I'm sure a million things will come up.

PP: I'm going to have to write a whole bunch of follow-up emails and I'm really- Like, if we can get you guys to the forum, I think that's going to be pretty beneficial. We'll get some people by your table once I know where it is.

Buyer: I'm sure we can commit to that, we've been intending to, I don't know how far Brianna got talking to the organizers but, even- at this point, even if there

were some other stem cell stem cell meeting that was of conflict of the same weekend, I think this is easily more important so-

PP: It's October 11th or something, it's around October 11th. You know more than I do, I just know I have to go down there on the 9th. Probably then, the 8th.

Buyer: Are you presenting there, or speaking, or anything.

PP: I run a lot of the meetings, and then there's pre-meetings. It's basically three conferences back to back to back, I have to go, I'm having a pre meeting on the 9th. I have to go the meeting on the 10th and 11th, the12th and the 13th. Then I have to go on the 14th, then I'm hoping to take a few days off to just breathe after like six days of no sleep. But I just go where I'm told. I think I'm giving two talks at the meeting, and part of the panel.

Buyer: So, what can we do? So that you, this part that you're helping us with? In a couple weeks, send a little reminder?

PP: Yea, I'll send a follow up email after, to make sure I've got my follow up thing. I mean, like I said, I'm going to have this conversation with Rachel, I'm going reach out to Arizona, - mean I have to figure out what Gulf Coast is doing, what Orange is doing, figure out what San Diego is doing. To reach out to some people on the East Coast, to reach out to Chicago, and also reach out to Utah. Like I said, I'm going to be at a retreat all next week, so this isn't going to happen until the week of the fourth. Or even the week after the 4th. Why don't we check back in like, mid- August, figure out what's going on with you guys, being at the forum, and me getting some contacts to some people then we can figure out where we are.

Buyer: So, I'm going to say about August 19th.

PP: Wonderful, by then I should have all the emails out. Ok, that's right before I go to the CDC. So, I have a few days to get my act together. Yes, no, and I would like to talk more, just about a little meet and greet. Just even in California to talk about who you're working with, and the work that they're doing, just the whole process. I'm very excited at that. That sounds really good, because everyone talks about tissue donation, but it's kind of a giant brown box. Kinda puts a face on a whole new perspective. Like I said, especially if it's the places where it's our staff that's talking to patients, we know what's going on, they know what's going on. Everyone knows what's going on, it just makes it more genuine. Alright, we will be following up, circling back in a few weeks. This has been pretty beneficial.

Buyer: This has been good. Thank you so much for being able to take the time to-

PP: Thank you for being persistent. That's what it takes with me because I am busy and have many things going on at one time. Alright, I am going to say my farewell then, so good to see you, thank you.

End of Transcript

TRANSCRIPT BY THE CENTER FOR MEDICAL PROGRESS

6 February 2015

Speakers:

-Mary Gatter, MD, *President, Medical Directors' Council, Planned Parenthood Federation of America* and *Medical Director, Planned Parenthood Pasadena & San Gabriel Valley* ("**Gatter**")

-Laurel Felczer, WHCNP, *Senior Director of Medical Services, Planned Parenthood Pasadena & San Gabriel Valley* ("**Laurel**")

-Two actors posing as Fetal Tissue Procurement Company ("**Buyer**")

frame counts are approximate

Buyer: Dr. Gatter, good to see you again.

Gatter: Yea, nice to meet you. Thank God you introduced yourself, I really didn't-

Buyer: We met in October, in Miami.

Gatter: Oh yea, that's right.

Buyer: I was there with one of our procurement techs. Go ahead, yes. [Name] is in the restroom.

Gatter: How are you?

Buyer: Pretty good, it's been really since the holidays, I feel like I've been going on stop. It's been kinda tough to find the time but I'm glad we were able to make it work.

Gatter: Ok, where are you based?

Buyer: We're based in Long Beach.Yea, Norwalk-Long Beach area.

Gatter: Long Beach, ok. The music is loud, what do you think about turning it down?

Buyer: Fortunately it isn't too crowded here, I was surprised. I thought there would be a lot of people.

Gatter: Now, you're in Long Beach, are you associated with an academic institution of any sort or?

Buyer: Myself? Not really, no. I have a relationship with some people at Cal State Long Beach, but it's not very official.

Gatter: Ok, and you're company is called, what, again?

Buyer: [Company Name]. I'm the procurement- Oh, there's my boss.

Gatter: Hi. Mary Gatter.

Buyer: Mary. Nice to meet you. You know what I was just thinking? Is this meeting now supposed to be happening? Sinus headache. Just totally out of it. But,no. I couldn't postpone again, right? Thank you so much.

026800

Gatter: Keep your eyes peeled.

Buyer: Ok, what does she look like?

Gatter: Mid-fifties. Chunky, my height, blondish hair.

Buyer: Ok, I've got a clear shot. So, how are you?

Gatter: I'm doing well. So, your companion, whose name is?

Buyer: [Name].

Gatter: Ok. I'm getting older, the names-

Buyer: Me too. If we- I have been calling him a different name, and I don't even know, he looked at me, and I was like oh, you'll understand when you get this age. What did I call him. Oh, it was, I said [Name], which is his middle name, but I never call him that. So, I think it's the sinus headache.

Gatter: Plus, this music is loud. Maybe because I put in my hearing aid this morning. Anyway, so [Name] was explaining that your company is in Long Beach. How long have you been around?

Buyer: Well, I'm a start up. We're coming up on our anniversary very soon. One year. So uh-

Gatter: How did you get into this business?

Buyer: Oh, that's a long story. I got into it years and years ago, so eighties. What I was doing, was I was working with women, really doing counseling with them.

The whole stigma, pressure from family, depression. So, that was really where I started. And then, you know, we're about the same age I would guess. How it got babies, very dangerous. So, I was raising my family and that went away. Just still keeping my hands in it. The clinic in this area has closed down since then. Now, I just see such a positive direction I can take.

Gatter: How did you connect that with your-

Buyer: So, my niece was working in research and she knows [Name], and she came to me and she was telling me about the work that she was doing. And that researchers were not able to-

Gatter: Get tissue.

Buyer: Yea. So I just sorta put two and two together, and thought- the main thing at the time. The main thing at the time was this could be positive. If I could work with women saying, no, no, this is not all negative. You don't have to-

Gatter: Well, it's been my experience that people are eager to find some silver lining in the situation, and they're seventy or eighty percent of the people you thought would say yes.

Buyer: Exactly. Really? Is that what you're finding? seventy/eighty-

033000
Gatter: Years ago, I was involved; I'm stepping back now. For years, I was the medical director of Planned Parenthood Los Angeles. We had fifteen thousand procedures a year. We had a relationship with people out of UCLA, which switched to USC. They would bring their own researcher in- we would get our staff to get informed consent which has to be the federal consent. Then, their staff would get the tissue, what ever tissue they wanted that day. They would come mostly to our main site, where we did procedures to 24 weeks. And they would mostly handle the bigger cases.

Gatter: So it was my experience that maybe 60% to 70%, but a large percent of patients we approached would say yes. [inaudible] I don't know how much you know about this. But at Los Angeles we used digoxin- a feticidal agent- once you apply a feticidal agent-

Buyer: It nukes the stem cells.

Gatter: Anyway, about a year and a half ago I retired from PPLA and I had been at Pasadena since '05, so I continued my work at Pasadena, which is a much smaller affiliate, much more suitable for a semi-retired person. I live in San Moreno, much closer to here. Laura who will be joining us, is the lead clinician there. We do about eight hundred abortions a year, and about sixty of them are

between twelve and sixteen weeks. So, I didn't know if that was going to satisfy you, not satisfy you. Or what you were interested in, or what.

Buyer: Well, ok. Whether it would satisfy, maybe it's not the volume I was thinking about, but would it fulfill something else? Yes. I think it would. What do you-

Gatter: So, where we stopped off was with your organization, so you started a year ago as a start up.

Buyer: Yes.

Gatter: And you are for profit?

Buyer: Yes.

Gatter: Your academic connections or researchers are with?

Buyer: I was telling her, Briana coming to me and talking about researcher not being able to get tissue and-

Gatter: It's a perennial problem, thirty years ago when I was working in New Haven and we had people at Yale who were doing research on Parkinson's and stuff like that. I was involved with tissue donation there as well. Not at Planned Parenthood, it was women's health services. They would come, they were very good and they would take whatever I could give them, because they were just desperate to have tissue.

Buyer: So, I might be looking high volume to satisfy needs but, I'm just in a position where I see, this last year, the great strides we made. One problem that I have encountered is saying yes, I can get this for you and then not be able to. So, I don't want to run into that, I don't want to get that reputation. There are some organizations with that reputation.

Gatter: Well, it depends, if you have high enough volume you can get pretty much anything.

Buyer: Right.

Gatter: So, have you thought about FPA or-

Buyer: Yea, FPA is- because we're close with Dr. Nucatola- She was kind of our go between FPA this summer. And FPA doesn't feel like they're in a position to partner with something like that, they feel like it's too research based and-

Gatter: Now that I think about it, you know Rachel Steward, the medical director? I think, this is before Rachel though, they're attitude was they were for profit and they didn't feel like they could partner with another for profit because they'd be accused of selling tissue or convincing people to have procedures [inaudible] it was a PR issue for them. They do fifty thousand abortions a year, they're a huge [inaudible]

Buyer: Yea, I didn't know much about them when we started talking to Deb, and it sounded really good but- apparently she reached out to them, I think she's close to Rachel, they said that's not something they wanted to be involved in. You know, what's kind of the most disappointing thing that summer, was we discovered pretty much every affiliate in California was already partnered.

Gatter: Yea.

Buyer: StemExpress has the whole North and ABR has San Diego, and there's Novogenix in LA, and I guess there's a private lab in Orange. So, had assumed that California was saturated, so we're starting to cast our gaze further.

Gatter: You've got one small pocket of people who are not partnered, that's Pasadena because the volume is not big.

Buyer: And so it's literally eight hundred surgical procedures a year. Wow.

Gatter: That's surgical. Our medical is up too, medicine abortion came around in two thousand (inaudible) Who would want to do this? (inaudible) come in for a quick little surgical procedure. It turn out a lot of women would rather do that than come in for any kind of surgical procedure. So our- it might be as many as thirty percent of out total AB volume is not medicine abortion. That's not- it isn't helpful to you.

Buyer: No. So, you found that- that surprised you when-

Gatter: Yea, I was surprised. I've learned from my experience and (inaudible) But I was surprised. Plus there was a lot of fear, back in two thousand that our phone lines would be overwhelmed but you know, if you do proper counseling up front, and what to expect-

Gatter: You know, when we first, we got calls from 12-year-old kids who hadn't told their parents they were coming in, who were horrified, they were now bleeding, cramping, some of them went to the emergency rooms, some of the emergency rooms were Catholic hospitals, so you know, all this kind of stuff goes on, but in general, we now have permission to go to 10 weeks as well, the original FDA was approved up to 7 weeks, and then evidence-based protocols started- I wonder if my- let me just walk out there, she's usually pretty reliable.
Buyer: So, did you want to wait for Laurel or-

Gatter: We can go ahead and start the conversation.

Buyer: So, what have you done in the past as far as providing tissue, how has that worked with the logisitics-

Gatter: Ok. I was involved in New Haven, I was involved in Boston-

Buyer: Dr. Stubblefield?

Gatter: So Novogenix was our partner in PPLA and they would send us- you know, big volume. They would send their staff to the site, and our staff, our medical assistants were used to discussing with the patients, do you want to consent? And they would say yes or no, and a lot of them said yes. Maybe it wasn't entirely sixty, and then once the patients have signed the consent form, the patients did not receive digoxin, and Heather would look at the tissue- that's probably Laura- she would take the pieces that she wanted and it worked out well for everyone. She was unobtrusive, she was helpful, she did all that kind of stuff.

Laurel: Oh, my apologies. Hi.

Gatter: So we just started the conversation.

Gatter: They're a start up, they've have been about a year in business. They are for profit company connecting researchers with people willing to donate tissue. We just started talking- they were a little bit concerned about the fact that they're in Long Beach, but they understand that every California affiliate is paired up in a tissue donation program, except for Pasadena. Volume, that you for getting it to me is eight hundred a year. We were just starting to talk about the process worked with Novogenix down in Los Angeles when I was there. To back up a little bit, PPFA, our parent body, is on board with tissue donation, but we have to ask for a waiver to do it, and we have to lay out for them what our program's gonna be like. And it's absolutely a requirement that we use only the official, federal government form for tissue donation, that we don't modify it in any way. Novogenix was working on a concept that California has slightly different requirements, and so it's different, and so they wanted to very reasonably insert the California requirements into the consent form, the federal form, PPFA said no, you have to have two separate forms, so it just added to the burden of consent issues. But I was also explaining to them, back when I was in Los Angeles maybe sixty to seventy percent of people said yes to tissue donation.

So Heather, a Novogenix person would come to the site, and our staff would sign the patients up, and get consent. Heather would look at the tissue and take what she required, so logistically it was very easy for us, we didn't have to do anything. There was compensation for this, and there was discussion if that was legal, they

have been paying by the case, and there was some discussion about do we, in a different way, or I don't know what you're used to doing, how you're used to doing compensation. Patients don't care what we do, of course, but-

Buyer: I want to go back to the percentage of people that do consent, do you find it makes a difference with who is approaching them? How they're approached?

Gatter: The person approaching them, medical assistants have to be on board with the program. I didn't find any difference who approached. What I found the difference was, they were not consistently approached because of how busy it was. The busier you are, the less likely the staff is going to take the time to say "by the way, there's two more forms for you to sign." Which is such a waste (inaudible) If we need liver today, and there's a seventeen week patient who would be perfect, but she wasn't approached, then you can't do that.

Buyer: Is that- whether you want to use your clinic staff doing consenting, or whether our technician should be don't that, because that's an option as well. It sounds like it has to be a PPFA form?-

Gatter: PPFA uses the Federal form. The federal government put out a form, saying here's the form for tissue donation, aside from PP. PPFA, the form that we use, is a federal form. Now, you can use the California form, or your company specific form but you've got to use at least, that one.

Buyer: But your experience is always your clinic staff doing all the consenting, not the outside technician.

Laurel: I was with the San Diego affiliate, and they were utilizing the same process. It was the staff who was doing the consenting and then there was someone from the company also. You know, it's an education piece, absolutely for the staff. Support staff are well trained and I think it's a small amount of training and it's easy to bring them up to speed. We're participating in a research project, and that's gone well. There was a learning curve, with the education but they took that on and did quite well with it.

Gatter: What Novogenix did, they came in for a half hour session for the staff, before we started the program. They had a power point saying here is where the tissue is going, here's the diseases that are being helped (inaudible) So, yea I think the staff that understand the program is more likely to buy in to it and want to do it.

Buyer: So, logistically, what would that look like if we were to come in, not come in. We're paying to- I was always envisioning that our tech would do everything, so that's less work for you guys. Obviously they're doing the collecting and

shipping and they would also do the consenting. They can also be a clinic float that way, depending on your flow or however that works.

Laurel: Yea, I mean that's not something to turn down. I think that may well help with flow to decrease the amount of time that they have to take with our staff, and then move them to a different room, then we- I'm trying to strategize about that. We have the three rooms, I don't think, spacewise it would be an issue.

Buyer: It wouldn't be a problem.

Gatter: We could move people for one building to another.

Laurel: Well, I think we could-

Buyer: There's multiple buildings?

Laurel: We use- we have a second building in front of the parking lot. Actually, we just moved into a trial that we're working on (inaudible) It's a separate waiting area for patients who come in for in-clinic abortion and they're able to wait with their partners and it's out of the family planning setting. They are splitting it sometimes but for the most part, let me take it back. they intake in the main clinic and they move them for pre-op and everything, the rest of the time out there. We could keep it consistent (inaudible)

Gatter: Here's a side issue, if we use your staff to do the consenting, obviously this is your employee, not our employee. And so far when's she's dealing with out patients, she took all those courses; how to talk about abortion, how to talk about this, how to talk about that.

Laurel: They're probably a couple that it would fall under, that we'd want her to take.

Gatter: Her status wouldn't be independent contractor. It would be-

Laurel: I don't know what-

Buyer: You feel like Planned Parenthood would contract with our tech or?

Gatter: We would have a contract with you guys that would specify some of these things. (inaudible) It would specify that you wear a nametag, all those things.

Buyer: But on top of that there would be a personal contract with the technician.

Gatter: We were just talking about it, probably not.

Laurel: Maybe not, it may fall under- if they're your employee, then probably not. (inaudible)

Gatter: Tissue donation on the cusp of research and something else. I know that for years, well PPLA and northern California, we were kind of the vanguard to have PP doing this kind of stuff. I know that PP national had a hard time trying to figure out where to draw the lines and whether to have us sign—in fact, now it's all coming back to me. If you guys were doing a specific, one research project, we would have to sign it up as a research project. But if you're collecting tissue for multiple research projects, not just one, then it falls into the tissue donation area. It's complicated. The paperwork is a nightmare. But, yeah.

Buyer: Does that track with what Deb was telling us before?

Dr. Gatter: Yeah, they're always changing their mind, they're always doing things different. I'm sorry. The last moment I checked into this, we did not require any research form submission to do tissue donation, providing it wasn't a one-on-one relationship with a researcher who was collecting the tissues in order to use them.

Buyer: Does that track- I think so. We'll be exhibiting at the Medical Directors Council meeting in a few weeks. I don't know if you'll be attending.

002800

Gatter: I am now the president of that organization. Of course I'll be there.

Buyer: Excellent. So we'll be there, and I guess- I imagine, I mean I've never been but I imagine there would be more dialogue with the national office or something like that. So that might be a good opportunity to hear what the most up to date protocol is.

005300

Buyer: What would you expect for intact tissue? What sort of compensation?

Gatter: Well why don't you start by telling me what you're used to paying.

Buyer: Okay. I don't think so. I'd like to hear, I would like to know, what would make you happy. What would work for you?

Gatter: Well, you know in negotiations the person who throws out the figure first is at a loss, right? So [laughs]

Buyer: No, I don't look at it that way. I know, you want to play that game, I get it.

Gatter: I don't want to play games, I just don't want to lowball, because I'm used to low things from—

Buyer: You know what? If you lowball, I'll act pleasantly surprised and you'll know it's a lowball. What I want to know is, what would work for you. Don't lowball it, tell me what you really—

Gatter: Okay. $75 a specimen.

Buyer: Oh. That's way too low.

Gatter: Okay.

Buyer: And that's, really, that's way too low. I don't, I want to keep you happy.

Gatter: I was going to say $50, because I know places that did $50, too. But see we don't, we're not in it for the money, and we don't want to be in a position of being accused of selling tissue, and stuff like that. On the other hand, there are costs associated with the use of our space, and that kind of stuff, so what were you thinking about?

Buyer: Exactly. Way higher than that.

Gatter: Mhm.

Buyer: So I'd like to start at around $100.

Gatter: Okay. Now this is for tissue that you actually take, not just tissue that the person volunteers but you can't find anything, right?

Buyer: Exactly. What is, what we can use, what is intact. So that's why I'm saying no, don't lowball, I want you to be happy and—

Gatter: Well, it's complicated by the fact that our volume is so low too. I mean, are you looking at 8 and 9 week specimens or only 2nd trimester specimens?

Buyer: Well, here's kinda the different factors that come in to that. A lot of the research demand, I would say the majority but a plurality would be for second trimester and later trimester. So, there are some good scientific reasons for that, with cell differentiation, how developed it is and all that. But, at the same time it's all somewhat artificial because there's the practical consideration, like what you

said, of whether the tech can actually find what they're looking for, and it happens to be easier in the second trimester. Whereas if you're trying to do first tri, you're waiting for an intact enough specimen to come out to try and find. Even then, you spend an hour playing find the liver. And uh- it wouldn't be microscope assisted.

Gatter: Naked eye? (inaudible)

Buyer: Our techs are most used to- they're most used to adipose tissue and stuff like that from cosmetic surgery centers. That might be a logistical thing we have to look at a little more carefully.

Gatter: The problem is that we're only doing sixty second tri's a year. If she doesn't say yes, then your staff is tied up the whole day. When we first started the program, we had a situation- a policy that she would call the day before and how many ten weekers do you have, she wouldn't come in unless we had a chance for getting tissue that day.

Buyer: So call the day before? So that-

Gatter: For the schedule, say how many second tri's are- and you know second tri's could not show up, there's a lot of slip between plans and the actuality. The staff- your staff would call the night before and say "I need a twelve weeker, do you have any?" That kind of thing. Then they could come in or not come in. It would be irregular for you in terms of whether she could do it or not.

Buyer: So coordinating what we need with what is available, the night before?

Laurel: I mean we- the schedule is full almost a week before, we do-

Buyer: How much does it change? Within a weeks time? Just ballpark it.

Laurel: Usually the schedule is so full they don't' add anymore appointments, so they move to the next weeks schedule. So at least typically the Monday before the Friday, the schedule's set. It's full.

Buyer: And you don't see so much-

Laurel: No. we can certainly check back, but no.

Gatter: For the full schedule on Monday, have them show up on Friday.

Laurel: Well that's I mean, they're having an excellent show rate today. Last week they were at twenty three patients. The demand is higher up because of the holidays, which is what we always see. But, on the average week we see about twenty to twenty four patients every Friday, and it's a combination of first

and second tri's. in those numbers, you know, second tri's are much less than first tri's.

Buyer: So, is Friday your only procedure day?

Laurel: Mm-h. It is.

Gatter: We're thinking of adding more.

Laurel: Yes. We're on the cusp- staffing wise and the need to carry out family planning visits, we're watching how far out our scheduling is, we're not ready to add a second day yet. As I was just going to share, once in a while, there is a change in the schedule, so coming up in the end of March we're going to change Friday to a Tuesday, and send it out a good month in advance, so we know that too.

Buyer: And would you be adding a second procedure day this fiscal year, or no?

Laurel: Not this fiscal year, no. Unless something dramatically changed with the numbers, in the last year, our in-clinic numbers have been very steady if not dropped just a little bit with the switch to medication abortions. But for the most part the numbers have been fairly constant. (inaudible)

Buyer: When you add another procedure day, I guess it's not relevant for this year. Does that mean procedure volume is more spread out over the week or does it increase-

Laurel: No.

Gatter: It actually increases volume. There's no point if you just divide the days up.

Buyer: The intact specimens, I wanted to touch on that. What I was trying to say is if the 10 to 12 week specimens, end of the 1st trimester, if those are pretty intact specimens, that's something we can work with.

Gatter: So that's an interesting concept. Let me explain to you a little bit of a problem, which may not be a big problem, if our usual technique is suction, at 10 to 12 weeks, and we switch to using an IPAS or something with less suction, and increase the odds that it will come out as an intact specimen, then we're kind of violating the protocol that says to the patient,"We're not doing anything different in our care of you." Now to me, that's kind of a specious little argument and I wouldn't object to asking Ian, who's our surgeon who does the cases, to use an IPAS at that gestational age in order to increase the odds that he's going to get an intact specimen, but I do need to throw it out there as a concern. Because the patient is

signing something and we're signing something saying that we're not changing anything with the way we're managing you, just because we agree to give tissue. You've heard that before.

Buyer: Yes. It's touchy. How do you feel about that?

Gatter: I think they're both totally appropriate techniques, there's no difference in pain involved, I don't think the patients would care one iota. So yeah, I'm not making a fuss about that.

Buyer: Mhm. IPAS is the manual suction, right?

Gatter: Yeah, our shorthand for that.

Buyer: So, would you, I could see where it might present some sort of problem for you. So, to, if we could compensate more on something like that, or—

Gatter: Well, now you're shading into the area of you're paying me to do something that's not right. So [laughs] that's not what I want to talk about!

Buyer: No, I don't, I don't see that. What I want to make sure is that you, whatever you have to go through to deliver intact specimen, that that's compensated. Not that I"m paying you to do something shady or—

Gatter: Well I will discuss it with Ian, our surgeon. We'll see what he has to say. Do you have feelings about this?

Laurel: I'm just trying to think of it from his perspective. You know, I don't know what his opinion would be on that.

Buyer: You're not putting the patient at any more risk, right? As you said.

Gatter: No. Just slight variation of the technique.

Buyer: Okay.

Laurel: Which, the consent they're signing is for suction aspiration, it doesn't describe what kind it is.

Gatter: Yes, but I have heard people argue that for the tissue donation, it says we're not doing anything different, so.

Buyer: That's what I need to understand, because what I'm seeing it as, of course, I'm looking for intact specimens. You know from a medical perspective, the patient is receiving just as good of care. So help me understand the problem.

Gatter: Well, there are people who would argue that by using the IPAS instead of the machine, you're slightly increasing the length of the procedure, you're increasing the pain of the procedure, is it local anesthesia or conscious sedation, so they're technical arguments having to do with one technique versus another.

Buyer: So it's technicalities, is what I'm hearing.

Gatter: It's something that I need to discuss with Ian, before we agree to do that.

Buyer: And when you do second tri's- your gestational limits is sixteen weeks? Are you doing D&E's at all when you go up to sixteen weeks?

Laurel: Thirteen to sixteen weeks are D&E's.

Buyer: And Ian? He's the one who does the procedures? And that's a hard cut off, at that point he switches over to D&E's?

Gatter: It's a cut off. Under twelve weeks, it's a D&C, over twelve weeks it's a D&E, whether you do all with suction or dismemberment. I have written documentation from ACOG describing D&E even though you're doing suction. So, it's totally a billing issue. The technique we use at thirteen weeks is the same suction technique we use at eleven weeks. As it gets a little bigger, because we practice in LA, (inaudible)

Buyer: Even at fourteen weeks, he'll do an actual D&E?

Gatter: He might do a suction, I don't know, I haven't seen him in a while.

Buyer: Ah, yea, then it's kind of a different ball game too, when we're talking about D&E's because then it's all about the cervical dilation-

Gatter: We don't use laminaria, we do everything same day.

Buyer: Oh, interesting. Is that just a personal preference?

Gatter: Yea. What do you guys prefer in terms of collecting?

Buyer: Well, the best for us would be, you know, multi-day induction.

Gatter: Yea. That's not going to happen.

Buyer: Right. I don't know enough about the aspiration procedures, I think that's uncharted territory for- well, maybe not completely uncharted, but it's certainly less common for tissue procurement right now. Most people- what we're most familiar with is D&E's and trying to get as intact a specimen as you can with that. Like I said, if we're looking to increase volume by dialing up specimen quality

earlier then it's just a different kind of thing. So cervical dilation isn't going to affect the intactness of a specimen in the first trimester? Right? or is there any difference in the cannula width or anything like that?

Gatter: No. In the first trimester you train to use a cannula at certain gestation (inaudible) If you over dilate, you can put a bigger cannula in and get a more intact specimen, but again, you promise that you wouldn't change up the procedure (inaudible)

Buyer: Are there any other benefits to having a larger cannula?

Gatter: No. The smaller you go, the more likely you are to miss tissue.

Buyer: Right. That's what I ment- this might be too technical but in your procedure volume figures do you have a breakdown at like the end of the second trimester? Ten, eleven, twelve weeks to know what we're looking at there or?

Laurel: Might be-

Gatter: It's something that we can pull up. Most patients are coming in earlier and earlier so we have more seven weekers than nine weekers.

Buyer: What's your feeling about how your staff would feel about us coming in-

Gatter: I think if you present it in a positive light, maybe give a little fifteen minute powerpoint or lecture about who we're doing this for, they would be for it. Especially if you bring in your own staff to consent.

Laurel: It's an extra burden on them to explain it.

Buyer: Is your staff, are they aware of the research-

Laurel: No.

Buyer: So, that's something I think would helpful, for people to know the positives.

Laurel: Yes.

Buyer: Would that be beneficial? For a little educational-

Laurel: Yea. Absolutely.

Buyer: I mean, when we talked to people before, that seemed like going away from it, there was a change in attitude. Just our presence there, and how people can be used to the flow and what they're used to, and to have people coming in.

So I have found it, so far, when people don't understand the research that's going on, they don't understand the positives, once they're told, once it's presented- so, you think they would be-

Buyer: So, you think they would be open to that?

Laurel: yea, we have, just to share with you, each health center has a monthly meeting and we have speakers that come in all the time.

Buyer: Ok.

Laurel: Whether it's a pharmaceutical company, or we do our own end services and updates on items. They're very interested and appreciative of that kind of thing. I think they would react positively to this because of the understanding.

Buyer: Ok, and then, once there's an understanding about why we're looking for what we're looking for, and trying to coordinate patients with providing that- was it Heather? Did you say Heather was looking for something but because of the rush, rush, rush she's not able to-

Gatter: Because of the rush, rush, rush, they couldn't consent the patients and she couldn't get what she needed.

Buyer: That was why I suggested having our techs doing the consenting, so we don't miss-

Gatter: Even if your techs are doing the consenting, our staff has to identify the patients to talk to them. So, I can easily see with the rush, rush, rush, even if you're person is there twiddling their thumbs, patient services is too busy to enter this topic. Not saying it will happen often-

Buyer: Mhmm. So, how many days is that rush, rush, rush?

Laurel: Ha. One of the ways we would go back to this research we're currently involved with the Ellis study. Is we added a special form to the intake paperwork to remind the staff to ask these specific questions, it's like a script and they don't have to remember this stuff, they could check off on the slip, I would envision probably developing something similar, that would say discuss patient declines, patient agrees, and then the patients who read it would be passed on to your staff member.

Gatter: And how long is Ellis going on for?

Laurel: It's going through May.

Gatter: It would be helpful to finish with that, before starting this.

Buyer: So, you're saying this is something what would need to be in place before we could come in? Is that what I'm hearing?

Gatter: No. I was suggesting that if Ellis finished soon, we could transition.

Buyer: I was going to suggest some kind of pre-screening process, which is what I think you're referring to.

Laurel: Yea exactly. To be more easily be able to identify and have a set script that they can just follow and talk about, it makes it much easier.

Buyer: Is that a reason that you would prefer to have your staff doing that part?

Gatter: We have to have our staff do the initial triage, and then your staff could do the consenting.

Buyer: So, your staff has to be the initial contact?

Gatter: Yea. because otherwise it's ridiculous , if you talk to everybody, then the patients who do want to do it-

Buyer: Mhmm.

Gatter: We would have to have a contact in place before we could even start.

Buyer: Because I was even imagining- I've heard of people who have the tech as a floater, in the front. They can kind of pre-screen, they have a little clipboard. "Hi my name is Heather, my name is Briana, I'm from Novogenix, there's an opportunity at this clinic to donate you're- I just think back to the eighties, you know, when you and I are talking about that. Had this been around, I don't think I would have been doing as much work in those days with women who were suffering and-

Gatter: That might be overstating the case, we were talking about people wanting to see something good come out of their thing, they want to see a silver lining but I'm not sure that would change all that much.

Buyer: I'm more hopeful. I think that's just from working with the people.You've got a different perspective but that's what I would be my hope. If people could, if the staff could just be educated to see it, to know about it. What do you think Laurel?

Laurel: No, I think if you look at our staff, the age range, they're young twenty plus years. We now have a process of MA training, and most of them are. Previously we were training our own staff so I don't think with official MA trained

staff they would get that exposure at all. I'm sure they've heard of it, but I think it definitely brings up their level of interest when they understand something and the reasons behind wanting to do it.

Buyer: Do you happen to remember, off the top of your head, maybe use last week or this week as an example, I guess today is a procedure day, it's Friday. Do you know what the breakdown is for gestational ages today?

Gatter: You keep asking the question, we keep telling you we don't know. Stop asking that question.

Laurel: If we look at the schedule itself, it's not broken down by first or second. I know there were some scheduled, a few weeks ago, I think there were two. It also takes looking at documentation on the individual ultrasound, again-

Gatter: Its also on the EPN. It's on the EPN. (inaudible)

Laurel: It's for first and second tri.

Gatter: Yea, (inaudible) can have the gestational age pulled directly from the ultrasound.

Laurel: Yea, the billing may help.

Gatter: Then you just run the EPN report and it was say that we had seven hundred-eighty nine procedures and how many were second trimesters. When I was at LA, I used to be able to do it myself, it's just not as easy now.

Buyer: So, you think there was at least one second tri today?

Laurel: I didn't look at the schedule, so no.

Gatter: The law of averages is one or two every week.

Buyer: So Mary, did I hear you say that you are semi-retired?

Gatter: Yupp. I filled my schedule, I'm busier than I was when I was working in LA. This was a sixty hour a week job, you know. Now, it's like one day a week, but I joined a barbershop chorus on Wednesdays, these women are serious singers, I mean serious singers. We go to retreats and we sing for twelve hours a day and we stretch and there's a contest coming up, and we wear these costumes they would be embarrassed about in Las Vegas, and I belong to a local amatur theater group and I'm on the membership committee and were discussing what it means to be a member and dues and that conversation, I'm just busy. Then I got a call yesterday from PP national, they want to put together a cadre of medical directors to do international reviews, I also do reviews all

around the country, part of the accreditation process. The answer to your question is I am busy. What were you thinking of? Oh, my daughters wedding, that's coming up, mother of the bride dress, ugh. I'd be having that ruben if I didn't have to fit into the dress. So yea, how about yourself, what do you do?

Buyer: Nothing for fun. Nope. Nothing for fun. But it doesn't sound like, well I don't know, you sound busier now.

Gatter: They're activities but yea. I do research, I had a research paper published last week. There was a research paper inspired by Danco. A lot of red states are trying to limit abortion access by passing ridiculous legislation, and one of them is you have to use the FDA regimen for medication abortion, it's from two thousand, it's outdated and we have evidence alternatives now. But the red state legislation says no, no you have to have seventeen million visitors, you have to do this, you have to do that, and you can't to telemedicine either, which is great. So, Danco- people rarely go back to the FDA to change the label, because it's expensive and there's no point to it and doctors are used to using evidence based alternatives that don't have to have a label. But, if the politicians are saying you have to use a label, we go back to the FDA and say we want to change the label. Danco says you need a big volume of patients to say it's safe and effective, because LA had all those cases. Deb and I put together a paper based on fifteen thousand cases with LAMS and alternative methods saying guess what? Its safer, easier, more effective than the regimen that those stupid idiots want us to use. Im interested in political research so.

Buyer: Mhm. Where do you see that going? You're working with Deborah, you said?

Gatter: We just published, it will be out shortly. And I had worked with some researchers out of UCSF, Tracy's (inaudible) who moved to Omaha to be part of the Buffett foundation. So, the doctors and I looked at if it made a difference in abortion if you were forced to have an ultra sound or not. As it happens we have them in our system but when you record that patients decision, do you want to see it or not, because it California it's optional. So, now they give a court ordered decision to see it, and we have a separate thing asking how sure are you about your decision. Very sure, not sure, you know, So we looked at thirty thousand patients to see if looking at the ultrasound made a difference. Guess what? For most patients, it does not. Sixty percent of patients did not want to look at it, forty percent did. They both proceeded to have the abortion the exact same way, with the exception of women who were unsure about their decision. If you were uncertain and you saw the ultrasound, you are one or two percentage points less likely to have the procedure. So, it's kind of a nuance, and our enemies don't do nuance as you know, so we published that last year. What do you do for fun?

Buyer: I think I enjoy blowing off steam the same way anybody else does. There's lots of funs stuff to do in south LA and Orange county area.

Gatter: Mmm. I can tell you're a clubbing person.

Buyer: Yea, that's a polite way of putting it.

Gatter: You're a young man.

Buyer: I'm sure that Dr. Van Handel of Novogenix would say the same thing.

Gatter: Who else is with Novogenix? It's an Asian guy, I'm so bad at names now. I'm sure he would be horrified.

Buyer: So, they've been exclusively contracted with PPLA for quite some time? Interesting, and that's the thing, once someone is in, there isn't much room to share.

Gatter: They've got to do something really bad to get kicked out. Part of the self sustaining, you know.

Gatter: (Inaudible) Heather, when she came in, was pleasant, unintrusive, she didn't get into anything, she didn't get in the way. She was efficient, wrapped up her specimens, sent them out- shipped them out.

Buyer: I'm thinking about the 2nd tris, if we knew were going to be able to get a liver-thymus, even if it's just one, consistently, per week I think that would be a good start. Obviously, that limits how many researchers are being served at once, but at the same time, it gets you started-

Gatter: It's a promise we can keep.

Buyer: It's a promise you can keep, exactly.

Gatter: So, what gestational age are we talking about, liver and thymus?

Buyer: Well, if it's a liver and thymus pair, that's used in the humanized mouse models, I don't know if you're familiar, the way they have immunodeficient rodent and you can engraft human blood products in order to reconstitute a human immune system. That's used for all kinds of applications, and highly dependant on having a liver- thymus set from a fetal cadaver. So, that's always in demand, people always want that, I was just at two or three-

Gatter: How big is the thymus in case I'm looking for something?

Buyer: The thymus is pretty tiny, and liver is similar in coloration and consistency as the vaginal lining so, that can be difficult, that's one of the reasons for second tri, they're just easier to identify I think but in terms of differentiation of the

progenitor cells in those tissues, there is some some kind of a sweet spot, say fourteen and up. Fourteen to twenty-two weeks, most of the protocols call for eighteen to twenty-two weeks, well, no I think that's an older protocol, sixteen to twenty-two weeks. SCID mice have definitely been engrafted with fourteen week liver and thymus tissue. It's just a matter of knowing that if our tech goes there, you know, that Friday, there is going to be one case there that's got that for certain, we can get it and send it off.

Gatter: So, suppose you call in Monday, and there's two 14 weekers, coming in on Friday, we don't know if they're coming in until Friday. So, you could call again in the morning, be asking again if you should come in. We don't really have the volume you need. That's a problem, when developing a relationship. (Inaudible)

Buyer: Yea, if it's a matter of finding out and committing the day before, it's a two hour round trip, or whatever for someone to drive out there, that could be worth it, that could be really worth it. So, it would be good to- the name of your physician again? Dr.-

Gatter: Ian Tilley.

Buyer: Ian Tilley, it would be good to touch base with him-

Gatter: Actually, I'm having lunch with him in two weeks so, I could chat with him then.

Buyer: Oh, excellent.

Gatter: You know, PPFA takes a enormous amount time to get back in terms of contractual issues and stuff.

Buyer: Oh, so you would have to apply for the waiver that you spoke of.

Gatter: Which, I'm willing- it's not that big a deal.

Buyer: Does that go to Deborah? Is she the one that signs off?

Gatter: She's one of the people it goes to, but they change who it goes to so, she's involved in the process.

Buyer: So, that's why I don't want to lowball. Because, I hear this is what you're going to have to go through, frustration, time just paper work.

Gatter: Oh, we will. Where's your company located?

Buyer: Long Beach.

Gatter: When I was at PPFA, they used to have surgical site in Long Beach. (Inaudible) They stopped that Long Beach site too. I don't think I ever went to Long Beach, now that I think about it.

Buyer: Do you know well, the Orange/San Bernardino affiliate?

Gatter: Jennefer Russo.

Buyer: Because we're told they're very high volume, and they're right there, next door to us. The last that I heard was they were working with a private laboratory in Orange, but I guess that would be a research study, a bone-fide research study because they're going right to the researchers who are using it there. But, I don't know, I don't have any more information on what they were after, and what was being done. It sounded to me like it was just one laboratory. There's probably availability-

Gatter: Room for expansion.

Buyer: Room for expansion. Or maybe room for someone else to come in. I don't know, maybe if Dr. Russo will be in Orlando-

Gatter: She will. Absolutely.

Buyer: Maybe we can have that conversation.

Gatter: Come up to me in Orlando and remind me to introduce you.

Buyer: Definitely, yea that would be helpful. So even though you don't have high volume, I see that their are other niches you could fill for us. Don't you think so?

Gatter: Here is my suggestion. Write me a three of four paragraph proposal, which I will then take to Laurel and the organization to see if we want to proceed with this. And then, if we want to pursue this, mutually, I talk to Ian and see how he feels about using a "less crunchy" technique to get more whole specimens. Then, if we agree to move forward, the steps, I would need to apply for a waiver at PPFA, in order to do this, we need to have a contract, do you have a contract?

Buyer: What we've used in the past is a materials transfer agreement. And obviously, that's open to discussion.

Gatter: It needs to say exactly what your staff is going to do. It needs to say exactly what your expectations are. Exactly what the compensations is. That you're agreeing that your person will only use specified the Federal government tissue donation form, you can add extra forms if you want. California-

Buyer: Do you have a copy of your form that you could send us and-

Gatter: Our form?

Buyer: Your form for tissue donation. The standard one.

Gatter: Outline this in the email you send, because I will forget as soon as I walk out.

Buyer: And are we agreed that $100 would keep you happy.

Laurel: I think so—

Dr. Gatter: Well let me agree to find out what other affiliates in California are getting, and if they're getting substantially more, then we can discuss it then.

Buyer: Yes.

Dr. Gatter: I mean, the money is not the important thing, but it has to be big enough that it is worthwhile.

Buyer: No, no, but it is something to talk about. I mean, it was one of the first things you brought up, right? So.

Dr. Gatter: Mhm.

Buyer: Now here's another thought, is we could talk about specimen, per specimen per case, or per procured tissue sample.

Dr. Gatter: Mhm.

Buyer: So if we're able to get a liver/thymus pair, maybe that is $75 per specimen, so that's a liver/thymus pair and that's $150.

Dr. Gatter: Mhm.

Buyer: Versus if we can get liver, thymus, and a brain hemisphere, and all that, then that's—

Dr. Gatter: Okay.

Buyer: So that protects us so that we're not paying for stuff we can't use. And I think it also maybe illustrates things—

Dr. Gatter: It's been years since I talked about compensation, so let me just figure out what others are getting, if this is in the ballpark, it's fine, if it's still low then we can bump it up. I want a Lamborghini. [laughs]

Buyer: [Laughs] What did you say?

Dr. Gatter: I said I want a Lamborghini! [laughs]

Buyer: Don't we all, right?

Dr. Gatter: [laughs] Exactly! I wouldn't know how to drive a Lamborghini. Oh god I was hysterical, three months ago, driving on the wrong side of the road. Thinking oh my god, I'm too close to that side.

Laurel: I couldn't even sit in the front seat in Australia. It was (inaudible) I'll sit in the back.

Gatter: I sat in the front and my sister was driving, and every time she'd stop or get too close, I'd go eek, eek. And finally, my other sister was sitting in the back goes "Stop. Get out of that seat."

Buyer: Do you have family there?

Gatter: My sister did our genealogy and have Irish and half Scott. For the Scotts part we went to Ireland where my great-great grandfather emigrated, he was a sea captain actually. He wrote some very interesting letters about being caught in the south seas, 1870 or so.

Buyer: That was your first time there?

Gatter: Yes. Yes. Actually, it was my second time because I was in Edinburgh when I was a medical student. We did pre med in OB, that was interesting because the midwives in the deliveries at the time weren't allowed (inaudible) any time there was a delivery, eight am the next morning, the medical student would go out and do (inaudible) it was ridiculous. So, that was my second time.

Buyer: And no you have a wedding coming up?

Gatter: My daughter is getting married in New Jersey, Atlantic City. Yes, she's getting married, she's going to law school, so she's moving forward with her life.

Buyer: And how about you Laurel? Do you have children?

Laurel: Two married children. And one- my daughter is pregnant again. Five months.

Gatter: Oh no! That was quick!

Laurel: She wanted to have them thirteen months apart, guess what? She had them thirteen months apart. I said Good for you. She said:
"Are you ready to retire yet?"
I said: "Can you afford for me to retire yet?" So, very good, five month old granddaughter and then older grandchildren, step grandchildren from twenty six to sixteen.

Buyer: My goodness. What made her reasoning for thirteen months apart?

Laurel: She just wanted to have them close together, it looks like it's going to be thirteen months.

Gatter: Yea, my sister and I are thirteen months apart.

Laurel: Yea, my brother and I are too. Very fortunately, she is a stay at home mom, she doesn't need to work.

Gatter: Hey. alright. How about you? You've got the energy. How are your children doing?

Buyer: They're both in college.

Gatter: Where do they go?

Buyer: They go to Cal Poly.

Gatter: Oh. Two of them go to Cal Poly.

Laurel: Very good.

Gatter: We should be moving on here, we're going to stick you with the check.

Buyer: Yes. Yes. Thank you for taking the time, thank you for being flexible.

Laurel: I really apologize for being late.

Buyer: No need.

Laurel: It's been one of those days.

Buyer: I'll draft a four paragraph proposal, I'll send over one of our draft contracts as an example. Excellent. I will see you in Orlando. Thank you so much.

Laurel: I'm not going to shake your hand because of my cold. Nice meeting you.

Buyer: Nice meeting you.

Gatter: Nice meeting you.

TRANSCRIPT BY THE CENTER FOR MEDICAL PROGRESS

7 April 2015

Speakers:

-Savita Ginde, MD, *Vice President and Medical Director, Planned Parenthood of the Rocky Mountains* ("**Ginde**")

-"J.R." Johnstone, *Clinical Research Coordinator, Planned Parenthood of the Rocky Mountains* ("**J.R.**")

-Medical Assistant, Planned Parenthood of the Rocky Mountains ("**Jess**")

-Two actors posing as Fetal Tissue Procurement Company

frame counts are approximate

045700

Ginde: Alright. Good to see you.

Buyer: Good to see you again.

Ginde: Yes. Thanks for coming up. How was the flight?

Buyer: Pleasant. I joke that neither of us is the biggest fan of traveling.

Ginde: No?

Buyer: We do it pretty frequently- I love to travel, I hate to fly.

046500

Buyer: So, thank you for taking this time. I'm going to jot some notes down while we chat, they're some question I want to prepare for.

Ginde: Sure.

J.R.: C just gave them the tour.

Buyer: Yea, it was overload so.

Ginde: Overload? That's pretty good.

Buyer: It was impressive.

Ginde: So, what- Is this your first time visiting Planned Parenthood or?

Buyer: Uh, no. We've visited Planned Parenthoods before, this is our first time in Colorado. This is a really impressive center. Most of the physicians offices that we've coordinated with before are very small.

Ginde: We're busy.

Buyer: We didn't see too many people in the waiting room when we came in, I'm guessing most of your procedure are scheduled later this afternoon, because you don't start until eleven-thirty?

Ginde: No. That's the busy time when they start to come in. They have they're ultra sound thing, then they have the consent session, that's like an hour and a half, so they're probably all in the back, in the rooms getting consented. Or, they're getting their ultrasounds, but they all trickle in.

Buyer: By the way, logistically, I should just say, at eleven is when Pan era is supposed to be delivered. I figured if you have to go at eleven-thirty and we're bringing lunch, we'll bring it at eleven so, I gave them your phone number- it's complicated so, I said we're ordering so we'll be the main contact, but it's not our office. They'll probably call you or me and it'll probably be around eleven.

050000
Ginde: So, we usually see about twenty, well from eighteen on a light day but up to twenty five patients in a day. Obviously, not in the gestational age that you're interested in. You say you want over fourteen weeks?

Buyer: Yes. It's possible depending on, two factors. Number one, their are some good scientific reasons why researchers are requesting later gestations. Some of it is artificial though, depending on how easily or tech or our new tech, however that's going to work out can just find what's being requested.

001200

Buyer: If you can kind of play around with that lower range I think, if the specimens are coming out more intact. So that, I guess, we will kind of get a first hand look at that today, later on. How many procedures are scheduled- When we're talking about intact specimen's, how many of those do you see?

Ginde: Intact specimens?

Buyer: Yes, within- what's your volume on an average Tuesday?

Ginde: With second tris? Anywhere as low as three up to seven.

Buyer: Ok, and so intact?

001600

Ginde: Intact. So we do basically D&Es. Intact is less than ten percent.

Buyer: Ok. Less than ten percent.

Ginde: So, they're going to come out in part and pieces but you don't want- I was thinking in terms of fetal parts that we would take all of it and send it and you guys would take out what you wanted, but you guys want to take out what you want before send out all of it.

Buyer: Right. Yea. So we, for the kind of requests that we are catering to, it's very specific organs and tissues that are being requested. So, for example a paired liver-thymus from the same donor, would be used in SCID mouse research and things like that. And that's stuff that has to be isolated within minutes after the procedure is done, packaged up and and shipped off, you know, over night to whoever the researcher is.

Ginde: So, technically we wouldn't be sending it to you, we would be sending it to-

Buyer: Exactly. Yea. Either, at least initially, we would have one of our technicians we would send out to kind of walk everybody through it and start getting used to the process. And then, I think we floated the idea of training J.R, if that's still on the table-

Ginde: You guys would have to have someone fly out-

Buyer: Yea, I wanted to talk to you about that.

Ginde: The logistics are so variable that- or if you had someone here, on the ground who was trained-

Buyer: I do know someone who isn't that reliable, so I think J.R. would be more reliable, and it's just-

Ginde: Because there are some other practices around, I don't know if you talked to Warren Hern, he obviously has much later gestations, but if you had someone on the ground that could kind of work the area-

Buyer: Mhmm. So, I'm just wondering, you have one doctor here a day, is that what I heard?

Ginde: Mhmm. We do Tuesday through Saturday.

Buyer: Ok. So, if they know that what we're looking for is intact, and gestational age later, are they able to- I'm ignorant of this, so I'm relying on you. Are they able to adjust the technique to provide that?

Ginde: No. Because we're not- it's not like we do inductions or anything where we would have an intact delivery of any type. So, it's really hit or miss on how everything comes out in the cannula.

Buyer: Ok, and you can't control that at all? It's just what presents.

Ginde: Sometimes, we get- if someone delivers before we get to see them for a procedure, then they are intact, but that's not what we go for.

Buyer: So, specimen quality- I was just thinking about the logistics with the tech. What I was going to say was, the data you sent me on the gestations over January and February was really helpful, and that made it a lot clearer to me what we were dealing with. Because it's interesting, because on the one hand, you do procedures five days a week, Tuesday through Saturday so you guys are processing very high volume, which is excellent. On the other hand, because it is all the gestations, literally just spread out the whole time. So, if we want to take advantage of that higher number of second tri cases that are available, we've got to have someone stationed here the whole week. Otherwise you're going to miss out because it's so spread out in that time period.

Ginde: It's variable.

Buyer: Yea, so we, I think, the idea you suggested, you know, a while back, is the right way to go. To have two pieces, the first would be to have one of our techs which might- I guess we need to talk about that a little bit more, I don't want to throw anybody into something.

Ginde: We can hire somebody?

J.R.: Yea, we can hire someone whose background or whatever it is-

Buyer: Do you have someone in mind for that? No. Ok.

J.R.: It's a possibility. We can always float someone by-

Buyer: How are you with- are you open to that?

J.R.: Yea.

008956

Ginde: It's easy for him, if he's already-

Buyer: Right.

J.R.: Because my office is based downstairs, so I'm walking distance.

Buyer: Mhmm. And you're right here, you know what's available. So, that's one piece, the other piece would be our relationship, so we could keep those separate.

Ginde: Mhmm. And, I think we've done a little work on how to keep that separate?

J.R.: Yea, we still need to work out some of the logistics around that. In terms of the CEA, but yea good question. From what we have at the university, the lawyer is still going over it.

Buyer: Interesting. They haven't gotten it kind of back, yet?

J.R.: Not yet, No.

Ginde: He had another court case he was mediating, I think he got side tracked.

Buyer: Ok. How long do you think before that would be in place?

J.R.: I'd have to follow up with him again.

Ginde: I thought he would have that for us by today.

J.R.: Really? He didn't reply back to me.

Buyer: But sounds safely, within the month?

J.R./Ginde: Oh yea.

Buyer: So then, that's our- I can assume that piece is in place. That is our responsibility, and I want to make sure that this is productive for both of us. That, you're happy, I'm happy.

Ginde: Absolutely.

Buyer: I'm going to rewind, you put the figure at two-hundred, was it that um- Yea, we want to talk about that now? I do. I'm going to fade, I can tell.

Ginde: Finances.

J.R.: Especially with travel, you have to get in so much right away.

Buyer: I do.

Ginde: So the one thing I guess I don't know is: is it going to be based on what is requested, or what is obtained, or just a flat fee no matter what it is?

Buyer: Our big thing is, what will make it work for the both of us. So, obviously we want product that we can use. I think the biggest thing is paying for material the we're not going to be able to process and send to researchers. So, if there's, you know, we certainly see a difference between- it makes a difference between a case that is so mangled that we can't even get a shred of, you know, piece of liver out of it, versus something that we can get liver, thymus, pancreas and neural tissue, obviously that second case is a lot more- so compensation could be specific to the specimen?

Ginde: Ok. I think then we would just- I think for us, we would need criteria-

J.R.: Yes, clear criteria.

Ginde: -For what makes something usable. Even if you have pictures, because I think some of it is visual, at least at this level, because we're not looking at anything under a microscope to see what is usable or not.

Buyer: Right.

Ginde: So, this is going to be naked eye determination,so those kinds of things of what you're looking for, obviously we're getting trained. I don't think I've ever seen a thymus, maybe I have and I don't know that I have. I know I've seen livers, I've seen stomachs, I've seen plenty neural tissue, usually we can see the whole brain.

016000

Buyer: Does that make it more difficult for you then, if we're looking for specifics- is that going to be harder on your end?

Ginde: You mean for the specific parts? I mean as long as we know what we're looking for, and we know what it looks like.

Buyer: So, I would want you to know that up front, compensation is going to be higher if it's going to- specific specimen, you're going to have to look for it- I want you to be happy in that, I want to make sure we're compensating you in that- so, if that's a higher compensation level, I want to make sure that we can provide that.

J.R.: I think as long as there are clear expectations and proper training as to what we're looking at and everything, that will definitely help. And also, the expectation that there maybe screen fails, and not everything will come through.

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Buyer: Right. So one way of maybe one way of controlling for that, the best way may be, rather than looking at a flat fee per case, I know what some of our competitors are doing right now is paying per actual procured specimen. So, if there is a case where we can only get liver, and we have a set fee of fifty dollars per specimen, maybe it's seventy five dollars per specimen and that specimen is what can be procured. So, if we can only get liver, then that's one unit or one marked seventy five dollar specimen or one fifty dollar specimen. If we can get liver, thymus, plus neural tissue and a kidney, then that's four specimens and that's a higher total. The situation with the university, though, was different. It was a lot less intensive-

Ginde: The university you were working with over there?

Buyer: No, the university that you were working with, I'm trying to remember the-

Ginde: Oh. They wanted just villi, and for them it was a lot easier, they had criteria um, non-smoker, no medical problems, they had a whole list. They wanted normal placental tissue and villi and so once people met their criteria and were willing to donate, we just took the gestational (inaudible) they weren't looking for specific parts.

Buyer: Right.

Ginde: And so that way, with them, our fees were for every placenta we gave them, they gave us a flat fee.

Buyer: Right. So, a flat fee based off placenta.

Ginde: It was so easy.

Buyer: It was easy for you, that's what I'm imagining. Yea, so I wanna make sure you are compensated.

Ginde: Yea so if you guys have another organization- someone you guys already have a relationship with, who's doing this for you already. LIke, that would be really good for us.

Buyer: To do the training,

Ginde: Because that way, we can talk about it as much, but it's different for us to see it.

Buyer: Right.

J.R.: To really see the action.

Ginde: I think it would be worthwhile, because then, we could kind of see what process we were doing- and then we'll have to walk you guys though- I don't know if you guys talked about the processing that we do down stairs from like- right now, the uterine content right now, because we use a little bit of wash at the end, to wash everything into the ars at the end. So, they're going to be exposed to water, I don't know- and do they put chlorine in it?

J.R.: A little bit, yea.

Buyer: That's important to know.

J.R.: When I talked to the head nurse, she said that could be modified.

Ginde: Obviously, there's going to be a lot of wash because-

Buyer: No. That's actually probably helpful for-

Ginde: So they can see.

Buyer: Exactly. Chemical contamination is the only contamination that we would be concerned with. Which is why, you know, for providers that use dig, they're can't use dig because it nukes the stem cells. No KCL, no chlorine. I mean, I don't know, chlorine probably isn't as bad, but I wouldn't feel comfortable sending a researcher a specimen that was washed in chlorine.
Something else, when we were in the lab, the room off- your storage room.

Ginde: In the back.

Buyer: Yes. If we needed room in there for packaging, boxes or-

Ginde: In the research- we have some room-

J.R.: Yes.

Ginde: We could easily figure that out.

Buyer: Ok. Would that be a problem, would that present-

Ginde: No.

Buyer: Ok, you're saying that now, but when we actually get into it and somebody is stumbling over something and-

Ginde: How much are you going to have, I guess is the question.

Buyer: Yea.

Ginde: What is your process? Why don't we talk about that. We're doing procedures at seventeen weeks, so we have fairly large identifiable parts.

025000

Buyer: Excellent. So what we would need is we would need a technician, whether one of our people that we've sent out or someone that we've trained, you know, 1099 or whatever. We need a trained technician who is in the pathlab to receive the specimen. They can do, probably I think, most of your typical processing with it anyway, to strain it out, float it in the dish, make sure everything is there, whoever is around can swing by and take a quick look for arms, legs, cal, all of that. And then our tech would have a little pick, not like an ice pick haha. Just like a little rod to poke around with plus some tweezers.

Ginde: Ok.

Buyer: And- just like some dissecting tweezers, some dissecting scissors, and they'll have their list of what they're looking to procure that day. So let's say we have a request for seventeen week liver-thymus pair from the same donor. So, they would receive the specimen, wash it off, get the ok to procure with the provider that there is nothing missing. They would do the dissection, get the pieces that we need,package it up, we typically use like a twenty five or fifty mil specimen tube-

Ginde: The little one.

Buyer: Exactly. Yea. They put it in there with some solution-

Ginde: Do they use formalin or water?

Buyer: RPMI is what a lot of researchers request. Different researchers have different protocols, they're requesting all kinds of different things sometimes. So it just need to get packaged in the specimen tube, that gets typically, either dry ice or wet ice,packaged in a FedEx box and overnighted to-

Ginde: Packaged and FedEx's. So, it not unreasonable, the only thing that would fog- obviously with the later procedures, they occur later in the day. So, what happens if the last pick up is um- do you know when the last pick up is? 6:30?

J.R.: Yea, I think that's the last one to get out of Denver.

Ginde: Can we do it the next day?

Buyer: Not often- it's rare that someone- I'm just going to look at where's the closest FedEx store.

Ginde: It's right next to Sonic.

J.R.: We know from experience that-

Ginde: It's like a block and a half. And, there's a UPS store there, so there's both.

J.R.: The last one out of Denver itself is at 7PM from the FedEx airport facility.

Buyer: So, would there be anyway, if were to get a refrigeration unit, would that be possible?

Ginde: What kind of refrigeration unit?

Buyer: I don't know. I don't think any researchers are going to want to take any day old- because the problem is, when you freeze fetal tissue, and then you thaw it, you're losing cell viability every time you do that.

Ginde: So what about just refrigeration?

Buyer: Oh, interesting. Like if we- Just a small unit- I mean it's basically about twenty four hours of refrigeration and sometimes, not even all that.

Ginde: It would literally be, let's say we do a case at six. And by the time we process-

Buyer: So, you really are doing second tri's as late as 6PM. And you designed- that's on purpose, to do the later-

Ginde: Well, it's so we can-

Buyer: They need time.

Ginde: So they can prep all day. Yes. Especially if it's the first pregnancy or whatever, they need time to prep. And we're planning on going to from eighteen to twenty weeks by the end of the year, which means those people might really be the last cases we do at the end of the day. So I can see that running at a budding- And I hate for that to be the we're rushing because we need to get this-

Buyer: Exactly. Right. No. No.

Ginde: The patient is going to be like:
"Excuse me."

Buyer: No. We probably won't get as much of a quality specimen.

Ginde: It would great if we could collect the stuff and put it in, we have freezers, we have refrigerators, where we could get-

Buyer: I'm thinking a small-

Ginde: We could keep temperature logs too, for the research stuff. So, we could get temperature log for you, specimens can only be refrigerated, not frozen, it has to be between this range. We could make sure it stays there and tie it up in the morning, we could have it shipped out at seven or eight AM. They pick up pretty early. It wouldn't really be twenty four hours it would probably be less than twelve.

J.R.: Like a same day shipping? Yea.

Buyer: Ok, that seems like a hassle, again, not wanting you to bear any of that. So, obviously compensation for that would be higher. We would bear the cost of that, even if it's just a little area that we own for that- not that we own.

Ginde: Yea. Yea.

J.R.: Reserved.

Buyer: Reserved. Thank you- For refrigeration and-

Ginde: So, if we had a refrigerator, we would probably keep it in your office with the other refrigerators that we have for studies. That way it's all in one place.

J.R.: And locked too.

Ginde: At night. My suggestion would be, because your office is locked, that we either use that or the other keyed space that we have to store any containers, liquids, things that go with this process. That way we don't ever have to worry about anyone misusing it, Like:
"I don't know what this is. I'm going to put this-"
That way- and it's locked. You know, these are all sort of considerations that's why we have his office locked. And since you're the one who would typically be doing this, it would be easy for you to go over and grab it.

Buyer: Yes, so my other question is, just looking real specifically at today, what does today look like in terms of volume, gestational age, time of day-

Ginde: No idea, we can check when we go down there.

J.R.: Yea, I can grab my computer.
Buyer: And so, I just want to get back to the timing because specimens will be going, sometimes as far away as- fortunately, **Colorado's in the middle of the country, so it's kind of equidistant wherever, even if it's going to New York, or North Carolina, or San Francisco. It's one thing, with like preserving the specimens, it's one thing if it's going to Oklahoma for example.**

036000

Ginde: Okay.

Buyer: There's a research institute that we're talking with right now that's doing some real exciting work, if it's going there, that's courier distance, someone could just courier it from 6PM just to get it to wherever it's going.

Ginde: Mhmm.

Buyer: And most researchers are eager to coordinate with the procurement schedule as well, to receive their material with the freshness that they need.

Ginde: Yes.

Buyer: So, it's one thing if it needs to get to Oklahoma, or even Arizona. If it's going to Washington state or North Carolina, that's where I'm getting worried that- I don't know.

037600

Buyer: A lot of that is going to depend on the specimen quality too though, because if we're talking about obviously, if we're getting a shredded up half piece of liver and half of a thymus that's ready lost a lot of blood, the cells are dying, that's going to be harder to preserve. Whereas if there's an intact trunk, then there's still been some circulation, and that's just going in the refrigerator, those parts are going to be viable for longer. I don't see that being a problem, if were are able to have that area.

Ginde: Yea, and these are small jars, so technically you could put one hundred in there, with our refrigerators, you could get that in there.

Buyer: Ok.

039500

Ginde: Ok, so I would- from my standpoint, I would be interested in seeing what all these organs are supposed to look like. So I know what I-

Buyer: Right. You mean how intact they are.

Ginde: Yea. Yea. I think for the most part, from what I see, it looks intact, but what do I know?

Buyer: So, what's ideal is the organs that are requested should be intact. Because, with stem cells, there's only a certain ratio of the number of stem cells you're looking for with in the tissue type you're dealing with, so- and they also tend to be a little more fragile. So, the more physically macerated the tissue actually becomes, the actual number of viable stem cells you can isolate out of that, if you're a researcher, is just dropping, dropping, dropping. So that's the concern, actually, it's kind of ironic because they're not even necessarily using the entire liver or the entire thymus but the cells they want to get out of it, have to be protected by the whole tissue still having it's integrity. So you don't have that piece, we have that piece, but yours is the method that you're using, your technique during procedures. That could be, if you knew what an intact looks like, and how to preserve that, that would be something- I don't know, on your end, is that something you could adjust or- your procedure?

Ginde: Well, the thing is, unless you're doing- so, well I guess I would have this question back to you, are you working with people who are changing their procedure that delivers (inaudible) because I feel like some people are doing induction, some are using KCL or dig.

Buyer: So, I doesn't have to be induction, wha's ideal, some providers will- for example if there's a request for liver, if it's a D&E procedure, they can be kind of conscious not to crush certain parts. Sometimes, converting to breach under ultrasound guidance and uh, Dr. Nucatola is pretty good about that, in LA.

Ginde: But she must be doing twenty-

Buyer: Yea, she's doing twenty so it's a little different.

Ginde: When you're talking fourteen or fifteen weeks, you don't really have that control, because everything is so much smaller.So we have to see-

Buyer: And so for those cases, are you doing D&E's or is it aspiration, I don't think I know enough about that kind of mid trimester-

Ginde: It kind of depends on the provider and the case, a lot of times it ends up being aspiration, because as long as it fits through the cannula no one's crushing anything.

Buyer: What do you extract with forceps at say, fifteen or sixteen weeks if you're doing a combined-

Ginde: Just the cal.

Buyer: Just the cal.

Ginde: You know, when you get to seventeen or eighteen weeks, because you do get some of those, that's when you're doing a lot more of the D&E-

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Ginde: So that's where we have to do a little bit of training with the providers on making sure that they don't crush or are able to—

Buyer: So it's a matter of just training, it sounds like, to a provider.

Ginde I think so. I mean, it's hard to know how their specimen come out right now because it's not like we've been looking.

Buyer: Right. It's not your-

Ginde: We have to kind of see the baseline of how things are getting extracted now and see if we can do any work with them to maybe be more gentle.

Buyer: Right. That's what I'm excited to see today, is to get a handle on the baseline, find out exactly what the volume is that we're dealing with, the gestational breakdown, if it kind of matches the data I was looking out for January and February, and visual examination of the specimens afterwards to see kinda what are we- baseline, what are we talking about here and how's that gonna- So, our answers will come after we see that. Just hearing that yes, you could be open to training providers, that if they needed to adjust their procedure-

Ginde: Yea, if it wasn't a major deal, like just some tweeks, I don't think it would be a major deal.

Buyer: Right.

Ginde: I'm just not sure that's gonna- I don't know, the difference is going to be interesting.

Buyer: Oh, you're wondering if it will actually make a difference whether practically- I'm not understanding that, what is it that you're thinking?

Ginde: I'm not sure if- because even if you're gentle, you still don't know what you're-

Buyer: Right. For later tri procedure, breech position makes a huge, huge difference. With the larger yea, if we're talking fourteen to sixteen-

Ginde: For sixteen to eighteen weeks, I'm not sure the difference it would make. I'd be curious to see, especially at sixteen to eighteen weeks.

Buyer: Are you guys still expanding your gestational age to twenty?

Ginde: Mhmm.

Buyer: In the near future? When is that going to-

Ginde: End of the year.

Buyer: By the end of the fiscal year or-

Ginde: Calendar.

Buyer: Calendar year. Ok. So after we get that information, after we observe and then we can know, I think you can know more about how much um-

Ginde: Yea, and I can talk to Deb. Are you guys contracting with LA? Unfortunately we're working with, actually we have another site visit scheduled with Pasadena in just a couple of weeks but Deb Nucatola, we've been really close to over the past half year. Her affiliate is partnered very closely with a tissue procurement organization out of UCLA and we've asked- we would like to move in, but unfortunately, once someone is in, they're kind of in and -

Ginde: They sending theirs locally or are they shipping out, like we would be talking about.

Buyer: The TPO that's based out of UCLA, they have a tech that is at the LA site- huh?

Ginde: Someone's there. It makes it easy, someone's there.

Buyer: That's where J.R. would come in right? To make that easy? Yea, I think, if you're open to that, it might be the most logical thing to-

J.R.: I think what we're getting at is, there is a difference between shipping and having a tech locally that can just drive it over.

Buyer: Oh yea, and we wouldn't be asking you to courier anything, that would be a little too difficult.

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Ginde: So, there's a couple different things to work out right? There's the logistics of the procedure that we have to work out, once we get the specimen. And also, some of it will be a little bit of forethought and planning on what happens when the procedure goes to late, or the day goes to late, and we have to make sure that we can refrigerate and do all this stuff, and it get done correctly, and then shipped first thing in the morning. Logistically my only concern with having you do the procurement is, you take vacation and you do get sick. So-

J.R.: Who's the backup?

Ginde: Who's the backup, or what kind of-

Buyer: So, the person that I have in mind would be excellent for backup.

Ginde: Ok.
Buyer: For regular, not so much. So we could cover that. That wouldn't be a problem.

Ginde: Now, have you worked with anyone in Denver or outside of California that has dealt with these kind of logistics that we are talking about-

Buyer: No.

Ginde: Where it's not you immediate area, where you're like:
"We're here?"

Buyer: It's been complicated because, we're very new. We're a start up, we've only been around for about a year. Most of what we've done in the past year, we've processed a lot of adipose tissue, from a couple different cosmetic surgery centers in the Los Angeles area, which is where we're based. We've worked with a few different physicians offices that in OBGYN that do terminations every so often. They've been highly unreliable, very small volume and it has not really been that beneficial situation for either of us. We've uh, not promised but we've said to some clients that we could get things- yea, and then not having the volume and not being able to satisfy-

Ginde: Not able to satisfy the clients. So, what's your background?

Buyer: My background is bio, just molecular biology. I did graduate research at UC Davis with focus on humanized mouse models. Which is when you have an immunodeficient mouse or rat species that has no immune system and that's the mutation that they have developed in it. Then you can engraft tissues from any other source and it won't be rejected. So specifically you can take human fetal liver or a thymus or even just the progenitor cells from either of those, and engraft those into those mouse models and grow or start producing those human immune cells and so you constitute a human immune system in that animal. And so then you can do all kinds of disease testing, drug testing and they're actually developing a newer version of the model now for neural tissues and neural applications in immunology which is really exciting.

Ginde: What's your background?

Buyer: My background, I go way back, way back, way back and working in clinics those were good times (inaudible) really working with patients and just knowing how that affected the stigma of it all. Then, it was actually my niece who was working working with researchers at the school she attended, and it just came to me. What a way to take a positive thing that can come from a difficult time in a woman's life, and help remove that stigma, that emotional element because that's what I dealt with.

Ginde: Where did you work?

Buyer: Southern California. I don't even know that the clinic is still around, it was such a long time ago. So then, talking with my niece and then she introduced me to [Name] and then the idea just-

Ginde: Oh,cool.

Buyer: Just came to me.

Ginde: You guys created something special. It sounds like you guys have significant competition? Is it competition?

Buyer: Oh yea. In Colorado, none that I know of. There's plenty in California. People are really nice here, that might be a good idea. I've had several friends who have moved California-Colorado over the past five years or so there's been kind of an exodus. How long have you been out here?

Ginde: This will be my twelfth year. was a fellow, it's where I did all my training. I was in upstate New York, New Hampshire, the whole East.

Buyer: So you really love it here.

Ginde: I do.

Buyer: Who did you train with, in the family planning fellowship?

Ginde: I was with Sternberg and Chaff.

Buyer: Yea, I don't know them. And you've been here twelve years, you said?

Ginde: This is my twelfth year.

Buyer: Ok.

Ginde: Yea, so we do procedures here, Tuesday through Friday. We have a few other surgical sites, we even have surgical sites in New Mexico, I don't know if you have been able to contact them.

Buyer: I spoke with Susan Robinson, and yea, they're doing- they dig at eighteen weeks. I think they're actually already doing specimen procurement for the University of New Mexico, right across town. That's for their earlier second tri cases, although Susan was telling me that- Susan Robinson was telling me that she, I guess works in some of the California Planned Parenthoods as well, and some of the other TPO's were based and had partnered with them as well. Yea, California is really saturated right now with- it's almost like you can't have too much of a good thing, but sometimes people get maxed out-

Ginde: It sounds like once someone aligns with- once you get the system setup, like we're talking now, all over the place like, we've got to figure it out, we've got to figure it out. And once we do all the work to figure it out, no one wants to start over.

Buyer: Right. Yea, and Pasadena is the only one that doesn't seem to be partnered, that's why when we found them, we were like "this is what we've been looking for." Their volume is very small so it's still like we're trying to-

Ginde: One surgical site?

Buyer: One surgical site. It's kind of an experimental thing for both of us, I think for each party. we're going to kind of see how that plays out, you know, for the rest of the spring. There is another affiliate, that apparently, their TPO that they're partnered with right now, is apparently not coming very often. And isn't really taking anything from the volume that's their. So, that might be another opportunity, but it's touchy because the CEO is a little concerned about how that would look, because some people are-

Ginde: I have to sell it to the lawyer, the CEO would be fine.

Buyer: Are you having trouble?

Ginde: No. No. But, when we were talking to him-

J.R.: Once legal approves then it's kind of like, ok.

Buyer: It's just having that having them do their job right so that we can come in and do ours.

Ginde: Yea.

Buyer: And make sure that both sides are being satisfied, so when you said that piece should be in place for sure, within the month.

Ginde: Yea, yea we should- the other thing I'm thinking of is, I work in Ft. Colins at least two to four times a month, and I tend to be the provider there that goes up to eighteen weeks. So I wonder if my getting trained do some of the stuff might be easier, because if I'm working up there it might be easier to take some of that with me, and can get it set and ship it on my way back. I'm usually done there by four or five at the latest, and the drop it off at the FedEx on my way home.

Buyer: That seems like a lot for you to do.

Ginde: I don't know. How hard is it? I'm just picking up- I don't know, maybe I'm making it too simplistic, but I feel like getting a specimen-

Buyer: Uh, I think it's-

Ginde: I need to look at it.

J.R.: It at least gives us another opportunity.

Buyer: Yea, if you're that enthusiastic about it. I just want to make sure people are happy and compensated, and it doesn't-

Ginde: Or, we- the other thing we could do is look at training one of the other nurses or someone who's there, who then could be the person on site who's there and could be there and then it wouldn't be reliant on me as a provider. You could have any of the other docs- because they work every Friday, Saturday. They get a lot of later procedures, because they are Northern Colorado, so we get all of Wyoming and a little bit of Nebraska who drive down, from the Dakotas as well. They just have to be a little further in gestation because by the time they get it together, because by the time they get there, they've got a pretty high volume too, of the second tri's.

Buyer: So you think more of your later cases might actually happen at Ft. Colins?

Ginde: No, we're open here much more than we are there. No, I don't think that's true. But, it's just another venue where if we're going to put those logistics together, then we might as well think a little bigger, we can definitely start here, and not try to do everything at once. A slow paced roll out. Something we should consider to sort of make sure we meet whatever sort of goals we have.

Buyer: Because the surgical sites- there's here, Stapleton and Denver, Ft. Colins.

Ginde: We also have one in the Springs.

Buyer: Colorado Springs?

Ginde: The metro area, we have one in Durango and one in New Mexico as well. But

Buyer: Those would be harder to get to. Those would require a separate dedicated person.

Ginde: The New Mexico people- it's funny the New Mexico clinic is staffed by UNM providers, so- it's weird that they would then get specimens from Boyd's clinic and then take them- I don't know.

Buyer: Then sometimes-

Ginde: Who knows.

Buyer: What I've heard is, sometimes hospital practices- University hospital practices don't have a very high volume, maybe University of New Mexico is different. You would expect it to be different because they have a big family planning program.

Ginde: They work at our surgical clinic.

Buyer: Ok. So they don't do surgical procedures at UNM?

Ginde: It's a small clinic.

Buyer: It's a small clinic. If a UNM researcher in the bio department wants a specimen, they could probably get it-

Ginde: From Boyd.

Buyer: From Boyd. Yea.

Ginde: So in some ways, I guess we're all forging new territory because we haven't done this sort of, from afar where you guys aren't on site. So you guys probably have a better handle on the things to envision as logistics that we need to work out, versus us who have never done anything. when we did this in Ft. Collins, we had the CSU providers come in- I think we told you before that we would just call them and be like "Hey, we have samples. Cool send them over." What LA is doing with their person on site. "Hey, we have specimens, ok, we'll be over there in five minutes. Great." They come over with a cooler, pick it up and they're gone. Obviously, there are a few more logistics involved, are there any things with FedEx, or anything that has to be worked out because it's human tissue?

Buyer: Yea. I think the FedEx part is easy- it's the easiest part.

J.R.: I think J.R. is really the key that'll make it work.

Ginde: I think we could just get a research assistant. It would be cheaper than you.

Buyer: I was going to ask- we had talked about- we emailed back and forth with your attorney about the prototype materials transfer agreement that we use currently with some donation centers. Then, I know that in the past you said with CSU it was a research contract, that I guess the attorney is redacting right now. Is there- does it make a difference right now on your end which of those, what that needs to look like?

Ginde: No. I mean, I'd have to look at the original one and see what yours- see what's in it. But of course we're doing some slightly different activities for you, than we were for them.

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Ginde: Just making sure that all the language, and that's the lawyers, what they'll do. And just making sure it's all spelled out. I know that our legal is obviously very in tuned to just the overall politics of the state and what you, you know, the antis would do, I don't know if you guys ran into them.

Buyer: Oh yes, the welcoming committee.

Ginde: But the welcoming committee, how they would respond, you can imagine how they would run with this. "Oh, they're selling body parts!" You know. And so I think he's sort of making sure that all of our ducks are in a row, that that would never be an issue.

Buyer: Mhm.

Ginde: So, I don't—

J.R.: I think as long as legal is okay with any contracts that we work out, whether it's—

Ginde: And that's why we do it under research. It makes it a lot different, to do it as a research program, you know, this is research just like any other program where we also collect specimen for a bunch of other studies that we do. We have cervical tissue or anything else.

Buyer: So that's the key then, if I'm hearing you, that it's research, the attorneys will frame it that way, and there's not a problem, or would there be a problem, I'm just trying to foresee any problem that an attorney would say well, no, this is not gonna work, or—

Ginde: No, I mean I think that the other sort of PR piece, the spin on it, right, is that this is stem cell research, this is going to stem cell research, it's not for, we're selling a liver to someone else for transplantation, it's not organ, uh, sales or anything like that that would otherwise be, that someone could take out of context.

Buyer: Okay, so as long as they have the language in place, that frames it properly, and.

Ginde: Yeah, and I think it makes it easier too to know that these samples will be going directly to a research program or a researcher and not to some warehouse. I mean, it makes it a lot more legit.

Buyer: Right, right.

Ginde: That University of Pittsburgh, or whatever, is going to be receiving a liver, or a thymus. Or whatever it is.

Buyer: Do you have any concerns about staff attitude or anything like that? Are they all supportive?

Ginde: I think we get a lot of patients especially because of the CSU work that we're doing, there's a clause that we just put in all our documents. So we don't have to do something like, oh, this is specific to your site, this is specific to your site, it makes it very complicated. So our patients often times read in our consent forms, that says if they consent, we might take your products of conception and use it for research, if you consent to it. And then they'll be like:

"Oh, can I do that?" And we say we don't do that here. I think some of them would actually be fairly satisfied to know, that their having their termination but those products are getting used- like you were saying, that something good could come out of it. I think a lot of the patients would really be pleased with that opportunity.

Buyer: In terms of your clinical staff, I'm saying because sometimes you have some that are not onboard, or have different hangups or yea.

Ginde: No. I mean the only thing they would be worried about is maybe, your being in the way. Just like see him.
"Aw, J.R. is over there, what's he doing?"
I mean to me, it seems like with how quickly we can process and look at stuff, and can identify things, then I feel like it would be fairly easy. I don't know.

Buyer: How are they going to feel when we're there today? As far as being in the way and-

Ginde: Oh, it's ok. I mean, because you're not permanently there, know what I mean?

Buyer: Have they been told that we're gonna be here today?

Ginde: They know you're coming.

J.R.: And lunch helps too.

Ginde: Food always helps.

Buyer: Feed them, feed them.

Buyer: How was that received though? I'm just trying to take a temperature- when you told them? Did you sense any-

Ginde: Oh no, they're always like, great!

Buyer: Alright.

Ginde: They kind of just roll with it.

Buyer: They understand the positive- ok.

Ginde: It kind of depends on who we talked to and who's working today. Most the people will probably be the same, there might be some new people who are like:

"What? I didn't know." They just weren't on the schedule before or whatever. But we'll make sure you guys get properly introduced to everyone. You met C, this morning. She's awesome. She's also a really good champion with the staff downstairs, she used to run that before she got promoted so, she knows all of those folks. Fairly well. We'll have to put a little bit of language during the consent sessions, just so the patients will have something to consent- I'm perceiving that you guys have some kind of generic consent-

Buyer: Right. I was going to ask, do you guys have a copy of the consent you were using for Ft. Colins? Was that provided by the university or?

Ginde: I think I have one of those.

Buyer: Can we get a copy of that? Just to look at it and compare it with-

Ginde: Yes.

Buyer: Whose consent from was it? Was it the university's or was it yours?

Ginde: I don't remember.

Buyer: You don't remember?

Ginde: I think it was theirs but, I'm not sure. I think it was a pretty standard consent.

Buyer: Is there any- it sounds like your clinic is fairly independent, so as far as any oversight from PPFA national, is that necessary for you guys or?

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Ginde: Just a registration that says we're doing it for study, and the study is on going specimen procurement, which we've done with other entities before. They've had different specimen (inaudible) where we've collected pap smear samples and stuff like that. This would be a specimen procurement and we just register it and PPFA would just close it out when it's done.

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Ginde: And the only thing you have to do is interim reports?

J.R.: Um, occasionally. They've never asked.

Ginde: They've never asked for one. Okay.

Buyer: So it's just a registration.

J.R.: Just a formality, really. We have good relations with PPFA. It's just so they know that we're not running on our own.

Buyer: Does it place any more burden on you? It sounds like you don't have to file reports.

036000

Ginde: No. It's just a routine, and we don't have to have IRB approval? Because, it's not a real study.

J.R.: I'll have to check.

Ginde: It's not a study, it's specimen procurement.

J.R.: In that case, would we even need to register?

Ginde: I don't know, I'd have to check with PPFA. I think we registered the CSU one, though.

J.R.: I'll have to look at the records. But it doesn't-

Ginde: (Inaudible) so we'll have to look at if it was registered or not.

J.R.: Regardless, we were still able to do the CSU one, with PPFA.

Buyer: And that was the only collection you guys did before, in the past twelve years.

Ginde: Yea, no one else has approached us. When they were doing, what studies were they doing? Abnormal placentation.

Buyer: How long did that go on?

Ginde: We gave them enough placenta to where they were like:
"Stop."
We actually haven't cut off that relationship, but they just haven't needed anything from us because they can get so many cells, I think out of even one placenta, I don't think it's as few and far between as stem cells.

Buyer: Yea. Right.

Ginde: So, they can get a lot more out of it, especially when it meets their criteria. I don't know, do you guys have that same kind of criteria? They want non-smoker because I guess-

Buyer: It's all going to depend on the individual researcher. That's even what I was thinking as we were talking about, you know what time of day the procedure happens, if we put it in the fridge or- a lot of that is just going to be a case by case basis. Some researchers are going to be really, really strict about it, you know, within five minutes of the procedure, you ship it to me. Others are going to be, yea, within twenty four hours, it will be ok. It's a real case by case, that's the other piece where you know, why we like to have one of our techs doing it because we have the relationship with the research client and they can be in communication with our technician or the procurement manager about that. And there's definitely studies especially when there's specific tissues and specific organs for highly specific protocols that our researcher has for whatever experiment they're doing. There's a very dynamic kind of ad-hoc collaboration with the researcher and the procurement agency and it's a lot of case by case and yea.

Ginde: No, I get it and we want to be able to kind get you what you need so we'll have to work through those logistics and if it works out that J.R. does it and if it doesn't work, you know, we'll just have to see how it goes.

Buyer: And I think that's why getting the base line today is going to be incredibly helpful for- so, what's the timing on that- I've got a conference call that might be coming. It's like afternoon at like three-ish. It could be three our time, but anywhere between two and three-thirty.

Ginde: Ok. We'll know once we get downstairs what the day is like.

Buyer: And when does it start downstairs?

Ginde: Uh, when I get there.

Buyer: You're the only physician on today?

Ginde: It's just me, so.

Buyer: And how many days of the week are you here?

Ginde: Doing procedures? Just Tuesday. I'm on Tuesday, there is someone here, Wednesday, Thursday, Friday, Saturday.

Buyer: Do you normally find that on Tuesday you are busy up until 6PM or 7PM?

Ginde: Yes. There are days I haven't gotten out of here until seven-thirty.

Buyer: My gosh. What time do you get here.

Ginde: I get here in between seven and eight.

Buyer: That's early. I am not going to complain anymore about being tired.

Ginde: And I have nine month old twins at home. They don't sleep, so.

Buyer: Nine month old twins. Boy, girl?

Ginde: Boys.

Buyer: Boys!

GInde: Nine month old, crazy little boys.

Buyer: Oh my goodness. Your first?

Ginde: Yes.

Buyer: Oh my goodness, I feel really bad now. Except the fact that I may be five years old. And you still want to do the procurement on your own and the Ft. Collins and the specs. And that's another thing, you say that now, but then you realize, this is another part time job you're doing on top of everything else.

Ginde: The thing is, it's not like we do second tri's all day.You know what I mean? It's one or two a day. It's sort of like when we did the CSU stuff, we're all trained to do it.

Buyer: I hear that optimistic- but when you get in the car, and you've got little ones at home, and you're like oh, I gotta stop at FedEx.

Ginde: Well, I leave Ft. Collins at six-thirty, and they go to sleep. I miss them at night.

Buyer: Who's helping you with them?

Ginde: We have a nanny. My husband works from home too so, he's there. Otherwise, unless it's a Tuesday, Monday's- I work from home Monday, Wednesday, Thursday and then I do one or two Friday's from home. Since they were born, I don't do any weekends.

Buyer: And then, the commute out here doesn't seem to be LA-ish.

Ginde: It can be. LIke I-25, when I have to come down the hill, it's about twenty-five minutes away, it can be a little. That's why I try to leave about six forty-five because then, it will take me like forty-five minutes to get here. It can be a little tough, I don't think we have as many people as LA has.

Buyer: And you don't have the type of drivers.

Ginde: And we don't have the type of drivers, but then we end up with all these California drivers that don't know how to drive through the snow.

Buyer: Or we bring our attitude here.

Ginde: So have you had any other bites from any other Planned Parenthoods, other than Pasadena?

Buyer: It's taken about a year to get the ball rolling and Deb Nucatola has been-she's like:
"You guys really need to come to meetings, SFP, the National Conference, everything. And, that's what it took.

Ginde: Did you meet any medical directors?

Buyer: Oh yea.

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Buyer: We're still kind of testing the waters of how much it's okay to talk about which other people we're talking to, because some people want to be a little more private.

Ginde: Oh. Well I think communication with the affiliates is something that would be really important. Because this could be, and again, I've been here long enough and I do a lot of stuff nationally with Deb and others that I think, and Deb is I'm assuming probably talked to you, this is potentially like we were talking before, a hot-button issue that if the antis got a hold of it, could really run with it and make it really negative, and so I feel like if you're talking to other Planned Parenthoods we really have to be on the same page, almost to the point where we really have to disclose to each other that we're doing this so that if anyone gets called out, or runs with it, that we're all like, "Oh I didn't know you were
Buyer: Right.

Ginde: And that we would need to be able to control that, rather than, I like to be proactive about that kind of stuff-

Buyer: Everyone is speaking the same language, it's framed the same way.

Ginde: And that the understanding is the same of what everybody is doing. So if you come tell me and I go back to the other side and you have other Planned Parenthoods you're talking to-

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Ginde: I would get all the CEOS in a room, and I would say, "Look. We're talking to your affiliates. We have Legal processing all this stuff. We just need to doing this," "I didn't know you were doing this too," we have to be, I think we have to be coordinated with each other.

Buyer: To keep the stories straight.

Ginde: Yeah. Well, and to make sure that we're all saying the same thing. And make sure that the CEOs are all saying the same thing. I feel like, you know, there's donors, and there's the CEOs, and all those people who do a lot of public interface who would need to be able to speak to any questions that came up appropriately.

make sure that all of you know that you are working together on this project—"

Buyer: Right. I think the resistance that I have felt is people that, yes, they want to do it, but they don't understand that doing it right can be easy, just that, getting the attorneys on board. We all know, for example, compensation. I want to come in and pay you top dollar for, because I know what you're gonna be facing, I want to make sure you're happy, I want to make sure our suppliers are happy. So compensation, okay, your cost is negligent, so it could look like we're paying you for specimens.

Ginde: Mhm. Right.

Buyer: So let's talk about it correctly.

Ginde: Mhm.

Buyer: We all know that, yes, that's what we're doing.

Ginde: So processing, and time, and—

Buyer: Exactly, so, yes, I am paying, you, but how we're talking about it out there in the public square, that's the important part.

Ginde: And also, like I know with my CEO I could explain it to her, what we're doing and I can tell her that I already talked to our legal, and he's on board, but there might be some other CEO's that might need a little more conversation, or might feel a little more comfort in knowing that their friends and their partners are doing this as well, so that's the only reason I'm sort of asking. I think we all really need to be connected and onboard.

Buyer: Yea. Just open up and talk about it and some people, they get that. There was this- I can't remember his name, but it was just, get out and talk about it right. Don't be bullied and- just make sure we're saying it right.

Ginde: Covering. Framing it.

Buyer: It's a real- it's a trade off, and I don't know- I think we all need to brainstorm- it ties into the larger discussion with abortion and abortion stigma, as how much do you just come out of the closet and be proud of who you are and what you do. And how much do you have to kind of be careful with what you say and time those disclosures and maybe not make some of those disclosures.And its-

Ginde: Most of our providers do not disclose, I mean, we're not like, Hey we're abortion providers! We don't because our protesters are terrible-

Buyer: That's what I was thinking, it's a constant reminder-

Ginde: Oh, they will follow you home.

Buyer: Oh really?

Ginde: Mhmm.

Buyer: Right. And so we're not going to have a [Company] instagram or anything. And that's something, Den VanDerhei, the new CAPS director, she and I were talking about this both at the medical director's meeting and also at the National Conference, how um- you know, she ended making me a little concerned because she kept talking about "what about the headlines" as if it was fated to happen anyway.

Ginde: Well, the problem is, we are a target right? So they do try to find something to try to make it look like-

Buyer: Bad.

Ginde: Yes. It's just, I guess, what comes with the territory.

Buyer: What are we going to do? Shutdown fetal stem cell research because-

Ginde: That's the thing. I think there's- you have to look at the public understanding of everything so,it's different when the public hears specimen procurement versus stem cell research.

Buyer: So, that's just the language.

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Ginde: It's all lingo right? making sure we're all saying the same thing, that- that is in fact, what we are doing, we're doing stem cell- we're making stem cells happen and that our patients are proud and satisfied with being able to participate in that. Because of the circumstance and the decisions that they made. So, that's where I think, sort of the bond of the Planned Parenthood itself. And working through Den, if that's where it is to say lets get all these people together because they're all interested. And getting the logistics worked out.

Buyer: I think what Planned Parenthood offers too is the education of the public. They just don't know, so that educating them, using that language, I think that would be a positive.

Ginde: So, yea. Hopefully we get a lot more interesting stuff-

Buyer: And so, it's definitely skyrocketed, really- especially this past year, into twenty-fifteen, it's been really exponential how it's gone in the last twelve months. It's really exciting now.

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Ginde: No, it's great. The only other thing that I would sort of be concerned about isI are the other Planned Parenthoods doing this through research or are they just doing it as a stand alone contract.

Buyer: Mhm.

Ginde: Because, even though we're doing it through research, if it comes up that someone else is doing it, just doing it as a business sort of venture, it puts a different spin on it.

Buyer: Mhm. So, how could you imagine that being handled if that is—

Ginde: We, that's where, I'd have to talk to Deb and see who else was involved and get us all together. I think Deb could probably spearhead something so I think it would probably be at the end of your conversations where there's actually contracts in place.

Buyer: Deb Nucatola or Deb Van Derhei?

Ginde: Nucatola.

Buyer: Because I feel like she has said before, that they said at Nationals, that research was overkill for tissue procurement. Because it's not really research, it's just collecting-

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Ginde: Well I know but putting it under the research gives us a little bit of a, an overhang over the whole thing.

Buyer: It makes it look better.

Ginde: Mhm. It makes a lot more sense for it to be in the research vein, rather than a—

Buyer: It's how we talk about it. It's how we talk about it.

Ginde: Even if they don't do it- I may need to call research and Deb and kind of shake this out because-

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Ginde: I do want the other Planned Parenthoods, I want us all to be making the same decision. So if we all decide that we're gonna do it outside of research, we do it outside of research. But if we all decide that we're gonna do it under research, that we have a different path that we know we're all registering and doing the same thing. Again, it's just that cohesive bond I think.

Buyer: So, you almost think that there should be a National Policy and Protocol for how affiliates do tissue procurement?

Ginde: You can't. Just because we're all so different.

012700

Ginde: We have to know who else is doing this. Because if you have someone in a really anti state who's going to be doing this for you, they're probably gonna get caught. You know. Someone's gonna be poking around a lot more with them, just because of the state that they're in, than we might have here. They're pretty bad out there, they try to plan stuff.

Buyer: They don't seem very sophisticated.

Ginde: They sort of- they definitely go for the easy. Like,if you do something and they find it, they're like:
"Hey great!"

013815

Ginde: If it takes a couple layers or some work, then they don't go for it.

Buyer: So the more layers we can put up, research, and this and that.

Ginde: Yeah, that's what I mean. And we all have to be following the same—

Buyer: Script.

Ginde: Yeah.

Buyer: And attorneys—

Ginde: This is not California. You step out of California and it's not so nice. And we really have to play politics with the environment to make sure that, we're doing things legit, but we're also protecting ourselves.

Buyer: How confident are you with your attorneys' work that you've seen, they are building many layers and making it difficult—

Ginde: We've got it figured out, that he knows that—because we talked to him in the beginning, we were like, we don't want to get called on, you know, selling fetal parts across states.

Buyer: Mhm. Neither do we.

Ginde: You know what I mean? No one wants to get—

Buyer: Right. So how do we protect ourselves.

Ginde: How do we protect ourselves from that. And I think then, part of that conversation happens that if you are talking with other Planned Parenthoods, we make sure that we're all doing this, taking the same steps to make sure that we don't get labeled with something that we then—because it's better to get proactive and get yourself ready than to get labeled with something and then have to prove that that's not true.

Buyer: To go on the defense.

Ginde: Right.

Buyer: Mhm. Mhm. And you feel confident that they're building those layers?

Ginde: I'm confident that our lawyers, legal will make sure that we're not put in that situation. But I think that my CEO, if she knows that there's conversations with other affiliates, that she would want to know who they are so that we make sure that they're all coming from the same space.

Buyer: Talking about it the same, framing it the same.

Ginde: And preparing the same. If anything happens that we all know how to work together. "This hit the press in Denver! It might be happening," you know. Who knows? But we usually try to be connected like that.

Buyer: Mhm.

Ginde: So Deb's a good vehicle. And she'll give you those opportunities to meet those affiliates. And now that you're starting to get more and more traction with the medical directors and people who are interested. And then, once all of this is happening, we definitely want to circle back and I'll have a conversation with r esearch and say okay, where do we want to fit this in? Because maybe from a logistics side, it's too much for research, but I feel like maybe from a veiled side and getting a little coverage, it's a little bit easier to do it under research and I think that's an easier sell. To the public. Of doing tissue procurement for stem cell research, than to be doing it outside of that.

Buyer: Yea, from what I understood at the National meeting, CAPS has really figured out the framework, I should say the legal framework, not PR framework, that's completely different.

Buyer: And that's not my-

Ginde: The legal framework for the stem cells?

Buyer: Yea, the legal framework for tissue procurement, and compensation and all of that.

019200

Buyer: We all agree this is a valid exchange and we wouldn't be doing it otherwise, but we have to make sure on paper that-

Ginde: I could talk to Deb Van Derhei and see what she has to share (inaudible) So we can see what she has.

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Buyer: So, do you think their are people that, like you said, it's a valid exchange, but do you think they're are people who would resist that though? Have you felt that?

Ginde: Internally?

Buyer: Yes.

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Ginde: I think it just takes, it's not like I can go down and see my CEO who I saw earlier or my COO whose office is right next to mine and say hey what's going on? Oh, I just had this meeting that- I don't think that she'd be like: "Oh, great." I think she'd be like: What? It's not like I said we had a meeting with PD and we're talking about collecting, you know, pap smear samples, and we're going to do this specimen procurement. Oh great, what? Then she'd be like: "Did you talk to the lawyer?" I'm sure their would be questions, just out of curiousity, protection, all those things that we have to take into account when have these kinds of conversations, which don't happen often. Ok, anything else?

Buyer: I'm starting to get a little hungry. I mean, we're getting close to- maybe if they just wheeled in all the food.

Ginde: We can go down and see where he is.

Buyer: And then we've got about ten minutes until eleven thirty so we can go down and look at the schedule.

022112

Buyer: What is on the docket for the rest of the day?

Ginde: So, have you guys gone to Pasadena? (inaudible)

Buyer: It's really interesting, they've got two buildings now. One is like the family planning building, and across the parking lot is the AB building. They only have one surgical day a week, but they might be adding a second one at the end of the fiscal year.

Ginde: That's pretty small.

Buyer: It is, but because it's still greater Los Angeles area, it's still pretty sizeable chunk of the population. They only go up to sixteen weeks though so that's another question we're trying to figure out i maybe if they even have an iPAS. It's all up in the air.

Ginde: I don't know. That's when you switch to D&E right?

Buyer: Why doesn't anyone make them?

Buyer: Yea.

023800

Ginde: I know the iPAS, the hand held because we can use those too. The largest canula you can get on those is thirteen.

Buyer: Thirteen millimeters?

Ginde: Yes. Then you have to change the connector, which you don't get so- then you've really got it mangled because you've got a big- so what you want to do is get the biggest cannula. The other thing you can do- I think we would all love to get seventeen-eighteen millimeter cannula but you can't.

Buyer: Really?

Ginde: No one makes them, the largest you can get is a sixteen. can we make those?

Ginde: If you have a cannula you can get better specimens.

Buyer: Right.

Buyer: And then if we can just take a look at the schedule before everything starts.

J.R.: So just keep this door closed so no one thinks that-

Buyer: Ok.

J.R.: So you know that someone else is using it. And, my office is actually just down this hallway, if you take a left, and then it's the last one one the left.

Buyer: Does it say research? Does it have your name on it?

J.R.: There's a standing desk. So, if you see a big office with a standing desk, that's my office. I'm probably parked there. And if you wanna come on back to observe Saita, she's a little bit- gonna be a little bit later. Um, it's still on daylight savings, still daylight savings time here. I guess if you want to see her a little bit later, maybe after noon or so.

Buyer: So, she usually starts sometime after twelve.

J.R.: Yea, she usually after twelve is when she gets going and everything. If you need to use the restrooms or anything, you can use the patient ones. You can think of this as a big square, that's basically what it is. You can go through the lab here, immediately to the left is the bathrooms. Or you can go left and make a longer loop if you wanna stretch your legs.

Buyer: Ok. Thank you.

J.R.: If anything comes up, feel free to come up.You are more than welcome to come to the break room.

Buyer: Excellent. Are you going to be with us in the path lab?

J.R.: Yea, I'll be with you and everything. I do have patients later today. I'll have to double check what time the first one comes in.

Buyer: Do you often do specimen processing or?

J.R.: No. This is honestly the first time for me. First time for me, and then obviously, the first time for PPRM and everything, so. But yea, whatever works out, obviously the best relationship we can provide for everyone. Especially between us and your clients. I think that's the key.

Buyer: Absolutely. I'm excited.

J.R.: Alright, I'll let you be.

Buyer: Thank you.

000000 lunch in education room

022767

J.R.: Hey.

Buyer: There you are.

J.R.: How are you?

Buyer: I was looking for Savita and to see the appointment sheet to see if we-

J.R.: Well, actually I can look at the appointment sheet myself.and I don't know if Savita is back. I was just about to open it. This is Michelle.

Michelle: Hi.

Buyer: Hi. [Name]

J.R.: [Name] for [Company].

Michelle: Oh. That's exciting. Thanks for lunch.

Buyer: No problem. Thanks for giving us the tour and everything.

Michelle: Absolutely.

Buyer: Yea. This is exciting. You've got an impressive facility, I have to say.

J.R.: Yea, I do think about it when I got into others, I definitely-

Buyer: How long have you been working here?

J.R.: I'm coming up on a year and seven months So.

Buyer: Ok. And has it all been the same position?

J.R.: Yea, it's been the same position and everything. There's not much else.

Buyer: And what's your background?

J.R.: Public Health.

Buyer: Public Health. Got it.

J.R.: If my system would open up.

Michelle: Do you need me to pull up mine?

J.R.: Maybe. Please.

Buyer: So, is med school and the family planning fellowship on the docket for you?

J.R.: No, not med school or anything. I've thought about that but I just decided that because I'm more public health focused and population health focused. So, I decided that I don't want to spend six years plus doing patient centered focus. Specifically on patients and everything. The work that I want to do on a global scale is population health. we've been having scheduling appointment system trouble lately.

Buyer: Really?

J.R.: Yea, I don't know, our IT department is working it out and everything. Could you load?

Michelle: Uh, it's still loading.

J.R.: Is it actually loading-

Buyer: I know them.

J.R.: Med360?

Buyer: They're are buds, we hang out with them at some of the meetings. we've exhibited at.

J.R.: Really? The patients I'm seeing today are actually Med360 patients.

Buyer: Is it like officially released though? Or is it a trial population for it?

J.R.: It's been approved for two years, the IUD that they're working on, they're working for seven years. So, right now at this health center, we have five.

Michelle: Ok, I have it. Do you want the scheduler open?

J.R.: Yea, we should just take a look at this.

Michelle: Where are you guys based?

Buyer: We're based in Los Angeles.

Michelle: Very nice.

Buyer: It is very nice, but unfortunately all the affiliates in California are already partnered with tissue procurement organizations, so we're having to cast our gaze a little further out.

J.R.: Ok, we're looking at one (inaudible)

Buyer: Maybe one is first tri, and two is second tri.

J.R.: Ok, later in the day. So, she has a pretty schedule today. (Inaudible) Ten weeker.

Buyer: Then there's two AB2 that are scheduled.

Michelle: Are you looking for tissue from first tri or second tri?

Buyer: We're most interested in second tri. Did this already happen since it was nine in the morning?

J.R.: Yes, so this is at the time of check-in and everything. These indicate that the patient did show up.

Buyer: When it's crossed off?

J.R.: Yes.

Buyer: So, if it's not been crossed off then the patient's hasn't shown up yet?

J.R.: Possibly. Sometimes the clinic gets backed up and they forget to cross it off. Usually, if it's something like here, kept, kept, kept, space. Then kept, kept, kept. It's pretty deliberate that the patient hasn't shown up yet.

Buyer: Oh, that's :why it's not been crossed off.

J.R.: We can go talk to Savita and see if she- pick her brain about- if there's a certain time the she would suggest coming back over. So, did ya'll stay next door or something or?

Buyer: We did actually. I was like oh, we'll go somewhere that's in uber distance. Oh, there's a nice Renaissance just across the way.

J.R.: We do a lot of group stuff here, in this building. We have groups that go stay there and we get a contracted rate. Has Savita come back yet?

Unknown: She has been here, she's bound to be somewhere. Hi. Thanks for lunch.

Buyer: Hi. Oh, no problem, thank you for letting us come in.

Unknown: Yes, absolutely.

J.R.: So, feel free to-

Buyer: Is she in surgery now?

J.R.: Yea, she's probably in -

Buyer: Ok. If we got to the path lab now, is stuff going to start coming in?

J.R.: I don't know it works or what's going on. Obviously I haven't done anything yet. Usually if I'm trying to grab Savita, I just wait in the office.

Buyer: Who brings the specimens in from the-

J.R.: Usually the RN's and then Savita will look over it and what not.

Buyer: Ok. RN's do.

035000

Buyer: And you guys don't use any kind of magnification to do the dissection?

J.R.: No.

Buyer: You don't ever do this. This is not-

J.R.: I never had the need to, but yea. So, ya'll flying out tonight or tomorrow?

Buyer: We're flying out late tonight to our next stop, we have several. All this we're doing-

J.R.: Oh, the little tour.

Buyer: Yea, we're doing a little tour to different places, and meeting with some clients as well. Research clients. Yea, so it's a busy week. I feel like really, it's been a busy month because we had the Medical Directors Council, end of February, beginning of March. Two weeks later was the Planned Parenthood National meeting in Washington D.C. Now we're doing a week of traveling and tours and stuff. Clearly those were successful meetings, now we've got this going and NAF is coming- will you be at the National Abortion Federation meeting?

J.R.: I won't be at NAF

Buyer: So, NAF is coming up on the eighteenth?So, yea not this coming weekend, but the next coming weekend. So, we'll be back in California for like a week and then we'll be exhibiting at NAF. And NAF is fun, you see a lot of people that you know, it's like hang out time. It's a lot, we're like slacking on procurement, like in various areas right now, not really but-

J.R.: Yea, I understand the feeling. I just came back from a meeting, last- last week.

Buyer: They told me- because there was a PPRM exhibit booth at the National Meeting in D.C. and they told me that you were on vacation or something.

J.R.: Oh yea, that too. My wife and I found a purchasing error on one of the tickets last May, and for us to go to from New York city to Milan to Barcelona then to Kuala Lumpur, Malaysia, for the two of us it was like forty-nine total.

Buyer: Wow.

J.R.: We say that and we were like "Let's do this."

Buyer: Wait forty-nine total for the two of you? Wait, tell me the locations again.

J.R.: From New York city to Milan to Barcelona then we had a twelve hours layover in Amsterdam and then we went off to-

Buyer: Sounds terrible! A twelve hour layover in Amsterdam? What would you do with yourself?

J.R.: Yea, it was actually really cold. We didn't expect it to be so cold. It was supposed to be in the fifties but that day it dropped down to the low forties. So yea, and then Malaysia and we did it all in ten days.

Buyer: Sounds fun. Sounds like a lot of fun.

J.R.: Yea, I love travel.

Buyer: How do you find a deal like that?

J.R.: It was on this internet forum, called flier talk. So, it's basically like frequent fliers who want to obtain status on a certain airline, and the look at all these different deals they can get cheap fights on.

041715

Buyer: Hey. Eleven-six? Oh, this is the first one.

Jess: Sorry. I'm Jess.

Buyer: Oh. [Name] with [Company].

Jess: Oh, you're responsible for the lunch.

Buyer: Exactly.

Jess: Thank you sir. Have you ever seen this before?

Buyer: In pieces. We do- when I did humanized mouse models, we dealt with like just liver or just thymus.

Jess: Perfect. What's thymus look like?

Buyer: Thymus-

J.R.: If you want we can give you the face shield.

Buyer: I don't think it's necessary.

Jess: How big is the thymus?

Buyer: Thymus is small. This is eleven-six?

Jess: Do you see it?

Buyer: Potentially-we'll see once it goes in the dish probably.

Jess: (inaudible)

Ginde: So, also possibly a twin in there.

Buyer: Really?

Ginde: There's two gestational sites.

Buyer: It was seen on ultrasound?

Ginde: But it was unclear if there were two fetuses.

044304

045433

Ginde: The legs. There's an eyeball.

Buyer: Do you see an trunk or a body cavity?

Ginde: (Inaudible)

046326

Jess: The posterior spine.

046885

Jess: So cute.

Ginde: (inaudible)

Buyer: That is cute. The kidney would be pink.

047558

Buyer: Was that crack, was that the skull?

Jess: Mhm.

047810

Jess: I just want to see another leg, with a foot.

Savita: It's a baby. the question is. So-

Buyer: Should I grab some gloves?

Ginde: Yea. I'm just trying to see-

Buyer: Liver is often similar color to vaginal lining. Oh, I'm like why is it so difficult?

J.R.: Right in the middle there.

Buyer: In the middle? Yea, liver is often similar in color to the vaginal lining.

Ginde: (Inaudible)

Jes: (Inaudible)

Buyer: This is placental sac. With the umbilical cord. If you want to get [Name] and let her know we have cases.

J.R.: Ok.

Ginde: (Inaudible)

Buyer: I see why they're all concerned about Stericycle because they're- it's a surprising total volume there just for an eleven-six.

Ginde: Yea, let me see if I can get you some picks.

000000

Buyer: This is the placenta. This part of-

Ginde: This is part of the head.

Buyer: Oh wow. That- this is high quality.

Ginde: Yea. The nose?

Buyer: Yea, I see the mouth and everything.

Ginde: Oh look, here's some intestines. Once we take it out of water it will be harder to identify.

Buyer: This is-

Ginde: That's the pelvis.

Buyer: This is pelvis with rib cage.

Ginde: That's thorax.

Buyer: Here right?

Ginde: Exactly.

Buyer: So maybe-

Ginde: Look, something is attached to this.

Buyer: If we flip this over, maybe that's stomach.

Ginde: This is the head, I think. This is the cervical spine, and this is the lumbar/thoracic spine.

Buyer: Got it. This is the beginnings of the- so maybe if I flip it over, we might see heart.

Ginde: Possibly, it looks like a spleen (Inaudible)

Buyer: Yea, nothing.

Ginde: There is also some more stuff in here so, it's possible that it's in this. So we can float this out here too. Did she say she was going to pick up (inaudible)

Buyer: This is the hand.

003187

Buyer: we've almost got a complete cal over here, with the jaw.

Jess: Im Jess.

Buyer: Hi. This couldn't be neural tissue, could it?

Ginde: (Inaudible)

Buyer: It's white, it's in two pieces.

Ginde: I don't think it would be that small compared to the cal thought.

Buyer: This could be thymus right here.

Ginde: Really?

Buyer: Thymus comes in two lobes, and it's light in color like that and I think it's about- gauging by the size of, like we said, the cervical spine area over here.

Ginde: Cool.

Buyer: Let me flip that over. You know what? Actually, because it's the same white matter is coming out where the head was attached.

Ginde: Yea.

Buyer: Yea, so this is all neural matter.

005204

Jess: Usually the organs are cleaner-

Ginde: Oh, look here's the heart. Is that right?

Buyer: Yea.

Ginde: Here's the heart.

Jess: I'm trying to get in on it.

Ginde: My fingers will smoohs it if I try to pick it up. The heart is right there.

Buyer: You found the heart right there. I wonder if this is spleen. I'm sorry not spleen, pancreas.

Ginde: So, what would be- the spear, is that the best thing to use?

Buyer: Oh this? This is just to hunt around and look. Then obviously, you'd have tweezers as well, to pick up certain pieces.

Ginde: I was going to get you some as well, but obviously that's not good use because it was possibly stretch out- so I just didn't know. We probably have to get some proper instruments.

Buyer: Yea. we would provide that. What have we identified?

006990

Buyer: So, calvarium, in three pieces. With, this is-

Ginde: So you said they would want the cal?

Buyer: Yea, they want the cal because they want the brain. This is neural matter over here, because this is the lower part of the jaw and cervical spine. So this is spinal cord and-

Ginde: So, that's what you want?

Buyer: So, yea this is neural matter I believe this might be thymus and stuff.

007897

Ginde: Let me see if I can rinse that a little more so it's not so bloody. You might be able to see a little better.

Buyer: Is this your first case of the day?

Ginde: Mhmm.

Buyer: And how many total are you

008500

Ginde: I think there are fifteen that are here so far, but I've got another fifteen to show up.

Buyer: Oh wow, so there's thirty cases today.

Ginde: If they all show.

Buyer: If they all show.

Ginde: They won't all show up.

Buyer: How long have you been working here?

Jess: Five days.

Buyer: Five days?

Jess: It's not my day five or abortions.

Buyer: Now, umbilical cord is typically pretty easy to find. A lot of people want that.

Ginde: Really?

Buyer: Yes. Umbilical cord is a rich source of stem cells. I'm still really after liver.

Ginde: Did you find it?

Byer: I haven't found it. A lot of this, this is all placental tissue.

Ginde: This is a lot of endometrium, it all comes out. So, I've always had a hard time in these early gestations, finding the liver. (Inaudible)

J.R.: You switching to the medium?

Ginde: I can't. The medium is too big.

Buyer: Liver is typically, it's the largest organ, first of all. It's always really, really dark. So, unless this is a really big blood clot, or something, some kind of endometrial tissue-

Ginde: It's too soft to be liver, No? Shouldn't it be a little spongy?

001200

Buyer: So, it looks to me like it's got two lobes here, connected-

Ginde: A lot of times 'll get a full torso, I'll spine, kidneys, you could send the whole thing or pick that apart.

Buyer: You mean, would we take the whole torso and ship it to somebody? not usually, most people want specific organs out of that- if we get a whole torso, it makes it a lot easier for the procurement tech- you can see right now, this is what a tech would be doing. It's already been however many minutes and it's time consuming.

013457

Buyer: That's a great heart specimen right there.

Ginde: The hearts I can say we usually get. (inaudible) This is liver or kidney right here.

Buyer: Is this liver or kidney? It's kind of light. It's got these multiple lobes, which is what you would look for. I wish that [Name]- he is one of our technicians, he would know better than me.

015478

Buyer: I think you're right, this is liver, because it's got multiple lobes.

Ginde: I would call that intact. Would you call that intact?

Buyer: Yea, it doesn't look like what you would use in- wait a sec, you know what? I think these two lobes are kidneys because they're- with adrenal glands on top. Yea, with the renal tubes on top.

Ginde: Yea, that makes sense. So, would you call that intact?

Buyer: These are intact kidneys. So, if somebody needed-

016668

Ginde: Because if I looked at that, I'd say that's good to go.

Buyer: Oh yea.

Jess: I'd say five stars.

Buyer: You could start a neural cell culture from this tissue, right here.

Ginde: Would someone want that?

Buyer: This?

Ginde: Any of this.

Buyer: Yea. This is neural tissue that someone could take, there's the spinal cord back there.

017496

Ginde: Do we just send that all together and then they pick it up?

Buyer: You could actually, yea. Some people prefer that actually, because it keeps it a little more protected. This, I'm really curious if this would be thymus, or if it's neural.

Ginde: I've never seen thymus. Unless I've seen it and alway called it something else, who knows. I don't ever think I've intentionally been like there's the thymus. It's skipped over in the adult world.

Buyer: Yea, adult thymus is pretty much good for nothing.

019053

Ginde: So, that would be it, because no one ever wants hands or legs, or anything like that.

Buyer: Sometimes.

Ginde: Really?

Byer: Probably from larger gestations though because they want muscle or bone marrow like, from the long bones. And that would- this is very tiny. it would be difficult to extract bone marrow from this. You would want something a little bigger, it's easier to get in there. Oh, we've got a whole- is this long bone Jess?

Jess: No, I think it's shoulder.

Buyer: It's just shoulder muscle.

Ginde: So, if we prepare patients-

Buyer: This is part of the pelvis right here, is it not?

Ginde: Yes. So, if we prepare patients with Miso or Laminaria, is that considered exposing-

Buyer: No. Not at all.

Ginde: So, they're ok with that.

Buyer: Some researcher will request HIV free, sometimes they want tissue that does have HIV for study. Actually sometimes people are requesting colon or rectum. That is also used for HIV studies in SCID mice, yea grafted in and tracking penetration of the virus.

Ginde: Yea, I think that's it, I mean there's more but-

Buyer: What are- their are some second tri cases that -

Ginde: There is a twelve weeker that I just prepped. I gave her Miso actually at eleven six so she won't wait long. We'll be doing hers shortly. There's a fourteen week that's coming up later today. What time's your flight back?

Buyer: That isn't until later this evening. The only thing is that we have the conference call so we can make sure it's negotiated that right way. So, i we weren't here, what would be happening with that?

Ginde: We would look at the parts-

Buyer: What are you looking for?

Ginde: To make sure I've captured everything-

Buyer: And does it matter if someone else is doing that?

Ginde: Either way, I have a resident training here, so I might have her do it.

Buyer: And about how long would that take if we weren't here?

Ginde: A minute.

Buyer: Ok.

Ginde: Jess looks at it, I come and eyeball it.

Buyer: So very fast. Ok.

Ginde: But sometimes with the residents, I tell them to poke around, and sometimes embryology will come full circle. Find all the parts you know, see what you can see. Especially with the thirteen, fourteen, fifteen weekers, I think it's pretty amazing. We find heart, we've see kidneys and adrenals, sometimes there's thing I don't know what that is but it's a part. I don't' know if it's lungs, if it's brains, if it's heart-

Buyer: Yea.

Ginde: Spongy? I don't know, sometimes they come in pairs right?

Buyer: Yea, most things come in pairs-

Ginde: There's time where I don't know what that is. So, sometimes I let them dig around a little it while we do paperwork. So, it's just about a ten minute turn around time between procedures.

Buyer: Oh, interesting so our tech would have about ten minutes-

026046

Ginde: Ten to twenty because we'd be doing the next procedure so if we got more plates and had a little more logistics, we could move that over here and work on it because we just need the backlight. We get another back light box over here so you could work on it., and you wouldn't really be in the way of the processing. We normally have two pie plates for two POC's going at the same time. We just started so-

Buyer: I think comfortably, three.

Ginde: Especially because I would walk out of here right? And the nurses would be over there. So, yea, that's how we would, and we rinse that container there, where we put all the POC's for the day.

Buyer: Now when you say the nurses are out, is it because we would be in here or-

Ginde: They would go and get the next one ready. So, one of the nurses is with the patient we just finished, you know, recovering her- getting her to a recovery room. The next nurse would be getting the next patient ready. So they kind of just float in and out. And at the most we might have a front line staff person who would be over here doing the dishes, and they would just be like just give me that when you're done, and I'll toss it.

Buyer: That's another important piece of coordination, to make sure no one tossed the specimen before we-

Ginde: Once we have a medical assistant we can figure it out.

Buyer: This is where the instruments are normally sterilized, over here?

Ginde: This is where they're cleaned and packaged, and our cleaning lab and sterilizer is over there. So once they get into packs they

Buyer: so this is everything that was used in the-

Ginde: Yes.

Buyer: So there was a lot of mechanical dilation for this one. No Miso or LAMs or anything just- and how many dilators do you go through for that one procedure?

Ginde: She went all the way up to- she started with the smallest because she's a resident, then goes up to thirty-three. So, she'd use fourteen, seventeen, twenty-one, twenty-five, twenty-nine, so six.

Buyer: So you would only use-

Ginde: I would probably only use three. But, she's got- I used to use six, you know? It's part of the training thing, so she's got to use them all.

Buyer: She has to or she does?

Ginde: Well, she should just to get a feel for-

Buyer: Yes.

031264

Buyer: Let me- I'm going to send a picture of that mystery organ to [Name] because I think it's thymus.

Ginde: Oh, that little white?

Buyer: The little white one, yes. I want to make sure we get that settled. I'm using
sterile technique here to get my gloves off.

J.R.: Oh before I forget, let me give you the receipt.

Buyer: The receipt? Oh, the receipt for Panera. I got it.

J.R.: So that you can properly account for-

Ginde: And I think I have a seven-four ready to go.

Buyer: What's that little line right down there? And this one, I think might be neural. I know that is neural, because it's coming out of the spinal cord. That's surprisingly good for a twelve week specimen. It makes me feel more confident about Pasadena. This is the cal, the calvarium is in three pieces, you know the upper kind of cap of it and basically just an orbit there. And that main piece has the jaw, and then the nose and the orbit. You have this other piece too, which I think is the spleen. Alright, I gotta wash my hands now.

J.R.: There's hand sanitizer right here.

Buyer: Oh, hand sanitizer ok. Ye, let's get that. I'm pretty sure that those switches are not dirty.

J.R.: And right there is the handwash.

Buyer: So, what's a typical day look like for you, before we come in a invade your world?

J.R.: For me? It depends on the day, really.

Ginde: So what we're in the process of figuring out, with these people from [Company]- you want to give them a little background?

038800

Buyer: Sure. So, we're a tissue procurement service, we provide a variety of biospecimens to different medical researchers. Adipose tissue, cancer biopsies, fetal tissue for stem cells, and we're here doing a site visit to see what kind of enterprise we-

Ginde: (Inaudible)

Nurse: Patients could donate tissue? Cool.

Buyer: Exactly.

Ginde: We'll be selecting out specifically-

Nurse: What are the criteria they would have-

Buyer: It's always case by case depending on the researcher we're supplying to. Everybody has a different study that they're doing with slightly different protocols-

Nurse: We would know ahead of time?

Buyer: Oh yea, that's a lot of coordination between the procurement agency and the provider. We would send out tech in or if we contract with somebody here to be the technician, we would provide a list ahead of time for that week, day even of what our outstanding requests are. That includes the actual organ or tissue type, the gestational age range requested, any inclusion or exclusion criteria. Age, race, periody, HIV status, stuff like that.

Nurse: Sure.

041000

Nurse: So, if there is some kind of mandatory testing, would that be covered? Say, if a patient wanted to donated their tissue but doesn't have a current HIV test or something like that-

Buyer: Oh, yea. That's on us. We would send that out for training separately. Although, that's why I was asking during the tour today, since you guys do, sound like you guys do HIV, Hep., those are some of the major things that people are concerned about. So, that might be part of it where we set something up where we also contract with you guys to do the testing.

Ginde: Do they even want that testing done on the specimens?

Buyer: Yea, many times they do, yea.

Buyer/Ginde/Nurse: (Inaudible)

Nurse: That is more incentive not that I think- I think a lot of our patients would be open to it. I've had patients ask me before, can I donate this? I wish! Nobody would take it or want it. It would be an easy thing to incorporate into our flow too, just happen during consent, most of it.

Ginde: Then afterwards, we were talking about, someone would float it, whether it's you or Rosie or me or whoever and then we'd look at it. then, whoever is going in to do the actual collection would go in after us. We would leave and go on to the next patient and they would have the ten, fifteen minutes while we're still working to get what we needed.

Nurse: The only thing I think we would need at this point is like disposable strainers or something. Right?

Ginde: Well that would be the- well, no. You rinse that off.

Buyer: You use the same strainer for everything over there?

Ginde: We wash it off in between- that would be a question for you, would it impact-

Nurse: Couldn't there be other DNA then?

Ginde: It's going in to a solution. I used to do research before, we always use bovine heart, it comes in this big thing. It comes packaged and you rinse it, and grind it so much that by the time you tag it and get what you need and get it out of there, I don't care if there's fifteen DNA samples but you know what I mean. It gets rinsed-

Buyer: That's part of it, it depends on if there's a specific something you're looking for that contamination- if you have a fresh primary tissue sample and you're extracting your genetic material from the center of it, the copies will just overrule the contamination. For the most part regenerative medicine isn't really married to genetics yet. If someone is doing for example, like a humanized mouse model study, where they're engrafting fetal liver and thymus into an immunodeficient mouse to reconstitute a human immune system in the rodent. The contamination doesn't really matter. It's just a matter of having the organ or tissue still viable enough so it can engraft and produce the cells. If there's DNA from the patient or DNA from the tech it doesn't really make a difference in that situation.

Nurse: Cool. Sounds great.

Buyer: What time are we at right now?

Buyer: It's only twelve thirty. I think we're good.

J.R.: I don't know if you guys want to hang out in the back room, or just want to hang out here.

Buyer: I just want to hang out in the path lab, this is what I came for. There is something I wanted to talk to Savita about.

J.R.: She's gonna be- pretty much until the end of the day.

Buyer: In and out, in and out.

J.R.: But, there are low times and everything. If she's sitting there in the office or whatnot, just chat with her real fast.

Buyer: There was something specific that I wanted to get, so maybe you could show me a low time. She's very passionate, I can tell, and very open to this.

048000

Buyer: Why would she be so open to us coming in- we want to know what drives you? Yea, that because that's what I want to tap into, keeping this productive for both of us, keeping this profitable as this gets older.

J.R.: Yea-

Buyer: We had a fun fifteen minutes.

J.R.: The honeymoon period is over. Yea, what happens after the honeymoon period. For me, I do- my job is primarily research based and everything but the

thing is, at PPRM research can be easily cut because it's so small, compared to the other services that we offer. What really keeps research around, is Savita. She really is a champion, and really passionate about keeping it around and helping, she knows the benefits there are for patients, and for PPRM. I think that's also reflective with [Company] and PPRM. There are patients who do come in and say, can I do something with this medical research?

Buyer: Yes. Just like this young lady was saying.

J.R.: Yea, and she sees that and she's also been on the research side and knows-

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J.R.: -how it can be to get specimens, so that's really- I know when we first talked about it, was didn't discuss financials or what- could this go wrong or something, we really focused on the benefits as a whole and everything. So, that's my third person take of it. I don't know how she views it, she might have a different response but that's- I definitely feel that way about it and everything. And she's very supportive of medical research and everything. Like our department? four people total, in all of PPRM. I oversee all research in PPRM and all affiliates and everything, so it's something that could easily be cut budget wise, from a numbers perspective. It's definitely something that she pushes to keep around.

Buyer: Ok. Good. That's really good.

J.R.: Ok. So I have to get back to see a patients.

Buyer: Ok. Are we ok to stay right here?

J.R.: You're ok right here. I can come back and check in, if not you can always come back to the consenting room.

Buyer: Yea come stop by, so we can look at the specimens and see, kinda feel out how this would work if we train you to do that, and that's kinda-

J.R.: Yea, but I'll be back.

Buyer: Excellent. Thanks.

Buyer: Yea, so that- the parts that's closest to me, where all the white stuff is coming out, that's the lower part of the jaw. Sort of like the back of the skull, and that white stuff is brain and spinal cord coming out. And so that part is like the back and the back of the ribs. So, it's almost like a bust without the head.

Jess: Mind if I take back one of those trays?

Buyer: That's a small one. Do you ever see anything at seven weeks or?

Jess: Uh, jist a sac.

Buyer: Just a sac. Oh, this is one that was done manual.

Jess: Yea. Do you want this back in here or-

Buyer: No, we're not keeping it. today was just orientation. This is good too, because we can see how you normally dispose of them.

Jess: (Inaudible)

010000

Buyer: Do you ever worry about losing pieces, if you spray too vigorously that something is going to get washed down the-

Jess: Not with the strainer.

Buyer: Not with the strainer.

Jess: But yes, especially with these early gestations. Especially at five weeks the sac can be the size of your pinky finger. You understand, if you can't find the sac, then you can't prove procedure completion and it's a mess. I'd say that was between six and seven weeks actually. (Inaudible) This is my fifth day, so this is what I'm supposed to be doing.

Ginde: So, our next couple procedures are all seven and five weeks, I don't know if you guys want to go back and-

Buyer: Oh.

Ginde: I can come back and get you when we do the twelve week.

Buyer: And is there anything later than that twelve week today or?

Ginde: Probably, I don't know what the rest of the schedule looks like. They don't- I just get the ultrasound. A lot of times they don't-

Buyer: Oh, yea because you don't know the final until they do the ultrasounds. Yea, yea, yea. Yea, we can go hangout there and-

Ginde: Don't get lost.

Buyer: It's a big place. So yea, I think this is where we were before. (Inaudible) Did somebody already use it?

Ginde: (Inaudible)

032546

Ginde: Can I borrow you for a second?

Buyer: Sure. Just me?

Ginde: Just you. I was making a joke, I'm starting to feel the food coma coming on.

Ginde: What?

Buyer: The food coma from the lunch-

Ginde: Oh.

033500

Buyer: What's this? This is another six or seven-

Jess: This is nine.

Buyer: Oh, this is nine.

Jess: Yes. I think this has a lot of spinal fluid.

Buyer: That's the whole bottom half of the cadaver, right there. You've got two legs and-

Ginde: There's two arms missing. Here's the head, is this spinal column?

034587

Ginde: Because, here's her thorax.

Buyer: Must be. Yea.

Ginde: Interesting. It's so big. Here's her heart.

Buyer: Oh. Wow.

Jess: Here's something, I don't know what it is but it looks like more than two.

Ginde: But, you don't want these right?

Buyer: Well that's a very intact looking heart.

Ginde: Yea, it is.

Jess: Do they want the spinal column?

Buyer: There are some researchers who have used neural tissue at seven weeks actually.

Ginde: I can get one at seven weeks. (Inaudible)

Buyer: I think they get the whole thing as one, yea. They use a wide cannula, and get the whole thing. Most of the cardiac requests are for later second tri because-

Ginde: They're bigger.

Buyer: Yea, they're bigger, and also they're going for certain ventricles, I guess. They want specific ventricles, and it needs to be differentiated enough to have those. Is this case number three or have their been a couple of them?

Ginde: No, this is five. We've done some sevens and a five. The five (inaudible)

Buyer: Oh, interesting. Do patients normally request to see it or?

Ginde: No, it's rare.

Jess: Oh, there's one. So, here's a little bit of cord but it' too young for anyone to use.

038260

Buyer: Yea, unless somebody was requesting that, but yea. A seven, oh this is nine weeks. Nine LMP or-

Ginde: No, ultrasound.

Buyer: Is ultrasound different from LMP?

Ginde: Ultrasound is more- we look at what we see and can actually measure it. So, it's real time.

Buyer: The number though, does that represent from the last menstrual period or does it represent the actual fetal age?

Ginde: It's the actual fetal age. So if you want to do from the last period it's usually plus two weeks.

039217

J.R.: Good signs or?

Buyer: Well, the heart seems to often be completely intact, which is interesting. But, most of the hearts requests are for specific ventricles. Which I guess the differentiation doesn't happen until later. I asked our tech if we were looking at thymus earlier and he said; "I think so." Because the thymus as an organ, has two lobes just like, right here and they're kid shaped like flasks, like little skinny bottles and small in an adult but it's proportionately larger in a fetus or a neonatal or young child. So, that might of- I think that was either thymus or it could have been thyroid or brain.

J.R.: The thymus is that most requested?

Buyer: Yea. The two most requested are liver and thymus and often times paired liver-thymus from the same donor. Because that's what used a lot in immunology studies and a lot of the humanized mouse models. Something like this at nine weeks, this is- doesn't- yea.

J.R.: Yea, not much.

041510

Buyer: That 11.6 was pretty good.

PPRM: Excellent.

Buyer: There was like 3 or 4 samples we could have taken out of the 11.6.

PPRM: Okay.

Buyer: So that would be, you know, if we were doing like $50 to $75 per specimen, that'd be like $200 to $300 [total], and we'd be comfortable with that. But stuff like this, we don't want to be like just a flat fee of like $200, and then, it's like—

PPRM: No, and the, I think a per-item thing works a little better, just because we can see how much we can get out of it. The only thing I would ask in terms of, I think now even if you want to take some of this, I feel like we need to get some

pick ups, we need to get some instruments, designated specifically for you, and make sure they're the right ones, that we wouldn't crush anything, that we, because we have some stuff we could use, but I don't want to crush it. Till we get something that will grab but not grasp.

Buyer: You know, I wonder if Deb Nucatola would be interested in doing like a- I kinda suggested this to her once. I said do a whole- you know, specifically fetal tissue procurement from the perspective of the provider, at NAF or something like, we have you, one of the TPO's- because she's really, really into it she likes to be identifying all the little pieces and she loves to do training of all kinds, maybe she would. But-

Ginde: Yea, but when you're doing things at twenty weeks obviously,

Buyer: Yea, it's a little bit different ball park. yea.

Ginde: At nine weeks or eleven weeks, you could go cross-eyed (inaudible)

Buyer: She surprised me, she said "well if I find things, I'll set it aside for the tech." haha You'll do what?

Ginde: Well, yea obviously, if I find something, Ill just set it aside. We just want to get a seperate set up for what ever you need.

Buyer: Would you guys be able to fit another light dish in here or?

Ginde: I think so, we would just have to rearrange-

Buyer: Just rearrange some things, because this is like-

Ginde: Because we like have all this space (inaudible)

Buyer: Oh, I know.

Ginde: We could probably move this stuff, because it doesn't need to be here. That way you could have a single spot and you could put all your little containers for stuff here. Do they need to be labeled?

Buyer: Like the instruments?

Ginde: No, the containers. Like the stuff with the specimens?

Buyer: Like the specimen tubes? Yea, we would have to have special labels for- like a specimen code or something.

Ginde: What if we had something like that thymus/brain, where we're not sure what it is. Should we use that then? Because unless you can identify, we can't end something out and then

Buyer: We would have to know what it is. I don't do procurement, I've received plenty of liver and thymus, you know, back in the day at school and used it. But that was already pre processed and everything. It's not too difficult, you just get some flash cards and do you embryology study, it's not rocket science.

Ginde: Some of it, sometimes I don't know what that is. So that's why instead of putting stuff in here we put it on a cart or something to roll it over and actually do it.

J.R.: And any other supplies that offset research cost.

Buyer: I wa saying that if you had a stack of FedEx it looks like there's room in there.

J.R.: Yea, not many people would be taking FedE boxes from there.

Ginde: Yea, But i would hate- every now and again someone comes in and they're like "I'm gonna clean."

J.R.: Yea.

Ginde: "What is this? Who uses this? "

J.R.: Tossed. Tossed. Tossed.

Ginde: Then we're like, hey where's our stuff? I would be better to put in an office. But yea, I think we need to (inaudible) for the setup. I don't think we need separate strainers.

J.R.: Yea, I think we may just need suction tubes and containers.

Ginde: Suction tubes?

J.R.: The tubes for the-

Ginde: The procedure?

J.R.: Mhm.

Buyer: Oh, the hoses for the aspirators?

J.R.: Mhm.

050081

J.R.: Yea cuz, aren't those the ones that get washed with chlorine in the end or- because they get reused or do we get a new set?

Ginde: There is chlorine in all the stuff so, if we're going to look at twelve and thirteen weekers not just fourteen weekers we have to create that system so we don't have to use chlorine. But then I thought, I could be wrong but I thought the tubing we were using-

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Ginde: we use chlorine in the water to clean through what?

Nurse: To clean through the second hose, there's two that are connected for any given-

Ginde: The shorter one?

Nurse: They're the ones actually, we just cut off the ends of the one that's closest to the jar. So, the one that's closest to the patient gets thrown away and the one that's closest to the jar gets reused, so it leeches out-

J.R.: At the end of the day?

Nurse: Between patients, the second one.

J.R.: So, maybe specific tubes or something if we can identify patients who are-

Ginde: (Inaudible)

Nurse: Could we, part of it is that it clears the tubes too, when you rinse that through-

Ginde: With water. We can use water, they just don't want chlorine. which is what we used to do anyway. You guys switched to water.

J.R.: Something can be worked out.

Ginde: Yea, I think that's an easy fix, we used to do it before.

Buyer: They flush a solution through there while it's still hooked up? That cleans it?

Ginde: Yea, so when I'm done with a procedure for instance, I'll take the cannula and just run it. There's a little container that has fluid in it, and it used to be just water and Maurice started putting bleach into the water, which then, would affect our room. in these rooms we do the nine, ten, eleven, twelve, thirteen weekers. Fourteen and up is done in that room. That makes it easy to control second tris because they're all in the same room. Then, these other ones, it would only affect them if someone said they wanted nine weeks, otherwise we're only interested in fourteen weeks.

Buyer: Do you have an updated list of the next couple of cases?

Ginde: I was thinking, J.R. if you two wanted to sit down and go over all the stuff you would need. So we would have a list, I don't know if you have a list like hey if you were going to do this, here's what you would need. If you have something you can start with, you can sit down and just give us an idea, and then I'll come get you guys.

Buyer: Yea. Yea. Yea. Let me let [Name] know where I'm going just so that I'm not disappearing all over the place. It's kind of a big clinic. I don't even know where she is now. What exam room were we in- I think we were in counseling room six or education room six? It was a number six.

J.R.: Oh, education room six. Yea, that's where I was going to go actually. Because I came back and i saw that you two were gone.

Buyer: Yea we got moved to a different room.

J.R.: (Inaudible)

Buyer: That's eight, no we were six, We were down here. So, we're going to discuss logistics and materials and supplies and things like that. If you want to be part of that actually, you could come.

026950

J.R.: So she is next but they forgot to give her the port meds so, it'll be a little bit. She is next. Savita said to come back in a half hour or so, if you don't want to stand around a while.

Buyer: I don't know if you have other patients to see or another task, or there' other stuff that we- if there's anymore stuff for us to go over. Can we see if we can find a copy of the consent form from before, with CSU and some other things.

J.R.: That would be on Savita's computer.

Buyer: I think I asked her about that earlier.

J.R.: I'll write that down for her as a follow up action item.

Buyer: So, there's a couple of general things like that, would be helpful. Even a list of the other surgical sites it might be possible to expand to. I can't think of anything else.

J.R.: You guys fly back tonight, right?

Buyer: Not to California, we're continuing the journey.

J.R.: So, consent form, list of surgical sites, CSU agreement-

Buyer: CSU agreement and the CSU consent form.

J.R.: Then, clarification on who would be the best specimen procurement technician.

Buyer: Yea, and specific numbers.

J.R.: Is it possible to send us any whether it's redacted or whatnot- per specimen, what you've worked with other sites or what not.

Buyer: You mean the money or-

J.R.: Yea, the financial agreement. Just to give-

Buyer: to give a starting place and she can adjust it to her specific needs.

J.R.: Yea, I think that's what Savita would request.

Buyer: Ok, so just a baseline, is that- maybe even just a prototype proposal about how we would structure everything,

J.R.: Maybe based on frequency of how many requested you get. This is breakdown of what it would be or whatnot.

Buyer: Yea, just like some totals and things like that. Ok, yea I think we could put something like that together. What is it that she would need, what is she looking for?

J.R.: If we;re going to do per organ, like a breakdown of what- say, if were looking for a liver, then what would that be? So, something like that. I don't know-

the 1099 person will be contracted under you, as far as an hourly rate or anything.

Buyer: Yea, I hope that- I didn't want it to come across- So, I don't want you to think that PPRM would be responsible in a huge way for like provided the intact liver, that isn't something that's going to be held over your head. It's up to the tech, even if the tech is required from you people, the tech is going to be out tech and it's his or her job to use their time efficiently to get the kind of sample that we would see to a researcher. That's the easy piece of it- part of what I'm hearing, I hope that Savita's not thinking that we're thinking that like we- that if our tech does a bad job with procurement then we punish PPRM for that by not paying for the specimens. That's not what we're doing, we would have a quantitative agreement standardized with PPRM directly about what that was going to look like per specimen. In terms of what counts as a specimen and up to [Company] standard and blah, blah. It's on the shoulder of our tech, we've trained and told them what we want. If the tech does not exercise appropriate discretion, we're not gonna hold you guys responsible, that's on our shoulders, I think. I was wondering if I was hearing that kind of, and some of the stuff that Savita was saying, I just wanted to.

J.R.: No, I don't think that's what she was getting at. I guess another question that comes to mind, is if the tech can't identify a liver or what not, pack it, send it and it get received by the researcher and they find it not suitable, what in that case-

Buyer: That's on us. Ideally- our research clients are not supposed to know where we are sourcing our materials from and we have no intention of telling them. And that, I think is part of the different layers we talked about in terms of contacts and the way the relationship is structured.

J.R.: I guess, I'm wondering, would PPRM still be compensated for that?

Buyer: Yes.

J.R.: Would they be compensated at a full one hundred percent rate or?

Buyer: Yes. I think we look at those as two separate transactions-

J.R.: When we- the time we bring it from there to here- [Company]-

Buyer: Because technically, we're basically a middleman right? It's one transaction acquiring and sourcing the material from you guys. It's another separate transaction for us to turn around to who ever our client is and sell it to them. If we somehow misrepresented, and we haven't done our due diligence, that's on our shoulder right?

J.R.: Yea, just because we're not sending it to your lab so you can process-

Buyer: It does kind of blur the boundaries huh? Because it's like we're all here together-

J.R.: It's just that the transaction takes place in the path lab.

Buyer: Yea, so I think all that stuff when we just sit down, with the attorney's and just drafting our contracts very carefully and consciously and just making sure that everyone's roles and expectations are clear. I think having an idea of who the tech is going to be also goes a long way. Maybe that's an argument that is is better just to have one of our people here- if you guys decided that's something you don't want to do, getting that information quickly, that would be helpful. The expectation would be that there is compensation for that. Those can be separate, so that what we're compensating to you for specimen is very clear and not negotiable.

J.R.: I think what would be best is to have a specific item, is to have an itemized breakdown for what compensation would be, and just send that to Savita. That can be a starting point.

Buyer: Ok, so do you want us to start it? What it would be per specimen?

J.R.: Yea. We've never done this before, so we would be literally creating a list and be guessing but because you have a better idea of what's market value of what researchers are asking for and your existing relationships- just a general price list.

Buyer: Ok, general. But know that it's general so if she comes and says no she wants more for this, since she knows this side of it, we are completely flexible with that and if she needs more for certain specimens-

J.R.: Yea, I think- just a conversation starter, not this is it. Take it or not. Just something to base off of, while the legal department-

Buyer: Now, you know, in negotiations the person that goes first is always at a disadvantage?

J.R.: Always.

Buyer: I never feel disadvantaged. That's a crock.

J.R.: But, hey. We're first timers. We're not the pro's here.

Buyer; I think, from what we've seen here today, this is an incredibly professional and- I don't see it as you have the advantage,or I have the

advantage, it's let's work together so it'll be profitable for the both of us- at the end of the day we're on the same team. In terms of research assistants is there someone that comes to mind specifically that you think would be cut out for what we're looking for? Both with availability in terms of hours and also in terms of interest in the whole field.

J.R.: I would have to think about it because I would want to propose someone who I think would be scientifically good or have a good biology background or at least be able to pick up anatomy terms easily and everything. I mean you can train someone but you want the best person.

Buyer: Yea, it's better to train talent- it's not that bad, you can train a lot of people- who ever is the new person that's doing a lot of the specimen procurement today, seem very interested in it and already kind of acclimated to that.

J.R.: Oh Lane? We can brainstorm and propose some names or whatnot. If I'm not the best fit, I'm not saying I'm not interested, but I do have my obligations to PPRM-

Buyer: And that's why I'm asking, off the top of your head- is it really- from our perspective it looks good but from you guys perspective, what's really practical.

J.R.: Yea, i'm not saying I don't want to do this, but I don't want to do it for two months and after two months get so burned out-

Buyer: Yea, you get burned out and then we're out- and that's why I appreciate now that you've seen this. I think Savita was like oh no and very positive and then-

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Buyer: -and then when the honeymoon is over

J.R.: It's just a matter of is it the best fit. Just because you're interested in it or are a good partner doesn't mean you're the best fit, you might enjoy them or what not- so I can kind of think around in the agency, give a list or something- kind of talk to them. It's one of things where everyone wants to be- it's about are there set hours? Benefits? How much am I getting paid. It's kind of gauging people's interest and seeing what's going on in their lives. Do they have other things going on, like school that allows them to have that flexibility or what not, to kind of give you a good candidate. Or someone who I think is good at identifying-

Buyer: Definitely. I think that's good. Do you have- they said the standard AB consent form does mention of tissue donation in it, can we take a look at that? While we're kind of killing time right now.

J.R.: Yea, let me go grab a consent form and see.

Buyer: While we're here, any of these little details that normally fly under the radar, and we want to make sure we fully understand each other.

J.R.: Yea, tidy it up.

Buyer: While we're here, let's make sure we understand each other.

J.R.: I'll go grab that, why don't you stay here, just in case that twelve weekers come out, you'll be right here instead of a goose chase.

020508

Buyer: Yea, that looks better than what we saw earlier- that looks even more that's not even all split up the way it was before. Its holding together a lot better.

Jess: So fast, it's the twelve weeks and everyone wants to know, is it twins?

Buyer: You've been looking for twins all day.

Nurse: This might be, (inaudible)

Jess: As a trainee my blood pressure goes up anytime I can't find it all right away. I'm like ahh, where is it?

Nurse: I found it in there.

Jess: Oh, the other one? Ok great.

Buyer: The other leg?

Jess: Yea the other leg. That's why I said thank you, it was stressing me out. She said she saw it- oh there it is, there's a little foot.

022599

Jess: There's another heart, completely perfect.

Buyer: Is that the cal?

Jess: Yes. The cervical-

Buyer: Yea, and there's brainstem in there.

Jess: Yea, I don't see the eyeballs.

Jess: That looks like an organ of some sort, but I don't know what it is. Maybe- no, that's just placenta.

Buyer: You squeeze to try to find the cal, all the little pieces of it because it will crack.

Jess: There's an eyeball. (Inaudible) enough of the calvarium given how, I should talk to Dr. Ginde and see if she's comfortable with this. What do you think of this size of the calvarium? It looks like we don't have the whole thing i here.

Nurse: I think you do.

Jess: Yes, it just looks weird. There's this part and I saw this part.

Nurse: Sure. And then there's this part right here too, it's the front and then I saw an eyeball, there's an eyeball. (Inaudible) I thought I saw two. It's in there, the other one's in there. See it?

Jess: This is where the nasal bridge is. See it?

Buyer: Oh yea, there you go.

Jess: So only one fetus.

Nurse: Just one sac? There's a lot of sac.

Buyer: Interesting, so the cal was not nearly intact as it was on the last one.

Nurse: So, can she certain bleeding precautions or no?

Buyer: This. This is what I'm most interested in because, look at this. This is stuff in here that could be used. I think this is liver here. there's a kidney with the-

Jess: Is that better?

Buyer: Yes.

Jess: Is there a liver in there?

Buyer: I think there is a- I think this is a diaphragm?

028820

Ginde: Do you want me to get rigid forceps or something so you can pull that out?

Buyer: Do you have like a little one?

Ginde: I don't have a little one, but I have a big one. You can pull out a leg or something.

Buyer: Oh, and kinda just dangle it? Yea, why not? This is the cal over here.

Ginde: Is that the CSU one?

J.R.: No.

Ginde: Is that ours?

J.R.: Yea, but I can't find the clause.

Ginde: It's just like a one liner in there.

J.R.: Yea, but I don't know if it's in this or the twenty fifteen (inaudible)

Ginde: I don't see it here.

J.R.: This is the consent form but I don't know- this is the one that the patient gets so we have several different forms, but I can't find our reseach clause.

Buyer: They have too many consent forms.

J.R.: So, it doesn't say on this form itself so I'll have to look at another form that we have. Whether it's on one of the education forms that we give out to the patient or what not.

Ginde: Once it's signed, it goes in the cart.

J.R.: I'll go check.

Buyer: Interesting. You know, I was noticing, I think the other variable, apart from how intact the specimen comes out during the procedure, is also when you're washing everything off in the sinks. You can be more or less gentle in the way you do that, because things might get kind of you know- This thoracic cavity here, I'll bet there was a lot of stuff in here until it got blasted under the water.

Ginde: Oh, yea.

Buyer: That is, this looks like pancreas. I think that's brain.

Ginde: Very interesting. Do they want brain? What do they do with it?

Buyer: Yea. Well brain, with brain they-

034282

Ginde: Can they do anything with eyeballs?

Buyer: Oh yea. Although, eyeballs they generally want more developed than this. Eyeballs, you get the retinal pigment epithelium from the back of them and you culture those out, you know, into big cell cultures and you get, you get all kinds of real interesting stuff out of that. Is that the heart?

Ginde: It's too soft right?

Buyer: Nah, we saw the heart earlier.

Ginde: It's heart shaped.

Buyer: Heart is surprisingly consistent across all gestations.

Ginde: How about this? Did I get it? I don't have a very good, this is too big.

Buyer: Are those forceps that actually get used in the a procedure? In a D&E?

Ginde: Yea.

Buyer: Are those a Hern or-

Ginde: No, it's just the rings. I can't find anything smaller, I don't think I'm looking in the right place.

Buyer: I think this big thing right here is liver.

Ginde: Yea. It's so soft though, but I guess maybe it doesn't-

Buyer: No, it's definitely not like an older liver. It's not doing all the same functions. I saw a kidney in here. And the cal, at first there was brain in here but-

Ginde: It got blasted out.

Buyer: It got blasted out with water.

037700

Ginde: Well you know a lot of times especially with the 2nd tris, we won't even put water because it's so big you can just put your hand in there and pick it up, the parts.

Buyer: Right, just pick it up.

Ginde: And so, I don't think it would be as…war-torn.

Buyer: Ha War-torn? Oh dear. Our tech [Name] was telling me what I was looking at before and saying it was thymus, he's pretty sure that's what it was. So, I want to show him that little one again.

Ginde: This little thing? Want me to clean it off?

Buyer: So that, that definitely looks like brain. I think this is pancreas because the pancreas has that shape. Its got that long corn shape with a head and the tail of the pancreas. Then there's ducts running through it. If you look closely, it looks like this is maybe half of it. we found the heart in there but- Yea, I'll bet, because you look at this rib cage here and I bet there was a lot more stuff in there before it got the fire hose. So, that's the other thing.

Ginde: I wonder if that was part of this. But is it, you know, do people say on there, they want twelve week, I don't know, liver?

Buyer: Yea. It's a specific request at twelve weeks. Brain is typically a later gestation but I've read plenty of research studies where they were growing plenty of neural progenitors out of seven week brain.

Ginde: I was just wondering if we would know ahead of time if we had a twelve weeker- our goal was to get-

Buyer: Absolutely.

Ginde: If they were going to hose it, they would take the cal out first.

Buyer: Yes. We were talking with J.R. you know, just about twenty minutes ago, one of the major logistical things, he and I trying to set up a system where we would know what you're expecting in terms of procedure volume and gestation stuff and then feeding back to you, what the requests are coming in, in terms of the parts and gestational ages, and any inclusion or exclusion criteria. And then work so we're able to match up ahead of time so that-

Ginde: Yea, I think that would be pretty easy to do through email and text and everything. We'd say we have these patients today and you could text back the criteria. If we have the lead time with prepping we could get everything done.

Buyer: Exactly.

Ginde: (Inaudible)

Buyer: Yea, it's probably buried under some deciduous hair or something. So, this is all amniotic sac right here.

Ginde: Yea, this is all placenta. No one wants it?

Buyer: No, some people want it, people will ask for the craziest things sometimes.

Ginde: Are you guys like a clearing house where people say, I want this, I want this, and you say I can get you that. Or do they come to you and say, can you get me this?

Buyer: Yes. It's specfic. Researchers request very specific things. When we talked to J.R. he said if we could get a list to you as a starting point for compensation. I told him, that is not- it's just a ballpark figure. You fill in- now that you've seen this and have a better idea.

Ginde: Yea, that would be great and for the ballpark stuff we may just need to- like I was telling him, I think some more instruments.

Buyer: (Inaudible)

Ginde: I think we could just do one over here. We're not going to have- we don't do that many a day.

Buyer: Yea, that's what I was thinking, based on what we've seen today, based on the flow today, it doesn't seem like there would be a need to have-

Ginde: It was a little quieter than usual.

Buyer: Do you feel like today was typical or-

Ginde: No, it was pretty quiet.

Buyer: It was pretty quiet.

048000

Ginde: Anyone that was here, that was over fourteen, left-

J.R.: I don't know if it's in privacy practices but it's not in this one either.

Ginde: Maybe they took it out.

J.R.: Maybe because June fourteenth was the last revision, so my guess is it was included in the CSU, when we were doing CSU primarily. Then June twenty fourteen which, obviously. it's not in any of that, unless it's in specific privacy practices. Too many forms, too many hands on each form.

Ginde: (inaudible) Hm, it might have changed on the form. I'll find the one that has it, the CSU I think I have it on my computers.

Buyer: You had an interesting question earlier that we were trying to- You clearly seem very passionate about tissue procurement, which is exciting for us and we were going to say- we wanna know. What drives you, primarily, how we can tap into that.

Ginde: I just think it's cool. i'd love to be on the other side, getting the stuff and knowing what to do with it, but I'm not, I'm here-

Buyer: No, we'll talk you to a stem cell convention sometime, just to listen to some of the presentations.

Ginde: It's fascinating, I think stem cells could do a lot, I think we don't do enough with them. Because whatever system of politics play into that, but I mean, I think-

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Ginde: -it pleases so many things. We've got some good research going so, it's kind of like what you said, if we can take something the patients- the patients have to agree to it, I think, my experience at least, anecdotally, if the patients could do something with that, they would donate it. i don't know if they want to know that we are going to pick it apart but-

Buyer: Organ donation.

Ginde: They want to donate organs, they don't need to know the process you go through- the deceased individual to harvest stuff, which I've done- I didn't harvest, but I worked with someone who did, that's cool to see as well. I find it all to be very fascinating. Nothing more than a fascination.

Buyer: Ok and so the reason why I'm wondering that is because the honeymoon is going to be over, and you're children are going to get older and to keep you happy, so it's profitable for both of us to continue going forward. That's why I'm interested in-

Ginde: I don't even take maternity leave, just know that. Because we had an accreditation in October and my kids were in the NicU for a month. So, I can manage.

Buyer: So, you were not on maternity leave when we met you in Miami in October? Wow.

Ginde: No. They were five months.

Buyer: Ok. Alright, thank you so much.

Ginde: As long as we get the systems in place and we meet the needs, and everything is working out fine, it should be a good collaboration to move forward. If we can get the specimen that you need, I think- I think we both would love to see someone who has it up and running so we can see their system. We're into like, efficiency so we want to get it down. So here, we can have everything, I was telling him we could have a little cart that he keeps in his office, so when there's a specimen, he rolls it out, does it, packages it up, processes it. It goes in the refrigerator or something- I just want to build the efficiency, which I can't do until we get up and running. There's always that fumbleing, like what? But if we can see someone else who has the system going, I think it gives us a head start.

Buyer: A model. Yea, that's really good. Alright, excellent. thank you so much for hosting us-

Ginde: Thank you for coming. I know it's been a slow day, so I apologize. I'm actually kind of liking it, I can go get stuff done.

J.R.: And talk.

Ginde: I know, normally, I'm like don't touch me I'm too busy.

J.R.: There are times when I have over a thirty minute wait, just waiting. I just need to grab her for like a quick minute, so. Thank you for lunch.

Ginde: Thank you for everything.

Buyer: No problem.

Ginde: I think if either side comes up with questions, just email back and fourth.

Buyer; Yes. And we were talking sort of about action items and next steps and- what gestation is that?
Jess: Ten. Want to see it?

Buyer: I can take a look. I don't need to pick around again-

Ginde: Are you going to be at NAF?

Buyer: We will be at NAF, really excited for that.

Ginde: That will be my first trip when I leave the kids- in Miami we brought the kids, which makes it hard, we had a whole entourage. Nanny comes, the kids come, we're on the plane with everybody- we always end up (inaudible) well only one, we've been pretty good. That will be my first solo-

Buyer: You're not presenting or anything are you?

Ginde; I'm going to go to the thing, there's something on Sunday, there's like a preconference thing, then I have to be there on Monday, then I have to come back here for Tuesday.

J.R.: When is NAF?

Ginde: The eighteenth, nineteenth, twentieth, something like that.

J.R.: Of May?

Buyer: No, of April. not this coming weekend, but the next weekend. We were talking about that, we've been traveling all over the place.

Ginde: All over the place. And, it's Baltimore. so not even that exciting.

J.R.: My mom's out there, but no.

Ginde: But no?

J.R.: She's super catholic.

Ginde: I have to go to New York on Thursday.

J.R.: This Thursday, to sign those papers?

Ginde: To sign papers.

J.R.: It has to be in person to sign those papers.

Buyer: What kind of papers?

Ginde: It's just some real estate stuff. (Inaudible) I called and they're having problems due to weather. Who's having weather? So, they cut me off, please call us back later. Click. I was like aw, that's not very nice.

Buyer: So, somebody else just did that procedure right> Because you were out here talking-

Ginde: She did. There's some organs for you.

Jess: They're all attached.

Ginde: Here's some stomach, a heart, kidney, and adrenal. I don't know what else is in there.

Jess: Head, arms, I don't see any legs. Did you see the legs?

Ginde: I didn't' really look but-

Buyer: Yea, there it goes. yup, you got all of them right there.

Jess: Another boy. Should I just put it-

Ginde: Yea, just put it over here, I'll wash it out. yea, so you guys staying the night or are you leaving?

Buyer: Leaving. We have a flight leaving later this evening and continuing-

Ginde: Do you have a car?

Buyer: No, because we stayed at the Renaissance.

Ginde: Oh, so you can take the shuttle. That works out.

Buyer: Exactly. It's very convenient. So, as far as next step actions, we'll be sending him sort of an overview of all the pieces- in terms of equipment. supplies, materials, stuff like that. I'm going to circle back with some of the prospective research clients and get a sense of what they're working on right now, and what to anticipate within the next couple months. So we know what the volume of requests would be that we're trying to match-

Ginde: Yea, are there some states where they can't, I mean if it's for research they can accept stuff-

Buyer: Everybody- reasonable and customary is kind of hoe everybody does it. i don't know of any research universities that are not doing this work for fear of- the mob. Maybe that's the story of scientific research for most of human history.

Ginde: I was thinking of across state-

J.R.: Materials Transfer Agreement?

Ginde: Material transfer across the state. I think there's a law regarding that. So, I don't know if other states had to think about that before they come to you in California.

Buyer: Interesting. No, it's not been an issue yet. I think everyone that does this, does the same thing and FedEx's across the country.

Ginde: You ever have a specimen come from a research study? Or are they just looking to collect?

Buyer: In the university setting? We haven't worked with them yet? Yea, we have worked with any university hospitals, No.

Ginde: I'm assuming they want their own (inaudible)

Buyer: You would think that the logical connector would be, yea, the university researcher will go to the university hospital system and get their stuff. Unless it's somewhere really big like UCLA or Cedar Sinai, there's just not the volume that everybody is looking for. If you're really doing serious work you have to go and find a source like, that's what they specialize in- if you want fetal tissue you find it in a abortion clinic, if you want adipose tissue, you find it in a liposuction clinic.

Ginde: I never really occurred to me, I never thought about where people get stem cells. (inaudible)

Buyer: We're all so used to- all anyone ever heard in public is embryonic stem cells and fetal stem cells just got lost in the moix between the two of those. There really exists in this sweet spot, the early embryonic and just divide and grow uncontrollably and it's a problem and the adult cells that are kind of worn out and don't do much anymore. The fetal cells really exist in this sweet spot where they've differentiated, like in the laboratory of mother nature just enough, but they're still early enough,where they have all kinds of dynamic regenerative potential.

Ginde: (Inaudible)

Buyer: Well, the liver for example is where hematopoiesis occurs where the production of all kinds of blood cells, so if you know that you want to do regenerative medicine work with any kind of blood cells that's derivative, which is bone marrow, the whole immune system, all of that, you want a source of hematopoietic progenitor cells that can differentiate into five, ten different cells types, you start with that and work your way forward. If you wanted to do something with the nervous system you start with neural progenitors.

Ginde: Yea, that's really cool.

Buyer: Yea, so there's a little category specificity but it's not multiple lineages that branch out.

Ginde: It's not that sixty minutes with the ear on the mouse?

Buyer; everybody has said that-

Ginde: That is so cool. the ear on the mouse.

Buyer: Not so much as the liver, thymus in the mouse and the brain tissue and-

Ginde: That's the thing you can get people off waiting for organs if you can grown them. How fabulous would that be?

Buyer: There's a lot of interesting work being done with that right now, the practical issue is that comes up- the technical issue that comes up is there is some kind of non interface in the volume of blood flow that comes between your lab rat and the connections in a fetal kidney or a fetal heart or fetal liver and so there's been some work to develop almost like a converter, you know, that's like a sleeve that you can attach to the blood vessels in the host animal and convert it to the right pressure and dynamics to connect to the fetal organ so it can continue to get the blood supply and grown and all of that. Without being overwhelmed by the extra volume of blood-

Ginde: That's bioengineering, they'll figure it out.

Buyer: That's bioengineering, that's exactly what it is. It's the technical hiccup with that right now. Yea. So, it's all very fascinating.

Ginde: That would be muy alternate- what's that movie when people have different lifelines? That would be my alternative path I could be doing. You see that movie? (Inaudible) where they have different lives. Anyway, thanks for coming.

Buyer: Good to see you. thanks again. We'll see you at NAF and we'll be in touch.

J.R.: I'll walk you out. Y'all want to take any chips or anything, waters? To go?

Buyer: I think I'm good. Which way is out?

J.R.: I'll show you out, and then the shortcut to the Renaissance, so you don't have to walk all the way around.

Buyer: I think we have all our stuff.

J.R.: This is my research office right here, by the way. So I definitely have a lot more space. A lot more room to move around cabinets or whatever. Upstairs we have a smaller closet that only I can get into.

Buyer: And this is always locked.

J.R.: We close this at night and only myself and the clinic manager has the key. My office is actually larger than Savita's.

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TRANSCRIPT BY THE CENTER FOR MEDICAL PROGRESS

9 April 2015

Speakers:

-Melissa Farrell, RN, BSN, CCRC, *Director of Research, Planned Parenthood Gulf Coast* ("**PP**")

-Tram Nguyen, *Ambulatory Surgery Center Director, Planned Parenthood Gulf Coast* ("**PP Tram**")

-Anitra Beasley, MD, *Physician, Planned Parenthood Gulf Coast* ("**PP Beasley**")

-Medical Assistant, *Planned Parenthood Gulf Coast* ("**PP Nurse**")

-Two actors posing as Fetal Tissue Procurement Company ("**Buyer**")

frame counts are approximate

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Buyer: Hello, [Name]. Nice to meet you, finally.

PP: Nice to meet you.

Buyer: [Name].

PP: Nice to meet you [Name]. Come on around, I see you got to enjoy some of our traffic.

Buyer: And learning about your weather and your allergies.

PP: Are y'all miserable?

Buyer: I forgot to take my allergy medication this morning-

PP: I can offer you some Benadryl but I don't have-

Buyer: I was about to say, is there a doctor in the house?

PP: Yea, we've got allergy medicine everywhere, everyone is pretty much affected right now. That's you, no. It's not, come around, this is my office.

Buyer: Wonderful.

PP: Have a seat.

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Buyer: Do you want the door shut or?

PP: Which ever, shut, open. I don't think we're going over anything too confidential just yet. Alright, so where did you come in from?

Buyer: California, originally.

PP: Oh, California.

Buyer: In just days, we've been so many places, which state is this?

PP: We have monitors that do that. Especially some of the monitors who do our clinical trials, that are not regional. They just go everywhere, study is rolling heavily, quickly, they go from state to state to state, and they're like where am I?

Buyer: So I apologize if I'm asking- [Name] was catching me up- was there someone where on site that knows how to go through and find what we need? And Tram? Right. Tram is who I met the national meeting when we were exhibiting there, a few weeks ago.

PP: Maybe ya'll- let me give you my business cards. Maybe you can tell me a little bit more about what your needs are and what-

Buyer: Can I just go through a checklist with you-

PP: Sure.

Buyer: -before my allergies strike?

PP: Where did I put those meds? One second. Hello, do you have any allergy meds that are non-drowsy? Like Zyrtec or Allegra D or Allegra or anything like that? That's kind of funny actually. They've added some medication over in the workroom, ibuprofen, and naproxen, and all that other good stuff, would you id checking that because our guests are suffering. Ok. Allegra has got some allegra, I love it. Ok, thanks. Bye. We have a staff member named Allegra and she said: "I gave my last allegra to Allegra." That's kind of funny actually. But, go ahead, she's going to run something up for us.

Buyer: I just want to go through- try to get an idea of the process and all that. And just to back up-

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Buyer: We understand that your affiliate has done tissue collection for quite a long time.

PP: Tissue collection.

Buyer: So you have a system and everything-

PP: -from residual specimens to discarded specimens, through urine, blood, you probably know fetal tissue doesn't fall under the same category. It does but it doesn't,-
041615

PP: -because of the nature of fetal tissue we also have some of our policies regarding it.

Buyer: Affiliate specific, yea.

PP: That are specific, well specific to any Planned Parenthood in the United States, in terms of fetal tissue donations. So, Planned Parenthood that you would work with for fetal tissue, we all follow the same procedure. So, additional documentation-

Buyer: It's just because we've found a lot of different variation so far and Deb Nucatola is kind of our contact on the national level -

PP: Right.

Buyer: And so actually it's not really a national part, it's kind of influx right now.

PP: The paperwork piece of it, the documentation to have in place is consistent, how that's implemented facility to facility is different, because of state laws.

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PP: Texas has some of the strictest laws in the country.

Buyer: Really?

PP: Oh, yea.

Buyer: I mean abortion care in general, we all know exactly what's going on.

PP: Yes, so and with fetal tissue all the way up to in vitro diagnostics, where we collect additional specimens, drug studies, generally we don't deal with anything phase one, most phase two we don't, mostly because of the risks to our patients- most of our subjects are our patients. Phase two, it depends on the product.

Phase three. Phase four, we've done those studies post market. So, we've done vaccine trials and some, ugh the term is escaping me, coffee hasn't kicked in. It's the type of clinical trial, it's highest risk, it's drug, it's biologic category, an IRB and a bio safety monitoring committee a B.S.-I'll think about it.

Buyer: It'll come to you.

PP: It'll come to me in a minute. The whole range falls under the scope of what we do, in the research department. we even have some sponsors working in-diagnostic device companies, where they're developing a new instrument or whatever. And, we have high complexity clearance we do our own gonorrhea and chlamydia testing here. I'll show you when I give you a tour. The left over tubes, i don't have the exact one,but hey look something like this, this is another brand. After they ran out of the instrument, they had some people buy these. It's one of the leftover tubes, I was like ok. So, yea that's basically the scope of what we do. I'd say about ninety percent of business right now is in vitro diagnostics, we collect additional specimens for people at the time of their visit. Vaginal specimens, cervical lesions- a bump, urine, we had a request recently, for nasopharyngeal swabs. That's the scope of what we do, but yea, go right ahead.

Buyer: So, the consent, how do you handle that, what do you do?

PP: Well, we obviously would have to have a written protocol and submit it to the IRB for developed informed consent. Generally specific- now I say generally specific, because we have two different protocols that are just umbrella protocols. I was thinking about this with Tram's email, it's been rattling around in my head for a couple of years. We need to do this with fetal tissue, we have an umbrella protocol, it isn't specific to a certain- it's for specimen donation or specimen procurement. It isn't specific to- the protocol itself is for procurement but there's not a specific study that it's for. We're not going to do any data analysis on it, we're doing this for use in the future or whatever.

Buyer: Is it not for a specific type of specimen either? It could be for cervical biopsies or-

PP: We have two that exist currently for two different diagnostic device companies for their R and D needs. Although, the protocol is for general specimen acquisition. then we have a consent form underneath it that specifies why you're here for your visit, we have studies going on, you may be eligible for participation in this study, collection- Oh yea. Allegra has Zyrtec.

Nurse: I don't have Allegra, I have zyrtec.

Buyer: This is so kind of you. Thank you.

Nurse: We live here, are you not from Texas?

Buyer: No.

Nurse: This is just kind of our life.

Buyer: Yea, it's becoming my life, thank you so much.

Nurse: You're welcome. Welcome to Houston.

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Buyer: So, this is like Allegra? If I pop this, is it all the same thing?

PP: Allegra, I think is a histamine one blocker, that's a histamine two. You should be fine.

Buyer: Ok.

PP: Because if you did Allegra and you're still feeling bad, this will help, and it won't make you drowsy. Not knowing anything else about your medical history, and being a nurse, this is just it.

Buyer: I'm not going to pass out?

PP: Oh, you shouldn't have mixed Allegra and Zyrtec. It's like mixing Vodka and beer you shouldn't have done it. The general specimen acquisition protocols have been really great in the past seven or eight years because we have this general protocol, we have this general consent.

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PP: And we have an a la carte budget. On the front end, we develop everything in advance and as our sponsor has R and D needs, they shoot me a work order that says "Missy, I need two-hundred vaginal swabs, patients that are symptomatic." And they give me criteria like this, and we use the same consent from over and over and over, we use the same budget over and over. If we have any weirdness, like right now I'm being asked for nasopharyngeal swabs, and we had that covered in one part, we said nasal swabs, but it didn't actually click and put it in our budget. I think we had it in there like, we'll figure it out when it happens, so now we have to go back and redo that. That's kind of the general scope of that-

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PP: We get requests a lot for fetal tissue. We would look at something like that maybe for fetal tissue as well.

Buyer: Okay. It sounds like maybe some language would have to be drafted and—

PP: I could send you, I've got a deidentified protocol that lists all different specimen types and can easily share that.

Buyer: Do you have a copy of that? I would like just to see, how much we might have to add—

Buyer: But your consent form is not fetal tissue specific right now?

PP: No.

Buyer: And how that fits with like CFR regulations and some of the NIH requirements—because most researchers who are using that material, unless it's a privately funded company like Neuralstem or somebody like that, they are relying on NIH grant money and so it's—

PP: Right.

Buyer: There's certain boxes to check, and—

PP: Yes, well, and that brings up a certain, you know, horse of a different color as well because the regulations have changed lately and with grants that if you guys or we are listed as like a subcontractor on this grant for collection, used to be we're not subject to audits from NIH or anything. That has changed. So, as a subcontractor you have to be aware of the same regulations you would if you were the grant-holder, and comply with them. Even though may not apply whatsoever, so. We're very strategic in the grants that we accept being involved with. I can tell you, there are very few that our organization- I can count them on one hand and have fingers left.

Buyer: Oh wow.

PP: Just because we get audited all the time because we're Planned Parenthood for everything else, so we're very risk averse, but strategic. So, we'll take on grants where we have a lot of mission type support. Something we're really behind. But otherwise, we really focus on our industry sponsored studies.

Buyer: So, you get audited by the NIH under this administration.

PP: Oh yea. Mhm. Yup.

Buyer: So, this will tie into patient volume which is why we wanted to meet with you. In the past, promising something to our research clients and then not being

able to deliver because our contacts- the volume wasn't there for specific requests that are there. Do we have data on what kind of volume you have?

PP: We do. Let me make myself a note of things I'm going to send to you. I'll send you a blank ICA, a blank protocol, I can get you some visit information, you're lucky because it just came out for two thousand fourteen so in terms of like, males and females that we see, age groups, I can give you visits, you know, people that come into our clinic. This affiliate here in the Houston area, is made up of nine family planning health centers, including this building. Two in Louisiana, seven in the Houston area, then in this building there's our surgical services area, where Tram works, there's our abortion services area, and then our family planning clinic and our research clinic is all encompassed in this building. So, I can get you some figures.

Buyer: So, gestational age, if that could be included in that- because obviously, we're most interested in second trimester specimens and most of the requests tend to be from sixteen weeks and up. That's probably your experience already if you've had a lot of people requesting-

PP: It depends, most of our contacts are academic over in the Texas medical center and depending on what they're researching they may not want second trimester. They may want just first trimester sometimes they're very prescribed in what they want. they want first trimester, this many weeks, blah, blah, blah. It's very specific as to what they want.

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Buyer: The quality of the specimen, and then, depending on the age—

PP: Sorry to interrupt, could you speak more about the quality?

Buyer: So, for example, most of the clients that we see and that we would service are people who are in the regenerative medicine field, they're doing stem cell studies specifically. My experience is mostly with humanized mouse models, I think I mentioned the liver-thymus pairs that are really important.

PP: Mhm.

Buyer: And when you're doing those, especially if you're gonna do a cell isolation, people think of cells, "Well, the tissue has a bunch of them, right?" Well, the stem cell population is only a specific ratio to the total number of cells that are in there.

PP: Mhm.

Buyer: And they also tend to be more fragile than the other cells you're dealing with. So if you're wanting to get a good yield when you're doing that isolation, the integrity of that tissue sample 7itself, the physical integrity is pretty important.

PP: Okay. So just to clarify, one thing that is a disadvantage, in terms of utilizing our site, is the recent regulations have made it almost impossible for us to use abortion pills. So yeah, it's kind of complicated. If you want to do the research, it's Texas House Bill 2.

Buyer: Yeah, we don't want stuff from medical abortions. I think the only medical abortion we would want would be like an induction from later.

PP: Yeah, but, well, so for earlier trimester, anything that's from an abortion pill, medication abortion, there's more of a possibility of having everything intact. Versus a surgical abortion that, you know, the products of conception are not intact.

Buyer: But are your patients during medication abortion here at the clinic—that's all at home, right?

PP: It's basically at home, but depending on when they come back, because they would have to come back for a series of pills or what have you, so yeah, they could potentially be here, or be given a sterile cup to take home with them.

Buyer: Has that ever been done before? Have you collected—

PP: No.

Buyer: Okay, so—

PP: Off-topic. But—

Buyer: I just, I like thinking outside the box, but I'm just thinking, could we do that? The thing is, what also becomes very critical is just the timing from the completion of the procedure, to actually packaging and shipping the material.

PP: Mhm. Correct.

Buyer: When we're talking about isolating stem cells, and the cell viability and all that, you know, the timing is really really critical.

PP: Mhm. Right.

Buyer: And so, to me, I don't know if it's, if someone is laboring out a first trimester pregnancy for, I imagine it takes quite a while, certainly longer than a surgical procedure, and then we're relying on the patient to—

PP: It just really depends. That's the big piece, right. In terms of quality, I had to get with Tram, asking her just, you know, their general process. So for POC, products of conception that are less than 16 weeks, it's evacuated either in a syringe, when it's very very small, or in a non-sterile glass jar, via the vacuum pump as part of the procedure. It's processed in the lab, it's a non-sterile process, it's done unless it's evidence collection, that's why I asked you about that, because we actually do quite a bit of evidence collection in terms of rape patients and stuff like that where everything has to be sterile, because it's gonna go on to be analyzed outside of here. So this is still less than 16 weeks. Tissue is washed through a strainer and placed in a glass tray, the tray sis on top of an x-ray box and it's floated with water. The transparency makes identification of all the parts easier. After the physician has confirmed the tissue correlates with gestational age, tissue is placed in a biohazard container and gets discarded into a single container and then is placed in the freezer. Anything after 16 weeks is immediately placed in the freezer after the procedure. And it is all sent away once a week for incineration. So that's kind of the scope.

Buyer: Okay, so this is kind of an avenue off but I think in our business, probably that I saw, and I don't know much about this area, this is probably more [Name]'s, but I, we're asking for intact specimen.

PP: Mhm.

Buyer: And the technician took a hose and was just full force, spraying, and [Name] said you know, could you be losing things? And not only just losing things, there's basically two considerations when we're trying to get the particular organ types or tissue types requested. One factor is the nature of the procedure itself, are you doing an IPAS, are you doing electrical suction, are you doing a D&E, is it breech presentation—

PP: That, right.

Buyer: Stuff like that. And then, what we're realizing, as we're observing some of the processes, is there's kind of another component too, when they're doing the regular P.O.C. check, and they're blasting it with the hose, you could have a lot of stuff still sitting in the body cavity, but you're blasting it with the "fire hose," and then you put all of it in the light dish, and you've got to play, "Find The Liver," for an hour, and—

PP: Yeah. Yeah. And under the scope of where we probably have an edge over other organizations, is our organization has been doing research for many many years. And we've had studies in which the company or the investigator has a specific need, for certain portion of the products of conception.

Buyer: Mhm.

PP: And we bake that into our contract, and our protocol, that we follow this. And we deviate from our standard in order to do that. So, you know, we can do it in a way that we're still verifying that everything is there for the safety of the patient, but then we maintain the integrity of that sample. So yeah, that's definitely something we can do. So as far as, this is our standard process, telling you then we can get creative about when and where and under what conditions can we interject something that is specific to the tissue needs.

Buyer: So that goes to my next, can you get creative, can you alter—

PP: Mhm.

Buyer: If we say, that we need a liver.

Buyer: Or not just liver-thymus, but also neural tissue—

PP: Right, the neural tissue is what we've done specifically in the past.

Buyer: Could you adjust the procedure, if you knew—

PP: Mhm.

Buyer: Okay, they need high volume of this—

PP: Mhm.

Buyer: Could you match that, and—

Buyer: You know, 18 to 22 week neural specimens, both hemispheres intact. So that it's intact—

PP: Yeah, I think we could do that. Some of it is really outside, some of it will be happenstance, because you know sometimes as the procedure's happening, you know the procedure itself, for the removal, is generally standardized. And so just depending on the patient's anatomy, how many weeks, where it's placed in the uterus, we're going to potentially have some that we're going to be able to do more or less intact, and some that will not be.

Buyer: Right.

PP: But it's something that we can look at and explore how we can make that happen, so we can have a higher chance. It will probably require a little bit of input from the doctors. Because the doctors are the ones asking to, really be doing that, you know, when it matters, and the cases where it's mattered and the physicians have needed an intact specimen—

Buyer: Right.

PP: So, we can make it happen. We just need to figure out how that we can do this under our project needs.

Buyer: Right. How many providers practice in the 2nd trimester? Specifically, the later than 16 week cases.

PP: I mean, everybody here does. I want to say we have 6.

Buyer: Six providers that go beyond sixteen weeks. Wow.

PP: I'm pretty sure they're all under the same credential. Even before the laws changed that require an ambulatory surgical center in Texas to be- you know, it's in the supreme court right now, not sure if you're aware of that- mandates that abortions have to be at an ASE. When we moved into this building, in 2010 we went from an outpatient clinic and converted it to ASE, so were already there. So, in the event the laws go through, you know, become enacted, we will be one of only six or eight facilities in the entire state.

Buyer: Which means your volume will go through the roof.

PP: Yea, um, yea.

Buyer: It sound like you are very proactive about seeing where things are going. You're ready to-

PP: Yea, I think it was accident, I don't think it was anyones radar. We knew that we wanted to do abortions at sixteen weeks and past, and knowing that in a lot of those cases an ASE is required, we went ahead and just bumped it up. Just because business wise we wanted to be able to offer that to the community. Because there are so many- even though we have several academic institutions here, the way abortion is going in the United States, it's even being taught in some of the very large academic institutions that would do second trimester abortions, even for fetal anomalies, they're not even doing it anymore. So all of those patients are being sent here. yea, it's actually pretty sad that patients in that situation with a fetal anomaly, going through everything still have to jump through additional hoops, hardship-

Buyer: The stigma.

PP: Yea, that's another whole topic. Yea.

Buyer: Certainly is.

031500

Buyer: So it sounds like you have physicians that would be able to change the procedure, that if they're knowing—

PP: Yeah.

Buyer: That okay, this patient could provide certain specimens, and we want 'em intact, so that physician has the knowledge and the ability to change the procedure a bit just to make sure we can get—
PP: Right. And it will depend, obviously the change in the procedure will have to be where it's not gonna put the patient at more risk, prolong the procedure and put her at more risk. And alter the procedure so we leave things in the patient—

Buyer: We want all of it! I don't know why we would leave any—[laughter]

PP: Right. And that's something we'll have to discuss with our doctors and see how they could do it. Because some of our doctors have projects and they're collecting the specimens, so they do it in a way they can get the best specimens. So I know it can happen—

Buyer: The doctors were doing research?

PP: Yeah, mhm.

Buyer: Oh wow. Now can they, for example, convert to breech under ultrasound guidance and then—

PP: I guess it's just gonna depend.

Buyer: On their skills?

PP: Yeah, on their skills and everything and, I mean, we can be flexible to do whatever, but you know, I don't know, we'll have to have further discussions with them about—

Buyer: That's really their area of expertise.

PP: Yeah, yeah. So.

Buyer: Does Amna Dermish practice here, ever? Or is she only at the greater Texas affiliate?

PP: I think Greater Texas, I don't recognize her name at all. We do have some doctors that drive in from other locations, but her name is not one that I recognize.

Buyer: Ok, should we talk about dissection methods? No, I guess that would be Tram's- who actually does the tissue procurement if it's a request that you guys are processing?

PP: Yes, Tram's group does, and any kind of physicians that we work with in the med center- no physicians here that we have a contract to collect specimens with. That they want the actual specimen differently, put in a different media, or whatever. So yea, I sit with Tram and we go over what the needs are, how it can be fit in. How we can integrate it in a way that everyone's needs are met. And then discuss logistics about how that's going to look. you know, how many patients, strategically, which patients should we approach, so it's less administrative burden on everyone. Yea, we can look at all of those details when we have more specifics.

036700

Buyer: So, I want to talk about the burden that I imagine- I know from other clients that we have- the burden that is put on you and our compensation to you to make sure that this is working on both ends. You're happy, we're happy it's beneficial for you, it's beneficial for us. Do you have- I have an idea for what burden- in the past people have been very happy and then oh my goodness, I didn't know that we'd have to do this, or store this, or you'd be in the way or all sorts of things.

PP: It really, you know gets specific to what your needs are. We do have again, an edge because we've done so much research, a lot of their staff already has CITI training, I don't know if you know what that is, it's a level of research training. That they know how to consent the patient, they-

Buyer: What is CITI?

PP: It's Collaborative Institute Training Initiative. It's where people get research specific training, in how to protect human subjects. And so they know how to consent the patient, they know how to do everything and doing to where, we're kind of aware of the burden on the administrative side and actually in the pop room, there's a little area, a little space. that would be training that's specific to those folks. So, as far as the administrative burden it's working out the logistics on our end as we're having a research department like ours. Again, we have that edge because even though we don't do that as frequently as all the other projects I was telling you about, it something that we have done in the past working closely with Tram's group. Our department is five here in research some (inaudible) staff members that have training and what have you but we're able to integrate that and so I'm not saying it's necessarily easy but one of the thing that we really work to do is integration. Seamless integration, the best that we can, taking into consideration what the standards are and why these standards are

here and the needs of the client and getting the samples, in the time, in the manner, in the condition that you need them. Not compromising patient safety, and we're not compromising clinic flow. it's a juggle and initially there's hiccups, always. There's always hiccups, I'm not going to say we're going to come out of the shoot being perfect but we do that. And you said something about wanting to be on site?

Buyer: Well, if you've got someone, that's great because when we have to be on site we kind of get in the way.

042100

Buyer: What I have found is making compensation for certain specimen types higher, just to keep customers happy.

PP: Right, and we would definitely have to work that out in terms of budgeting. Especially because of the current situation with the regulations, they're extremely busy up there. And they're excited about it. And we have patients that come in all the time asking if they can donate the fetal tissue. A, because they hear about it in the media or whatever. And B because we've done these projects in the past. And I don't know how it got out there, because people don't talk about their abortions, so how they got, how they talk about the fact they donated fetal tissue—

Buyer: I'm glad that's happening though, because the fact that people can talk about it, the stigma can just be-

PP: Yeah, and gosh, I wish we were further along there. Because they, most of the time when folks come in and they've made that decision already, they're there, there's no boohoo, and grief, and things that are often portrayed. But to see some benefit to the situation, a lot of women ask to be able to donate the fetal tissue somehow. so, and I'll show you when we go towards our storage we already have contracts with dry ice companies. We have two minus twenty-two refrigerators. two incubators,so we do a lot of research because we have capacity that maybe other facilities that only do clinical don't have. We get what we need to do to alter our standard of care so that we're still maintaining patient safety, still maintaining efficiency in clinic operations, but we integrate research into it.

Buyer: Okay. So it sounds like as far as your cost, it's not going to be, it'll just be, you're already set up.

PP: We're already set up, we will definitely need to work out something as far as covering additional cost for additional things related to it—

Buyer: Exactly, exactly.

PP: I'm very particular about working with the language of the budgeted contract to where the language is specific to covering the administrative costs and not necessarily the per-specimen, because that borders on some language in the federal regs that's a little touchy.

Buyer: Mhm.

PP: And of course, we don't offer the patient any compensation at all, and of course you know that.

Buyer: Right, right.

PP: Expressly prohibited. But yeah, we can definitely work that out. And realizing that most of the clients that we have had are academic institutions. We've had some industry sponsors as well, and it, we had a collection that was going on when I got here that had been multi-year. It had been collecting specimens of a certain gestational age in a certain way, those actually worked really really well, because our staff, they really like to get on auto-pilot. They want to do their job, they want to do it well, and if we have a long-term project, where we're getting lots and lots and lots of specimens, they can get on auto-pilot after the initial training pretty quickly. So everyone likes monotony, to an extent you know.

Buyer: It's efficiency, I see it is.

PP: So, if you do things the same way everytime and you don't have to engage that part of your brain, this is new, I'm figuring it out- that kind of uncomfortable feeling- once you get into that pattern that feels good, and staff really like that. That's one of the areas where I work with Tram and the other clinics to get there there very, very quickly. That means being a little pushy, that term has been applied to me from the beginning, because I realize it's a band-aid approach. Get it done and get in incorporated into your operations really quickly, get everybody on board and get that efficiency.

049500

Buyer: In those cases when, and [Name] can speak to this again, but I'm more on the business end of it.

PP: Yeah.

Buyer: I know that going with the history of what's happened, and wanting to not have that happen again, we have, for specific specimens, the compensation would be higher.

PP: Mhm. Mhm. Right.

Buyer: Because we know, there's gonna be problems. How do we frame that so that that's, we're not saying we're giving a higher—

PP: Yeah, we can work it out in the context of—obviously, the procedure is more complicated. So that anything that we integrate into that procedure, without having you cover the procedural cost, is going to be higher. So anything of a higher gestational age, there's more opportunity for complication, there's more administrative time involved,

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PP: Sometimes the procedures are longer. So then, anything that we piggy-back onto that for collection purposes, obviously, would have to, that additional time, cost, administrative burden.

Buyer: Right. So our compensation to you, our specific specimen, intact, could be built into that.

PP: Yeah. And that's something that, getting more information about it, as intact as you need, how we're going to do that, then from there, getting, when I'm working with our clinical trials and all of our additional specimen collection needs, I'm pretty bullish about getting as much information as I can prior to budgeting. Because I can't budget effectively, correctly, if I don't have all the information. And otherwise I'm budgeting blindly. And I have an expression, you can't budget for crazy. I need to know everything that's involved, have it in writing so that I can sit down with the parties involved actually doing the work, so I can say okay guys, let's work this out now. And we even will go as far as to have timed trials where we go up there with a stopwatch and time how much, so we can at least know what our cost is. Because I think, in terms of budgeting, if you don't even know your cost, how can you develop a budget to cover that. So—

Buyer: Okay, so I want to say this to, that this might prevent some of your crazy. That, if you run into crazy, I want to you come back, feel free to come back to me and say, you know, for that request, to match those requests, we need a little more for that. Come back to me and say what you're compensating for that, we want to raise it. Because I don't want to be crazy. Feel free.

PP: Yeah. And I mean crazy, comes when you, from my experience, when we have sponsors who aren't aware of the clinical component. So their pre-conceived idea of how we're going to collect and how we're going to process are not in line with what we actually do, and for whatever reason they've got ear muffs on when I'm trying to explain what we actually do, and that's where crazy comes in when we don't really have good lines of communication. But it sounds like you guys are really really familiar with the process so—

Buyer: Exactly. And I think what can kind of make us different is we can be very attuned to the practice environment that you guys have. And I'm just, thinking of Cate [Dyer from StemExpress] and someone who's not very attuned to the practice environment and some of their collection sites, and there've been problems because of that, and that's not sustainable for anybody, and it's really not profitable or beneficial for anybody, and so—

PP: Right. And that's the thing that it's, a lot of folks I get this mainly from academic institutions, they see Planned Parenthood and think, "Oh, you're non-profit. That means you're non-budget." And they will come to us with budgets that are, quite frankly, insulting. I mean, really? Where in the United States can you, an 8-page consent form for this amount of money? It takes 30 minutes to administer that to a patient. So, you know, again, with the understanding that just because we're non-profit, doesn't mean that we're fiscally unstable. If anything, we serve the community and we have to provide services to the community at a very very low cost, and we can't underwrite anyone's research project.

006500

Buyer: No, and what I've found is, what's been very positive for me, this little start-up, just the rewards that I have gotten from it personally, emotionally, that we can come in to an organization that is non-profit, like Planned Parenthood, and with partnering, we can make it very fiscally rewarding to you, for both of us.

PP: Mhm. Yeah. Yep.

Buyer: But I understand, I don't ever want to insult you, and I want it to be fiscally rewarding to you, and no crazy.

PP: Mhm. Yeah. And we can definitely work on that. I try to do as much as I can on the front end having conversations like this, getting as much documentation as I can, and working out all the logistics ahead of time, and as you can probably see, Tram immediately got me involved, knowing what it takes. We already have done this, so we have some expertise here, that I think maybe in other situations that you may have experienced not knowing what's involved and how to make this work in a facility, they couldn't account for the crazy, and the crazy was self-imposed.

Buyer: Right. And some of them can't see the fiscal growth for their own clinic.

PP: Mhm. Yeah.

Buyer: Just by thinking outside the box and making sure everything's in place, and it's framed the right way. But this can be very beneficial for their clinics.

PP: Mhm. Mhm. Yeah. And you know, we definitely want to get as much information as we can. Because I'm hearing you talk about maintaining the integrity of the specimen, and you know, clinically, obviously, when they're doing their follow-up with specimens, it's just to ensure everything is there, nothing is left in the patient, and [snapping fingers] moving along as quickly as possible, because we've got so many people we have to serve in the community. When we have a research need, or we have a procurement need, they recognize, okay, gotta slow it down a little bit, they will bake that in, we can even take it so far as to bake it into scheduling. Because we have had some situations where everyone who is coming in today is going to be approached about a study. And we've had days where we've had to collect, you know, 6, 8, 10 specimens, that we get in one day. And that, you know, to recognize that everything had to change in order to enroll. That's another thing that we do strategically as well, because understanding that 2nd trimesters are only done on certain days. Knowing that okay, we have a need, and they're only done on certain days, by certain physicians, and certain staff, and they already scale back the schedule, working that in. So, I think just, I think we already have a lot of the infrastructure that will make this very successful.

Buyer: Mhm. Excellent.

PP: So as soon as y'all can start throwing paper at me, that would be great.

Buyer: And so, maybe, and we can't get as specific as we would both need obviously right now, but I'm wondering if we can maybe play out a little bit what the process would look like, for specifically, let's say, for paired liver-thymus, we have, there's a new client in Oklahoma, medical research foundation, that's doing a lot of really interesting immunology work and expanding in that area, and so if we can provide them with intact liver-thymus pairs, paired from the same donor, you know, 18 to 22 weeks gestation—

PP: Mhm.

Buyer: And obviously, you know, at least one a week would be good, if we could get 4 or 5 a week, even better.

PP: Yeah.

Buyer: And this is for humanized mouse models. What is that gonna look like from start to finish if we're using your process, imagining that we're not even sending one of our, maybe we send one of our techs initially, just to go over the protocol with Tram and everything.

PP: Yeah.

Buyer: And then after that, what does that—

PP: So, ordinarily, we're a little bit different, because generally, the protocol comes to me, we have our meetings internally, how does this work, what is this gonna look like. How are we going to make this work? In order for me to move forward with budgeting. So we do that all on the front-end. And look at our schedule, how does this fit into our schedule, is this even possible? We do a feasibility assessment on the front-end. Again, getting as much information as we can to sit down and write out a plan, and then I can budget, I can come back with a budget on it. I'm very much the person, when we look at something like this, under promise, over deliver. So, I need to go with Tram and get specific information about how can we make this happen. Is this something we can actually deliver on? I know- last I heard, and things change a lot upstairs- we had one or two, I'm sorry we're right next to the freight elevator here. I think it's two days a week that a certain part of the schedule is dedicated to second trimester.

Buyer: Two days a week?

PP: Yea. Now, that may have changed, but that was the last I've heard. I need to verify-

017100

Buyer: Here's something we've also run into, let's say there's a specimen that's collected later in the day, and we need to ship it to- Oklahoma

PP: Yeah.

Buyer: Well Oklahoma's close, California, New York—is that doable?

PP: Yeah. Yep. We do that right now on a daily basis right now for research. there are five FedEx hubs in Houston that are open until 8pm, and my staff and I all have cars.

Buyer: Awesome.

018000

PP: So, we drop off specimens all the time.

Buyer: All out of state?

PP: There's nothing in-state that we ship. Everything goes-

Buyer: Is that courrier or is it?

PP: We will go out to our offices and collect our specimens. We're all trained and credentialed so we know how to ship biologics. We ship dry ice, flammables, even U337 diagnostics so we're doing-

Buyer: I don't think we need to be talking about packaging-

PP: When we get to do the lab piece, it'll make a little more sense.

Buyer: And you ship fetal specimens to other states-

PP: We have not shipped any fetal specimens-

Buyer: Ok.

PP: Everyone that has come in and collected specimens has been local. So-

Buyer: Is that a possibility?

PP: Oh yea. It's really just a matter of what category does it fit into according to (inaudible) and shipping according to that category. It's also going to depend on the media. If your media is ethanol/methanol based then that puts into category six, that's flammables. And we're limited to how many we can fit in a box, we can still do it, we just have to spread it out into different boxes. You can't have more than fifty cc's in a box-

Buyer: Not to interrupt, fetal tissue will never be in media like that because the cells need to viable. It needs to be RPMI or something like that.- What's the cost, I'm not familiar with that? Is there a higher cost with that?

PP: Typically, our sponsors set up a FedEx account for us, and we just use that account. We go online, we have it set up in our FedEx world account, put everything in, print up the air bill, slap it on, put it on dry ice, put it in the freezer, bricks, whatever we need to do and either drop it off- whatever we need to do- we have FedEx pick up here about three or four pm. Then anything that is late, something that was collected late, we drop it off at FedEx. It's literally on the way home for me, so yea.

Buyer: Ok so we could make it a cross country-

PP: Yea.

Buyer: Yea, because with the fetal specimens, it's kind of taking it to the next level because the timing is that critical for the cell viability in time for culture from procedure-

PP: Most of our other additional specimens, because they're investigational use only IUO, maybe you'll hear about that from some future clients of yours. Their viability hasn't even been established so we have to get them out of here as quickly as possible and they're there either at the seven am delivery or the ten thirty delivery.

Buyer: Oh, excellent.

PP: Right now is a good time, most of the time we don't have any weather issues but winter time is outside of my control.

Buyer: Ok, that's good.

PP: So, we ship and it goes wherever, so anything that goes to the east coast generally has to go through Indiana, if Indiana's having issues- Indiana and Kentucky are the big FedEx hubs for anything going to the Northeast. Oddly enough we generally don't have any issues with stuff that goes to California. It's east coast that we have a lot of issues-

Buyer: It's difficult.

PP: Now, if anything needs to go to Louisiana then we need to have a whole separate discussion because Louisiana is- we've got clinics in Louisiana- there is some sort of bad mojo when it comes to FedEx and Louisiana, I mean we routinely have things not delivered on time. We don't have any abortion clinics in Louisiana so we're not even on the topic of discussion but we have some issues with Lousiana shipping.

Buyer: Louisiana might be currier distance, how far is New Orleans from here?

PP: Eight hours. We just use FedEx or UPS. We have damaged boxes, we have things that don't arrive on time. When there's freezes that are well North of them, that's their excuse not to deliver that day in New Orleans, so I don't understand it. We have so many issues in Louisiana, it's maddening. When I go over there and train clinics for additional specimen studies, I don't ship anything in advance anymore. I just bring it with me. I rent a Ford Explorer or something, I pack everything in the back because it's the only way I know, for sure, it's going to get there. No, Louisiana is, unique. It's very unique, at some point, we hope- we're building a new facility in Louisiana, we have a clinic in New Orleans right now for family planning services. We're trying to expand and have abortion services there so go ahead and look online at the Louisiana (inaudible) which is the name of the- it's in the newspaper all the time.

Buyer: It's kind of depressing.

PP: It is extremely frustrating, yea because there is a need there. It's just the nature of politics in the south.

027100

PP: Right now you hear about it almost everyday even in Congress and the state level. Just the roll backs in reproductive health care dynamics in this country are amazing. I mean, we're even attacking birth control.

Buyer: Right, right. What's your take on that? Do you have any- American Taliban? What do you think? Is it changing or?

PP: I think, unfortunately, our society is becoming too complacent, where some of this radicalizing has been able to flourish. I think part of it is an education thing, people make statements abortion causing breast cancer, or birth control causing autism or things like that and out general public is so ill educated-

Buyer: Scientifically uneducated.

PP: Exactly. They don't understand- if they say "emergency contraception is an abortifacient because it doesn't allow the fetus to implant" And not understand-

Buyer: What fetus? There's no fetus.

PP: They mix up terminology and it sounds good, it looks good, people- "Oh yea, that sounds right." And in some cases some politicians that are actually OB GYN's come out and say these things, they're credible. Yea, so I thinks it's multipronged, there's a lot of reasons for it. We can just kind of-

Buyer: How do you fight that though? What kind of plan, well education is one. What-

PP: Education, one. Just keep providing the best services that we have because one in there women have attended Planned Parenthood for free services in their life. So when you have media spin about "Oh Planned Parenthoods goal are this." Whatever, you have people who have been here "I didn't get that. I got services, I got treated nice, I wasn't judged, I got to participate in these studies, I got a stipend, I got free testing. What more can I ask?" We have patients say that all the time. So, all we can do is counteract it.

Buyer: Ok. Sounds nice, so don't be too depressed.

PP: Don't be too depressed. Its just one of those things, you know? Every once in a while we step into a time travel machine and go back to the nineteen fifties, politically.

Buyer: It comes in waves.

PP: Yea, it comes in waves. All we have to do is keep researching, keep science out there, keep valid information out there, so.

Buyer: Very good. Excellent.

PP: So, I need to talk to Tram about ways- with this little bit of information- visit with her about feasibility, in general before we make any commitments. How is this possible, let's think about this. Let's think about that. And then the shipping, but that's a non issue.

033000

Buyer: What is your exact upper gestational limit?

PP: That's something, I'm glad you said that because with the laws that changed, the terminology is different. We still use gestational weeks, but it's calculated differently, estimated date of conception against LMP. So, I need to make sure I'm speaking the same language. I think we go up to twenty, I don't think we go past twenty, pretty sure about it.

034000

Buyer: Do any of your providers use Dig?

PP: I don't know about that.

Buyer: Because digoxin kills the stem cells, nukes the tissues. No feticide can be used.

PP: I don't think we do. I've not heard of that. And I'm- we all get together for certain meetings within the organization, there's operational discussions. I never heard of digoxin.

Buyer: I think I heard Tram say you didn't, but I just wanted to confirm because that's a pretty important base line.

PP: It would impact your tissue samples.

Buyer: They would be unusable. I had a colleague who tried to do, you know, just for kicks and giggles-tried to do a cell isolation on a liver from a digoxin case. Nothing. Didn't get anything out of it. Yea, it's a feticide, it destroys everything. It can't be used.

036500

Buyer: The later procedures are those two day, one day? What's the cervical prep like for those?

PP: Cervical prep. You're saying for alter-

Buyer: Sixteen plus.

PP: Again, that is state specific. The patients are required to come in on- for instance, on a Monday, have their ultrasounds, do a lot of the documentation, etc, etc, come back on Wednesday for their actual procedure. So, depending, there may be some activity at home, medication or whatever on Tuesday, in between. So yea, I have to get those details. That again, as the laws have changed, we've had to change our procedures. We're kind of in a weird place right now, we've changed a lot assuming that house bill two is going to be upheld by the supreme court. So we're kind of in this limbo right now, this is how we were doing it, this is how we're changing it, just assuming worst case scenario. But no, I have to get updated on that personally because I'm not aware of the changes. So, what is the cervical prep for sixteen weeks plus, any other prep that you're aware of that happens elsewhere-

Buyer: I mean it used to be the case that second trimester was always at least a two day procedure. You know, whether LAMs or Dilapan the first day, inserted for overnight cervical dilation, and the next day is the actual procedure. Lots of affiliates are starting to use Misoprostol now, either alone or in addition to some kind of mechanical dilator. Sometimes they're doing that over night, more and more places are moving to same day prep even up to eightteen, twenty weeks.

PP: I think we're doing, because of the regulations, it's all same day. I think- when you're saying this, it sounds familiar to what I've heard recently.

Buyer: Would it be helpful for you to see- I don't know if you have this- a client list, just today's to see what's going today. What's the volume, would that be helpful to you. I don't know if you can provide that.

PP: I can't. I can't in terms of a client list. I can see if Tram has something.

Buyer: Is there anyone in surgical today who is around when we do the tour?

PP: I can look, as soon as we finish this here. Yes, it will depend on when we wrap up. There are basically two clinics. The ultrasound clinic, because ultrasound has to occur twenty four hours before. And the other half, where they actually do the procedure. It varies day to day which is first and which is second.

041500

PP: Let me shoot her an email real quick, and see if we can pop up there. She had asked and I said: I don't know if we will need to see your facility, I will let you know.

Buyer: Tram? Is that Tram you're talking about? Oh, she's here.

PP: Yea.

Buyer: Oh, it'd be great to see her again.

PP: She is awesome.

Buyer: Yea, I can tell that she is very passionate about it. Is she the only procurement technician that they use- no. So, she's got a team of people.

PP: She's got a very large department.

Buyer: Oh. [Name], I was thinking about the conference call-

PP: Do ya'll need time for a phone call?

Buyer: No, maybe we need to talk about this with you. The sickle cells anemia

043400

PP: Uhuh.

Buyer: And is looking for specimens, he needs kind of everything from the hematopoietic system. So we're talking liver, long bones, and cardiac, so heart specimens. From—

PP: Intact also?

Buyer: Yeah, all intact. From African-American donors only.

PP: [nods affirmatively]

Buyer: Because we're looking—and I was playing this out in my head the other night, thinking about it. You know, in theory there are prenatal screening tests for sickle-cell anemia, it's probably too complicated to try to insert that—

PP: Typically at this gestational age they haven't, you have to do family history.

Buyer: Do you guys take family history for that?

PP: Again, that falls under the research part of it. If we're doing this under a research protocol and we have a need for that information it's something we can integrate into what we do. So, I don't think that is asses initially, different types of anemia are. Obviously because we're doing a procedure. So, sickle cell anemia may be included in that, I don't- one second, I can ask. Hi, quick question, you know, upstairs do you remember if any of the intake involved sickle cell anemia in any of the history questions or anything? Ok. So you've seen it. Ok. Thanks. There's an anemia question in there, it's an other so if it's sickle cell, it's usually a write in.

Buyer: Interesting. The other thing is too, I think the prevalence of the carrier gene among the African-American population is like 1 in 12.

PP: Mhm.

Buyer: So if you have 12 patients, 12 termination patients of African-American descent during the week.

PP: Mhm. Mhm.

Buyer: And that means, statistically, at least one of them is likely to be a carrier, so at least one of those fetuses will have, will be appropriate for inclusion.

PP: Mhm. Mhm.

Buyer: And I imagine that he would want controls as well.

PP: I was about to suggest that.

Buyer: So it might just be a matter of, if there's 12, collect—

PP: Select everything from African-Americans. And you're going to have your controls, you're going to, just by numbers, you're gonna see it.

Buyer: Exactly. Exactly.

PP: So, instead of trying to find out, because you know, sometimes people just don't know their- they just don't know. It's a little (inaudible) hold on, she may have a follow up. Yes. Ma'am? Oh, ok thank you. Bye. She just sent me the intake for so I can look at it and see what's on there. Let me print this out for us, and again, whenever we have a need for additional information- for family planning, cervical samples, pap samples, what have you. We have electronic medical record so our research questions,we build what's called "templates." We get the information from our study sponsors on what data they need, that is not our standard of care. And we build a template so as a patient is seen- this issue

is coming in for the well woman exam, so there's a template, like back in school when we had the projectors with the transparency-

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PP: With one question then another question. So you put the transparency up and all the questions get asked. f she wants a depo then we have another template for that. When it's reseach specific, once patient gives consent, the procedure is to merge the template and ask all those questions that are specific for research. Anything we would need to do, in terms of the data behind the sample, we can integrate that too. So I- Tram's department has not moved over to electronic medical record yet, but that is something that we can still integrate in there. Let me go grab that off the printer real quick, be right back.

Buyer: Ok. Excellent. While you're doing that, is there a restroom I could use?

PP: Yea, very close by.

Buyer: (Inaudible) Yea, I've just been drinking the green tea the whole time. Don't discuss anything important without me.

PP: Were you up there when they were doing the second trimester procedures? Do you know if it's- like, I know they have an ultrasound one day and two days later they have the actual procedure. Do they do anything in between or is the entire procedure including cervical prep done on the second day, second visit I should say. Ok. Yea, I just wasn't sure if that's what you got out on the front end. Alright. Just curious. Alright, thanks.

Buyer: Were they doing second tri cases today?

PP: Not sure, that was one of my staff who works up there, but she works in kind of a specific area. Uh, I don't have access to the calendar to see what's on the schedule. I was going to check that out. Ok, we'll wait for Tram. This is an example-

Buyer: Is she coming down here or she calling?

PP: Yea. I sent her an email, we already had a dialogue back and fourth. I told her you may or may not want to go up there, we already talked-

Buyer: Yea, we would love to go take a look up there, mainly just the path lab to see if any specimens are there, kinda to get a baseline of what-

PP: What is today? Today is Thursday.

Buyer: It's Thursday already. Almost Friday.

PP: Yea, I think it was Wednesday.

Buyer: TGIF tomorrow.

012000

PP: Exactly. I can't remember what they are doing in the morning versus, because if they're in the middle of procedures right now we can't, but if it's ultrasound time, they're not even using the procedure rooms, it would be a perfect time. the only hitch is it's an ASC, it's an Ambulatory Surgery Center. So, it's like a surgical suite in a hospital and you have to be in scrubs, booties, everything, to go back there.

Buyer: Even if there aren't procedures going on?

PP: Mhm.

Buyer: Wow.

PP: Oh yea. Sterile environment. I'm sure- we have a scrub service so we have scrubs you can change into. I mean, I'm in scrubs but I'm outside, you have to be in those scrubs. But yea I can check with them.

Buyer: Do you need both of us, or are you ok? I thought you might want to see it but if you trust my judgement. I do just your judgement, it's your area of expertise but the whole scrubs thing.

PP: (Inaudible)

Buyer: See? She gets it, it's the hair.

PP: Mine generally- this is my god given gift, my hair- my curly hair. It does get out of place when you're changing frequently. Things are like-

Buyer: So what- I'd really like to see it but is it something I could slip over or do I have to take off?

PP: I really don't know what they would require. I've yet to take anyone up there. Most of my research stuff, they want to see the ultrasound suite because we do ultra sound for our contraceptive studies. Which is not part of the actual surgical suite itself.

Buyer: I mean, it's really just the path lab, or the specimen lab. I don't know what your term is for it here.

PP: Yea, I think they call it the POC lab. In our- they might call it the procedure area too. So yea, I'm not going to bore you trying to describe it. You'll see it, it's nice.
Buyer: And you don't have to be in scrubs for that area?

PP: Oh yea. It's attached to the procedure area, so yea.

Buyer: We'll see what Tram says about that.

PP: I sent her an email. She's really good about getting back to me. So yea, just glancing on here and seeing if anything- it's pretty thorough. "Hemetic disorders leading to blood won't clot properly leading to too much bleeding. Blood clot disorders, protein disorders, blood clot disorders" so-

Buyer: They have anemia mentioned twice, one on each of these forms.

018500

PP: So yea I'm pretty sure it comes up in discussion, if it's an issue. How about while we're waiting for Tram to see the email and respond, I give you a tour of our space, our lab- lab will probably more pertinent for where we actually ship from. Any specimen that is collected upstairs, processed upstairs, generally we work out something with the staff, where one of my folks runs up, grabs it, does whatever we need to with it- in terms of maintaining temperature putting it on dry ice, whatever. Then we bring it and ship from our area, so we can take a little tour of our area and my lab, just so you have an idea for future reference of what else we have.

019100

PP: If you don't mind taking a walk for a little bit.

Buyer: Yea.

PP: And I've got my iPhone so I can see when she's replied.

Buyer: Oh good. We'll come back, so we can get these later.

PP: Oh yea. So you saw where you came in, you check in with security. Directly across the hall is our family planning, dysplasia and vasectomy clinic. On the other side we have about nine exam rooms and really about twenty staff that work in that area. The majority of patients that come in are from family planning services but again we do get a lot of our research activities over there in term of enrollment. This area right here, as you come in is primarily the research wing. We have a couple of offices over here, they're for our HIV outreach counselors, as the name implies, they're outreach and they're out of the building most of the

time. They're here often when they're doing results and counseling patients. Conference room, from a research perspective, we have a lot of meetings, that's why we have a conference room built right into the space.

Buyer: Good.

PP: Training meeting, you now, constant. Storage closet. For additional specimens as you can see we have barcode access. Additional specimens we have a lot of extra product that comes in that we utilize in terms of collecting those specimens. So we have to be a little bit diligent about making sure all of our product that is for one study, stays with that study. Because often times we have similar approved products as a comparator- I don't know if you've been exposed to that yet. We have- (inaudible) developing a new test for herpes, and you want to demonstrate to the FDA that it works, you have to compare it to an already approved test. So if multiple people, multiple companies are doing studies on herpes, they're comparing to all those test that already approved, we have to keep all those approved products that we're going to use separate, and no commingle them. Anyway.

Buyer: Are you guys working with Lisa David with Medicines 360? The new IUD they're developing?

PP: (Inaudible) This whole hallway is the research space and all of our drug studies. We have patients come in to vitals, we have to get blood, we have to collect urine. So this is sort of the mini lab. This is Christina, she works in our department. She helps move budgets and contracts-

Buyer: She helps directions too.

PP: This is Lashaunda she is our research nurse and she also handles employee health, employee health and family research.

Buyer: And guest health.

PP: I'm sorry?

Buyer: I said, and guest health.

PP: This is Erica's office, she just walked down the hall. And if you want to go in here- hey did you notice I fixed the sign? It's gone, I don't know where it is. I swapped them. We have our own exam room, again, because we do trial, drug trials, patients have to come in more frequently that standard. We make sure they're safe so that happens in here. We have done, in the past a lot of phlebotomy collection for the new HIV test, the new hepatitis test. The patients come in and they donate three or four tubes of blood, we have lots of phlebotomy chairs around here. So we're all checked off to cart blood. This is our

investigational product storage area, it's temperature maintained. So our study drugs that have to have restricted access, or any types of products that have to have restricted access and this swipey- only five people, us and our security manager can get in the room. This is Joanna's office.

Joanna: Hi.

PP: Joanna, I stole from out family planning clinic across the hall. She comes to us from a varied background, family planning, and dysplasia, and she works in our surgical services area. This is who I called earlier.

Buyer: It's a good feel.

PP: Access, I got access. So, we ship a lot and we ship often and all of these different types of shipping containers are what we use to ship different types of biological specimens. From dry ice to refrigerated to class six flammables, so it's organized though you may not be able to see it, and different volumes as well. Depending on what studies are going on, all these boxes will get turned over at least once. They just go out and come back, go out and come back. So we also have some projects where we are doing the investigational testing for a product, and other facilities that are collecting, are sending that samples here. Our loading dock is right here. When we bought this building (inaudible) Strategically we put the research area here because we do so much shipping and receiving. It makes it easy for shipping and receiving because then they're not taking things all over the rest of the building we're just right here, so yea. It works out really, really well. It's a full size loading dock, we can take pallets.

Buyer: Who handles your medical waste disposal? Is it Stericycle?

PP: You know, no. It's somebody else, I can't remember the name, it's a recent change. I'd have to ask. This is our lab, the lab is split into two pieces. This part is our clinical lab, gonorrhea and chlamydia testing. We do our point of care testing, controls are generated here and sent out. This instrument diagnosis gonorrhea, chlamydia, herpes and trichomonas. And then this is the research side. We have a dry ice container here, we have another dry ice container on the other side of the freezer. We have another dry ice container in about half of our family planning clinics. A lot of the specimens that we have, as I mentioned are not stable for very long, so we gotta get them on dry ice real quick. Computer set up right over here. it's one of those things that's neat to see in action, when we're handling all the specimens. We have, as I mentioned, two incubators, one freezer that locks, the big, big tall one is a freezer, and then the two refrigerators. Lots and lots of space for the stuff we have to do in the lab. All of them CLEA compliant we maintain temperature logs and everything.

Buyer: (inaudible) so I can take a look in it.

PP: Sure.

Buyer: Oh excellent.

PP: We have all of our studies broken up into little baskets. I don't have any studies right now that are using dry ice. So there's nothing in the dry ice box.

Buyer: This reminds me of a (inaudible) do you guys use those for fetal collection?
PP: We did have a study many, many, many years ago that did use a hood, I can't remember exactly what it was for. Turned out it wasn't even actually a hood, it just blew air down which might be counterintuitive to what you want to do.

Buyer: And just boxes for storage back there.

PP: The instrument goes through a lot of products (inaudible) there's a lab tech, but she's on lunch right now. This is the area where the courriers that bring the samples from family planning- our gonorrhea and chlamydia samples from our family planning clinics. They pick up empty boxes, the clinics send their samples back in boxes, these are extra boxes for that. This is the research side, so when we've got- we're functioning as a central lab and other facilities are sending us their research specimens, that's here. So shipping and receiving, I usually give them a list. These are all the facilities shipping to us, to our lab. They're going to have this code on it, those go here. Instead of taking them to my box room, they go here. yea we have a system in place. This is my favorite part of the whole building. I think I was a lab tech or something in a previous life.

037000

PP: Let' see if Tram has replied back yet.

Buyer: What time is it?

PP: It is 11:03

Buyer: Do you remember the range of that conference call- they were supposed to send me a text between twelve and one.

PP: No, she hasn't replied yet. Hello. It's Thursday, do you know if they're doing ultrasounds first or clinic first, you know what they're schedule is up there today? I don't either. I know what it is on Monday's and Wednesday's because of Dr. FIne. I sent Tram an email, I don't wanna- I went into ECU but apparently I don't have access. Yes, there was nothing? They're not doing that ITT training today, are they? I thought that was just Southwest. Ok. I see Tram is in a meeting. Ok. Yea, when I click on it, I get nothing. Maybe it's because you have different

access, not that, that should mean anything in terms of patients. Ok, because we're going to need to go over to the area where they process the POC. And that would be ideal to do during lunch at the clinic. Are they running the clinic simultaneously? I was under the impression they were not. Yea, that was my understanding too. So it sounds like it is. (Inaudible) clinics, oh ok. Ok, outlook shows she's in a meeting. No, I'm seeing items, ok thanks for your help. Bye. Today is a concurrent day, so they're doing ultrasound and procedures today. Tram is in a meeting right now but she's only in a meeting until noon. So, did you guys have to get on a teleconference call.

Buyer: Not sure yet, they're going to text us-

PP: Because I can step out into the conference room next door.

Buyer: If you need to, we're just waiting for a text. we're in limbo, it might not come through.

PP: Yea, I'm waiting for Tram. I wanna take you up there and have you see the space, but if they're doing concurrent clinics but if they have people on one half doing ultrasounds and people on the other half doing procedures and she's in a meeting so. We'll just wait for her, and tread water for about forty five minutes or so.

Buyer: When do you think she'll be done?

PP: The schedule says she's in a meeting from eleven to noon. So she's in a meeting for just an hour. I don't know if she's in the meeting talking and she can't see on her phone that I emailed or if she's in a meeting, you know, attendance check and she can look at her phone.

049100

Buyer: So you said that you have been able to provide neural tissue to multiple researchers-

PP: I'm trying to remember specifically the company that did the procurement. When I got here, it was a little bit after, I've been here for nine years. I'm positive there's (inaudible) for neural.

Buyer: When you got here it was an outside company that was doing procurement? It wasn't internal? Oh wow, Ok.

PP: It was a company that- they were doing stem cell research. I don't know what happened to them. I never followed up to see, you know, what became of them. I think I heard their name mentioned in reference to- you know governor Perry has some sort of stem cell procedure.

Buyer: Oh really?

PP: Yea.

Buyer: How ironic.

PP: Yea, he's a little more relaxed about the whole stem cell- adult stem cell topic, you know, tha maybe some other folks (inaudible)

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Buyer: You know when I go to stem cell conferences- regenerative medicine meeting, they have whole sessions about how do we talk about what we do publicly, how do we educate the public, or how do we frame this publicly, similar to some of the discussions you'll have at NAF, then plenary. So it's really interesting how there's a lot of crossover in some of these worlds. Although the levels of intensity may not always be the same, so it's just been a, a real neat-

PP: I think there's a lot of areas again, where the public is so uneducated on the topics that you know, even we I talk about research, drug research and what have you, there's this weird faction of society where anything that comes from a drug company is bad. The conspiracy theory is that people are trying to manipulate you through the drugs. They have a cure for cancer- that's my favorite, but they won't make any money off of it so they won't use it. Yea, it exists in lots of areas of medicine not just specific to abortion of fetal tissue or stem cell. Even though it is a little more rabid in those groups.

002600

PP: Now tell me again, you said- her name is escaping me- up at the national office.

Buyer: Deb Nucatola.

PP: Deb Nucatola. Are you guys working with the national office.

Buyer: We've been coordinating with them as much as we can. Deb has been really helpful in terms of which affiliates to kind of hit up first, and which providers are going-

PP: Yea, usually they try to centralize this around the research department, are they not doing that.

Buyer: What Deb has told us is that they used to try do things under research but it but they decided, because it's just collecting tissue- unless an affiliate is

directly partnered with an academic,which you guys have been for the most part, it's different for a third party collection agency like us. So just simple procurement and collection, they said research is just kind of overkill for that, and in some ways it is. I guess that the national office there's discussion on exactly how involved they want to be at all in this issue, and legal is saying no, we don't want to get too involved with it, let them deal with an affiliate by affiliate basis. Yea, there's a whole- I don't know if you were at the national meeting, no you weren't at the national meeting because we would have met you with Tram otherwise.

005000

Buyer: There was a whole panel on there was a whole panel on tissue procurement in terms of tissue disposition. I guess they may be thinking of drafting a national policy or memo or something. It's kind of all in the air- when we started talking with her, really in depth over the summer. I decided it would really be great to get some kind of national clearance with PPFA national so we could go into any affiliate that has the volume and apparently one of our competitors had approached national about that a few years ago with exactly the same request and that generated a lot of discussion. And legal said that at this time we don't feel like the supreme court- we don't feel it would be a wise move.

PP: Especially state to state the regulations are so different in terms of how abortions are performed. I think that's the biggest underlying factor there, because historically anything research related in the last five years the national office really wants to centralize anything that's research related. Ideally, the way I see it, any ongoing procurement type of system, we're going to need a general sample acquisition protocol, we're going to need a consent form that can be utilized, even though it's not absolutely required for regulations, it makes the most sense to have an informed consent-like document that the patient signs that says: "I am giving this up, I'm not being a paid for it." blah, blah, blah, has all that language in it. To me, that would make the most sense to do at a national level and ask affiliates who wants to be involved and submit that to an ethics board on a central level- that makes the most sense to me but, the reason that sounds like it's not- that has been the deal with research for the last five years. They really, really, would like things centralized and affiliates like mine, we've had a long standing research department for twenty something years. We're a little resistant to having everything centralized because we've been doing our own thing for a long time.

Buyer: Right.

PP: So, that's kind of surprising to me that they are in that position with fetal tissue.

Buyer: It sounds like the positions are all in flux right now- because I don't know if you know Deb Van Derhei with PPCAPS. I guess she's only been there for

about two months or something. She- that's one of her first tasks now is to get a handle on who all is doing tissue collection, they don't even know at the national level, how many affiliates are doing it. which is unfortunate for us because we were hoping that CAPS could provide the master list of who's going to which gestation, what the volume is, and it sounds all-

PP: I'm so surprised.

Buyer: Yea. The researchers- we would have our own spreadsheet already figured out.

010000

PP: I'm very surprised by that part of being related to Planned Parenthood is being like a franchise and there is annual information that we have to submit about our populations, there are policies that are called out standards and guidelines you know, of how we conduct our business. Every affiliate is a separate and distinct corporate entity. We still function under all the same guidelines and principles. When it comes whether or not they have the data, I know they have the data. I know they have the data, I know they do. How they're able to get that for you is another question.

Buyer: Maybe it exists in five hundred different emails (inaudible)

PP: I just have a hard time.

Buyer: I know, several people from CAPS said the same thing "I don't know"- do you see it as an easy thing to have and produce? I'm sure you have a very efficient system in there-

PP: Tram- because they don't have electronic medical record yet, the numbers are kept but they're not kept where I can get my hands on them, they're not in any medical record. If you asked me how many paps we did this year, I could pull everything up and look it up. But because they're not in ECW yet I can't I have to go to Tram, but that number is kept because it has to be reported to the national office.

Buyer: Right.

PP: That's why I'm confused that no one is able to get you that information. I know that their are reports out- that get sent out every year. How many family planning services we provide, how many STI checks, how many HIV, how many positive HIV tests we detect, how many abortion procedures. I know that exists, because I've seen it. So if we have to compile it in order to report to the national office, they should have the ability to compile it and report it. Now does it come to a breakdown of per trimester or week- gestational week, I don't know if it goes to

that level of detail. I know that definitely exists on our level, up to the national office, I don't know.

015400

Buyer: Do you guys have required reporting for your fetal tissue collection? Is your program something that, because they do want to centralize research, are you guys providing that?

PP: Mhm. So in terms of reporting, any study has to be registered with the national office, and the legal department reviews the contracts mainly for indemnification language, to make sure there's mutual indemnification language.

Buyer: And they do that now, legal does that for all your research contracts, including for like Baylor researchers using fetal specimens.

PP: Mhm. They review all of that. So, now as far as record-keeping, how they retain that information up there, every single study that we submit gets assigned an ID number, I don't know if it's in any kind of data base where they can search and see that there are this many studies going on in Planned Parenthood world for fetal tissue. I don't know how it's maintained up there.

Buyer: And then on the flip side, is there a national Standards and Guidelines for fetal tissue collection that you guys follow?

PP: Mhm. Mhm.

Buyer: Really. Because that's what we were asking for, because then we would be able to tailor what we're offering to—

PP: That's why I was very confused by what you were saying because, it's there! That's going to take me a minute to find because I don't access it that often.

Buyer: You haven't (inaudible)

PP: Yea, if it's for fetal tissue I need to- unless it's new this year. It's been the same, there's a form that we have to use with the national office that the physician that is performing the collection is not involved in the dating. That's going to change because that's a state requirement now. Who ever is doing the dating has to be the one doing the procedure. So-

Buyer: What do you mean by dating?

PP: Gestational age. Yea. Then there's another form where we have to attest that the patient is not being paid for the sample, just a lot of little check boxes-

this comes directly from the national office. Give me a second, we just went through an overhaul of all of our network drives in an effort to clear things up.

020000

PP: I need to figure out where the standards and guidelines have been moved to. Let me see. Anything that falls under the umbrella of studies either for sample collection, additional sample collection, I guess there's a vague definition of- I mean, I even go as far to submit it for our residual or waste specimens, like if someone wants to collect urine, and we have urine-left over urine in the cups,we've done that and we've registered that. they've never pushed it back and said no, this does not meet the definition, we don't need to do this. The general policy, that all research, anything involving additional specimens, anything like that gets routed through me, in this department. There actually used to be an entire section on abortion services section and tissue donation. I just remember when I first started here, there was this project going on- ok I need to, (inaudible) brush up on this.

Buyer: It was under the abortion section but now its not there?

PP: I'm not seeing it, but it doesn't' mean it wasn't combined with something else or renamed. The renaming of things is something that happens.

Buyer: Can you search the document for fetal tissue.

PP: The way they have this broken up, I can't just search fetal tissue.

Buyer: I'm just imagining, if we would, like NAF for example- we could say that we have constructed a plug in solution that tracks with the PPFA standards and guidelines. Maybe StemEx couldn't say that, we could.

PP: Ideally I would just go to the national website and look there. Ya'lls timing is not that good. The recently changed vendors who handle all the remote access and stuff. Most of us here at PPGC can't access the national website at the moment. It's kind of a pain though, because we have new employees, new employees have to log in and do training online.

Buyer: They can't do that.

PP: They can't comply because no one can log in. So yea. I wonder if I went ahead and downloaded it already, let's see. Hello, do you remember where we end up archiving all the old amphioxus stuff? Not all the boxes, the online stuff. I mean, we didn't keep much online at the time, I need to get with IT and figure out a way to tie it down, so it doesn't move like that. Do you remember the different check off lists that PPFa required, in terms of this person performed the abortion but did not perform the dating, blah, blah, there we two forms we had. Where

were those- do you know where those were tied to? I know they weren't tied to SOP's they came out of the standards and guidelines right?

Buyer: (inaudible)

PP: Yea, that's- yea, no. That's not- I'm just looking for that form. But it's- we're having a discussion about- PPFA was saying that they don't standardize fetal collection. Yea. Right. Yea. I'm just not seeing it there. I found it, I found it. It was under pending studies, all the flies moved again, under historical. Historical studies, and then there's a tab under it. But this is from 2005 so it might not exist in our standards and guidelines anymore. So yea, ok. It existed, I'm not hallucinating. Ok, alright. Bye.

038000

PP: I know I'm not hallucinating, this is from PPFA -

Buyer: Is there any way to get a hard copy of that?

PP: This may not- if they're telling you this doesn't exist anymore, it may not exist anymore.

Buyer: (inaudible) this is good. I like that, why would they get rid of that.

PP: If it's just becoming more complicated in a state by state basis, I think that this is hard to implement. And you really don't want to enact a policy or guideline that everybody can't follow. "Affiliate fetal tissue donation programs will be monitored upon the affiliate recertification process." That's why I was saying-

Buyer: Has that ever happened?

PP: Yea, because it falls under research. They lump it in and as far as the "monitoring" goes, that's our registration and stuff. Counciling. "The following must be involved in protocol" So here's information about what we have to say, in the protocol itself. The consent. Forms that we have to use. "The clinician has to sign a form that says the tissue was donated, the consent was obtained prior to collecting the tissue, and no alteration in the timing of the termination of the pregnancy, or the method used was made for obtaining the tissue." That's why I said we can do it in terms of this, but we can't delay an abortion in order to get a later gestation. Of course, that's unethical or anything that's going to put her at risk in terms of " no alteration was made in terms of the timing of the termination or the method used." So if we're going to be doing a surgical procedure, the surgical procedure is going to be the same. We're not going to say hey, let's experiment with giving you, you know, whatever medication-

Buyer: Prostaglandin-

PP: Exactly. Yea, we're not going to do that.

042300

Buyer: Right, but a D&E is a D&E and the order that you do things in is-

PP: Right. See, that's the thing is sometimes they change the titles so I need to find- here's another consent form that we had approved by the IRB. I'm (inaudible) about keep thing those, because I don't like to be creative and make up my own names and my own language, I like to steal language from previous ones.

Buyer: I'd like to see for us too, in creating language. I'd be nice to have a copy of that.

PP: The other things is- I have to grab this off the printer- I think, how long are ya'll planning to stay.

Buyer: We just got the text, they pushed it back to three. So we're- we don't have to stay until three.

PP: No,you're welcome- I booked the whole day, I don't have any plans one way or another to cancel, that's why I said you're timing is good because so things got moved around in my schedule, so I was going to be free all day. Tram's responding-

Buyer: Yea, if she's responding, I think it would be good to loop her into the conversation. And just to get like a baseline visual of what the POC's are looking like, specially in second tri. Like if there's still stuff in the freezer form, you know, or if there's stuff from today.

044500

Buyer: Yea, and also you said in the POC lab they have a separate station for actually doing tissue procurement and dissection- something set aside-

PP: It depends, if they are going to have, if the procedure is for evidence then everything changes, it's got to be sterile, it's got to be this. It's the same space, just set up differently. We do the same thing in the lab, we have a study that is for a certain thing and there's a potential of contamination and it's just a matter of saying it's this space instead of this space. It's just a matter of space allocation, so. She's going to see what she can do and let me know. Same thing, it's a dual clinic. I think with the increase in volume that we've seen. Because so many of the abortion providers that we've seen, with this law in limbo, they can't really operate like this and they've already gone out of business. We've already seen

an increase in volume- a huge increase in volume, so they probably now, where they used to have an abortion clinic is now an ultrasound clinic,and they're having to do them simultaneously and it can be a little hectic. She said the front, if we wanted to tour that, which is intake area, waiting room, ultrasound area, the counselor's office where they consent the patient but the back, the actual surgical area- they're running really late, is what she said. If just the front is ok, after one pm. But the back is pretty late, and I replied to her and said: " they really want to see the POC lab."

Buyer: Probably the only visitors you will ever have.

PP: So worse case scenario, all of us are armed with iphones, I'll go up there and take little video snippets, photos, whatever we need to so that you guys can see what you need to see. I totally understand that, so many of our study sponsors have to physically see our space. Especially in the clinics, do you have exam rooms, do you have lab space, do you have refrigerators, show me the tem logs for the refrigerators. We have to do this all the time.

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PP: Come up now. We can come back quick.

Buyer: It all sounds good, why don't we make it the closest one?

PP: Yea. They're two seafood places that are relatively close, the chinese food place that's relatively close. The chinese place usually gets pretty hairy after twelve o'clock, in terms of a long wait. Trying to think outside the box- obviously because we don't have a lot of places around here, we don't have any places that are walking distance. For us, my group, typically we all bring our food. Or we all plan to go out on a day we're going to take a long lunch. Sometimes it takes a minute to get my brain engaged when we haven't been going out.

Buyer: Or delivery? Yea, is there anywhere that delivers.

PP: We do, all of our house accounts require a three hour window, because of the travel time. We can pop in the car and go down 45 with a couple exits down, where their are a lot of options. Then we can just decide.

Buyer: Yea, sounds good. Is this my copy?

PP: There's the research piece. This is obsolete, this is from 2005.

Buyer: That would be good to see the language though. I know it's obsolete, but still having the language.

PP: And then you got this one.

Buyer: Do we get that or? Yea this is the one with the, this is the intake form with all the-

PP: And those are always subject to change.

Buyer: Do you feel comfortable with my driving?

PP: Yes.

Buyer: Ok.

PP: I didn't give you anything that causes drowsiness, should not operate machinery so we're good.

Buyer: Alright. These are-

PP: Where in California?

Buyer: Southern California.

PP: San Diego area, maybe?

Buyer: Los Angeles. Do you know that area?

PP: I have family at one time in San Diego. I love san Diego it's gorgeous. My uncle, was a police officer for thirty years in L.A. As a kid, we went to visit my uncle pretty often and um. Disneyland, whatever, I have very fond memories of L.A. I've been to as far North as San Jose, but I've never been to Northern California.

Buyer: So were you born here-

PP: Houston. Born here, raised here, haven't left here. Yea, probably won't. I like to travel a little bit from time to time. Like, I could totally be a Canadian. I've been up to Canada several times, oh Canada. Yea, Houston is my home. What about you guys, you both originally from California?

Buyer: Yea. Yea.

PP: Cool, cool. So, in California, I noticed they have a lot of fish tacos.

Buyer: Yes.

PP: That is odd. Here in Texas, we're right on the Gulf Coast, we have a lot of seafood, fish tacos are not real common. Not like they are in California. that was the thing, when I went to San Diego to visit former in-laws. Oh, Missy you have to come try this fish taco place, and they were also native Texans, but they moved. And I could not wrap my head or tastebuds around these fish tacos.

Buyer: Ok, first time I had them, my girlfriend ordered. She's Korean, so I just let her order, and I thought they were really good.

PP: I like chicken, pork, beef tacos, lamb, goat, I've had other types of meat. The fish tacos I just-

Buyer: Try it sometime.

PP: I have. I tried it several times.

Buyer: Oh, you did try it. I thought you said you didn't try it.

PP: I tried it, and I didn't- let me let my folks know I'm taking off. I cannot type today. So, other than fetal tissue, what else?

Buyer: Adipose tissue is a big one actually, we have-

PP: Oh I'd be happy to donate. So you probably work with a Liposuction facilities?

Buyer: Yea, we have relationships with several cosmetic surgery centers in the Southern California area. There's plenty-

PP: I'm sure you get plenty.

Buyer: Yea, we actually just got a really interesting-

PP: It's actually really popular down here.

Buyer: Oh really?

PP: Yes.

Buyer: You know what's really interesting trying to pop up in some places is clinics that are lip and stem cell clinics. Believe it or not. Where they will lipo out a small amount of your adipose tissue, they take it out, isolate some of your own stem cells and re-inject it back into you. There's some places like that popping up in L.A., there's one in Colorado-

PP: I thought there were regulations inhibiting stem cells, being, even your own from being re-introduced back into your own body.

Buyer: I think it depends on who's paying for it and how's it's marketed. There's some talk in California among the research community, there's clearly such a demand for services like that some of the more forward thinking researchers in California, who are part of the California Institute for regenerative Medicine and all of that. That are maybe wanting to establish a chain of trial clinics for procedures like that, that are considered lower risk and more promising. So that if people are going to do it safely and with full informed consent and all that.

Buyer: Is this wind normal?

PP: No. More normal during the spring time. Usually during the summer time, we call it sea-breeze, you have the same thing in California, where you have a gentle breeze. This is a front that's moving in (inaudible)

Buyer: Could you get me my driving glasses?

PP: My daughter just got her driver's license-

Buyer: I forget, are these the driving ones?

PP: My daughter recently got her driver's license and we went to and auto show and she really liked this Chevy Cruze.

Buyer: The rental person liked it too. This one has a- I won't mention it, it has a little humorous sound to it. wait a sec, I gotta show you.

PP: It's leather on leather. Not that I'm that tall, but the whole motion sickness thing, if I'm not the actual driver-

Buyer: Am I going to right, left?

PP: You're going to go left then right where this truck is at the light, not the light, I mean the stop sign. Then you're going to turn left here again. Was the GPS really off for you, did you have to?

Buyer: No, the GPS was ok, it's just pour understanding of the way that exits work, with the freeways, it was off.

PP: I mean being in a strange a car, that's why if you were uncomfortable with that I would totally understand it. And then we're going to go left here.

Buyer: Left here. (inaudible)

PP: It's very strange.

Buyer: There's a welcoming committee at this clinic too huh? Right or left?

PP: You're gonna go left, and then you're going to jump on the access road there. You may have to floor it, event though the speed limit on the access road is forty-five miles an hour, people routinely go fifty-five, sixty and above.

Buyer: When I get on it, should I be in the left lane or the right lane?

PP: You're going to want to get over to the left lane as quickly as you can, so you can get on the entrance ramp to the freeway. You drive in L.A. and this is challenging?

Buyer: It's just that it's new.

PP: It's new, yea.

Buyer: It's new and it's a new car and I don't have visibility like I used to.

PP: What do you drive at home? I'm going to fix your collar.

Buyer: Thank you. So you're saying to go-

PP: Just it hit, if you look out here on the right, you see where the entrance ramp is?
Buyer: That's where my destination is?

PP: Yea. Have you talked to any of the Planned Parenthoods is California yet? Mar Monte or-

Buyer: Yea, so our problem is, all the affiliates in California are already partnered with a tissue procurement organization. So, its real tough to get in when someone is already there and so we've had to cast our gaze further afield to untapped locations.

PP: Yea. Well good, I was actually hoping that we would meet up with someone, I went up to AACC two years ago, which is a big lab conference. There were several tissue procurement companies there, they were not looking for fetal tissue though, the most bites I got out of those contacts, they wanted urine from women of various gestational ages for whatever type of project they were working on. There was a lot of communication issues you know they want urine alone, if it's discarded urine. If it's discarded urine and a bunch of patient information, then it gets complicated because I need consent forms for that. There are federal and discarded tissue regulations for discarded waste.

(Inaudible) Have you guys ever been to Houston before? Is this your first time in Houston?

Buyer: I may have been ten years ago, on a family vacation, but I don't think I remember what part of Texas it was.

PP: A family vacation in Houston?

Buyer: Yea, there was some stopover in Texas but I- it was a long time ago, I don't remember what part of the state it was.

PP: (Inaudible)

Buyer: No.

PP: So [Name], it sounds like you have a very science-y background.

Buyer: I do, my background is in molecular bio, so.

PP: Ok.

Buyer: So, I make a right-

PP: Stay in this lane, when you get to the light, we're going to u-turn, look over on the other side where it says: Pappas Seafood House. I think ya'll would like that, it's pretty tame in terms of spiciness because a lot of our sea food restaurants out here have a lot of Lousiana cajun influence, quite frankly they're both hot. A lot of red peppers, so I don't want to give you acute indigestion on your way home, so we're going to Papa's.

Buyer: Should we take off our nametags before we go in?

PP: Certainly. (Inaudible)

Buyer: So I wanna stay in the right lane?

PP: You can actually, it's not protected so you will need to yield, but you'll want to jump over to the right hand lane. You've got it, and once we get over to Papa's you can just (inaudible) So adipose tissue, what was the other thing you were talking about?

Buyer: Adipose tissue, we actually just got a contract with a researcher that focusing on regenerating the telomeres.

PP: Telomeres?

Buyer: Telomeres are basically on the ends of the chromosomes and the shorter those get, they degenerate over time with aging and that's causing senescence after aging, is that the DNA and the chromosomes degrade, it has to do with the telomere length at the end of the chromosomes.There is something about stem cells, there telomere's don't degrade as quickly or are more preserved or are auto regenerative, which is why there is such a regenerative capacity to the stem cells. This project is looking at- don't crush my legs. So his project is looking at adipose stem cells from older populations, so the inclusion criteria is- uh, where did I put it.

PP; Oh, go ahead, I was going to put my head-

Buyer: Did I lock it? It's locked, yea.

PP: Thank you.

Buyer: Yea, go ahead. So, the inclusion criteria is age fifty-five and up. So, it's kind of interesting coordinating with those centers when they have those patients. So, it's their adipose tissue that we're collecting and sending to that study. And we've done some cancer biopsies before, and there's an oncology clinic about twenty miles away from our office.

PP: I'm very chatty, so every once in a while, just throw and elbow and say check your email. I told her to text me but depending on what she's doing, she might just reply to my email.

Buyer: Look at that Texas red fish, that looks good.

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PP: I should have asked first if either of you has seafood allergies or anything.

Buyer: No, I would have said something. So, what do you like here?

PP: It'd probably be easier to say what I don't like. I love seafood, I love to fish.

Buyer: Do you?

PP: I love to fish.

Buyer: What kind of fishing do you like?

PP: Mainly saltwater fishing. Flounder, Redfish, which is another kind of fish that's pretty common. Speckled Trout. I have a little, small cabin in far Northeast Texas, and we-

Buyer: Do you have a little boat?

PP: we have a little catfish pond.

Buyer: So, you have a little boat?

PP: I don't have a boat at the moment.

Buyer: How do you go out?

PP: My uncle has a boat. My uncle from California that's yea- he's the one that we go out and fish with. How is that light reflecting on your face like that? Must be the little spot light thing.

Buyer: Is it on my face?

PP: It's moved now. But yea, it was a real-

Buyer: Is it this?

PP: It was something. It was reflecting, I was like: "How is that happening?" Now, I don't feel bad, I felt bad about leaving my staff because we all eat together. They're having an email discussion about what's for lunch, and what are we going to do, and apparently no one's having lunch today, so I don't feel bad now. Did you get your text about the-

Buyer: Yea, it got pushed back until three.

PP: And feel free, if you need to group and want to meet into our conference room, you are more than welcome to.

Buyer: Thank you.
PP: Because I don't know, by the time we wrap up and with traffic and everything, I don't know if you'll make it back to the hotel in time for three.

Buyer: Yea. Yea. Yea. Did you decide- I think I did, yea. I think I'm going to get the Rainbow trout that they do over here.

PP: Sounds like a good choice, rainbow trout and shrimp.

Buyer: where are you seeing that- it's over here.

Waitress: Hi. (Inaudible)

PP: Can I have water, no lemon?

Waitress: No lemon? Anything for you?

Buyer: Water.

Waitress: No lemon?

Buyer: Lemon is fine.

Waitress: For you?

Buyer: Water with lemon.

Waitress: Anybody want to start with an appetizer today? Some calamari or-

PP: Not me.

Waitress: Ready to order or need a couple more minutes.

PP: Do you want an appetizer?

Buyer: I think I'm ready to start the main course, yea.

PP: The bread. (Inaudible) I think we know what we want.

Buyer: rainbow trout for the both of us.

Waitress: Ok, do you want it with the shrimp or just the naked. We have it with shrimp, or with no meat, just the trout.

Buyer: Just the trout. Just the naked trout with the herb olive oil and all that. Yea, yea, yea.

PP: And for me, the blackened cat fish. That was easy.

Buyer: Yes, so tell me about your fishing, have you been doing it since you were a little girl or-

PP: Yea, I was supposed to be Brian. Yea, I was supposed to be Brian, the doctor told my dad: "Hey you're going to have a little boy" This was back before ultrasounds were really good and my mom never had one, so I don't know how he knew that. But my dad always loved to fish and I loved to do things outdoors and my dad always fished and so I just went with him.

Buyer: You don't have brothers?

PP: An older sister. Girls. No brothers.

Buyer: (Inaudible)

PP: I love to be outdoors, it's unfortunate that I got my dad's irish freckly skin so I have just bathe in sunscreen when I'm outside because I burn so easily but I love being outdoors. the little place that we've got in East Texas is on thirty-six acres. Lots to do outside, hiking and just recently we've cut through to make trails, so we've got a little more than two miles of trails (inaudible) lots of pine trees, lots of oak trees, the whole are has some timber to come in and cut, the previous owners were my brother-in-law's grandparents. They just turned eighty-nine, we got the property from them last year, they just could not maintain it anymore because they've gotten older so (inaudible) the whole timber part.

Buyer: How do they maintain (inaudible)

PP: With a tractor. I've had to learn how to drive a tractor.

Buyer: And so they couldn't do that.

PP: They had about ten acres of it that was partially cleared. It had cattle in the pasture, you know, part of it was cleared in the pasture area. We don't have cattle, I know it's against the grain of a lot of Texas stereotypes but we have no cattle. I have no cattle, I have no intention of having cattle.

Buyer: What would happen if it wasn't maintained? Why can't you just let it be wild.

PP: Most of it is. It's just the pasture area of it, because the weeds get so tall. The wooded areas that are like twenty something acres we leave that- we cut through trails, so we find areas with not a lot of trees, w clear mainly just weeds and brush that obscure us from walking but we try to cut back as few trees as possible.

Buyer: (inaudible)

PP: Yea we did.

Buyer: See I told you.

PP: Most of the area- I don't know why but for whatever the reason, we just don't have scorpions in Austin. Austin, yes, definitely. Central Texas, yea. Up in my area, piney woods, Northeast, we haven't seen any, doesn't mean they're not there. Do you have a thing about scorpions?

Buyer: No, I have a thing about earthquakes.

Waitress: (Inaudible)

PP: Better safe than sorry. So, scorpions and earthquakes, are they related?

Buyer: No, not at all. (inaudible)

PP: They do have earthquakes, small ones. And of course, (inaudible) the drilling process, North Texas (inaudible) small ones, like a three on the richter scale.

Buyer: So, that's not even (inaudible)

PP: That's a rumbly stomach in some cases.

Buyer: (Inaudible)

PP: That you've been through? No, I never have.

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Buyer: (Inaudible)

PP: So, can I talk more business? Tell more about specimens, I'm very curious about what people are doing. Sorry. I love my personal stuff and talking about fishing but-

Buyer: Do you ever go to regenerative medicine conferences? That- I think you would find that fascinating because it's like any kind of industry conference but it's all about stem cell work. There's World Stem Cell Summit, I think it's every December. There's several meetings in California, because we really are the leaders in that industry, here in California, Wisconsin, North Carolina, some places in Texas too. (inaudible)
PP: With stem cells, I've heard about it in adipose tissue, I've heard about obviously marrow regenerative (inaudible) where else are stem cells prolific, where you could easily acquire tissue.

Buyer: Adipose is like the major site or mesenchymal stem cells, that give rise to a lot of your internal organs, the hematopoietic system, which is the blood producing system. Prenatal, that's the liver and postnatal (inaudible)

PP: (inaudible) before I went into research. So, at the time there was a big boom for people to preserve the placenta and cord blood for stem cells. Just banking protocols that we have.

Buyer: Exactly. Exactly. So, yea that's-

PP: Is that still popular?

Buyer: Yea, that's big in California, many hospitals are starting to institute protocols for banking and all of that. What is still difficult is neural stem cells, and neural progenitors. It's hard to get a good source of that apart from fetal tissue, but even that is difficult because getting a calvaria out intact is kind of tricky and even then it's even mashed for transplantation, it's kind of this whole other ball game. There is some really interesting work being done, and this sounds like science fiction, but it's real. It's called direct lineage programming, where they can actually take- they take cord blood or peripheral blood, or cord blood even and they apply a certain antibody or factor to that culture and it will actually change that cell lineage of stem cell from hematopoietic to neural.

PP: I didn't know that was possible.

Buyer: I know. It sounds like science fiction, it's been done, the study has been published.

PP: There's stem cells that does this and-

Buyer: And it goes through a certain lineage and that's why it's called direct lineage reprogramming, where they actually change the lineage that the stem cells are in. It sounds like magic, it's incredible. Which people that ten years ago when the IPS cells, induced pluripotent stem cells came on the scene, people thought it was science fiction as well. It's a big thing now- it's largely replaced embryonic stem cells in terms of what investigators are looking at- IPS has largely replaced that. The production of IPS cells is difficult and personally I don't think that's where the future is in terms of clinical applications. I think that for translational research, I think we're looking at fetal stem cells, and autologous- bone marrow, adipose- I think that's what holds the most potential for going from the lab to the clinic.

PP: So, how would you, if you don't mind my asking. How did you start with procurement, processing, how did you get into that.?

Buyer: (inaudible) So many, many years ago, when I was in Southern California I was actually working in clinics. I was working with(inaudible)

PP: That's long enough were I don't recognize the area code, so please continue.

Buyer: So working in clinics and working with women who are struggling emotionally, that was really my function. It got a little scary in California, so I moved out of state (inaudible) stigma, whatever they were struggling with. Fast forward, my niece was in college and telling about this need for tissue, so just listening to her talk about it. (Inaudible) what a way to (inaudible) where is the positive. Knowing that there's this huge need (inaudible) what a waste, what a

goldmine. What a goldmine, not only financially but for the stigma (inaudible) the staff. You could probably tell me about the staff. (Inaudible) just hearing my niece talk about it. I knew I needed science, that's not my field. (Inaudible) there's a need and people who have it, and how do I bring them together? That's where [Name] came in (inaudible)

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PP: There's definitely opportunity, I don't know about the other Texas affiliates, at our affiliate, I mean we don't have any ongoing fetal donation and the only potential competing project would be from a Rice University physician who wanted, in total he needed fifteen specimens.

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PP: Very small project, he went through all the hoops of getting it approved through his IRB and everything. And then, I've seen this a lot, which is why early on I said we don't get involved in grants. A lot of academic studies, unfortunately the physician or you know, researcher writes the grant and then as an after thought, "hmm where am I going to get this." They know they want to come to Planned Parenthood to get it but they don't bring us enough money. Then there's mentality where "you're no profit, you should just give us the stuff." I wasn't joking when I said insulting budgets, I mean they're wanting us to do all of these things consent the patient, collect the specimens, and do this, and do that and for nothing, literally, literally, zero.

Buyer: Do they not understand the process? How could they expect you to do that for zero? Financially, that just wouldn't be- how could they do that? Do they not understand?

PP: I don't know what they don't understand. You're doing this anyway, just these few extra things, like it's no big deal. There's a lack of connecting to the things you're asking us to do more than what we are and we have to because of what it is. We had the one physician I was talking about, that I had been working with for about a year to get his protocol approved with his academic IRB. And I told him we have to set up a contract for this, we have to set up a budget, this and that. I sent him a contract for another academic study with the physician who used to work here. I redacted everything and I said: "I'm going to leave the budget numbers in here, just as a reference, obviously we will need to discuss it." Never heard back from him. We went through all that work to get your protocol approved with the ethics board and-

Buyer: This is a provider?

PP: This is a student doctor M.D. P.H.D. at an academic institution in town. in terms of academia, doing anything in academic makes my hair grey. There's just, I don't know what it is-

Buyer: Is it an attitude or just a disconnect?

PP: A disconnect. What we do in an academia bubble, and then what we do in a corporate world, in a clinical world, it's very corporate.

Buyer: The hairs are split between academics and applied science.
PP: Just because this works in academia doesn't necessarily mean it works in or can be reproduced anywhere else.

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Buyer: I think what you're saying (inaudible) non profitable. I know that maybe your costs are going to be extremely high, but how do we help you maintain and financially grow and oh my goodness show a little profit here and there. What's wrong with that?

PP: That's- I don't know what that issue was and quite frankly because it's an academic project, I'm not real aggressive about trying to get back in touch. I'm not looking forward to working with it anyway. We take on very few academic projects, and I know what have patients come in all the time asking about donating tissue. Every time I have one, even there is some cost for my time in getting them started or whatever, I do it because I know it benefits our patients. I really, really enjoy that.

021100

PP: We have- I make it a point to have very healthy budgets on all of our industry sponsored studies, so there is room in my day for me to underwrite some projects for local academic studies, especially because we don't have it come around that often, because we're in Texas.

Buyer: Do you find, if you can a patient about what we've doing, would that help her in her decision?

PP: I think for the most part, when patients come in, they've made their decision.

Buyer: Yea, you said that. I just wonder if there is a percentage there, that would help.

PP: Maybe some, not so much with the decision itself, but the stages- what was that? Catfish here. Oh, that was quick.

Buyer: Yea, I was talking about. I'm used to working with clinics (inaudible)

PP: I think it's with the stages of grief (inaudible) what have you. Even though the decision is made, just the next steps (inaudible) and make that who you are without rejecting it. (inaudible) My staff consented the patient, baby sat the older child while she was having the procedure. We asked her about past pregnancy, she didn't even acknowledge it, it was gone from her mind. "She said I thought I was pregnant but I wasn't." My nurse was like "I scheduled the procedure, I saw you up there, and make your appointment." It's because of the stigma.

Buyer: Right.

PP: She just completely blocked it from here mind.

Buyer: That is sad, but it was still there.

PP: Still here.

Buyer: What kind of samples was the academic researcher requesting, that you mentioned? Do you remember?

PP: He needed fetal tissue, but i don't remember what specifically it was for. I have to look.

Buyer: Sounds like you haven't provided things for humanized mouse models before.

PP: At Baylor, I worked with a doctor that did.

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PP: I forgot where he got his. At the facility I worked at we didn't provide abortions. We performed abortions in the IVF department, we did reductions, we had (inaudible) They have to agree to that.

Buyer: They have to what?

PP: They have to agree to reductions. Some people say no.

Buyer: What happens if they say no? They already agreed to it right?

PP: They can agree not to, but we don't know until they become pregnant and have however many. They so no, and the the doctors council them. A lot of them pay thousand of dollars for IVF and then they lose all the fetuses

Buyer: Because they don't do induction?

PP: (inaudible) because they body is not meant to have a litter.

Buyer: Right. My feeling is that they're just not understanding (Inaudible)

PP: We try. But you know, whatever their religious beliefs are, it's ok to have IVF, and everything that's involved with the evasiveness of that but when it comes to preserving the lives you just created-

Buyer: They're not willing to eliminate in order to save- I'm really not familiar with that patient population, but if they knew an excess fetus could be donated to research could that make those conversations easier?

PP: Usually the mindset of the folks who are against it is for any reason. It will not be removed for any reason scientific, genetic, nothing. You could say all six fetuses are going to have (inaudible) it doesn't matter. If that is the mindset, that is the mindset. How's the fish?

Buyer: It's excellent. So, I'm very impressed with the facility.

PP: Oh, thank you.

Buyer: I've heard that the Gulf Coast affiliate is the largest in the country.

PP: Behind Mar Monte, mhm.

Buyer: Is it the product of many mergers or acquisition.

PP: Oddly enough, no. The only merger we've had recently, is a Louisiana affiliate that we merged with (inaudible) Which is unusual because they're having a lot of different mergers nationwide of a lot of Planned Parenthoods.

Buyer: What's interesting about, I don't know if you'd call it the administrative structure of Planned Parenthood, is it puts you guys in a much better position, compared to the independent providers as these different laws roll out.

PP: Another part of this, sadly is as these come out, I get it from my family "Oh, what do you think about this law? What do you think about this in the media?" I'm like oh I love it.

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PP: So much of what we do- so much of what happens impacts our donor base. Any of this will push our donors to write that check. So you know the whole big blow up about the Susan Komen thing? Planned Parenthood only received about three hundred thousand dollars. Susan Komen does breast cancer screenings

(inaudible) and I'm not meaning to trivialize it but, in the grand scheme of things, that's not a lot of money coming from Komen. So when that happens, we got multiple times that back in donations. Specifically for breast cancer screenings so everytime the craziness goes out-

Buyer: your donations go up. Yea.

PP: So there is a positive to it, as sad as it is.

Buyer: I wonder, why do the providers seem so stressed out. It's kind of a different story when we meet them at some of-

PP: At the conferences.

Buyer: Yea, like at NAF. The camaraderie is wonderful. But for example, one of the providers in Texas, several of the providers in Texas were telling us not to long ago- we didn't hear from them or several weeks, and I started to wonder, what's going on. finally, one told us the reason we hadn't heard from them was because they were hit with surprise inspections from the health department, just on a rolling basis. You guys have them too, in Texas.

PP: Oh yea. Oh yea, we have them.

Buyer: Just surprise inspections, they just drop bye because they're looking for something to do.

PP: We're just audited for organizations, financials, we get audited. All of our family planning clinics, get audited. Pharmacy, audited. We were involved in the clinical trials to get plan B over the counter, we got an audit out of that. It's ok, it's a badge of honor, when you come out of and FDA audit with no findings, it means you know your stuff.

Buyer: Yup.

PP: Yea, that's the thing, we get the audit, but there's never any findings.

Buyer: It's just a fishing expeditions. Pardon.

PP: Unfortunately the number of providers is about to drop. (inaudible) Then it'll make things a lot easier, six fish in a bucket. They'll be able to hit us all.

Buyer: Shooting fish in a barrel.

PP: It's jsut being ready for it, being proactive about it, having your nose clean at all times.

Buyer: Who helps you to be proactive? Who helps you know what's going on?

PP: You mean in terms of audits coming? Or?

Buyer: Anything.

PP: Internally, we have our own people (inaudible) As far as having a heads up on a audit, we don't get anything. Yea, I just heard about that last week, I wasn't even aware that we had auditors in the area. They just show up, but it's not like they look over the entire facility. Their there, if they go searching for services (inaudible) They could but they don't expand the scope of the audit to include it.

Buyer: Yea, I was talking about that with Deb Nucatola, it was at the conference we were both at and she says "oh yea, in my hotel room, I was on the phone with someone while the inspector was in the room with them." Talk about triage, not just from the-

PP: Nature of the beast. It's pretty sad that you work serving the community and are subjected to that.

Buyer: How long have you been with

PP: October of 2006, so this will be nine years.

Buyer: And you knew what you were going in to?

PP: uh huh.

Buyer: And it didn't deter you?

PP: (Inaudible)

Buyer: You've seen "After Tiller."

PP: Huh?

Buyer: You've seen the movie, "After Tiller"- probably.

PP: No, I haven't.

Buyer: You know, Susan Robinson- Dr. Susan Robinson, one of the physicians who worked with him in Kansas and is now working with Curtis Boyd out in Albuquerque and still does some contract services with Planned Parenthood in California. One of her little on camera interviews in the movie, she talks about how she doing abortion care until the Brookline shootings in Massachusetts and

she says you can have two responses to a bully, you can cower and pull back and try to get away from the bully, or you can go "Oh yea?" and that was her reaction, oh yea?

PP: I have a little bit of a different- same general thought about it but a bit of a different approach. I kind of have a unique background, I worked in accounting for many years, my mom was an accounting clerk. She used to do people taxes during tax season for extra money. When I was assigned chores by my mom, it was a stack of checks and a checkbook, so I got a money budgeting awareness very young. (inaudible) Not that I'm saying that's a great model for a lot of things but, I got some exposure to financials, then went into nursing , then went into reproductive health care and stumbled into clinical research.

048500

PP: In terms of areas that I can contribute to the organization both locally and nationally is diversification of the revenue stream, so we can continue to do good work, because as you said we have tremendous opportunity there, and knowing that our operations make us unique, in terms of research, sample acquisition, specimen procurement, these other areas too, that you know, we just have to have people that walk into the door that have these diverse backgrounds and can actually analyze what we do and say, we can do this, and think outside the box, I mean that's such a common terms, but I mean there's more to what you can provide in services instead of just Paps, just birth control, just STI. There's more within the scope of that so, you can be inside the box, outside the box. I think I want your fish, this filet is huge, it's like a steak-

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PP: I might not eat this piece, because I got three huge bones in it. I clean my own fish so I'm very perturbed when I find bones in it, because I work very hard to titillate them out before I cook them.

001200

Buyer: Your financial background, I think that's what- you can see the benefit of this financially.

PP: Mhm.

Buyer: Just having that background and seeing its gold out there.

PP: Yeah.

Buyer: And it can be so beneficial, glad that you have that background. So you can see the financial benefits-

PP: Yeah, Yeah.

Buyer: of getting the right specimens, getting it intact, and changing the procedure just a little bit.

PP: Yeah.

Buyer: The framework that we use it, and we're all talking about it in the same way and the right way.

PP: Yeah.

Buyer: But the financial gain, and to your staff, just knowing this is, this is--

002800

PP: I think everyone realizes especially because my department contributes so much to the bottom line of our organization, you know we're one of the largest affiliates in the country. Our research department is the largest in the Unites States, larger than any the other affiliates' combined.

Buyer: Wow.

PP: But it's not, part of it is infrastructure, we've got the building, we've got the lab. Part of is also the attitude I was telling you about, taking this project and how we're going to integrate it for the patients. (inaudible) working in efficiency, but hiring more, hiring more, isn't always efficient. More cooks in the kitchen doesn't make for a better meal sometimes.

Buyer: Sometimes it makes it worse.

PP: Chaos is created, people who don't understand, or people in the way, the way you were talking about. I feel like I want to eat more of that. It's delicious, but it's a lot. I didn't realize it was such a big plate. But yea, I think that model is what makes us unique. Sometimes it's hard to keep the focus there, in terms of management and we do this certain stuff we can integrate and how we do it- that's one of the reasons that we bake it into job descriptions you know, bonuses and everything. we've done it so much and or so many years, we want people to think this is routine We don't want them to see it as extra, or extra work, or feel oppressed by it, that kind of thing. So, it's been pretty successful, very successful. You want to keep going, new opportunity- checking the time, thanks for reminding me.

PP: Just a subtle reminder. (inaudible) I think that 's why we have a lot of conversations (inaudible) Everyone else has other commitments already and we don't.

008000

Buyer: (inaudible) There's a lot of commitments in California. It's because StemExpress has the North, Mar Monte and the new Norcal affiliates and Novogenix has Los Angeles, with Deb.

PP: I think there's so much research with stem cells out there , they go the low hanging fruit.

Buyer: Yea, and ABR- you much have heard of ABR before, Advanced Bioscience Resources with Linda Tracy and Perrin Larton. They've been doing it longer than anybody, like twenty-five years or something. They're kind of a creature of the 1980's though, they're still using faxes and everything, they don't even have a website. Granted, you want to be careful with what you put on your website, but you want to have a web-

PP: Presence

Buyer: Presence, yea. So they have San Diego and maybe some other places scattered around that clinic, but StemExpress split off from them, and Novogenix (inaudible) that presence and that market has kind of been around California for a long time so it is- it's kind of saturated at this point.

PP: Oh well, good for you then.
Buyer: And it's kind of a mystery throughout the country, who is doing what. Allegedly, CAPS doesn't have the information, and it's not something the affiliates advertise so, you know.

PP: If we can get in Tram's ear for just a few minutes. (inaudible) I just have a hard time believing that we submit all of our information and it doesn't go somewhere, there's not a repository somewhere. It's frustrating too, you spend all the time collecting information and no one does anything with it. That's frustrating.

Buyer: It's just busy work- all the time it's taken to collect that information-

PP: And it goes away, it just goes out into Neverneverland and no one's doing anything with it to further the organization for business opportunities. Even if we don't have it on the national level, it's still important here, with what we do.

Buyer: This was a good suggestion.

PP: I'm glad you liked it. I'm just going to warn you they're going to bring a big obnoxious dessert tray over here. They have very good desserts here, if you're a sweets person.

Buyer:I'm weird, I like salty and savory.

PP: I'm not prejudiced, I like all different types of food. I think my moods are sweets, during the winter time, when it's cooler it doesn't raise the temperature of my house too much. My daughter and I get a lot of baking. Love to bake. They used to have all types of fish in there now (inaudible) At one point they have a smaller tank, it was all salt water, beautiful salt water tank.

Buyer: So this is fresh water.

PP: Yea, its a fresh water. They have a kind of fish in there its called (inaudible) it's from Africa. They're pretty easy to maintain in tanks, saltwater tanks are pretty expensive. The fish are easy harder to maintain, the fish have to be at a certain temperature, the right salinity, the right lighting. I had a saltwater tank once, never again.

Buyer: Expensive fish.

PP: They're very expensive, yes.

Buyer: (inaudible)

PP: Yea, you have to do your research on the fish too. Because they're are some fish that get along with this group and not this group, and the environment, if you're going to have this kind lighting, these are the only fish that go together, and they may not even be fish you're interested in. It's a lot more challenging. It's my sister, she's trying to get a job at NASA and they're calling her references. She says: "what do you think?" I said, "duh" it's a good sign.

Buyer: So science kind of runs in the family huh?

PP: Oh no, very not scientific.

Buyer: What's she want to do at NASA?

PP: She's in administrative, computer support. Her husband works at NASA too but his thing is networking and wiring. He works for- I'm trying to remember the division he works for- with the International Space Station, he runs the communications part of that. My other sister is a teacher, this one, she doesn't like to be outside, anything to do with animals, ugh. She is not an outdoorsy person. Her husband fishes though, we go fishing together.But not to much

science at all, I can lose her in a conversation, if I start talking too much medicine or science, whoop, there she goes.

Buyer: What about the teacher, what does she teach?

PP: She teaches high school, down in the NASA area.

Buyer: What subjects? All subjects?

PP: English, Literature. It's funny to me now, considering how she was when we were growing up. She didn't like to read a whole lot, she was into drama, never pegged her as a teacher. Never pegged her as working with high school student, it's one of those things where people evolve into an area where you're like this is totally different from what you were as a kid.

Buyer: Oh, it might be. I thought that might be the dessert plate but-

PP: I haven't heard back from Tram yet, I'm very sorry that I, just didn't click-

Buyer: No need to apologize.

PP: -to schedule time up there with her.

Buyer: I'm happy to hear, does it mean a busy day? High volume?

PP: I just need to get information for you guys, what numbers, days, feasibility, actual sample collection. Tram walks by my office every morning, and I've been known to physically, hey come here, I need to talk to you for a minute, hallway meetings work sometimes so.

023500

Buyer: I want to underscore it again, double back if you need to financially, I want it to be profitable for you.

PP: Oh sure, right.

Buyer: And get a sense of what you need. And you know how to plan it so it all works out.

PP: And let me know also if you need help contacting and working with other affiliates. If we get everything in place, we have forms, we have contracts. One of the things I do for research on the national level is share. So after I've done the work, I give it away. So you can take it and say this is what we developed with PPGC. So that should help.

Buyer: Yea, did I give you [Name]'s company card?

Waitress: I'm sorry, anyone want dessert or anything?

PP Farrell: I don't have room for dessert, thank you. I don't know about you guys.

Buyer: No that was perfect, perfect amount, wonderful. What you would you say are the five affiliates with biggest research departments?

026500

PP Farrell: Ours would be first. Planned Parenthood Southeastern Pennsylvania, Southern New England would be next, Rocky Mountains would be next. Yea, that's about it.

Buyer: That's about it.

PP Farrell: Everyone else is pretty small, I mean they're are a lot of affiliates who are engaged, but they're all pretty small.

Buyer: It sounds like otherwise it's an ad hoc for this particular study

PP Farrell: A medical director who is also faculty at a local university, which is typical and they do a lot of academic studies, so not as much research. So that's probably, I know there is another one in Florida but you know, the turnover rate in this industry- research industry you know the coordinator stay there for two years and then they're gone. I think they had a program for about two year and then that's it. The other Texas affiliates, the one in the Austin area, I know they've done some research but I don't know what else they've done - structure wise they're nothing like it.

Buyer: Yea. Greater Texas right? That's where Amna Dermish, she's a provider there. She and I got to know each other at a meeting back in Miami and we had a really good conversation about all these different things and she she wasn't aware that they were doing any tissue collection over there, thought it was fascinating and wanted to help, wa trained by Deborah Nucatola does the who convert to breech thing anyway because it's easier. It sounded great, although her CEO is terrified of the idea. That CEO and Amy Miller from the independent group of clinic, Whole Women's Health, apparently they're both under the impression that you can't do tissue collection at all. No, fetal stuff in Texas. I said wait a minute, I know for a fact that they're are many researchers with many with published researches in Texas. I don't know.

PP Farrell: Alright, you're going to send me back to regulations, fine. I have to check, make sure that nothing has happened with these recent changes, but-

Buyer: I asked them to tell me what it was, I had our attorney's look at it and we just found the standard anatomic gift, you know, language which is standard, which is everywhere.

PP Farrell: I'll get (inaudible) from counseling too, and see if anything has come up on her radar. She's involved with all the challenges and everything because you know, the news laws get challenged and they go back and forth, back and forth between Texas district courts and now the supreme court. So she's aware if there was any language in the new laws that affect what you guys are doing, I think we'd know about it, but I'll double check.

Buyer: Sometimes, I wonder if it's a personal decision, maybe they can but they just don't want to get involved. Maybe they can in the future.

PP Farrell: I think there is a lot of opposition-

Buyer: I think you have to sign for it.

PP Farrell: -opposition fatigue, you get tired of (inaudible) all the time and you don't want to take on anything else.

Buyer: Like, I'm just fine right now, leave me alone.

PP Farrell: Pretty much. I find that some of our leaders who are closer to retirement have more opposition fatigue.

Buyer: I'm sorry, who?

PP Farrell: Our leaders who are closer to retirement, have opposition fatigue. They've dealt with it for so long, and they don't want to have to deal with something new,or have to decide if this is the right thing to do. I read teh regulations when I first get here and we had that project and that was ongoing so, we've had projects, since then that make it through local academic IRB's and usually there is some component fo a lawyer on that IRB-

Buyer: Pretty sure the IRB's in Texas are-

PP Farrell: Pretty sure if there were laws, I would have heard about it from them. I think it's just a lack of understanding about it and if they don't have a strong research department and know how to do it under the scope of research, then they might not want to go about it. That's why I said I'm happy to get the contracts, the protocols, I will even send it to a central IRB so that if they want to go ahead and apply under that later, go ahead, make it easy for them. We can do everything to make it easy for the other Planned Parenthoods that want to use the contracts.

Buyer: Does PPGC have your own IRB?

PP Farrell: No.

Buyer: No. We use- pretty much, industry sponsors will say we're using so and so, if they ask me I always say- it's called a central IRB, it's an IRB that is a business as a company.

Buyer: Right, like CORUM or something like that.

PP Farrell: Yea. I use one called Just Me IRB, they're amazing. They get it. They get the the types of studies we do, in terms of additional samples, IV, drug studies is a completely different ball of wax, they go through it all the time. Just Me IRB is the best one for the types of studies that we do. They've got a real good customer service- they're completely electronic, they meet virtually in any office, it's so amazing. They have this great customer service and they don't even have this big central building, they work remotely, very twenty first century.

Buyer: That's good. That's good.

PP Farrell: Yea, I even have an IRB (inaudible)

Buyer: That's good, so should we head back and see if we can-

PP Farrell: Hopefully Tram will be free.

040000

Buyer: Go ahead, I'll follow you.

PP Farrell: Hopefully when we can get something up and running, operationally work it out where we get all of the bugs worked out in our facility, I can help you work it out with the other affiliates in Texas. It makes the most sense, when we have it worked out, we can use it as our template.

Buyer: I hate to say it but if it goes down to six or eight centers, it will be a hub for a lot of things.

PP Farrell: Yea, the new facility we're building in Louisiana, we have a clinic there already. Oh, it's terrible, it's old, old, old, and it's in an old shotgun style house-

Buyer: Oh dear.

PP Farrell: It is in terms of portraying a professional type of image, it is not.

Buyer: So the image is not there?

PP Farrell: Oh no, so we have had campaigns to raise funds, and there's tremendous local opposition. The catholic church is on the war path on making sure Planned Parenthood doesn't expand there. You know, I love our organization but sometimes it would be nice if we could do things in secret, behind three layers of fake corporate names, just roll it out without making a big thing about it.

Buyer: That wasn't done this time?

PP Farrell: No. There's a whole different-

Buyer: Who dropped the ball?

PP Farrell: That's our MO.

Buyer: Dropping balls, just not-

PP Farrell: Just being very public about it, instead of trying to be more discreet and more in your face, especially in the south. That's another topic. One of these days- you know, the president of PPFA is Cecile Richards and she's from Texas. Her mother was our governor back in the '80s. Sometimes I just wish, just give me five minutes with her. Just five minutes. I just want to say one or two things.

Buyer: Is her mother still alive?

PP Farrell: No. She passed away right before I started here, about 2005. It's funny because Cecile is like 6'4", she's really, really tall -

Buyer: I met here at the national meeting,I just briefly at the CAPS reception

PP: And her mother--mhm. Her mother was about my heights, and about my build, and Cecile is very tall, and very lanky. She apparently takes after her father. Yeah Cecile's you know it's very strange to me that TX has gone so far to the right, because growing up we had Cecile, we had David White, we had another governor who was Democratic and I'm really, just amazing to me to me how the boomerang. I do think a lot of it is based on the religious predominance of the- religious dominance here in Texas. You know what's funny- because I grew up catholic and occasionally you hear, ok you can't say any swears and ok, you're not supposed to get divorced. It wasn't something you were hit over with, back then the message was love thy neighbor, do things to take care of people, help the poor, raise money for people who have less than you. It's not like that anymore, it's turned into you know, religious warfare, you know, we need to impose these things I think about you and what you need to do with your life,

because I believe in god and I want you to do that. It's really weird for me hearing, you know seeing how religion has changed.

Buyer: It's become more tribal and primitive almost.I grew up catholic as well, but they say regular catholic is bad but lebanese catholic is a whole nother ball game.Sarkis is lebanese-

PP Farrell: I was going to ask, I thought it was greek.

Buyer: They are very- there is a lot of mixture right there in the Mediterranean. They are very primitive, very tribal, very like, medieval- what I think too though, what we all need to face, is that they've been around for two thousand years they're (inaudible) they're not going away. That's just- I think that's a fact, they are not going away, and we need to realize that.

PP Farrell: So, not this exit but the exit off (inaudible) Just stay in this lane.

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PP Farrell: I don't think is the option, I think, you know, where we were in the '70's and '80's, where we're looking to coexist and understand that you can have science and believe in a higher power, they can coexist in the same person, you know? It doesn't have to be one or the other.

Buyer: Mhm. Right. I remember this is where it got a little tricky. I'm going to want to be on the left side-

PP Farrell: Just stay on this lane. We're going to purposely get off at another exit. If we take the loop back around then we have to cross over the fast traffic again, so I'm going to send you a little bit easier way. You're going to go through this light.

Buyer: Ok. Once you know where you are, it's not at all like L.A., it's just a new car-

PP Farrell: You know where I hate driving? I refuse, is D.C. You ever had to drive in D.C?

Buyer: Never.

PP Farrell: I wish that you never do. I wouldn't wish that on my worst enemy. Dallas is pretty bad too. Ok, you're going to keep going straight. See this little red car? He's going a different route. He's going to have to jump across a bunch of traffic, I don't do want you in this little car to have to do that, because then we might have to go around a few times.

Buyer: Ok.

PP Farrell: I tell you, I have never been more excited to hear from Tram. I so want to just (inaudible) Tram, ok, I need to know this, this and this. Tram is like me she is very- you're going to want to do a U-turn- she's very high energy, very hyper was the term I was called as a child, back before ADD was the diagnosis. "She's a hyper child." U turn again, and then you're going to want to say in one of these two lanes.

Buyer: This one?

PP Farrell: This one, yes. This is where people see the Planned Parenthood building, the see that and go "that direction?" That takes them to the U of H campus, you're going to want to stay under forty. It look like a freeway, it's actually a service road, its forty mph and cops hang out right over this hill. I don't know if I discreetly in the form I sent you or not, ok you're going to want to get into the right lane, because you're going to be turning right. There must be a meeting in the building today, because there is a ton of cars here. Oh, I know what it is, nevermind. Do you ever a have a duh moment,where you ask yourself a question and you realize you knew the answer. So, when you go to other Planned Parenthoods, they have quite a bit of protestor presence?

Buyer: Uh, yea. Yesterday, what was it? The day before? That was a little gruesome- I think it has less to do with the numbers, and more to do with the individuals. How vocal or aggressive they are.

PP Farrell: Yea, definitely how aggressive they are. So what do you think of the bus?

007700

Buyer: I'm confused, what is the bus?

PP Farrell: The bus is an ultrasound bus, it give free ultrasounds to show you what your baby looks like and tell you a bunch of medically inaccurate information in an effort to convince you not to have an abortion. The sick and sad indigestion causing thing-

Buyer: Do people buy it?

PP Farrell: -is that is funded by tax dollars.

Buyer: Seriously? I- No.

PP Farrell: I kid you not. Funded by tax dollars, not entirely but-

Buyer: What a mad house.

PP Farrell: Right? What do they call a colony of centers? They pose as abortion centers, and the sole purpose is dissuading women from having abortions or getting birth control. There's a lot of them in Texas, they're funded by the state as well. If you look, some of them have personalized license plates that say choose life and when you go online to order license plates for your vehicle, but there's no license plates that are pro-choice. Those license plates, part of the funds go to pro-life organizations. That is done in Texas. Can you belive that?

011000

Buyer: Well, all the more incentive for me to fund you! How's that?

PP Farrell: Sounds great.

Buyer: It makes it- that you can have such a state of the art, high level-

PP Farrell: I say look at this, 80,000 square foot, state of the art medical facility. Do you want to come here to get care, or a beat up raggedy ass bus? Yes, it had a nice wrap on it, but really?

Buyer: Yet people are doing it?

PP Farrell: I don't know how much volume they get, I know some of my study subjects that come in to see us come and mess with the bus, like those commercials "messin with sasquatch. (inaudible)

Buyer: I have mine.

PP Farrell: (Inaudible) You're good. Just a reminder for when we see Tram, obviously this is [Name], pointing at your badge.

Buyer: I have to use the restroom.

PP Farrell: Go ahead.

Buyer: It's back around this was, isn't it?

PP Farrell: There's one right behind this wall, if you loop around. And there's one here and one here.

Buyer: Ok, I'll use this one.

019500

Buyer: (inaudible) in the car, that's ok. I think I've got (inaudible) Keep in mind the state (inaudible) we could go in and make financial incentive- I'd really like to put our money there- it's almost like vote with your feet and vote with your wallet.

021300

I was just telling [Name] that I'm glad to know about the state taxes gong for that bus out there, it gives me more incentive to make sure our financial dealing are profitable, I'm funding you. I know it's a funny way to say it but we're funding you.

PP Farrell: I like to point that out to our sponsors sometimes, that we have- that in addition to the political attacks, our state tax dollars go to fund the oppositions.

Buyer: Attacks.

PP Farrell: Right. It bows my mind, and when I tell my family and friends who come visit, your taxes pay for that "what!" It motivates them as voters. Your tax dollar are paying for that, they won't pay for you to get a pap, but they will pay for this.

Buyer: I can't vote, but I can vote financially for our arrangement- Until she buys her ranch in East Texas.

PP Farrell: Ranch.

Buyer: Or your boat, we gotta get you a fishing boat.

PP Farrell: I think I would like to have a boat, but again boat's are a lot of maintenance. My husband and I talked about it, and we can charter from time to time. Yes, it's expensive for the one time, but maintenance and registration and storage and of that we can avoid. It's kind of like having a saltwater tank, you have it once, and it's beautiful, it's a lot of work, you can go look at it in a aquarium. I still haven't heard from Tram, let me shoot her another email, let's see.

024000

PP Farrell: I did follow up, if you need the information, on fetal tissue shipping, it's shipped as category B, like I was telling you earlier the category for flammables. The shipping requirements are in a receptacle, cannot exceed one liter of fluid so if there's any fluid, um- did ya'll say frozen or it depends?

Buyer: The tissue sample itself, should not be frozen

PP Farrell: Ok.

Buyer: But it gets shipped on either wet or dry ice typically.

PP Farrell: Ok, so we'll need the spacer then, between the tissue and dry ice. So yea, we looked that up and that just help me to know about how many we can put in a box. Do you require the material be dropped down to a certain temperature first?

Buyer: That's all going to depend on the researcher and they're protocol. It's going to change from-

PP Farrell: Project to project. I'm just thinking about those two in particular, right off the bat because those sound like your ones that- the one for the one the liver and thymus, and the other one for sickle cell one, those sound like the ones you have the most immediate need for. The more I'm thinking about it is the general sample acquisition, where we have an overarching protocol for any type of tissue, gestational age tissue and then as we have need, you guys send me a work order- we have this with other types of tissue, so this isn't unusual. Send me a work order that says, "Missy, I need these many specimens, during this period of time, during this gestational age, these are the unique features about it that we need, intact specimen or what have you-

031000

Buyer: Did I understand you correctly, that you have changed how you define or calculate that gestational age, so what we consider sixteen might be really, you might call it fourteen.

PP Farrell: Yes, and Tram is going to have to explain that. When House BIII Two was first enacted certain parts were effective immediately, and we have started using it, thats one of them. Other parts of it are being challenged in court and they have a stay on it so we're not doing it immediately so like the ambulatory surgical center requirement throughout Texas a lot of organizations are throwing in the towel, we know the were not going to to be able to go anywhere with this, the supreme court is not going to rule in or favor. Others have said we're just going to keep doing business under old rules. How it's defined in terms of weeks from conception versus gestational age, I don't know the exact time difference, in my head I'm think it's two weeks, about two weeks from LMP to estimated date of conception, EDC. Which is what is referenced in all the legalees. I just need to get the-

Buyer: Right, what's the change? Two weeks. And then, is there room to, well, we didn't know to hold the correct information from the patient, so we could stretch it for about three weeks? Is there any wiggle room there?

PP Farrell: I think that- everything the gestational age, estimated date of conception, everything is done by ultrasound, so it's-

Buyer: Ok, so it's really how get to define, you get to create your definition of that date and then speak to it that way.

PP Farrell: It's still- what it did, basically what it ended up doing is knocking two weeks off, instead of it going to twenty two weeks, it goes to twenty weeks, because it impacts in that direction.

Buyer: For us that would mean, we could ask you for a twenty two, in your language aht would be a twenty.

PP Farrell: I think so.

Buyer: Ok.

PP Farrell: Yea, I'll have to get her to confirm that, it's based off the little bit of information that I got at our last meeting about a year and a half ago when all of this started coming down.

Buyer: And then, I'm going to assume, and again, I don't understand this but I'm going to assume that if I'm asking for a twenty two week, you're calling it twenty, my compensation, I will automatically know this is got to be higher rate.

PP Farrell: Mhm. And we'll work all that out-

Buyer: Details.

PP Farrell: That's the part were I want to sit down with Tram and go over what's involved in the second trimester AB's that makes them different, unique, more complex, asking about the breech.

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Buyer: Converting the fetus to a breech position beforehand.

PP Farrell: What does that end up doing functionally in terms of preserving the specimen?

Buyer: So what that means is if you can, under ultrasound guidance, convert to breech at the beginning of the procedure, there's dilation that happens as the case goes on, because you're bringing the lower extremities out first, and then the trunk, and then the calvarium at the last step, and it's a way of being a little more gradual about the way you're doing it, so you're more likely to have intact structures, rather than at the start trying to bring the whole trunk through, or the whole abdomen, or the whole cal, or something, it's more difficult.

PP Farrell: Mhm. Mhm. Mhm. I guess because I come from a labor and delivery background, and the head comes out first, because functionally the body fits like that in the fetal position, more of a bullet shape, so as you're saying that I'm wondering, how in the world is that better?

Buyer: Yeah, it's because you have the amount of dilation from the cervical prep, and then instead of trying to fit the whole cal though there right at the start, you just do two lower extremities, and then the trunk, and it's a way, you keep it all in line, and Amna and I had a long discussion about this at the Family Planning Forum in October, she said that you can even, you grasp the spine is another helpful, and you kind of keep everything in line that way, and the whole thing comes out in one piece. And that way, when it's the tech's job to go and find everything, they need liver, and thymus, and pancreas, and cardiac, and all these different things, it's just one dissection, as opposed to going fishing for—

PP Farrell: So, is that something else, do you guys need us to actually dissect that out or do you want the entire specimen?

Buyer: It depends on what the researcher's asking for. If the researcher is just requesting a liver and thymus pair, then it's just dissecting out that pair of tissues. Some researchers might request to have a larger portion of specimen, and especially I think we'll probably see that with intact brain tissues, because the brain is a pretty fragile organ, and so if you can ship it mostly or entirely or partially as a calvarium—

PP Farrell: Mhm.

Buyer: You've already got that protection built in for that tissue, and some researchers are happy to do their own extraction anyway, because they feel like it's a delicate enough thing that they know exactly what they want.
PP Farrell: Right. Because I was thinking in terms of integrating the process into the facility, Shawnda's a nurse practitioner, I'm a registered nurse, in the event that we had to have someone else do this, we could be the ones that could do this, to alleviate that additional step for the health center upstairs. So.

Buyer: Oh, you mean doing the dissection.

PP Farrell: Yes, yes. And again, I need to talk to Tram and see, how many procedures are we talking about, what are the days, because again, 2nd trimester, that's gonna be done on specific days. Because then we can funnel resources to those specific days. And see if it's something that she would want her staff to do, because of their work flow, because they're already busy with a lot of, that's where having the Research Department with a lot of dedicated, trained, credentialed staff, we could step in and do that, so.

Buyer: Mhm, mhm.

PP Farrell: That would be awesome.

Buyer: Yeah, yeah. I wasn't clear when she and I spoke in DC, whether, because she told me oftentimes they're getting pretty intact specimens, the whole, a pretty intact fetal cadaver coming out.

PP Farrell: Mhm. Mhm.

Buyer: So I was of the impression that she was mostly dissecting things out, that it wasn't hunting around in the pie dish for everything.

PP Farrell: Yeah. If you need the dissection, we would obviously need instructions, visual, you know, a little video snippet on the DVD would be awesome. On how to do it, look for these landmarks, this is what it will look like in a gestation 14, 16, 18, because it's gonna change, so. And then we could totally do that part.

Buyer: Yeah, it's just so much easier if you just know anatomically you're looking here, here, or here, for whatever it is. Versus you've got everything floating around and you're having to search through it amongst all the other pieces, and endometrial tissues, it's just a lot easier of you've already got, the "container" already there, so to speak.

PP Farrell: Yes. Speaking about it now, it sounds, I can see why you would want everything intact. You know, from the entire perspective.

Buyer: And also, again, for cell viability, the longer that you've got a certain amount of circulation in those pieces and everything, rather than it's just, it's all traumatized when it's coming out, half of the liver is missing, it's bleeding out, and it's just—

PP Farrell: Mhm. Yeah, yeah.

Buyer: It's, yeah. Freshness, intactness. And there's just a lot of scientific and just practical reasons.

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PP Farrell: So, just again thinking inside the box, outside the box, if you have a researcher who needs neural, and we need, have another researcher that needs liver-thymus, we could have one donated specimen providing both.

Buyer: Exactly. Exactly. That's the other thing. Yeah.

PP Farrell: Okay.

Buyer: And that even starts to maximize volume in a pretty effective way.

PP Farrell: Yeah, okay.

Buyer: And this is true. However, if that provider is needing to change the technique a little bit, and I know, I'm going against my side of this but, I'm okay with, no, I want you to be paid per specimen, rather than, oh here, just ship this off. No, this is what we're looking for, and if you can do that, and it's compensated to you, financially, that's helping you, to grow your clinic, I'm willing to do that.

PP Farrell: Mhm, mhm. Yeah. And so if we alter our process—

Buyer: Mhm.

PP Farrell: And we are able to obtain intact fetal cadavers, then we can make it part of the budget that any dissections are this, and splitting the specimens into different shipments is this, that's, it's all just a matter of line items.

Buyer: Mhm.

PP Farrell: Knowing that this is what we plan to do. I mean, it almost seems wasteful at that point that if we've gone through the work, and we've got a liver and thymus, and we've got other parts that can be utilized—

Buyer: Right, right. And that's the thing is because, that's where we're really start to get into this becomes much more scalable.

PP Farrell: Mhm.

Buyer: Because if you get to the point where you can rely on having each case is gonna supply multiple samples—

PP Farrell: Mhm. Multiple projects, yeah.

Buyer: Multiple projects, then the amount of researcher volume that we can all process together—

PP Farrell: It's smaller.

Buyer: Is much, much bigger. No, the number of research clients—

PP Farrell: Well the number of sites you would need would be smaller.

Buyer: And the number of clients that we can accept requests from—

PP Farrell: Yes, is more.

Buyer: starts to go up, by a lot. Have you considered, I don't know if you guys would, just a thought. I guess because everyone's turnaround is so short, we'd just have to see. Depending on the volume, and especially considering, if House Bill 2 goes through, our volume is gonna be-

Buyer: Astronomical.

PP Farrell: We got a glimpse of it, because it was a two week period of time before the district court of appeals- the law went into effect, and then the law got stayed. So there was a two week period of time it went into effect, you couldn't find a parking space outside, there was standing room only only out here in this lobby-

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PP Farrell: -what happened is that people who had procedure scheduled throughout Texas, suddenly they went to the clinic and the doors were closed. They were here midway through, they had already had ultrasounds, they had already paid for their ultrasounds, they were expected to have a procedure and yea. The volume is going to be very high, but my point was that –

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PP Farrell: Under a sample acquisition protocol where everyone that's coming in gets approached, not just African-American or whatever, everyone gets approached about donating fetal tissue, maybe we can even think, and I recognize that a lot of this has to be fresh, but maybe even banking, a tissue banking part, that we have it built into the consent form-protocol- in the event that you don't have a use- first trimester, you don't have a use for it currently, you saw the refrigerator freezer space we have, we have plenty of space. We can store it, and then if you have a need, because some researchers start with frozen specimens or preserved specimens first, we could look at doing that as well.

Buyer: Right. Right. There are some things like engraftment, xenografts in mouse models, it's not good for them because you do lose a certain amount of viability if you freeze and thaw but there are some, more like private biotech companies that specialize in cell extraction of primary tissues, and they to varying degree have optimized their processes to yea, even if your typical academic lab can only get twenty five percent of the cells out, we can get fifty or seventy five. They're potentially willing to purchase as much, probably not for as high of price for not as fresh, but they're willing to take leftovers so to speak, if it's preserved to pull what they can out of it and it's worth it for them.

PP Farrell: Right.

Buyer: So, I think it's always worth it- would you be able to store it?

PP Farrell: Yea, because we have the capacity. Yea because any of my IUD studies, my in vitro diagnostics, we keep it- the most we keep it for is a week,maybe a month in some cases. The refrigerator/freezer space is to handle a lot of volume and then it goes away, so we can have ongoing storage as well. In the grand scheme of things refrigerators and freezers are cheap. They're all on emergency power, I didn't point that out, I didn't point out the generators back here either. Your specimen's will be secure, the whole building is on emergency power.

Buyer: Mhm.

PP Farrell: Yea, in terms of feasibility in terms of how earlier- integrated into the facility. If everyone is approached and everyone collects samples if the patient consents. It's easier if we have all of these to choose from.

Buyer: The natural flow, of your operation-

PP Farrell: It's everything, everyone, it's not just pick and choose and have to filer. That's a lot easier.

Buyer: And store for a while, if it's not used and then-

PP Farrell: And we can have that baked in too, if we collect it, store it, we communicate about the inventory, if there is a certain amount that we have after a certain time, then we follow our sites procedure and destroy it, because our sites procedure is to store it anyway. So freeze it and if we don't use it then we destroy it under the same process.

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Buyer: So then having that integrated into your system, your profits can be even greater because you're not wasting any funds, your cost is so low so you can show a profit.

PP Farrell: Mhm. Yeah.

Buyer: That's excellent.

PP Farrell: Yeah. We were designing this area and I wanted this whole back to be refrigerators and freezers and I insisted on being emergency power on the grid. They said "But why? You guys don't need this, you ship all your stuff" Banking, tissue banking is something that is going to hit us at some point. Some sort of tissue.

Buyer: And here it is.

PP Farrell: And that's a perfect use for it. We have that because we have spike in volume, unbelieveable we enroll five to eight hundred patients a month. We have at least two specimens from each patient and they have go in one of those refrigerators or freezers. So, when it's that busy we have to have the capacity or we can use the capacity for medium term storage. I can't even think about what that means in terms of storage, I'll leave that to ya'll. Let me shoot her an email real quick. I was starting to- sorry, I started talking again.

Buyer: That's ok.

PP Farrell: It's very exciting, it's one of those things that when we get together with staff upstairs, a lot of them on their way by: "do you have any projects, it seems like a waste to throw away this tissue." I know. Everyone asks about it.

Buyer: It's a natural fit right?

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PP Farrell: It would be exciting too if you needed it dissected, because LaShonda and I are the most Curious George of the group. I know it's sickening on some level, but it's fun.

Buyer: Now, let's think about it.

PP Farrell: No, it's just that those of us who are into medicine and nursing, things that other people find gross, we enjoy. Obviously.

Buyer: Uh-huh.

PP Farrell: Except for snot. That's my- I can't do it, I could never be a respiratory therapist, I could never, that's why I have one child. I can't do it, anything that comes out of the body from here down, I'm fine. i can hold the bucket if you're throwing up but please don't sneeze on me.
Just what I'm saying everyones got their-

Buyer: Everyone's got their little something.

PP Farrell: But that would be something that would be great, we hae this tissue, we have these companies that need this and you know work it out. Oh yea, they would just flip if I asked them for that. That would be right up her alley. Supplies. We would have to bake that into the budget too, if we needed sterile supplies or procure- there's that word. Procure disposable, whatever instruments we need to be able to do that because even though if the procedure is not sterile, if we are

doing a dissection and doing anything to the tissues we would want sterile equipment.

Buyer: Yea, unless someone is doing some DNA typing or a genome study, it's not as much of a concern so long as there's nothing on there that's going to kill the tissue or the cells before they engraft it or whatever. Even if you were doing a genome study if you can get a clean sample from the core of the tissue, contamination is on the outside, it's not going to be on the inside of the tissue first of all. Second of all, and even if you do take it from the outside a good forensic geneticist know that any PCR reaction, the copy number of the samples is going to overwhelm the contaminated numer, just by the ratio.

PP Farrell: Right.

Buyer: But that's the difference between the academic sciences and the applied sciences. Academics aren't so good at that they're a little behind, but the applied science know how to maximize what they can get out of just a little-

PP Farrell: Yea PCR, we do a lot of work with people working with PCR. It's finally there in terms of diagnostics going past DNA and RNA amplification, which is lots of room for contamination to PCR real time PCR so. Yes.

Buyer: You can get a whole genome for a thousand bucks now. A couple years ago, it was twenty thousand. Now you can get the whole thing for about a thousand with the next gen sequences. Unfortunately there aren't that many people who can process that volume of data and interpret it for you, that's where the cost comes in now is hiring a bioinformatician to actually analyze the data you just produced so cheap.

PP Farrell: It's amazing.

Buyer: It's incredible.

PP Farrell: Tram, reply, reply. I'm going to have to send ya'll to the conference room for your conference call.

Buyer: Is there a way that someone can go up and see what she's up to?

PP Farrell: I'm not sure.

Buyer: Not to be intrusive.

PP Farrell: I need to see if the best person will go up there for me. The best person for the job, I should say. Oh you're still here, I thought you would have had herpes today too. Oh are they both- I know Southwest is here, is Stafford here too. All the cars out in the parking lot, yea well, Maryland. All the cars in the

parking lot, I'm assuming there's more than one, and the classes had more than thirty people. Hey do you want to do a little mission impossible work for me? Start playing the music in your head and pop over. Ok bye. She used to work up there, so it's different, when it's one of your own going to there it's different. Gotta be aware of those group and interpersonal dynamics.

Buyer: For a really large facility and office like this it actually is a thing because there's multiple teams and multiple levels.

PP Nurse: Hi.

PP Farrell: Hi. So, I sent Tram an email a while back and I dropped the ball because when our guests were coming to visit I didn't put it together that I need to probably schedule tour time upstairs. I emailed Tram a while back and they are having concurrent clinic today. They're having procedures and ultrasounds at the same time. I emailed her a while back and she said that we could go see the front, but they need to see the POC facility.

PP Nurse: Ok. POC facility.

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PP Farrell: You know where they handle the POC in the little room, dishes. I just want to get a sense of where they are. I wonder who's working up in the front, I wonder if Jesus is working. Maybe peek in and see how it's going, how's looking, is it slow now. I can't see their clinic.

PP Nurse: Yea, you wouldn't be able to see- I could go up there and see.

PP Farrell: Yea, just go and do a little recon and see. Big bright GC smile.

PP Nurse: Hello! Becasue they close, they finish kind of early?

PP Farrell: Yes. Tram said they're running late and worst case scenario, if they can't see that area, I was thinking maybe we could take some pictures. Not sure.

PP Nurse: oooh.

PP Farrell: I know. I'll ask Tram for that, I'm not going to ask you to take pictures. We have a policy about pictures in the building.

PP Nurse: Yea.

PP Farrell: Yea, do some recon and see what's going on, we're having a good time and can continue to visit, plus I did my IRB submissions this morning.

PP Nurse: Well let me go up there and check it out.

Buyer: So pretty strict policy of no photos?

PP Farrell: Yea, but I think- there's times when-

Buyer: Everybody takes a selfie, once in a while.

PP Farrell: It's funny that you mention that I have an intern that got fired on his first day for doing that.

Buyer: No really?

PP Farrell: I am so serious. Yea, it was not good. It was the context of the selfie, so-

Buyer: In the POC lab?

PP Farrell: No, it was in my lab, but it was not very good judgement. I did not go well, but for business purposes I have taken pictures of my lab because we have sponsors that send investigational instruments here, where we're going to be using the instruments and yea, giving me the measurement work but look, this is the space that's going to be used, this, this and this and so pictures is helpful.I think again, Tram is going to give it her little blessing and we can move along with it. Even If she'll let me do it after the fact, that might not be a bad thing.

Buyer: Now have you been to NAF ever before, do you go or?

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PP Farrell: Nope. Never been, never been invited. I've gone to other Planned Parenthood conferences and spoken about research, the research piece. I'm on a National Advisory Committee for the research piece but I've never been to NAF. It's kind of Tram and her boss and a few people in that group who get to go. I don't ever get to go- Dr. Fine, did you ever meet Dr. Fine?

Buyer: Yea, I met Dr. Fine, he's funny.

PP Farrell: He's a hoot. He stole me from Baylor. He is a professor over at Baylor, he's such a mess, he's great to work with but his filter needs some work.

Buyer: Ok, so I can tell this story, I can tell this story. This is our first impression, well not our first impression, but first impression of Dr. Fine was at the reception evening in Orlando and Deb Nucatola. Deb Nucatola was the emcee of the whole thing, she's standing up with microphone, a pretty short lady and she was giving

some kind of congratulatory something to Paul Fine, who's standing next to her, he's all six four or something.

PP Farrell: He's really tall.

Buyer: Towering over her, Hawaiian shirt and this bright, sparkly, not shawl but scarf -

PP Farrell: Dr. Fine had a scarf on?

Buyer: He had scarf on, in Orlando of all places.

PP Farrell: Scarf must have been a reference. Hawaiian shirt is classic for Dr. FIne. He actually doesn't have one in that picture-

Buyer: And the next day we're in the exhibit hall, and we have our exhibit booth and next to us is- was, I'm blanking on her name, your friend from Florida-

PP Nurse: So the front has slowed down, but the back still has thirty four patients checked in.

PP Farrell: Holy cow. Ok.

PP Nurse: They have a few patients they're still working on. Tram walked in, when I was talking to the people in the front, but she said within an hour and a half-ish.

PP Farrell: Would that be ok?

Buyer: Where are we at right now? She said she'll be done in an hour and a half?

PP Nurse: She said hopefully.

PP Farrell: Did she communicate about the back, because we had an exchange about the back.

PP Nurse: Oh yea, we were talking about he back anyways. 'They want to see the back too" (inaudible)

PP Farrell: Ok, tha's good

Buyer: Yea, within an hour and a half, yea we cold do that call.

PP Farrell: What time's your flight out? Oh wait, you're going to be out here tomorrow.

Buyer: Yea, we're going to be here through- yea.

PP Farrell: Oh ok, yea. We have time.

Buyer: Yea, we could do that call from the conference call or from the car either way and then.

PP Farrell: And then if you need more privacy I can- there's a conference room on another floor. Thank you for the recon, I appreciate it. So you haven't gotten a call, you won't be getting a call Northwest. Hey what about Northwest?

PP Nurse: Yes?

PP Farrell: What about Northwest?

PP Nurse: No. (inaudible) but Brooke is there so there should be. I don't have to ship.

PP Farrell: Yay, you don't have to ship. No driving for you. Ok.

Buyer: So, from choice pursuits, Ruth Arrick, I don't know if you've ever met her she does consulting for providers down in Florida and they have a side business kind of like supplying- instrument procurement, all kind of general clinical supplies. They also sell like diaphragms and iPAS and stuff like that and her organization is next to ours and Dr. Fine walks through, and they know eachother, and she says "Do you need new diaphragm?" And he's looking at the stuff on the table and he says "Hell no, I'm 68 years old, I need a new penis."

PP Farrell: Yup. That's Dr. Fine. We had this project- we used to have this event, years ago, that they called staff day, and it is what it is. All the staff gets together, and with all the funding cuts, we no longer have staff day. the last staff day we had, everyone was seated everywhere and of course, I get stuck to the table with Dr. Fine. So everybody is doing these team building exercises and I get put at the table with him. He goes "What are the odds I get to sit at the table with my research staff?" Oh god. So we had these pipe cleaners again we had this team building, I can't even remember what we were doing. I just remember we had to design things out of these pipe builders and wear it on your head.You know those pipe cleaners- the wire things with all the fuzzy- so he makes this things and wraps it around his head. I'm like to me it looks like, you know when doctors used to have those old time reflectors? I said are you going retro? is that and old time reflector? He goes "No it's a uterus."

Buyer: Me and my tech the first night, at the receptions we turn and look at eachother and say you know? He's a free spirit. We really admire that.

PP Farrell: Oh yea. He is, I -Dr. Fine. He is a free spirit, and it is ok with him if I put him in check, because there are certain sponsors- human subject research there is an industry requirement that there is active auditing and monitoring where the sponsors, auditors, and monitors come in every four to six weeks during active enrollment, depends on how fast we're enrolling to look at or consent forms and make sure we're following protocol. So, he's got to meet with the monitors all teh time, and remember what I said about the filter. I tell him, no jokes Because he loves to tell jokes but none of them are appropriate for the workplace, none of them. No jokes Dr. Fine. "Ok" But he's great, he's the reason this research department is here. He is actually a uro- he's an OB GYN but he's a urogynecologist, he specializes in bladder, bowel, prolapse issues and back when he did surgeries he was an excellent, excellent surgeon for those issue. And back at Baylor he worked in the urogynecologist department, he started the first urogynecologist fellowship in the United States. He did a lot of incontinence drug studies, and whenever these companies Pfizer and all these other companies did business with him, they'd say "hey, we've got this contraceptive study." He's say "not my population here, let's see if we can get this over to Planned Parenthood where I'm associate medical director." He basically had to research programs at the same time.

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PP Farrell: This one, for a multitude or reasons, this research department generates more revenue than the entire OB GYN, research program at Baylor Medicine. Yes, multiple, multiple times more revenue. But, it's academia, you know, they're not- research is one of the tens of things they have to do,they're not doing it based on efficiency, productivity, profitability, they're not looking at it like that. It's one of these thing we have to do, we do research because we have to, not because we want to. They have their own lab studies that they really want to do. Yea, but this one has taken off and we've been able to grow it to be the biggest one out of all the affiliates. Yea, he's a lot of fun to work with, I also like the model too, out here we've only got one or two doctors, physicians, staff and service PI. When I was at Baylor I had six doctors I had to work for, and everyone's "My protocols are the most important because I'm chair of the department. Mine are most important because they bring in the most money. Mine are more important because-" you know, tug of war, all the time. And there was just one of me. That's typical in academia though, you have or two research coordinators or support amongst multiple doctors for all of their research, that's why the turnover rate is so high.it's just way to much work for one or two people. He's um, has been very involved in research, research on the national level too.

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PP Farrell: Kinda like I have been on the advisory committee, he has been on the accreditation team. So as he goes to other Planned Parenthoods, it's like our own self audit, they go in and review the charts and review the documentation,

and make sure all Planned Parenthood's are following the prescribed standards and guidelines, to receive accreditation for the next two to four year cycle. So, he's been part of that team as well. I have a hard time visualizing that but apparently he has been part of that team as well. Just his nature, I don't see him being real serious, but like a lot of doctors he gets a little cranky. You ever worked with cranky doctors? They're not fun. He gets cranky too upstairs especially, with that volume, there are thirty four people up there right now, this facility is huge, but that's a lot of people all on the floor at the same time. So, if it's the doctor doing the procedures and the staff are on him to keep moving, he gets cranky. That's the pressure you were asking about at lunch, why is everyone so stress and tight? Those of us that are still providing abortions, there is a lot of volume. When we built this building, we moved in in 2010. We bought the building, gutted it, took it down to girders and beams and what I got, and the other managers got was build out for ten years worth of growth. Try to see- who can see? Try to see ten years out into the future, that's why I said I want refrigeration space, I want this and this in my lab. I need these rooms that are flux rooms they can either be this or that- that room that all the boxes are in?

Buyer: Yea.

PP Farrell: That's actually an exam room. We thought we would need to exam rooms, little did I know the IVD world would need a storage room for all the shipping boxes because we ship everything day in, day out. There's no way they could have known that we'd be one of six or eight providers in the whole state and have that kind of problem baked in upstairs. So yea, it's interesting to see what they're going to be doing with that.

Buyer: And how many years are we into that now?

PP Farrell: Five.

Buyer: Five years into that ten year build out.

PP Farrell: They've left space, like some of the hallways like this, they left them double wide where they could go in and put cubicles or enclose it and make smaller offices or whatever. They've left some flex space like that through out the building. So there's room for growth but in terms of boom, all of the sudden you've doubled in volume no body prepares for that, you do it in incremental growth. There's no way you can prepare for research earthquake.

Buyer: The building can maybe handle it, but the personnel is a different issue.

PP Farrell: Yea, and that's the thing,even bringing in all the personnel, people need time to learn, and get into a routine. Even if you bring on double your staff and you can do that, you're still not going to function at full capacity yet. And you're expected to perform at full capacity so I think that's where a lot of the

angst that you got from the conference comes from. Did you get to sit in on meeting, you know, provider meetings?

Buyer: It always depends on the conference, NAF is more open, the Family Planning Forum, the Society for Family Planning was pretty open, the Medical Directors Council-

PP Farrell: Did you get to meet Mitch Creinin?

Buyer: No, I think I've seen his name on a couple different things but-

PP Farrell: He's not with Planned Parenthood he actually is a medical

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PP Farrell: He is has been involved in the product and he's very involved in Society for Family Planning, he's like their guru, so. I was curious if you met him, talk about personalities.

Buyer: Really?

PP Farrell: Oh, my gosh, yes. I'll just, I'm going to leave that a surprise for you. Very interesting personality, it's interesting and yea, I've never been to Society for Family Planning, I was going to go to- there was a conference in August for Society for Family Planning in 2008, or September, the year that we got hit with hurricane Ike, here in Texas, it was that week, I actually had to cancel. There was no flights, I couldn't get out. I was right after we got hit the storm, we don't have earthquakes but we do have hurricanes. You see those coming and you can leave, approximately, so.

Buyer: No warning with the earthquakes though.

PP Farrell: It sounds like you've been through a scary one.

Buyer: 7 point-

PP Farrell: Were you there for the big one in '89?

Buyer: mhm.

PP Farrell: Oh wow.

Buyer: Just passing through Southern California, but passed through just to feel that.

PP Farrell: Can't have that. I love California, I love Florida, I guess because I grew up on coastal area, I like both. I couldn't hang with the earthquakes, I'd take one and I'd be back in Texas, that would be to much.
Buyer: I think just growing up with them- well sometimes, I just enjoy the power of, you know, where's that power come from, you know it's just outside of yourself. You really don't know what it's all about.

PP Farrell: It's fascinating, for a brief stint, I worked at Penzole, I worked in their geology department. At the same times i was taking geology classes at U of H and learned about the mechanisms behind what causes them, it's fascinating, that this much power, these things happen on the earth all the time and the structure of the earth changes, it's changed over the millions of years, because of the earthquake mechanisms, the plate tectonics.

Buyer: And with all that knowledge we still can't predict, that's what bothers me.

PP Farrell: Yea, same thing with the weather. We know so much about the weather, but we can't predict the weather.

Buyer: Yes, somethings will remain a mystery.

PP Farrell: Surprise. Yea, earthquake surprise is not much fun, but surprise it's raining today, and it's not supposed to be. Ya'll would appreciate that right now, is the drought as bad in your part of California?

Buyer: It's the worst in Southern California.

PP Farrell: We had 2010, 2011, 2012 we had a three year period of time there, 2011 was the worst, where we had a horrible drought here. I' trying to remember rainfall totals, we had fires, you probably saw it i the media, where the whole freakin state was on fire. Right before the elections, I know governor Perry was campaigning to be president, he's going to do that again by the way. He was talking about the state, because of the wildfires, because of the drought, it was horrendous. Absolutely horrendous, there's still- like even our property in East Texas, the area of East Texas is called Piney Woods there's lots of pines. It gets more rain fall out of any area in Texas, even here, the Gulf Coast. It was so bad there's area on my property where whole trees have died. So what we had to do when we bought the property is- there were dead trees everywhere, and they were so close to the house, we had to go take those trees down and it was all because of the drought. We still have- there's a park that's here in Houston it got shut down, there's a huge section of the park where the trees died,they're having to go in and cut them out because now it's a safety thing. They are beginning to fall in there areas where bikes and hikers are so they're closed so they can take down the dead trees and replant.

Buyer: What year did you get relief? Was it '12?

PP Farrell: We didn't get relief, until 2013 when we started to get close to normal values, but they're still saying we're in drought conditions. It's not anything like it used to be in terms of rainfall. It's weird, I grew up here we never had- ever since I was a child we never had a period of drought like this, but apparently it's something that happens cyclically everywhere, so.

Buyer: Oh, Hope you get through it.

010000

PP Farrell: You learn to pick out voices in the hall. Visitors, I can hear certain people walking up because I know their gaite. I hear their walk so often that I know their gaite. So, how many different sites do you need to visit while you're here besides us?

Buyer: we have several researcher meetings scheduled tomorrow-

PP Farrell: Researcher meetings.

Buyer: Yea, tomorrow actually we're supposed to head North to Dallas area, tomorrow afternoon. Might have to postpone that until saturday though. Am I forgetting something- the call. I'm not as confident as you are about it.

012400

PP Farrell: I am looking for, you asked me earlier for an academic study (inaudible) um, I for the life of me I have no idea. That's bad, (inaudible) I'm curious too now that you asked about it because it didn't even register.

Buyer: Is that the same form we saw earlier? It looked like a different title.

014000

PP Farrell: It was a newer one. I look for one thing, and I find something else.

Buyer: What year is that from?

PP Farrell: From 2011

Buyer: Oh.That's PPFA or Gulf Coast.

PP Farrell: Mhm. Programs for donation and or aborted pregnancy tissue. I guess they changed the title of it. It looks like it's not all that different at all. Just reading the-

Buyer: That would be very interesting to compare though, to see what they did change. Who is responsible for compiling those?
PP Farrell: My boss. My boss, she takes all the standards and guideline every year and goes about disseminating them to the various departments and review them against the prior ones, and of course the give us a form that says this has been changed this has been added. She reviews all of those.

Buyer: And she's at this site?

PP Farrell: Mhm.

Buyer: I guess what I meant was who writes them?

017300

PP Farrell: The people at PPFA? Let's see, where's the protocol? They're with the immunobiology group.Humanized mice.

Buyer: That's what they were going to do? But they never got back to you? Interesting. So what are they- are they requesting just liver or liver-thymus? Liver-thymus, Longbone?

PP Farrell: Everything, CNS, brain, liver, thymus, kidney, spleen, femur , bone marrow, hematopoietic stem cells form 14-22 weeks.

Buyer: They're going to engraft all of those or just hematopoietic?

PP Farrell: It doesn't say. 22 weeks.

Buyer: Including CNS, brain, wow they want everything. So that's the thing for a study like that if we could provide a whole cadaver and hey could-

PP Farrell: Take what they want.

Buyer: With the full quality and everything, that would be ideal for them.

PP Farrell: the purpose of this is to obtain cadaver, fetal tissue for humanized mouse model for study innate and adaptive response to viral cancer autoimmune disorders to facilitate treatment options for deadly human disorders.

Buyer: Sounds about right.

PP Farrell: Well, it would make me very happy for us to finish up what we need to do and then I can put you in contact with them.

Buyer: Are they- what kind of media are they requesting? Is it something specific?

PP Farrell: Not specific.

Buyer: No, and their range is 14-22 weeks is what they're saying?

021000

PP Farrell: Oh, and I was wrong, they wanted 120 samples.

Buyer: 120? This is huge.

PP Farrell: Uh-huh.

Buyer: This is the budget you said was insulting or they never got back to you about that?

PP Farrell: They never got back to me. It was not- I mean we never got to budget, I sent them a contact that had budget numbers in it, this is from a previous project, it will be similar. We need to negotiate it based on how you want us to collect-

Buyer: Yea.

PP Farrell: What days, media, how are we going to get it to you, you know, we need to work out those details. He did this before, he fell off the face of the earth after the initial contact. so again, my slightly derogatory comments about academia. i'm going to grab that off the printer real quick so we can look at it.

029000

PP Farrell: Be right back, interesting, I never read anything about humanized mice. these are curious because we had no contract with them they have no confidentiality about this. Not that I'm trying to be blatant but-

Buyer: Oh, this is the PPFA. The font is nicer, it's more recent.

PP Farrell: Mhm. So we know what we need to do about shipping, that's covered. We just need to think in terms of the sample itself.

Buyer: I'm sorry in terms of what?

PP Farrell: Specific in terms of the samples themselves,you need us to dissect them you need them whole.

Buyer: Right. Right. Right.

PP Farrell: I wonder- I'm just thinking out loud, I wonder if that was something he realized, because the last discussion we had where I reiterated that these are samples from abortions that are second trimester. they typically aren't intact-

Buyer: To the researcher?

PP Farrell: Yea, I wonder if he-

Buyer: Did he say intact specifically in that protocol or?

PP Farrell: He didn't. Again, a lot of times with academia or industry sponsors, they bake so much of their project based on assumption. They assume what a clinical practice or procedure is without- I have some sponsors that before they even write the protocol, they'll call me up "Missy, how do you guys do this? How is this done? Do you know how the industry does it? Academia, how do they do it?' And, because we don't want to build this protocol based on these assumptions, when we're finding different people are saying it's different out there. When the standard of care procedure isn't done in a standardized manner. Which, that happens all the time, that makes sense to call and get information from boots on the ground, rather than I'm this doctor or this researcher and I think I know so I'm going to put it in here. Which I've experienced that a couple times. So have you seen anything that's materially different.

Buyer: It looks like a revised and slightly streamlined, updated form.

PP Farrell: Do you have that other form with you? I'm curious if this number stays the same, I can look up the number.

Buyer: I'd have to look in the care, I think I had it in there.

PP Farrell: I think it's the same number, will you humor me while I search a little bit?

Buyer: Mhm. And then we're going to be coming up on 3 o'clock here in here in just a little bit.

PP Farrell: I can show you how to use the phone ext door if you'd like. I'm probably going to take the opportunity to visit with my staff and see how- just get a pulse on everything.

Buyer: And then if we plan to check in with Tram about 3:30-3:45.

PP Farrell: Yea.

Buyer: If it seems like it may be substantially longer, we may have to save it for next time.

PP Farrell: Their clinic starts really early, they're here working by 7-7:30 generally unless there's a lot of unexpected events, everybody is out of here by 3-3:30. I mean physically gone, they're done, done. So, I think that time frame will probably work.

Buyer: Did you say you were printing out the other researchers protocol or, I forget.

PP Farrell: No, I was just going to print that one up but, once we get things moving along, I'd be happy to give them your name. Give you his name. What's that called again? Programs for Donation. Very frustrating. Used to be a table of contents where you could look up the name or that number. I don't see that number I don't know where I can get that number. No, that' a completely different group. I found it, it says Fetal Tissue Donation, but when I try to open it, it says cannot open specified file.

Buyer: Maybe you can get the hyperlink for it separately?

PP Farrell: Under sections (inaudible)

012000

PP Farrell: Some of them, on the other side, there's Margaret Sanger, we attribute Margaret to being our founder at Planned Parenthood, some of trying to remember if it was actually somehow or another I was 11ata conference or something someone was reading letters from women who in that era were sending letter to her saying thankyou so much for what you are doing. It was from women who were able to get on some form of birth control. It was women who had four kids, grossly anemic, grossly malnourished and she was too because she'd had babies back to back to back. Her husband was a steelworker who was injured and was out of work. This is before unemployment and disability this is what these people had to face. Thank you for giving me this path, because I can see if I kept having babies, it would be the end of me.

Buyer: Yea.

PP Farrell: And you know it's so simple we take it for granted to the point where they're encroaching on our right to have it.

Buyer: Yea.

PP Farrell: And so- yes, yes. Now she's the one saying are you still coming up?

Buyer: Ask her to save the biggest specimen for us. Just kidding.

PP Farrell: (inaudible)Ok. Are you ready? (inaudible)

Buyer: How funny.

017000

Buyer: Is this where we need to get our scrubs?

PP Farrell: We'll see what she requires.

Buyer: No it worked out.

PP Farrell: Sorry, shouldn't be so open. I wonder if I can get her faster than they can.

Buyer: take a lot of my list.

PP Farrell: Sorry, in a good way- Hi how are you?

020500

PP Tram: Hi. Sorry about the time. Hi how are you?

Buyer: Hey. Good seeing you again. How are you?

PP Tram: Good seeing you again. How are you?

Buyer: Pretty good.

PP Farrell: This is [Name], [Name], Tram.

Buyer: We've met.

PP Tram: We just finished clinics. Sorry.

PP Farrell: Sorry, that is totally my a fault for not putting it together.

PP Tram: No it's ok, it all worked out. Come on back.This the lab, we're just one big square. this is where we do all of our preoperative ultrasounds here, all of our education offices, pharmacy. Like I said we're done for the day so.

Buyer: Excellent.

PP Tram: This is our preop exam area, where patients get ready, get premedicated.

Buyer: Good stuff.

PP Farrell: Are we gonna need to get scrubbed up?

PP Tram: We are done. We're done! Our procedure rooms pretty much mirror each other and then our O.R. there, all procedures over 16 weeks go there. We're done, we are done.

023000

PP Tram: All procedures over sixteen weeks have to be done in the O.R. So this is our tissue lab where we float everything-

Buyer: Is this the only tissue lab? Or are their others- this is what we're most interested in- can we step in?

PP Tram: Yea.

Buyer: Are their any fresh specimens from today that we can still look at?

PP Tram: We had a really long day and they're all mixed up together in a bag. If I would have known ten minutes ago, I would have saved something.

Buyer: Yea. Yea. Yea. It's not like we need something today, but if we could get a visual, is that possible?

PP Tram: Yea, let me see. I have one that's probably frozen.

025000

Buyer: We're looking for a visual baseline of intactness-just so that we know.

PP Tram: How intact they are. Right.

Buyer: Just on a typical day, kind of what that looks like.

PP Tram: It varies by gestation, sometimes they come out really intact. Do you want to do- You know, there's nothing intact today. When we collect the tissue, it all gets collected into one container.

Buyer: What is the latest case you did today?

PP Nurse: The latest case we did today was a five week and three days. Oh, it was twenty- I know what, you mean gestation. That was the very first one so, I'm assuming that one is frozen. This tissue we don't float it ok, it comes straight out of the O.R.

Buyer: Oh, because the second tri's you don't float.

PP: Everything is collected in the tray and once there's an questions or anything, then we'll separate it out-

Buyer: Because these are just D&E's so everything is just in the tray.

PP Nurse: So, this is what it's looking like at this point, that one is frozen, we collected this kind of early, yea.

PP Tram: And then, I'm gonna show you, let me see if I can get--

Buyer: That is so much easier than the first tri's though, because we're looking for specific organs and tissues. You can see lungs and liver and everything-

PP Nurse: Oh yea, you can definitely see organs and tissues in here.

Buyer: So it's not frozen yet" How long has it been-

PP Nurse: No, it's cold, it's starting to freeze. It's been in there since morning.

Buyer: Is that cal right there?

028300

PP Tram: Calvarium, yes. You can't see it on this one- you can see the top of the calvarium on this one-

Buyer: Oh, that's really frozen.

PP Tram: Yea.

Buyer: [Name], I think this is a better visual. As far as-

PP Tram: When you see like some of our-

Buyer: Seeing how it is without even trying to keep it intact-

PP Tram: Oh, Dr. Beasley, she is one of our two physicians that do our D&E's, so fetal collection-

Buyer: [Name], [Company], we do tissue collection for stem cell research.

PP Beasley: Ok.

PP Farrell: So, we're working with them and look at a contract for long term tissue collection and donation.

PP Beasley: Ok.

PP Farrell: --Anything more than collecting samples, anything we don't have immediate need for

{Audio file: ***150409_001.MP3***

06:44:58
Tram: So it all depends, sometimes like I said, they come out really intact.
Dr. Beaseley: Yes.
Buyer: Mhm.
Tram: And sometimes—
Dr. Anitra Beasley: Yes, yes.
Tram: So that's what, they wanted the visual of what the fetus looks like after a D&E.
Dr. Anitra Beasley: Oh. Okay. We're the best to get it, we're good.
Tram: Yeah. Uhuh. Because I'm like, we can't really intend to bring it out intact.
Dr. Beasely: No Saturday? I was gonna--
Tram: Oh no no no. No good deed goes unpunished. So no Saturday.}

PP Nurse: Want to see some more?

Buyer: That's gauze wrapped up?

PP Nurse: This is gauze-

Buyer: Oh, what organ is that, I don't think that's an organ.

PP Nurse: Let me move this and see what else we have- this is placenta.

Buyer: That's just placenta, yea. So, we're often times looking for liver and thymus. Two of the most in demand- Is that lung or liver, that's liver right?

PP Nurse: No these are the lungs.

Buyer: Those are the lungs?

PP Nurse: Kidneys.

Buyer: That is a kidney, I can tell, it came out intact so.

PP Tram: All of these come out well-

PP Farrell: And you've got your thumb on a- yea you had intestine and you had spine, and you had, that's part of the liver, I believe.

PP Tram: Liver, intestine get a lot of it.

Buyer: Liver and thymus are huge, that's one of the biggest things in humanized mouse models.

PP Tram: If you can get that- they, yea. Like Dr. Beasley said, we can never intend to complete the procedure intact- you can't intend to, but it happens.

Buyer: You have an intent statement, yea?

PP Tram: That's correct, there's an intent statement, which you have to document. Correct.

PP Nurse: You good with that? You want to see some more or? You want me to rinse it for you and put it in a tray.

Buyer: Do you mind? Do we have time?

PP Nurse: If you're ok with it. The reason we don't have, they just collected this morning so that's why we don't have more samples. Thank you-

Buyer: Well, anything from older- anything they collected this morning would be frozen right? This is fresh from today?

PP Tram: Uh-huh. From this morning.

Buyer: Is this the only second tri case from today.

PP Tram: Yea.

Buyer: Oh, got it.

PP Tram: Most of our cases are going to be tomorrow.

Buyer: Oh, ok.

PP Farrell: That was going to be a question. Originally I remember hearing about second tri's only occurring on certain days, now is it certain times a day, is it everyday?

PP Tram: It's everyday, with the exception when Dr. Bond is here, but all our other days, but our Thursday, this a rare Thursday but usually Thursdays and Friday are stacked with D&E's. There's some days when we do like eight, nine easy?

PP Farrell: Oh, yea.

PP Tram: Yea, Thursdays and Fridays are usually stacked.

PP Farrell: So when you're setting up the space, what is your flow? Because I see your little sign and everything so-

PP Tram: And everything in this room is technically dirty. It just flows from each room, there are the samples, they keep everything on that side. The little basin is or us to disinfect the collection bottles, they get soaked in bleach. Instruments are on the left side, of the sink. Tissue is in the middle sink. She'll float everything on the tray, on the view box and the other instrument that we need to dry, we move them to the utility room for processing so.

PP Farrell: Bye Dr. B

PP Beasley: Ok, bye.

Buyer: I feel bad that everything was all clean already.

PP Farrell: It's ok, she'll give you the bottle of bleach.

PP Nurse: We'll give you an apron.

Buyer: Services in kind right?

PP Farrell: They're disposable, we'll get you one. I spoke with Lashanda on the back section, if ya'll need that, we're totally cool with doing that.

Buyer: Excellent.

PP Nurse: Alright, here we are.

Buyer: Am I going to get in trouble if I take a photo for baseline?

PP Farrell: Uh, probably you can't do it. Gonna have to use your memory. Sorry.

PP Nurse: You want tweezers or something?

Buyer: The great this is, this is big enough you don't need tweezers.

PP Nurse: Ok.

Buyer: See now, this- Tram can you help me out? I think this is lung right?

PP Tram: That's correct.

Buyer: Yea because this is trachea in the middle here, and liver. You see, liver and thymus are the other two things I'm looking for. That's is yea- orbits, really good orbits.

PP Tram: Yea. There's the-

Buyer: That's the cal-

PP Tram: That's the calvarium here.

Buyer: That's brain- is there neural stuff still in here?

PP Tram: Some.

Buyer: You met [Name] in DC right?

PP Tram: Yes.

Buyer: He should really be here because he's the tech and I'm- this is liver, is it not?

PP Tram: Yes.

Buyer: There you go. Piece of liver, is this spinal cord? White matter?

PP Tram: No, it depends on where it came from. It could be part of the umbilical. So, it's just a little bit different, but that's more umbilical. So the intestines are here, right here, see? Like I said, the organs come out really well, like you can see all the intestines.

Buyer: Right. This is a big placenta right here.

PP Tram : Yes.

Buyer: Do you ever see thymus?

PP Tram: It depends, whenever we do twenty, twenty-two weekers, we do. We get a lot better-

Buyer: But it's difficult to find thymus at this gestation?

PP Tram: Yea.

Buyer: What gestation is this?

PP Tram: This was an eighteen week- she was about eighteen weeks or so. She was also a minor.

Buyer: Oh, so this one wouldn't be for collection?

PP Tram: No. She was a minor.

PP Farrell: We're not going to go there. No. No.

Buyer: Yea, that's complicated.

PP Nurse: No minors, no incarcerated people.

Buyer: So, the thymus is shaped like two little flasks right? But you rarely see it a this gestation. Because requests are often times paired thymus and liver from the same door. That's used for the immunology studies in the humanized mouse models. Is this? This is limb and this scapula, got it.

PP Tram: So the reason she had to wait so long, is because she didn't have parental consent.

Buyer: Oh wow.

PP Tram: So she had to go through judicial process.

Buyer: Oh my gosh. So then her mom found out, and she came in a gave consent.

PP Tram: So that's the only reason that-

Buyer: Here we go, this is kidney right here. I don't know who told me that, that's with the renal.

PP Tram: Yea that's it.

Buyer: And this-

PP Tram: That's lung.

Buyer: This is the, other one. Wait is this thymus right here?

PP Tram: You have to kind of- it's easier when it's flat out-

Buyer: Yea, you can see those pieces better,? kind of. Do you think I'm right?

PP Tram: I don't know, it's hard to, it could be though. It could be-

Buyer: With a different technique it could be intact. So that's what I-

PP Tram: And you know the other thing that plays a major part in this all, is the dilation.The dilation you can obtain-

Byer: Exactly.

PP Tram: It depends on how cooperative with the procedure.

Buyer: Oh really? Are they under conscious sedation?

Pp Tram: Yea it is conscious sedation. There's also times where they're maxed out- there's tolerance so it's a little bit more difficult.

Buyer: Oh.

PP Tram: Sometime if they're completely relaxed, it's easier to not have to do so many passes with the forceps. So, it really varies and like I said, a lot of it depends on the dilation that was obtained. All of our procedures over twenty weeks go through a two stage dilation process (inaudible) for this procedure it's usually about three centimeters.

Buyer: LAMs and Miso or just Dilapan and Miso or?

PP Tram: We usually don't do combination of dilapan or laminaria. Any of our procedures that are twenty weeks, they'll come in they'll get dilapan for three to four hours and we take them out and we send them home with laminaria, and they come back the following morning. So it is a two day procedure-

PP Farrell: It's a two day.

PP Tram: Yea, it's not a three day (inaudible)

Buyer: Most places don't do it that anymore, yea.

PP Tram: The other providers in town all do-

Buyer: Oh, the independants.

PP Tram: It depends on preference, like there's a provider down the hill doing three days, if you're fifteen weeks and six days. So- that we usually find with the more experienced providers, who've been doing this for a long time.

Buyer: Yea, because this is a very- this an excellent cardiac specimen for example. But, overall this is still a very mangled case. We were talking about, for at least a procurement tech, it's a lot easier to say, if you have the body cavities in one piece so if you;re looking at liver or thymus or whatever, it's just matter of locating it anatomically, rather than if you have a whole thing like this and picking through.

PP Tram: There's actually a thing, when the patients that are further along, usually what you'll find is it's a lot less disarticulated. And the calvarium and a lot of times it come out in three to four. When they come out, you know, before we take them out for package or incineration, what we do in the office is lay them out to kind of account for everything before it gets sealed up and packaged up, we actually do al lot of cases for sexual assault cases.

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PP Tram: It's different in placenta and long bone but it's still very, it's very cleaned up, so it's different than this as well.

Buyer: These orbits are good too, at this stage you start to get the retinal pigment epithelium in the back, which is- you've collected that before.

PP Tram: Orbits, yea- orbits are so easy, like ninety-five percent-

Buyer: They're easy to find too, even in their early gestations because you just look for the-

PP Tram: Yea, they come out firmer and very-

PP Farrell: This is where having a research department would come in handy because other-

Buyer: This is an orbit that was split open and you can really get retinal pigment.

PP Farrell: -if we need to step in certain places, like instead of the usual process going straight to- after it's checked, if we need to come in and start this process before it becomes frozen, we can step in and do that. Other facilities, this would be a whole other step added-

PP Tram: I actually did one study with the university and each time they had so send someone here they had to hang out, all day to collect what they needed. She didn't enjoy that too much but-

Buyer: She didn't enjoy that too much.

PP Farrell: If we have ongoing contracts and we have things that we need, we can build that into it.

PP Tram: As far as actual D&E cases, like I was telling you in D.C. it could easily, easily be like forty or sixty in a month.

Buyer: Forty to sixty in a month.

PP Tram: You know, there was one month where it was pretty high.

PP Farrell: In terms of second trimesters, how many are you doing per month, per week? If you are able to guess off the top of your head.

PP Tram: Probably about thirty in a week, as far as further alongs like over sixteen weeks, because I really don't count anything between fourteen and sixteen weeks since they are not really D&E's. That's when you get the forty a months so it whittles down some.

PP Farrell: Is that a viable number for you?

Buyer: How many per month? Or the gestational age? Fourteen to sixteen or?
PP Tram: From sixteen to twenty two.

Buyer: Is how many?

PP Tram: Forty or fifty, easy.

Buyer: Per month?

PP Tram: Yea.

Buyer: Yea, and those are all being done on the same day per week, you diad? Or others?

PP Tram: Yea, typically Thursdays, Fridays, and Saturdays.

Buyer: Ok.

PP Tram: Those are the typical days where the volume is concentrated whereas on Tuesday, we'll probably be doing two to four second trimester cases, sometimes like eight. But, like I said they're heavily stacked on Thursdays because those are my two providers that go up to the state limit at twenty-two

weeks, and they're also more- we do residency training with them and things like that.

Buyer: Are they experienced in that if they need- if they are looking for something for us they could adjust a little bit-

PP Farrell: Those two in particular, yes.

Buyer: They would be able-

PP Tram: Yes, one-

Buyer: And that's a Thursday, Friday, Saturday?

PP Tram: Yes.

PP Nurse: Hey Tram, sorry to interrupt, I'm going to let one of the girls finish up ok?

PP Tram: Yea. Thursday and Friday are the two who are-

Buyer: Experienced enough.

PP Tram: Yes, experienced enough, come from academic institutions, participated in research. One of them came from University of Columbia, an active researcher, and she's very well versed in what she needs to do.

Buyer: To just change it up just a little bit.

PP Tram: Oh yea.

Buyer: Ok.

PP Tram: It's the same thing, you know, we don't do evidence collection on second trimester as frequently as we do first trimester, so it's a little adjustment here and there. As far as- you know, it was a learning process for us as well, when we started going up to this gestation and needing assault cases, at first we were packing everything, and they were like: "We don't need all that." Ok, tell us what you do need. And then, you know, we sent placenta some time and the pathologist was like: "That wasn't enough." It's like what do you mean? It's a twenty-two week placenta. It's been a learning process for us as well, but we've got very, very good at it. So, that's what we do.

PP Farrell: Well, thank you so much, thank you for accommodating. Can we help clean up? I've got scrubs, I can put gloves on.

PP Tram: It's ok. We're going to take care of it.

Buyer: Ok.

PP Farrell: Ok. Very good. I'll probably have some other questions that came up today and I'll shoot those over to you.

PP Tram: Yea.

Buyer: I wish I could see thymus. The thymus is always the tricky one, that is really difficult to identify, it's just small and fragile. As far as hand washing sinks, where can I find-

PP Farrell: Hand washing sink, over here.

011000

PP Tram: Are you going to be at NAF?

Buyer: Oh yes. We'll be there and [Name] will be back there as well. Yea, NAF- you'll be there as well.

PP Tram: Yes.

Buyer: Are you presenting anything at all?

PP Tram: No.

PP Farrell: They've already talked with PPFA, Deb Nucatola and everybody up there. Because fetal tissue donation varies so much state by state, PPFA is moving away from a standardized policy.

PP Tram: Yes, I attended the patient service day and Kristen Flood did talk about fetal collection and stuff like that.

PP Farrell: Very interesting. Remember when I first got here and it was like you have to have this form and you have to do this?

PP Tram: You had to have this particular consent form, very specific. Yea, no that's what Kristen was saying.

012000

PP Tram: They [PPFA] are encouraging more participation [in fetal tissue procurement] but they don't want to get too into the mix of it.

PP Farrell: Interesting. Ok cool. Any idea why the other affiliates in Texas think it's illegal?

PP Tram: Really?

Buyer: Do you know Amna Dermish?

PP Tram: Who?

Buyer: Amna Dermish, she's a provider with greater Texas. I think she was a fellow a couple years ago in the family planning fellows program. She and I met back at the society for family planning meeting, back in October. We had a great discussion about all- her IUD studies, and her second tri cases. She was really interested in the idea of tissue procurement, but then she want to talk to her CEO at the same meeting, and he was like: "Oh no, it's not allowed in Texas."
I know for a fact there are multiple published researchers that use fetal tissue.

PP Tram: We have.

Buyer: I think it came down to what you and I-

PP Farrell; You have to do it under research umbrella, and you really have to know your regulations and follow- keep up with them, I think if they don't have someone there who is able to do it they-

Buyer: No interest.

PP Farrell: No interest, yea.

PP Tram: You know, I'm puzzled by that.

PP Farrell: You know I'm puzzled by that too. I'm going to send Kimmy an email about that, did anything get worked into house bill two that has to do with research?

PP Tram: Nope. You know I tore that thing apart, up and down.

PP Farrell: I never trust it too, so I've read parts.

PP Tram: Because now they've introduced the Down Syndrome bill and all this other- no, there's nothing.

Buyer: You know, I was going to ask you because you guys said that you could go up to twenty-four weeks for certain indications, how broad is that allowance?

PP Tram: It's actually very narrow. So, in order to be considered a lethal anomaly, the wording in the law is very specific so we require documentation from a maternal-fetal medicine doctor or a geneticist. It has to specifically say on the notes or on the ultrasound, you know, lethal, will not survive-

Buyer: Incompatible with life.

PP Tram: -the chances of viability are like zero-five percent. that's when we do the cases over twenty-two weeks, so it's between twenty-two and twenty-three six is the max.Those are typically the cases where we see one of the more common ones that we see is anencephaly that we see, those are the more common ones that we see. So we get a variety.

Buyer: Those are for maternal indications?

PP Tram: We don't do any maternal indications, because even though it's not illegal, it's such a grey area that you have to be a little bit more conservative. So that' why we don't go there.

018000

Buyer: Best case scenario, would we it take to navigate that?

PP Tram: Maternal Indication? If there was any documentation in the hospital, where you're having multiple organ failures, even if you're in a hospital, in that case it requires two physicians, two different departments, that's the only case where-

PP Farrell: We have the opposite here in Texas, they won't even- pardon my bluntness- they won't even pull the plug if a woman is pregnant, because they want her to carry as long as possible. Even if she has DNR orders, it's still really hard to do. We're Texas! I told them about the bus.

Buyer: The welcoming committee.

PP Farrell: Our state funded bus.

PP Tram: Yea, state funded. (inaudible)

PP Farrell: And the license plates that say choose life. Tax dollars at work.

PP Tram: Tax dollars. It's a beautiful thing. I'm still stuck on Greater Texas and this whole illegal thing.

PP Farrell: We need to talk more anyway, so we need to figure that out.

020400

PP Tram: "We've also kind of always done other things that other people were just not necessarily comfortable with, just because it takes a little more work as well. And it is, there is a little more risk involved, obviously."

PP Farrell: Mhm.

PP Tram: But it's like, it's for a good cause. Why the hell not?

PP Farrell: Mhm.

PP Tram: It seems so simple to me.

Buyer: There's people who hate you for what you do anyway-

PP Tram: So, like whatever. It's all the same.

PP Farrell: Yea, were excited. Cool. Other affiliates in California, they've had this type of tissue procurement going for years. It's on going, we talked about this, this will be nice.

PP Tram: Because every since the UTMB, we'd be like Missy? Can we get anything? Anything?

PP Farrell: I told you they ask me. The patients ask, they ask if they can donate.

Buyer: Ever since,what did you- the acronym you refer-
PP Farrell: UT study, the last academic study that we did where we donated. Where did Dr. Theiler go?

PP Tram: Now, she is at Dartmouth.

PP Farrell: Oh she's not at Planned Parenthood anymore?

PP Tram: Not at Northern New England anymore, now she's like chairmen or something like that.

PP Farrell: Oh. ok.

Buyer: So that was the placenta study you were telling us about. How long ago was that?

PP Farrell: 2000- it was right before she left, 2012?

Buyer: So you haven't done any fetal collection in three years?

PP Farrell: No.

Buyer: Wow.

PP Farrell: Why do you think I keep doing this? I keep going yay! I can't even contain myself, I'm so excited.

PP Tram: I'm always bugging her about it. This is good, the up side.

PP Farrell: And because of all this, the clinic flow and everything, the electronic medical record and stuff, our other studies are incompatible. So, they're left out of a lot of research studies so.

PP Tram: It's very exciting.

PP Farrell: Ok. Well, we're going to get out of your hair, but I will set something up where we can visit later. Talk some logistics and how to see this, and put some papers together. Thank you so much for hanging out.

Buyer: Good to see you again. See you at NAF.

PP Tram: See you at NAF.

PP Farrell: Ok thank you.

PP Tram: No problem.

PP Farrell: (inaudible)

Buyer: Huh? Oh. There is a big difference in trying to find any of those pieces in even twelve weeks-

PP Farrell: They don't spray anything they don't do anything they just-

Buyer: They just pick it up and yea.

PP Farrell: So, water is- Did ya'll just finish up?

PP Nurse: I was in cashiers training all day.

PP Farrell: So many training's going on today.

Buyer: So what are the other floors? Were we just on the second?

PP Farrell: Third. This is the third floor, there are six floors in this building.

Buyer: (inaudible) It's just different?

PP Farrel: There is one whole floor dedicated to meeting room and conference rooms, the other floor is admin. Another floor is HR and Fiscal- accounting. Accounting and HR are on the same floor. If you notice the building is shaped like a stair and the top flow is IT.

Buyer: So the only floor our patients are seeing is floor one and floor three.

PP Farrell: Mhm.

Buyer: Got it.

029000

PP Farrell: That was fun.

Buyer: That was wonderful, thank you so much for (inaudible) at the last minute.

PP Farrell: It was no problem, if you notice the staff that were coming in were very concerned. I was like it's ok, it's ok.

Buyer: Yea, like who are these people? It hasn't happen in three years I guess.

PP Farrell: Yea, and even then, either research would go collect it and it would be this big box full of containers, or Dr. Tyler would collect her own and take it home with her in a cooler. Yea, that's it.

Buyer: So, how do you think? Did you keep them at ease?

PP Farrell: I kept you from being jumped on, yes. Dr. Beasly the one who performed- who's on today was like it's ok, I got it. She notices me, and she's like "Oh." I told her and she's like "Ok.Ok."

030500

PP: The two doctors that Tram was referencing, that do the abortions at the later end of the 2nd trimester, Dr. Beasley and Dr. Schutt-Aine, we are grooming them to be the principal investigators on our studies, because Dr. Fine is nearing retirement, and my boss who is the P.I. on some of our other studies, is nearing retirement. So yes, and both of them have expressed an interest in doing more fetal tissue, more stem cell type stuff. So yes, if we make this a protocol, a research protocol where it is a sample acquisition protocol, I will insist on one of the two of them being the principal investigators.

Buyer: They're very skilled in their technique and are able to?

PP Farrell:: Mhm.

Buyer: Yes, skilled in their technique and are able to enough if they need to creatively tweak it, change it a little bit--

PP Farrell: Mhm, yeah.

Buyer: That it would ensure intact specimens, what we're looking, because they would know what we're looking for, that would be coordinated.

PP Farrell: Mhm. Mhm.

Buyer: The thymus is right up here. It's smaller, it's fragile and unless you've got integrity in here, it's hard.

032900

PP Farrell: She mentioned that when we do have the disarticulation,it's a limb and the head so usually we have the torso and it's really going to depend on the disarticulation if it does involve pulling.

Buyer: This one was very disarticulated, I don't know what happened, Maybe it was because the patient was a minor and so-

PP Farrell: The patient was a minor, and they've already done their- it's been handled, and smushed up and put in the thing.

Buyer: Oh. I find that the patient not being cooperative affects it a lot too. Women being cooperative with- women that I worked with the young women especially, if they know what- this end of it. That could, not persuade like you said- the decisions made but- I like knowing this. Yes, the decision is made but their cooperation is easier for us. If we can get them to cooperate- then the doctor, getting creative, we will be able to get what we want.

035000

PP Farrell: And some of it- and I didn't want to go into detail- I've administer conscious sedation before. If you have a patient with any kind of polysubstance abuse, they have a higher tolerance and the medication doesn't work as well and there are limits to how much you can give. The cooperation maybe something they don't even have control over because the medication is not going to work as well on them, unfortunately.

Buyer: Mhm.

PP Farrell: Where I've done conscious sedation before, we didn't have an upper limit, I just kept pushing as long as the doctor said keep pushing and had the narc hand right there, ready to go. I mean that's what we could do but in here they have limits so, we just- it's a little more restrictive so- and we don't know that. I don't know if that form listed any kind of substance abuse. Or even asked about it, and probably wouldn't. People would be resistant to answer that not knowing that it impact their-

Buyer: They're not going to tell the truth so what's the point of asking.

PP Farrell: And you know,from a medico-legal perspective we probably don't want to collect that information and document it anywhere. So yea, I'm very excited to have that. (inaudible) I could do that, if ya'll needed specifics, I could do that.

Buyer: You could see the future, you can see financial benefit, the-

PP Farrell: I could personally be available to go up on those days, the biggest challenge would be Saturday's because we can't do next day delivery anywhere. So we're going to be limited to just Thursday's because if we ship Friday, do any of your labs have Saturday hours where they can even receive it on Saturday?

Buyer: Actually, a lot of researchers are requesting something very specific, and it's special to them, they will make themselves available at 10 o'clock at night, at 6 in the morning- yea.

PP Farrell: Yea so then we would just need to question the Saturday ones, because if we can make arrangement for Saturday, Saturday the only other time would be on Monday. You could have it sent out and delivered on Monday. It's on dry ice, it' still going to viable but-

Buyer: Some people will take that, but it's definitely not first tier.

PP Farrell: Oh yea, so they're looking at Thursday- Friday.

Buyer: And also, people within courier distance, on a Saturday. That's another logistical thing as well, if there are requests that are-

PP Farrell: You got someone local. Sometimes local, like you said send their residents and med students here to wait for the samples to be presented to them.

Buyer: So as far as action items for the near future, do we-

PP Farrell: I need to send you, I've got my list um I'm going to meet with Tram to talk about some of the logistics. Probably Tram and two doctors, I'm going to

send you the protocol and consent form. She and I are going get with the doctor or someone to figure out what's up with the other affiliate. It could just be that-

Buyer: Set them straight

PP Farrell: No, I think really, its just making it easy for them. If we can put all of this part in place, I think that will be half the battle. If you don't have anyone that's experience in how to do this, you're not- it's going to be a bigger bite to take.

Buyer: Mhm. But, I know that their are motivated providers at that affiliate so.

PP Farrell: Yes, and we can look at that, I think we'll need to get a little further ahead here, and establish some guidelines on what we're doing and how we're going to do this that can be replicated elsewhere. That the other affiliates in Texas can use, so I have my questions for her. And several of them we asked let's say- because I'm conservative. That's of second trimesters.

Buyer: That's the late second tri right, that she was talking about?

PP Farrell: Yes, and that's a very good number.

Buyer: And that's with the two week wiggle room built in right? How you determine the actual date versus what the actual date is, so that makes it later stage.

PP Farrell: Mhm. So sending you that general protocol and we can just start working on a general contract, budget. I need to meet with Tram first though, to talk about what this is going to look like, in terms of where I see it going and- I mean do you guys have the volume, the capacity for everything?

Buyer: You're talking about all the client volumes? Immediately- it's something that's going to grow because it's very scalable. As soon as people find out that you have that kind of capacity, you have that product available. Because what will happen- let's say there's an academic research client-

045000

Buyer: For example, the researcher that sent you the request for 120 cadavers for SCID mice studies, they probably sent that same request to StemExpress and ABR and several other- and especially the larger, the private biotech companies- if they have a big, high-volume study like that they'll send the request out to multiple agencies and see either who can do it first or, it's a large number over a long period of time like 120. They'll be getting two or three a week from one company, two or three from another one. And once people start seeing you can

deliver on your promises they will start to switch over. It's a very dynamic relationship.

PP Farrell: We can start off with, what I would like to do is have the protocol be general, for any and all gestational ages, within the state limits. Then start off with the most urgent ones that you need, and then as things start to bubble up, I really want to roll this out. In terms of have staff approach everyone, if we have specific needs we will sort those out, everything else gets banked. Then we can work on disseminating the bank specimens. We have to get to the point that you need first. You don't want to have to go through all that expense, if you don't have a need yet. That would be like the long term goal.

Buyer: Yea. Then, there's a tension there between us being able to promise it, and then do we disappoint our clients, then what do we-

PP Farrell: So yea, we can work on the immediate ones first, because those sound like, based on what you said most interest, immediately. The IRB that we work with, we have not done any fetal tissue projects with them so I can't tell you how they will be. Everything else we've done, they're very fast, very customer service oriented so if there are questions I get a phone call from my liaison and says "Missy, in the protocol, it says this, this and this, we have a question about this." If you've worked with IRB's before you know how challenging it is because it is not easy because they don't tell you what they need. "You haven't discussed how you're going to de-identify the specimens." And you're like what is it you want to hear? What do you want to know?

Buyer: Yea, we've all been there before.

PP Farrell: Yea so working with that particular IRB will be good. Especially if I use this, the specimen acquisition protocol that I have used before for IVE studies and I use the consent form, I know that the general language has already been approved. All I have to do is strip out the stuff about the other specimen type and replace it with fetal tissue. The general language is there, the consent process is there, everything else is already in it.

Buyer: It's already been approved by that IRB, twice. They just don't realize it. So I can send you that and then ya'll can look at it and see if you're cool with it. You don't have to reinvent the wheel, it already exists. As terms of the contracts, same thing. We've already got some contracts in place for this type of general specimen acquisition for other specimen types, we just have to make it specific to this type that's why I have to meet with Tram first to get the logistics. Say "Hey Missy-"

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PP Farrell: You've said work this in, how does this look and any more information you can provide in terms of timing the specimens, whether or not I need to freeze them immediately or if I can have them at room temperature for a while, while we're dissecting, any information you can provide that helps me work out logistics better with her, then I can plan and budget.

Buyer: So when you're working with her, if you can get an idea from her, just how difficult is this? Where do we want to set our minimum compensation, and let her know this is a minimum bar, we can go up, if we need to. We can go higher compensation but she is the one who to say oh yea it's pretty difficult because the doctor would need to be creative in that so let's ask a higher price for that specimen. If you could give us kind of a baseline, knowing that that's not in concrete, that's-

PP Farrell: Yea, that's something to start with, yea. Again, when we had these types of protocols in the past, we've had these types of a la carte budgets. A la carte budgets, the specimens is relatively easy to obtain, you're in. You give them a cup and tell them what to do, either clean catch or first catch, very low price. Any endocervical samples where we have to put speculum and visualize the cervix and collect it a certain way, that's more. So you know, obviously we do that accordingly and there's flexible budgeting in terms of data. You haven't mentioned if your clients are requesting data. Anything besides gestational age, or sickle cell status.

Buyer: Disease screening, mainly STD, HIV, Hepatitis B um-

PP Farrell: They do- they don't do HIV and they don't do Hep B, gonorrhea and chlamydia-

Buyer: Just like standard right? You guys do have the capability to do HIV testing right?

PP Farrell: Mhm. Hep B, we can do it, we don't usually do it upstairs.

Buyer: It can be done in house?

PP Farrell: It is a send out but it can be done.
Buyer: Oh, it is a send out. Ok.

PP Farrell: Yea, it can be done. That's something else that we can work into it, if disease status is required then we can put it in the consent form, specimen collection, blood, specimen, we put it all in the IRB submission as well.

Buyer: Yea. That's kind of an a la carte service that's been added to the tissue procurement service for a researcher so, not everybody will request it although, many people do depending on the study.

PP Farrell: We just need to bake it in, we just need to bake it in. It gets a little touchy when it comes to the patient though, because technically we can't reimburse the patient for donating the fetal tissue, but if we're collecting an additional specimen, like Hep B if it's something we need to know is Hep B and it's not something we do clinically. That does fall under my research part where we reimburse the patient. It's challenging because she's coming in for an AB but we're not paying her for that AB but we're paying her for this blood and yea.

Buyer: How do you fame that? Do you have to think about how to framing?

PP Farrell: You be like just look at the results of this test. It's a free test for you, it's covered under the protocol. Just not have any compensation for the-

Buyer: But we could absorb that? So that that's not on you.

PP Farrell: Mhm.

07100

PP Farrell: Because we have contracts with central labs for those tests anyway, just a matter of having a, we have a special legal fund code where it's not charged to the patient, it's not charged to her insurance, it comes to the research department's specifically, so when we do like a pap smear or whatever--

Buyer: Okay.

PP Farrell: Any of those logistics, we can work out. We've had variations on this theme before, so yeah I think that's it. I just need to get with Tram and sit down and put our heads together about what all is involved, and then probably tomorrow, or Monday, I can send you a protocol and a consent, just some general stuff in it. You know the tissue, obviously. Yes Ma'am? Oh, so I'm guessing you're not going to ship today. Yeah, I'm guessing if they haven't said yes, I wouldn't. Yeah I mean they're two hours behind us, they should have responded by now. Okay, thanks. Yeah, bye. Sorry. I knew what she was gonna ask. So, yeah, and I can get you that tomorrow or Monday. I'll have to go through and strip out all the other references to all the other specimen types and then we can put in there, whatever. Whatever, just you need to get real creative on things your clients could ask for in addition to the tissue in terms of data, other data, other types of specimens. I don't know what they would ask for, urine, the one Dr. Theiler did, she got a tube of blood while she was doing hers. I don't remember what it was for.

Buyer: Yeah, yeah it will probably happen that there will be requests for like blood samples, along with the tissue.

PP Farrell: Mhm. Yeah, we can make that work. Yep. They draw blood up there for other things, but again, if this is something that we're working into research, my staff are experienced, we all draw blood, we could work it out. Cool.

Buyer: Excellent. This has been very productive.

PP Farrell: I'm very happy to have spent the day with you. Yes, I'm very excited about this.

011500

Buyer: This will be mutually beneficial.

PP Farrell: Yeah!

Buyer: Financially beneficial for both of us.

PP Farrell: Did you see the fire in her face when we started talking about that bus being funded by tax dollars?

Buyer: You know what, I didn't know how she would take it if I said we're gonna be funding you. So, relax.

PP Farrell: [laughter] It's just one of those things. It just grates on you.

Buyer: It does. So tell her, they are going to be paying top dollar, we're gonna be funded so relax.

PP Farrell: Yes. And they bug me. They bug me at least weekly, do you have anything? Do you have anything? So, yes. And it's like, I can't make something appear, so. I think that's probably why I answered your e-mail faster than anyone else.

Buyer: Because you knew that they would be waiting for--

PP Farrell: Yes, if I don't answer that, and Tram CCed me on that, she's gonna be in my doorway. Saying why didn't you answer your email today Missy?

Buyer: Very good.

PP Farrell: Well great. I was happy to have met you guys. And thank you so much for lunch, it was awesome. Good way to spend an hour while we were in limbo here.

Buyer: Yes.

PP Farrell: And hopefully you won't need me, but you have my cell phone in the event that you have issues getting back.

Buyer: Yes, yes.

PP Farrell: You all take care, have a safe trip back, and we'll be back in touch with you tomorrow.

TRANSCRIPT BY THE CENTER FOR MEDICAL PROGRESS

22 May 2015

Speakers:

-Cate Dyer, CEO, StemExpress, LLC ("**SE**")

-Kevin Cooksy, VP of Corporate Development and Legal Affairs, StemExpress, LLC ("**Kevin**")

-Megan Barr, Procurement Manager, StemExpress, LLC ("**Megan**")

-Two actors posing as Fetal Tissue Procurement Company ("**Buyer**")

frame counts are approximate

035600 Cate Dyer comes to table

SE: Hi, I'm Cate Dyer.

Buyer: [Name], good to meet you.

SE: Hi [Name], it's good to meet you. Hi.

Buyer: [Name], good to meet you.

SE: Hi, [Name]. How's it going?

Buyer: Good.

SE: Good. Are we- am I the last one to join?

Kevin: Yes, you are.

SE: Perfect.

Buyer: We- I ordered some red, I hope you like red.

SE: Oh, thank you. You know, I don't drink, but you guys can enjoy it.

Buyer: Thanks.

SE: Yea, thanks, but no thank you.

Buyer: You're welcome.

SE: How was your visit so far?

Buyer: Good. It's been good. Productive.

SE: Good.

Waitress: Would like something to drink besides water?

SE: I think I'll just start out with water for now.

Waitress: And you? Did you want anything else to drink? Iced Tea or anything?

Megan: Water. Thank you.

Waitress: I'll get you more water. I'll be right back.

SE: So your visit was good?

Buyer: It was productive.

SE: Oh good.

Buyer: That makes it good.

SE: Yea, and you guys just flew up from L.A. right?

Buyer: Mhm. Yes.

SE: Well good, that was a short trip.

Buyer: Yes, different than Baltimore.

SE: Yes, it's true.

Megan: Did you fly directly here?

Buyer: You know, I don't even remember. Yea, I always have a layover.

Buyer: Mine is the direct, one.

SE: I'll pass around a menu for you guys, there's a stack of them right here. I come here pretty frequently enough, I think I'm pretty much-

Buyer: Are you close?

SE: I'm pretty close. I end up coming here for meeting with people from Sacramento. It's kind of a close in between from our office, and we do a lot of meetings here, so.

Buyer: So, they know you?

SE: They know me, pretty well. We'll see which one comes up.

Buyer: So, what's good on the menu?

SE: Oh my goodness, there's a lot of things. If you feel like- they do really good flatbreads, like flat bread pizzas that are really good. The salads are great. If you like bleu cheese, thier Oregon Bleu Cheese Salad really, really good. It has a little bit of spice to it.

Buyer: Ok.

SE: Sandwiches are really good, I'm trying to think if I've had anything bad here.

Buyer: Ok, on the panini, is it George' ?

SE: The George. Yea,-

Buyer: George? I would expect George' .

SE: Oh, Gorge. Yes, thank you. That one is actually really good. I've had that one a few times.

Buyer: And the Oregon Salad-

SE: The Oregon Bleu Cheese Salad is good.

Buyer: Ok.

Megan: (Inaudible)

Kevin: Yea. (Inaudible)

Buyer: What looks good to you, [Name]?

Buyer: I really like the look of the Bolognese Pasta.

SE: I don't think- I don't think I've ever had it before. That sounds really good too. The wine really does smell good. Is that local?

Buyer: It's Argentine.

SE: Oh, Argentina.

Buyer: It was [Name]'s recommendation.

SE: Layer Cake. Cake bread, that's what it reminds me of.

Buyer: So, why do you like this tell me again.

Buyer: I don't know- It's really smooth.

Buyer: You eat a lot of pasta (inaudible)

SE: You know, we have a lot of great wineries our here. Nappa's great but, a lot of local places up here that is really great too. My parents used to bottle their own wine, so.

Buyer: And you don't drink? What happened?

SE: I know. It's really just a preference. I'm not a-

Buyer: Did you at one time or?

SE: Well, kinda. I did yea, and I have. It's kind of the gluten, you know how there a lot of gluten in wine too. It's in wheat beer as well, some people, it just doesn't sit well with them. I'm one of them.

Buyer: Are you Gluten-

SE: Intolerant? Not entirely, no. Thank goodness.

Buyer: But you can tell a difference if you-

SE: Yea, you know, somethings bother me more than others.

Buyer: And are your parents still speaking to you now that-

SE: Yes. They do. They've given a lot of it as gifts I given it to people, and it's funny, I have tell you. I swear, five times out of ten, I give gifts of wine for people and they say, "oh, I don't drink." I'm like oh my gosh, I can't seem to like you, know? Yea, sometimes in hospitals and they say yea, but i'll make good use of it.

Kevin: This wine is from Argentina, but it's bottled in Napa.

SE: Oh.
Kevin: The must keg it up here.

SE: Wow, that's interesting.

045000 "I'd love to hear a little bit about you guys"
SE: So, yea. I'd love to her a little bit more about you guys. I know that, I think I saw [Company] at a NAF conference a year ago. But, I don't know if that's when you guys started or sort of a history of the company.

Buyer: We'd been up just over a year. And so I was reading up and getting the scoop about you.

SE: Yea.

Buyer: And I was hoping to see you in Baltimore.

SE: I was hoping to be there. Change of plans.

Buyer: But I was so glad that I got to talk to Megan. I was hoping that you were interested in partnering- not partnering but seeing what we could do that would be financially profitable for the both of us.

SE: Yea. Yes absolutely.

Buyer: We've got (inaudible) You have so much more expertise, I'm sure. How long has it been?

SE: 2010.

Buyer: Oh ok. So you're five years. Wow.

SE: I know right? It feels like thirty. It's exhausting. Yea, five years but it's been so much longer than that. But still, I was going to say- so tell me a little bit about- is it your first business?

Buyer: Yes. Well, we're a start up.

SE: Yea.

047800 background
Buyer: But my whole reasons for getting into it, I think I came in the back door. I used to work with women who needed counseling.

SE: Yea, I think I saw on a website, a women's downtown clinic in L.A? Was that you? Ok.

Buyer: Yea, way back in scary times.

SE: Yea, and clinics were getting burned to the ground. Yea.

Buyer: Yes. I was mainly dealing with women.

SE: Yea.

Buyer: (Inaudible) So it was my niece that was working with researchers. They needed-

SE: Tissue.

Buyer: Yea, and so I just- it started percolating and (inaudible) what would be a challanging difficult time-

SE: Was you niece down in L.A as well?

Buyer: No, she's up in the bay area. San Francisco, Bay area.

049500 Cate: "Did she work with ABR?"
SE: Did she work with ABR?

Buyer: No- ABR like Perrin Larson and-

SE: Yea. Perrin and those guys. She was working with an academic. Yea.

Buyer: So yea, one thing led to another and I just thought this could be- If I got the right people (inaudible)

SE: Yea, she could (inaudible)

Buyer: I know nothing about that. I really just wanted to work with women. (inaudible) They're more than willing to (inaudible) talking to the women there, they are overwhelmingly very positive about it, if they know-

SE: Absolutely.

Buyer: - what can be done in science. I don't understand it, I just listen to [Name], he tells me what's going on and to somehow transfer that information (inaudible) It's important.

SE: Yea. Good. Yea, and I know too, Megan mentioned that you guys have started working with some of the Planned Parenthoods in LA right?

Buyer: Uh, LA. Mostly Denver, Texas, that' where we are right now, because they have the volume that we want.

SE: Got it. Got it.,

Buyer: Yea, most of the clinics you've noticed are maxed out. They're partnered with ABR has San Francisco, Novogenix has L.A. There's a couple, I don't know what I can share. There's a couple- the Southern California area is very saturated right now. They weren't able to give us the volume that we needed-

SE: Yea.

Buyer: -then, what I saw was- there was an incident when I had a person that I promised something to, and I couldn't deliver. I told [Name] that we needed to find places that are able to-

SE: Produce the volume that you need.

Buyer: So that we're not "oh yes, we can get you this" I don't mean to interrupt, I saw you moved the wine earlier. Do you want to switch places? So you can speak better?

SE: I'm fine, I was just like this. It was right in the middle of my vision. That's perfect.

Buyer: Anyway, that's- (inaudible) I wasn't to be 95% sure that we can provide-

055300
SE: So many think they can right? But not really. They think they have the volume and so my physicians are like" oh I can get tissue and they can't." It's a lot of mis information and you deal with that a lot.

Buyer: So, that was a learning curve for me. Now, I feel like- I know, when there is an overabundance, (inaudible) why don't we share and have. So if you're interested, and you- I don't know what you're need is.

SE: Yea, we're excited to talk to you guys about that tonight, too.

Buyer: Alright.

SE: So let me ask a few more questions, which will help frame that a little bit. So, you guys are based out of Norwalk?

Buyer: Long Beach area, yea.

SE: So, the company's been around, how long did you say, like two years? A year and a half?

Buyer: A little over a year.

SE: Alright. And about size wise, the company is- how the employee count lies, is it still growing?

Buyer: Still growing.

000000
SE: What kind of long term goals, what are you guys kind of hoping- what's your big dream, like if you're thinking about this, what's your long term goal, do you know yet? People ask me that all the time and I'm like- yea,

002100
Buyer: Okay, big dream? Big dream—

SE: Yeah what's your big dream?

Buyer: I would like to be able to add a lot to Hillary Clinton's purse.

SE: Me too!

Buyer: Really?

SE: I mean, ask these guys. The minute she announced her candidacy—I have a signed picture from Hillary, because my sister works in Congress. So it's on my—I like brought it into work the next day and propped it right on my desk. So, yeah.

Buyer: So, wouldn't you—

SE: I'm a huge Hillary fan.

Buyer: That's my, big, so, and I see, "Okay, how much money do I really need? I'm old. I don't need a bunch of money."

SE: Right, right.

Buyer: But looking around, and seeing what's going on, the people that we need, I would really like to be able to help fund that. So.

SE: Yeah.

Buyer: So I just see all of us, that are trying to do what we're doing, the goals that we have, whatever they are, everybody's going to have different goals.

SE: Mhm.

Buyer: But we need key people, and those people need funding.

SE: Mhm.

Buyer: So, that's a bigger goal for me.

SE: Yeah, yeah.

Buyer: And so, wonderful.

SE: Yeah, I'm a huge Hillary fan.

Buyer: I mean, can you—and I'm sure that that would work into a goal for you.

SE: Oh yeah. Well, she's getting elected this time, as far as I'm concerned.

Buyer: So I can save my money? I don't need to—

SE: Well, I'm sure she's gonna need a lot of it. Yeah my sister works in Congress, and she works predominantly for Republicans.

Buyer: Really.

SE: Yeah, kind of shocking, her background is an attorney, and she works with health care reform. And so she's very socially liberal and super into stem cell research and everything, but as far as health care's concerned, she lines up really well with the conservative group. So—

Buyer: Help me understand that.

SE: I know, I don't know that I could explain it well enough, you know, she just has all the opinions about Medicare and I don't know, it goes, it's just, every time I try to have conversations with her it just gets daunting and confusing as health care policy in the federal government tends to do, so, I don't know. I''m a big believer that if Canada and places like this can do it without an issue, we should be able to figure it out. Europe's been doing it for some time. If you're an American and you fall and break your leg, they just fix it for you. You know what I mean, but for some reason we can't seem to figure out health care in the United States.

Buyer: We're shutting down clinics in the United States-

SE: Yea, and we're cutting out funding or women's clinics and- you just see it all over the place right? It's a huge issue, but yea- so that's- you know, so, at one point when Hillary was running last time, I asked my sister to go down the hall and get a signed picture, and she did so, yea, a little bit about us.

007500 describing the founding of StemExpress
SE: In 2010 I started the company, it started from the standpoint of procurement, but my background was all hospital-based, so not women's clinics-based, but hospital based, I was premed through school, I thought I would do emergency medicine and started working with transplant companies. Coming in to do cadaver collection for transplantation, really saw a lot that wasn't being used and should be used. You know, transplant companies collect a lot from people who are diseased, and there were a lot of disease researchers who were really struggling to get what they needed on that front. That's sort of where it all started rolling for me, the hospital sector. As you guys know, the research requests are pretty broad and so that's why we started becoming broader and broader. I'm sure it's probably a similar story for you guys as well. The requests come in and you want to work with these people. **[lie, she used to work for ABR in abortion clinics]**

Buyer: Broader, and not predictable, do you find that?

SE: Oh yea. Absolutely. You know, I think for us, you know, we started with a small lab and a lot of the researchers that we were working with really focused in that direction. It's taken a ton of money and a ton of work to get to a full cell isolation and a cell processing lab. That has taken on a life of it's own in our core business so, a lot of the requests from us right now are really cell specific. A lot of things are like collections from researchers and you know, I started to find that the focus was on us to do something with the samples. in the beginning they kind of wanted them directly and some still do, but I think they want us to do something. That's really where a lot of our knowledge base has expanded, and a lot of our emphasis has gone into that expansion. Hence, you know, when Megan was there, I think she mentioned something to you guys, or one of you-

011200
SE: You know, for things in the fetal tissue range. We get a lot of requests for fetal liver tissue. And but you know, they don't want it directly. You guys might still get requests where they want it directly, but from us, they want us to provide them cells from it.

Kevin: That was a demonstrated competence though. That wasn't—

SE: Yeah.

Buyer: That was a what?

Kevin: It—There was a lot of requests and there still are for raw fetal tissue.

SE: Mhm.

Buyer: Mhm.

I'm sure you're getting a lot of requests for that, everybody is. And one of the requests came into StemExpress for doing the cell isolations for them for these specific cells, mainly 34s but some others as well. And it was a process of optimizing that isolation technology that created that business and I jumped in because that was like a 3 year process to get that done-

013400
SE: Oh, almost 4, and a ton of money. An astronomical amount of money and-

Buyer: Was it even work it? I'm sorry, I don't mean to interrupt.

SE: Yea,I thinks it's been worth it but it still- **It almost bankrupted us.** It made me nervous, it really did, it almost did. Megan remembers those times, it was just like, really, really brutal. It's just not easily executable, I think that we've created now, so much proprietary knowledge in the way we do cell isolations now where big companies have even back out of that space. Big companies, like hundreds of million of dollars of companies, because they couldn't get the isolations right, have backed out of that space.

Buyer: And you're still-

SE: Yea.

Buyer: Good for you.

SE: That's why I'm exhausted, but I think that's the piece that's just for us.

Kevin: Well, it's a different model, there was the procurement model, and you had that working and there's a number of people you know, ABR is in that space. But to plant that seed and sort of develop stem cell isolations, the process on that was-

SE: Yea, and you companies do it, you see companies start these you know, cell isolations side. I remember with in the last five years, you see companies start and then plummet, you know, ten million dollars down the drain by the end of the year and their just done, you know? It's just- I don't know how we got through to the light at the end of the tunnel on that, it was brutal. So yea, now we've kind of come out of that space and a lot of clients buy cell isolations from us, and they're like "you're the only ones we're buying cells from." It's been great, but it's also very taxing on the amount of product that we need to produce that. I think that you know-

Buyer: It seems like (inaudible)

SE: Right. That's what I was anxious to talk to you guys about, I think we would be interested in talking to you about what we could set up, even potentially on an exclusive basis if you're open to that side of it. I think we'll be, ultimately, and I don't just say this to blow smoke. I think we'll ultimately be your best client, because it's because of what we do on the backside- their are companies that aren't doing that anymore. I think- from that aspect, that's why I was looking forward to chatting tonight.

Buyer: So could you tell me, how can we help? What would you want from us? How could we best-

SE: Yea, I was looking on the website today and sort of all the things you guys have listed there. I think, on the topic, on the fetal tissue side of it would be helpful for us to understand, volume wise.

018300
SE: Realistically, if we were to do an agreement with you, what do we think you could get?

Buyer: Volume-wise?

SE: On specifically liver tissue, because that's such an area of demand for us.

Buyer: So liver, and what about intact specimens, just—?

SE: Oh, yeah, I mean if you had intact cases, which we've done a lot, we sometimes ship those back to our lab in its entirety.

Buyer: Okay.

SE: So that would also be great if you guys have those.

Buyer: The entire case.

SE: Yeah, yeah. Because it's just, and the procurement for us, I mean it can go really sideways, depending on the facility, and then our samples are destroyed, and we're like, "Really?" This was all so much work, and then just to have them be destroyed is awful. I mean we have researchers wait forever, and they want certain things, you know, perfectly done, so we started bringing them back even to manage it from a procurement expert standpoint.

Buyer: So, what goes wrong? That you think you're getting something, and it doesn't come through.

SE: I would say with liver it's—

Buyer: *coughs*Misoprostol!*coughs* [laughter]

SE: [laughter] You used to work in clinics, huh?

Buyer: I just, we're good friends with Deb Nucatola and-

SE: Oh yea, I like Deb Nucatola, yea.

Buyer: See, you understand this, and you know right away. I'm still like explain that, I'm- It's not the fault of Misoprostol because Misoprostol can be used in conjunctions with LAMs and you can get really good results. The model that clinics are moving to, the one day prep- not just one day prep, just one day everything. In which case, you're not going to get the cervical dilation you need, which-

021000 cervical dilation
SE: And the suction destroys everything and it gets to the point where you could look at 60 cases and get nothing. It's really time intensive and so you know, I think for us, you know, the liver tissue, focusing on that piece at least.

021800 we've seen doctors provide blood clots saying it's liver
SE: We've seen doctors send over blood clots, "oh yea, we've got a liver." It turns out to be a blood clot so you get plenty of those. You can always tell right away because it's just red water by the time it gets to us. Like, "whoa, where'd it go? How'd it crawl out of the container?" Did that answer your question?

Buyer: No. I wanted solutions. I see the problem, I get the problem. I'm thinking of having my people wherever we find things. Hiring people- that we're doing the work, so we know what we're getting. So we're not relying on someone who mistakes a blood clot. Some of the providers- you were there with me in the room, they're like "is this good enough? Is this good enough?" They- I don't know, and I knew more than- I just stood back and let [Name] work it. I was surprised that they wouldn't know- I'm pretty sure we need our own people there.

SE: Yea, they really don't know and it varies pretty drastically. Sometimes-

Megan: Sometimes, having your own people sometimes it doesn't matter-

SE: To clinics.

Buyer: Yea, if a provider is not being creative with how they-

SE: You staff the people you want there.

Buyer: Right.
SE: But really, that's another issue so, I mean, it is-

024000 providers getting creative with procedure, attorneys being careful with layers, how contracts are worded, altering gestational age
Buyer: The providers that I have been talking to, really, have the skill and they're willing to alter the procedure so that intact specimen is- they can't guarantee anything but, they're willing as long as the layers- how we're protected. How the contract is drawn up, how it's worded (inaudible) we all know that this is not- I don't know, how we're doing, what we're doing and how we present ourselves. Help me to remember this, the way that they're counting, what is the age gestational age, you can show it a little younger than what it is. they're willing to work with that. So to me that's solving the problem, sending one of our people in, they know what they're looking for, they're training. Then having providers that are willing to be trained.

SE: Interesting.

Buyer: That seems to be solving the problem, it sounds like you're having.

027000 digoxin
Megan: (inaudible)

Buyer: What is it? Twenty- eighteen and above. We make sure- yea, one is eighteen and one is twenty four.

Megan: (inaudible)

Buyer: No, actually, they're not even-

SE: Yea, by the way, I know I mentioned this to you the other day. Somebody- maybe it was in that meeting you were in- somebody is looking at using dig tissue for research-

Buyer: No.

SE: I'm like please, just tell me that it works-

Buyer: Studies? I mean, what are they- No.

SE: We would never get anything from it. I wish it would work, right? In concept it would work, right? It would be great. Yea, but no.

028200 like doing stem cell research out of a corpse
Buyer: It's like doing stem cell research out of a corpse. Come on.

SE: Yea, I know.

Buyer: Let's be realistic here.

Megan: (inaudible)

Buyer: The smell is already bad enough, I'm sorry we're at the table.

SE: It's ok. I know, we all know. Yea, what's your background, [Name]?

Buyer: My background is in bio research, I was a bio major, undergrad. I've done all my-

SE: Down in L.A?

Buyer: Yes.

SE: Oh, nice.

Buyer: And so I did do SCID mouse work for a little while-

SE: Oh nice.

Buyer: Which is the humanized mouse models. I'm very passionate about that, I think it's really cool. I think it's world changing. Yea, but now I'm just doing the procurement thing. So, not necessarily- well, I'm not an academic at heart, I guess is what I would say. Applied sciences is more what I'm in to.

SE: That's great.

Kevin: Did you work for the university or were you of the big medical centers?

Buyer: No, that was- No, I was never at Jackson or anything like that.

Kevin: There are like four or five major-

SE: Mouse houses.

Kevin: Manufactures. Mouse houses.

Buyer: Real interesting, Deb Nucatola told us when she was in med school at University of Washington, Madison. That was one of the places that they were breeding the different strains, they'd have the little crates or whatever- It was funny. The providers are really important, especially if they have a research background who knows kind of what- or are just very skilled, like Deb.
SE: Yea.

031000 convert to breech on ultrasound, Cate: "Yep"

Buyer: They can do the whole convert to breech on ultrasound-

SE: Yep.

Buyer: Not all of them have that skill level you know? If they do, not all of them feel comfortable where they're at- we all know were working in a highly stigmatized area.

SE: Yea, completely.

032000 contamination issues
SE: Yea, and there's so much too. Contamination wise, is another big issue so you know, we've seen all sorts of things with contamination that can be an issue.We have a number of quality checks that we have to go through, internally. Just to make sure we're not investing a bunch of money into something just to find out it's contaminated. So there's a lot of steps there to, that the researchers ask us to do, so yea.

Buyer: Tell me about, you guys are obviously very proud of your cell isolation protocol. Would you say that you area at a point where you are more efficient than other outfits that do it? For example, a sixteen week liver- and maybe this is not your expertise, or maybe one of your lab people- the number of cells that you can get out of that liver compared to another company that I might hire to do it.

SE: Oh yea.

Buyer: Your lab stacks up better than-

SE: Yea, and like I said there are businesses that used work in cell lines, and now they don't anymore. And so really, it's extremely challenging. Yea, and I think that- yea, I would say so. I'd be biased, but-

Kevin: The hands down truth, without dropping big names. Literally the yield is better, engraftment is better- "we don't want to be in that business, anyway." They turn to Cate's group-

SE: And there's papers- there's papers out there, published about us doing the work with people. So it's-

Kevin: That's actually the better source of information. You could do a literature search.

Buyer: I think that you're still standing is proof in itself.

SE: Thank you. Thank you. Yea, I agree. It brutal. I think- it's something that I'm passionate about helping researchers and we're passionate about you know,

providing a quality products, and what I find is the quality bar keeps raising for us. It's amazing how our clients audit us, they audit our facilities, they- it's intense- sometimes for days. You know, it's raised that whole bar on the quality side. We hired a director of Quality Assurance and Regulatory Affairs who used to work for AmGen, and Murke, and Covance this last year and just really have to put the time and energy on the quality side because it could make a big difference. If we provide product to people that ends up being contaminated, and it affects their entire study, that's a massive issue.

038900 infectious disease screening
Buyer: Ok, so I'm hearing volume, I'm hearing quality.

SE: Yes.

Buyer: Which makes me think that- So that makes me feel even more comfortable about it. The thought that I was having all week- It's just have to, to have our own people, qualified people. So that what we're delivering to you is quality and not contaminated. The volume can be there, then we're not losing anything. A provider will go through being creative and bendig a few procedural techniques and methods. That once that's done to not have a product, that's just not acceptable.

SE: Yea.

Kevin: Do you apply any special disease screening for your clients?

Buyer: Some request it. Yea. And some- we try to cater very closely to specifically what a researcher is looking for, and so if it's something they request, it's something that can be done. Some have their own protocols and processes that they prefer to follow and we're happy to facilitate that as well. I was actually kind of interested if contamination you're finding is and issue for your cell isolations is there anything you can do to take your isolation from the core of the tissue instead of- certainly for colleagues of mine who worked in forensic DNA work for example, they never- on the one hand, contamination is important on the other hand- contamination is important- on the other hand, if your person is good and trained and knows what they're doing to take their sample from the core of the tissue, and I don't know, depending on the ratio of how many of the cells you're specifically targeting are in there, it might now, you know, you can't, you know- why have an intact liver if you're only going to take a part of the middle? But I don't know, that's just something I thought- I was wondering.

SE: No , yea, and that's a good point. Really, that's just like you said. We need all of it. It makes it really difficult on that front but, I think that- we try to go to pretty good lengths. You know, in a lot of circumstances we are providing- like in this case, we would be providing you guys media of our own in container that we would want you to use for the transport of samples. So that it's in our own stuff

right from the beginning. I think that would be a good start.

Buyer: Mhm.

041900
SE: We'll do testing on our side, so we'll be able to see, you know. And sometimes we'll find that it can be clinic-specific. I've seen really rampant, rampant problems with bacteria in certain clinics. [laughter] Some where you're kind of in question of should they really, you know, [laughing]

Buyer: Right.

SE: I've seen staph come out of clinics.

Buyer: Wow.

SE: So, I mean, I've seen all sorts of things come out of clinics, so.

Buyer: Just the different sites that we've visited, I can see exactly what you're—

SE: Exactly, right, so. It's how serious the clinic sort of and their own facility kind of, looking at that too. So then, I mean, on the range piece. What do you feel like you guys could do on that front, maybe-

Buyer: The gestational range?

SE: No sorry, in the amount of tissue. You know, in a week, in a month.

Buyer: You mean, volume.

SE: Yea. Now, versus six months, versus a year.

Buyer: (inaudible) think about like, how much immediately, what's your volume that you would like. Then, how fast can we would grow- what would you be expecting, I guess. What would be a starting point for you, right now, immediately.

SE: Well, I would say anything, would be a starting point for us right now.

Buyer: Ok.

SE: Because we have a need.

Buyer: What's your biggest need?

044300 biggest need is fetal liver
SE: It's fetal liver.

Buyer: Ok.

SE: From the fetal tissue standpoint. I'd love to talk to you guys too, about some cancerous tissue I saw on the website. So, we can get into other products but from the fetal side, I would say that would be it.

Buyer: That would be your immediate? You would be happy with whatever volume that we could start with.

SE: Yea.

Buyer: Yea, every extra liver is how many vials?
SE: Oh wait, sorry?

Buyer: Every extra liver that we can provide, how many vials of cells that you can isolate and resale**?**

SE: It totally varies. It varies astronomically. Gestation, the donor, are they drug addicts? It can vary drastically. We deal with all sorts of variances.

Buyer: So for the future- should I think about screening that somehow, I'm not sure that's even possible?

SE: You know, I would say- I mean if we saw it pretty regularly we would work with you guys and say "hey we're noticing this, or this is a trend.-

Buyer: We only have skinny livers.

SE: Right. We're just seeing this, do you know why?

Buyer: What do you think about where we're getting, or what location we're getting it. Would that play in to it?

SE: Like what? You man against like a hospital or a termination clinic?

Buyer: Mhm. Or I think the patient population that they're used to seeing- that's what I was thinking of.

SE: Yea, it's just like with cord blood. With cord blood, you see it all the time. You can have five samples that look exactly the same, yield entirely different drastic numbers. Maybe the mother of one of them eats healthy, and the other one smokes and drinks every night. In some cases we've actually been able to do some studies and found that there is a real significant drop for anyone who's on

meth and having babies, right? Almost zero stem cells. But for us, we know what our ranges are, so we kind of know what the ranges look like. Then when we something fall out of range, we know that something is going on. The way is being collected, something else is coming up, we kind of know from that standpoint. for us too, if we're spending thousands of dollars to do an isolation just to find out it flopped. We will only do that so many times, before we know something is wrong.

Buyer: We need immediate feedback from you, what you're seeing.

SE: Megan is phenomenal with that. Megan, she's phenomenal at facilitating that through all of our facilities and sets up regular meeting and regular conference calls and is really on top of it, from that standpoint. So we can provide that feedback right away. She even has half a dozen deviation files, she's really good at being on top of that so we can track it.

Buyer: I would immediate feedback. Just immediate because I'd like to know-

Megan: (Inaudible)

Buyer: Right.

SE: And we would want to, as an initial standpoint, I would say weekly and then back it out to what makes sense. I would say, you know- for sure weekly, kind of getting it going. Making sure we're providing that information because it might take days for us to know everything with the cell count. We do things with cultures, and testing and sterility testing you know, sometimes that could take days, for us to get that information. But then, once Megan has it, on your next call she would bring that up. So based on that, what do you guys think, realistically? A couple a week? Five a week?

Buyer: I think that, right now, I think- depending on- the volume is one thing, the provider- the provider mediated outcome is another. I think we could safely say- it would be a bigger range right now, three to ten, I think.

SE: A week?

Buyer: Yea, it could be that much, if- if Missy's site is on board.

SE: We have some flexibility, they don't have to be flawless, right? It's always great when they are, but we deal with samples that are not flawless or that are broken in pieces sometimes, but collecting all those pieces is really important.

Buyer: Do you have a way, this is going to sound- I don't know how to say this, create a specimen for us. What you got, were you satisfied?

SE: Is that 5 cc's kind of thing?

Megan: Usually the volume that we aim for even if it's in pieces or intact is five, as a minimum to make the cell isolations work, on our end. (inaudible) sometimes is sixteen weeks, usually it's sixteen weeks and over.

SE: And we would send conical tubes, it comes to like- you know the conical tubes. Yea, you could see it, it's marked on the vial. From that standpoint, that's a good bench mark.

Buyer: So even a pristine, intact, twelve week liver is not going to yield the volume you're looking for.

SE: Yea, a twelve week intact liver-

Buyer: Perfectly intact.

SE: I mean, twelve weeks, is that too small, am I pushing it? I'm pushing it.

Megan: Realistically-

Buyer: What would you- in order to find it or in order to do the isolation, you're saying?

Megan: To do the isolation.

Buyer: Ok, so you work in the labs sometimes too, so you would know.

SE: She hears from the lab but doesn't go in.

Buyer: Oh, because my thought, in some ways- I wonder how much of our gestational limits that we process, so to speak are artificial. It's one thing from a scientific standpoint there are good reasons depending on the differentiation of the different cells and how far along and all that.

SE: Yea.

Buyer: There is also the practical consideration of how much time is my tech going to spend looking though the dish to find what they're looking for?

SE: Right.

Buyer: Some providers, we found, maybe they don't have the exact gestational age, maybe they would go as far in gestational age as we would like and maybe not as much of the volume, but they're highly motivated. They want to help, and if they're motivated and want to be creative with their procedure, we've had some

who are perfectly willing to for example, iPAS instead of electrical suction.

SE: Yea.

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Buyer: Start to- you can start to play with those limits a little bit more.

SE: Yea.

Buyer: So, I'm wondering if there's a-

Megan: (inaudible) we have to make a few passes even at thirteen weeks, in order-

Buyer: Right, until someone makes a bigger than a 1.6 millimeter cannula.

SE: It's ridiculous, I'm with you. If we could all start manufacturing that, that'd be great. Im with you, when those first came out, I thought they were going to be amazing. Then seeing it, it's like oh you want to pull it through the needle of a hook? You know, if they would have made the cannulas bigger, that would have been a lot better.

Buyer: Tell me if you've got this one, from any of the clinics, asking if you can do their waste disposal.

SE: Oh yea, tons. Actually I was just talking about that this morning. Yea, when all the stuff happened with Planned Parenthood and Stericycle and Texas- that huge disaster that happened, we heard from everyone: "Could you do this?" I'm like wow, we're not in the bio incineration business. That's a huge state licensing issue, I mean semi trucks picking up at facilities. I'm like ugh, we just need this, and you're asking us to pick up this, it's like, yea, it's a lot.

Buyer: Their problem on to us. Just like I said to Deb.

SE: Yea, it's a lot. It's a lot. So, that's great. I'm sorry what's the range you said, one more time? I'm going to write this down so we can start to get an idea of what we're thinking.

Buyer: I think it could be as little as three, as much as ten. But,as far as gestational age that you guys would want for liver, what are your hard limits?

SE: Three to ten, what do you think that would fall in?

Buyer: Well, three would be if we were really talking about hard limit, second trimester cases.

SE: Eighteen and up or something.

Buyer: Eighteen and up. Ten would be of twelve weeks and up, but they're prestine. Intact and all there, just tiny, but it's all there. Yea, and if it were a low other client week for us-

SE: Of the livers you guys are collecting right now, can you sell them all?

Buyer: Well, we only collect what we can sell.

SE: Ok.

Buyer: Obviously we're not going to collect- we're not going to consent all the patients and collect all just because-

SE: Right, just because. That makes sense.

Buyer: We operate drop ship right now. We're not doing banking right now.

SE: Yup, ok. Would you guys be open to- the standpoint is if we were to work out something contractually with you guys, that made financial sense, to say that anything in that range, let's say we elect it to be fifteen weeks or up, livers that qualify for this, just exclusively from that standpoint, would come to us, would you be open to that?

Buyer: Absolutely.

SE: Ok. That's great. So let me think- I'm thinking from the standpoint, fifteen weeks would probably be-

Megan: Yea, even then, I might have some feedback, and we would have to go-

Kevin: Fifteen-five mils?

Megan: Yea, five mills is probably better measurement than just saying an amount of weeks, because sometimes that's off-

SE: You get like super premi because someone's like, not eating. Or, there way like, you don't know what happened. That can definitely be, but yea, we could do some standpoints with that.

Megan: That volume is probably a better mark.

Buyer: I'd like to see from Megan, a wish list maybe, real specific.

SE: So, I'll kind of do an actions us, and for you guys too.

Buyer: I found it's helpful if you can translate into gestational weeks, even though, obviously it's a less precise measure, but it's what the clinics work with. And so being able to be attentive to their practice environment, can sometimes be the difference in the partnership and how they're able to help you. Because if you tell them 5 cc's I don't know if they know what that means, but they do know sixteen weeks. My question is, what is it that your lab really likes? If you could get for them and they say "Oh this is good." Is there a gestational number on that?

Megan: At a certain point, the number of stem cells is going down. After twenty four weeks, the number of stem cells that you can isolate is going down.

Buyer: That really is the window where they're satisfied with what they're getting-

SE: Eighteen to twenty. You're asking like the perfect, ideal gestation?

Buyer: What would make your lab happy? What would make your lab happy?

SE: Another fifty livers a week.

Buyer: Ok, so you can handle that?

SE: Yea. Just so you guys know, on the collection side for us, we're also- as you see Megan out there in the clinic, we're working with almost triple digit number clinics. So, it's a lot on volume and we still need more, than what we do. So, it's a lot. So, I don't think you'll hit a capacity with us anytime in the next ten years. I think you'll feel solid with that standpoint. So, I think, with that you'll feel like doing an agreement with us. It will be consistent growth and our growth has been consistent, and it's going to continue to grow from that standpoint.

Kevin: If there was a metric of, going back to the what those qualities are-

SE: It is.

Kevin: - from a financial perspective (inaudible) they can see displaced five, they have no idea whether or not (inaudible) from being efficient and not putting a lot of resources into something we're not going to (inaudible) and even so, a pretty easy step-

Buyer: Right.

SE: And we've done some good things too, you guys. Nowadays, digital being what it is, if we get a box that's leaking or samples that look awful. You're thinking how did this even get shipped to them? It's a remote site so you're not even there. I gets shipped to us, and we document it well, we could provide that

to you and say "this is how it showed up." So, if there's issues like that, we'll vent those things out. But, like Kevin said, if it shows up and it's hot, any ice or gel packs they were using, or FedEx delivers it three days late those are (inaudible) for us, you know?

Buyer: Well, going into it knowing it has to be financially beneficial for you-

SE: Right, and both of us.

Buyer: Right, and so the problems seem to be providers, making it financially beneficial for the clinics. Everyone has to be doing their job, and that's what I'm trying to find out, is who needs to be doing what, who hasn't been doing what, why has it been a failure financially for clinics or for you, for us. Solving those problems so that everyone is profiting financially.

SE: You feel like there's clinics out there that have been burned. They're doing all this work for research and it just hasn't been profitable for them?

Buyer: Really?

SE: No, do you feel that way? Sorry, that was-

Buyer: Oh, I thought you were saying that- no.

SE: I haven't seen that- I haven't seen that piece either, with that. Some of them, I think it's just a headache they don't want to deal with. You know?

Buyer: What I am finding though, with the people we've worked with, they recognize the potential to be very financially profitable. They're concerned a little bit about the (inaudible)-

SE: Sure.

Buyer: So, they're talking to the right people, making sure- but to me, I just feel like people don't understand what they need to be doing in order to provide to the other end, and then middle men look bad on either side. So I want to hear from you what you want, what you need, what the value of- obviously, intact and livers- but what's going on? How can we do it better or make it easier for you so you're really able to do the isolations, the part that we're not going to be able to get in to-

017000 using StemExpress consent, not Planned Parenthood consent
SE: Yea, I think the thing we talked about tonight- Megan I don't know if you have other things you want to add? from the consenting side you guys are using your own consents?

Buyer: Well, that's kind of gray area right now.

SE: Ok. So, if we provided you a kit, with the consent, you could use that?

Buyer: Is that a StemExpress consent or?

SE: It is.

Buyer: So you're not using the Planned Parenthood consents anymore?

SE: No.

Buyer: And they're letting you do that?

SE: Yea.

Buyer: Because they won't let us! [laughs] I just think that some people are- [Name], whoever we were talking to are just not aware, other people are. That's my feeling, I don't know- because we know some people who would shoot through the roof-

SE: I mean, Planned Parenthood consents are probably ok in some circumstances- you think, Megan? Yea. I mean, Planned Parenthood would be ok, in some circumstances. You know, we know all the people at PPFA pretty well, but I'm sure if it's a standard consent, certified from Planned Parenthood it probably- I don't even remember, I used to actually have it memorized, it's the numbers on the bottom of the form. If it's one of the ones that we know, or you say, "this is the one that we use" and it wasn't written by some random person, it has Planned Parenthood certified at the bottom, with the document control number, it's probably sufficient for us. We just need to look at that piece, but yea. Otherwise, we have our own consents.

Buyer: That could be- I just feel like tha could be really affiliate by affiliate specific-

SE: It is, but you know what? At the bottom you'd be surprised because they changed the header, the body and the language stay the same between all the affiliates. So I can't remember the form number, I can email it to you guys and say "is this the form number?" Most everything nowadays has to be vetted through PPFA. The affiliate puts their own logo at the top, had their own name in the consent, but the language is exactly the same, usually clinic to clinic in Planned Parenthood.

Buyer: Have you spoken much with the affiliates outside of California?

SE: Yea.

Buyer: Ok, because I feel that there's maybe a cultural difference there with the California affiliates versus the ones-

SE: Cultural difference? Yea, I would say that's true. Form wise, you shouldn't see any issue. I mean because Planned Parenthood keeps a pretty tight reign on their organizations, and when they don't, like Goldengate is a good example on how they did away with an entire affiliate in San Francisco because they wouldn't toe the line. So, when you see those affiliates that go outside the ropes, usually PPFA is like "you're done," and shuts them down. They are so critical- I mean, they are the number one most targeted organization for abortion related care.

022000 Cate mentions Lila, "that crazy girl that was at UCLA"
SE: They take so much heat and all it takes, as you guys know, being down in L.A remember that crazy girl that was down at UCLA? I can't even remember her name. The young at UCLA who was going to all the Planned Parenthood clinics- this was, it might have been before- she was going to clinics pretending to be pregnant-

Megan: Oh yea.

Buyer: Yes.

SE: -taking pictures, going to multiple clinics, what was that? Like five years ago? Four years ago? It's since we've been around.

Megan: Yes, because it's a big topic.

SE: It was a big topic. I can't remember the name, Mary something, some catholic girl from UCLA-

Buyer: It's always the Catholic ones.

SE: -massive problems for Planned Parenthood. They had to fire entire medical staff and medical directors down in L.A. because of it.

Buyer: Oh my gosh.

SE: Yea, it was this huge thing. She would go in and try to get the staff to say something wrong. They would wear hidden cameras so then, when they're consenting here, she'd say "I'm not sure I want to have an abortion" right? She'd be saying all these things, "but my boyfriend beats the hell out of me" and she'd give these huge cases and one of the staff would say "you know maybe if you don't feel right about it with this guys, maybe you should go through with it." Boom she would take it to the news station, Planned Parenthood's staff convinces me to have an abortion, and just blast it all over the news and just-

Buyer: That's the headline that everyone is afraid of-

SE: I'm sure. Totally, yea. I'm sure that they're looking at it from that standpoint with it.

Buyer: And the congressional hearings, Roger Evans was saying "I was there fifteen years ago when-"

SE: Yea.

Buyer: So that's just- on our part-

Megan: Making sure that everybody feels comfortable-

Buyer: Just under layers of protection. That we are all operating the same way-

SE: And for you independence, they'll be happy that we have a firm that is certified by an IRB. Right? So, they'll be like, oh great." Right? And Megan has the whole thing with the kits that has the form in it. Which makes it easy, but for Planned Parenthood, as long as it's an acceptable form that would qualify for us, that would work.

Megan: There are protocols that we could send over with the media and how we want it stored-

SE: I was thinking too from the standpoint of having all the conical tubes prepared.

Buyer: Right. It sounds like- from what you were saying, that the StemExpress protocol would be to- or the inclusion requirements for StemExpress would be to drop it in the tube and see if it floats. That's the inclusion factors for you guys as opposed to the specific gestational range.

SE: Yea, and so we get this- we've had issues, I'm assuming you guys- when you have researchers that request blood samples, then you're pulling the blood tubes and sending it with the samples, is that what you're doing? Yea, so on our side, with these samples, we would just want the same thing, blood tubes sent with it and we just provided that in the kits.The little blood tubes are in there, it's as simple as can be with that side of it.

Buyer: So can't imagine that what you require- help me here- what you need is any different than what researchers would say- It doesn't sound too quantitatively different ok. You're going to (inaudible) all that. That's not going to be hard for you? Could we help you with that?

SE: No, it's fine. We have standard kind of metrics that we found were doing things, it's helpful to have our own staff- so yea.

Kevin: Training? With your clinicians, have you spent any time with them on-

Buyer: That's what I feel is the most important thing right now-

SE: And [Name], you can handle that?
Buyer: Me and our techs, yea, we do it.

Kevin: (inaudible)

Buyer: Definitely, and we're fortunate to be working with sites right now that are high volume and have some experience doing tissue procurement. It's not a new thing, it's just like getting up to speed, like yea, this is important-

SE: And are the tech that you have are they based out of L.A too, or just different places?

Buyer: Yea, fly them out.

SE: Ok.

Buyer: What are your concerns, Kevin? What are you thinking about?

Kevin: No, I'm just curious, this is sort of Megan's domain, but you see a lot of various skills and capabilities and it's dependant on the mission or purpose of the clinic. If they're indifferent to what happens downstream then-

Buyer: Uh huh. Right.

Kevin: But if they're a little broader view then (inaudible)

Buyer: Phone calls too, it sounds like you get phone calls or complaints. So on our end, maybe training (inaudible) is that something that you want?

Kevin: (inaudible)

SE: Yea, or Megan will look at the paper work and say that they didn't fill anything out and say we don't have any information on this, you know? So things like that, you know? It makes it hard for us to do anything with it.

Buyer: So there are remote sites that you're not necessarily supervising what they're doing?

SE: Yea, and you know, relationships like what we're talking about from the

standpoint of-

Buyer: The only complaint so far is- it was just a nightmare to say yea, we have this and then not be able to supply it. As for quality, that hasn't been a problem-

SE: Was it a volume issue? Or was it a one request-

Buyer: It was a volume issue, yea.
SE: So they wanted "x"per day and you couldn't get "x"-

Buyer: This was a private practice physician and yea- that's when I realized we need to go out. We need to contract with people who can deliver what they're saying, and I have to give credit to [Name] for the training that there hasn't been anything where people have said, "you can't use this"

SE: That's great.

Buyer: You can use it, it's good quality. But for people who promise and can't deliver- I just don't want that to happen.

SE: Sure.

Kevin: What business do you get with some of these other tissues?

SE: I was just about to shift that way too. I was going to shift off that topic as well.

Buyer: We have not done as much with cadaver tissue, the relationships are there with some of the hospitals to do it, but as my background is more in the regenerative medicine field, the conferences that I frequent and the networking that I'm doing to bring in those clients, that's just happens to be where the focus- we do a lot with adipose tissue as well, actually. We have relationships with a couple different cosmetic surgery centers, in Southern California-

SE: Sure, it's Southern California.

Buyer: Exactly. Exactly. There's an interesting -

SE: Do you offer to be like a person that they take it off of? I'm willing to donate!

Buyer: Everybody says that joke.

Buyer: Would that be next to your donation center with the bone marrow?

SE: Exactly. Your own adipose tissue here, just come on in. No charge.

Buyer: Can you imagine, "we'll pay you to -"

SE: Oh my gosh. We'd have staff fighting for a position. They don't fight for that position for bone marrow collection, let me tell you.

Kevin: Path tissues? Disease, sort of-

Buyer: It can be that, it's the same situation, we know the people in the path lab in the hospital in Long Beach, if there was a specific request,we could do that, but if-

SE: What about blood samples from like, I'm thinking about the MML's. AML's, sort of the multiple myeloma samples. People with AML or leukemia or any sort of cancerous related blood samples?

Buyer: There was a cancer treatment center that we were working with, for a time to get biopsies for a client who wanted that. I don't know if that's where we would go, maybe just to a hospital for that.

SE: Maybe, something that we could do is put together a target list for you. ANd then you can say, yes, no, maybe in the future, we can work towards this, maybe take six to eight months to get online.

Buyer: Mhm. Right.

SE: Something like that, just so we can-

Buyer: The feeling like there's a need-

SE: Right, because people come to us and we're like "oh, we didn't know there was a need."

Buyer: Exactly.

SE: Get ready for it tao take a year to get this together. We try to rally look at it- we're going to send you things like requests, they're not one off. That's my favorite, one off and saying request, well we could spend a zillion hours trying to do one request. We're gonna gt p send you things that we know consistently if you can provide us "x" we know we can consistently buy it from you.

Buyer: Mhm. Right. Ok.

SE: Because I get where you guys are coming from in that space and so it's like you know, it'll be something that's consistent, not something you have to work for to sort of have just one in six months. You know, so yea.

Buyer: What can you- what cells are you isolating aside from other than fetal

liver progenitors right now? are you doing any neural progenitors.

SE: We get requests, we've have all sort of requests, you know, RNA based and that's the other things i guess, I don't know if we want to look at if they're getting requests that they can't fulfill, if we want to look at, you know some sort of fee associated- we could provide you some fee transfer with that. LIke if you have a client request something that you can't get-

Buyer: Oh, like they come to us asking for a cell isolation-

SE: For "x-"

Buyer: We don't do that-

SE: Send them to us and we give you some sort of percentage, I don't know. Make sense from that front?

Buyer: Absolutely.

SE: But we've had all sorts of requests, DNA, RNA from neural tissue, any others?

Buyer: I asked because on the humanized mouse front that is coming down the pipe in kind of an exciting way, there's more that's starting to be done with neural engraftment and the places that could go. It's quite exciting.

044000 neural tissue discussion
SE: As you probably know, one of the issues with neural tissue, it's so fragile. It's insanely fragile. And I don't even know—I was gonna say, I know we get requests for neural, it's the hardest thing in the world to ship.

Buyer: You do it as the whole calvarium.

SE: Yeah, that's the easiest way. And we've actually had good success with that.

Buyer: Make sure the eyes are closed!

SE: Yeah! [laughter] Tell the lab it's coming!

Buyer: Yeah.

SE: So they don't open the box and go, "Oh God!" [laughter] So yeah, so many of the academic labs cannot fly like that, they're not capable.

Buyer: Why is that? I don't understand that.

SE: It's almost like they don't want to know where it comes from. I can see that. Where they're like, "We need limbs, but no hands and feet need to be attached." And you're like, ? Or they want long bones, and they want you to take it all off, like, make it so that we don't know what it is.

Buyer: Bone the chicken for me and then we'll—

SE: That's it.

Buyer: And then I'll eat it, but.

SE: But we know what it is. I mean, [laughter], but their lab.

Buyer: But then it goes to that whole stigma.

SE: Oh yeah. And their lab techs freak out, and have meltdowns, and so it's just like, yeah. I think, quite frankly, that's why a lot of researchers ultimately, some of them want to get into other things. They want to look at bone marrow, they want to look at adipose- sort of adult human, kind of adult based sampling. They want to avoid publishing a paper that says it was derived from fetal tissue.

048000 talking about clinics and remuneration
Buyer: It can be a time and a half just reading through the material and methods section trying to figure out what they did, how they did it and where they got the material. Because they don't want to- what I'm saying it relates to what I work with, with women (inaudible)

SE: Yea.

Buyer: Are they not seeing the positive that they're doing? Do they not see the profit? Do they- I just don't understand that.

SE: I don't know if you guys have seen this, some clinics are very anti- receiving remuneration too, I don't know if you've seen that. They need money, they're also a little nervous about receiving money.

Buyer: They're nervous, I wouldn't call it "anti." They're just careful.

SE: Yea.

Buyer: They need to be very carefull, they need to have their attorneys make sure that they're saying it right, that they're writing it right-

SE: Sure.

049200

Buyer: -that we're all talking about it the same way. We can't say, "Yes, the bottom line is, we are paying you money for baby parts."

SE: Yes! [smiling] That's it. Right, right. Yeah, you can't say that. [laughter]

Buyer: So, that's why, going full circle, fund Hillary.

SE: Yeah, that's true. [laughter] If she can get in—

Buyer: That signature, that autograph, she can put it on the bill to repeal the federal—

SE: Right! I know.

Buyer: And while we're at it, repeal the partial-birth, born-alive, whatever— get rid of that.

SE: Yea, what do you think?

Kevin: I could see it going both way, and I can see her face making both arguments too.

Buyer: You don't think she's reliable?

Kevin: No, I'm wondering if she'll bring in the political courage to do it.

SE: Yeah. [...] She's a Clinton. [winks]

Buyer: If anyone could do it-

Kevin: There's a lot of people who could do it. It's will they step up to the microphone?

Buyer: Will they get a backbone. We could procure that for them.

SE: I remember when Obama was running and I was so sad when Hillary stepped down and I know that it's a huge success for him to get where he has- I just remember when Hillary stepped down and he's up there at the podium you know, "we will bring back troops from the Middle East within-" I think it was six months? I think it was originally six months. We're still there eight years later right? I still remember him saying, I said he doesn't even understand what he's saying. You couldn't even move the tanks in six months. I read a TIME magazine article that showed what it takes to move one tank, one tank, from the Middle East to the United States. You can only put it one one plane, with a jeep behind it, and there's something like seventeen thousand tanks. So with the amount of tanks that we have in our arsenal, just doing this. It would take like three and a

half years. Right? If all they did was this, back and fourth. That's the problem, and a lot of times they leave it, and then these militant groups seized it and then use it so. It's really incredible and a sad process.

Buyer: What happens when you have religious extremists, a Taliban or what have you, whether it's the Afghan Taliban or the Lebanese Taliban, my family, or the American Taliban, that all our friends have to deal with here, that's what happens.

SE: Yea, it's true.

Kevin: (inaudible) dominate the world.

054000 other adult samples available
SE: Right. So, on the path side, we'll send you a list on that. Also from live donor- or other source of sample base, I noticed you guys have on your website, bone marrow. The bone marrow side, what can you get on that-

Buyer: It's a hospital based donation.

SE: What are you collecting size wise with those?

Buyer: Last time we did bone marrow was probably a year ago.

SE: Ok.

Buyer: That's definitely- we're doing mostly adipose tissue from the cosmetic surgery centers and fetal tissue from Planned Parenthood.

SE: So, those are the two prominent- ok.

Buyer: There are other avenues, there are other possibilities, if you want to know about like now, versus the future, that would the now future break down.

Kevin: What I would suggest you know, something along the lines of a supply agreement for anything that you may be able to procure that fits the cirteria that we'll supply to you, we would take everything that you could in those paramenters. I would say very simple to move that out, we could provide a terms sheet for us to go back and forth.

000500 Cate suggests sending StemExpress kits to [Company] to collect initial try-out samples, "charge us what you normally would"
SE: You know what I think that would be great if you guys are open to it. Due to timing and part of our due diligence, I would say is if we could send over some kits. You guys open to that, we could send you some kits, while Kevin's working

with you guys digging through the language and figuring these thing contractually. But it would be great to just get you guys some kits and get some samples so we could look at them. Even if you guys charge us what you normally would, while-

001000
Buyer: I was going to ask, what do you normally pay for a fetal liver from one of your sites?

SE: It varies drastically. I mean, what would you want for it is the easiest way? I think initially whatever you would charge to do some test samples is what we would do, while we're sort of figuring out contractually what we'd do. From that standpoint, what would you want for it?

Buyer: Your call- Oh, I hate this part.

SE: No, whatever you need. Just say "what I'd want" Just fair with yourself with it. I just think for us to test it, for us to make sure on our side, it would be our due diligence.

Buyer: And would I look at this as kind of a test period?

SE: Yea.

Buyer: To make sure we can satisfy you-

SE: One hundred percent.

Buyer: -and that it's profitable for you and profitable for us. Everybody goes away happy, that's how I'm looking at this.

SE: Sure. Yea.

Buyer: What am I charging you? What are you looking for? Give me specifics and then we can settle on price.

SE: Yea.

Megan : We could be a customer trying to buy from you guys and-

003300
SE: Whatever it is you normally charge you customer for that, you don't have to give us any special discount with it. Just from a standpoint of actually testing it-

Buyer: You know what? Being a business woman, I want to give you a discount, because I want to keep you happy.

SE: Sure. Sure, and I appreciate that.
Buyer: And, I appreciate what you do. I'm willing to take a little loss, quite frankly, this year has been extremely profitable, beyond my dreams.

SE: Good.

Buyer: That's why I can dream those bigger goals. So, discount, I'm ok with that.

SE: Ok.

Buyer: I see how profitable it can be (inaudible) I see you're still standing out there, how can I support you.

SE: Yea, thank you I appreciate it-

Buyer: Tell the money lady, I don't care.

SE: Ha. Money lady. Yea, [Name], I'm assuming you probably put that together. So if you just email Megan, "hey this is what we're comfortable with." Once you guys get home and talk about it over your flight. Then, Megan can get together a P.O. to send you and we'll get you the kits. We'll work on that in tandem with-

Buyer: Yea, you do all that. Im the one that says what goes, they can yell at me all they want. Stop scoffing and rolling your eyes.

Kevin: Oh no. I work with her, I know what you're saying.

SE: Not technically.

Kevin: I'm used the [snap] [point] Here's your coffee.

Buyer: We speak the same way, I want to keep you happy, if somebody tells me "oh hey we're going to lose money" so what, because I know what I want to do, and I know where this is going- I'll tell you in five minutes where this is going, it reminded me of Linda.

SE: Oh, Linda Tracy?

Buyer: Can we talk about-

SE: Yea, I want to hear, tell me the stories, I want to hear.

Buyer: Ok, but we tell you our story-

SE: I have to tell you mine? Ok, because I've got them.

Buyer: No, that is not nice- well because, I've been drinking all night-

SE: [Name]'s like I've had three glasses of wine, I'm telling this story.

Buyer: We had a run in with them, but they were- I'm just saying, keep your voice down.

SE: Yea, let's hear it.

Buyer: So, you used to work for them, you told us.

SE: Yea. 2001.

Buyer: You did?

SE: Yea.

Buyer: How did you, well how was that?

SE: Yea, it was an experience-

Buyer: And not a good one, I would imagine.

SE: They're really, you know, this was back in 2001 and it was- I can't believe how long ago it was, was that fourteen years-

Buyer: It's still like it's 2001 or 1980, right?

SE: Yea, is that fourteen years ago?

Buyer: Tell me if I'm wrong, I don't see them as team players.

SE: They're absolutely not.

BUyer: Am I getting the right vibe?

007000 tell us about ABR
SE: Yea, you're totally getting the right vibe. I think that's why the clinics end up not wanting to work with them. The ones that have, have been doing it a long time, and they kinda ain't moving because they've developed such a strong relationship with them. Yea, they are- I'll say it from this standpoint: When I worked with them, in that space, I moved from the hospitals up to Northern California, working with transplant banks and I saw them hosting a job offer for

people that are procurement based. I was like "well, I'm great a procurement, I can do anything procurement capacity. But it was really a- they're really small, they're twenty- I feel like they were twenty years, years ago. I don't know how many years, they've been this now. Twenty five, maybe thirty? A long time, I would say, they're most at most, five people. They're really ok with sub par and-

Buyer: No vision, am I-

11800 Cate: "It used to be they did not pay anything to the clinics for 20 years."
SE: In part, they're just not a supporter of the clinic the we are a supporter of the clinics, the way we're a supporter of clinics. They are- you know Megan and I were chatting about this at one point. The clinics work for them, it's not the other way around. They don't really give back much, as far as the clinics are concerned. They haven't given anything to clinics for like twenty years. They were really about the "you give to us, and we take mentality." Just no good partnerships, they're not good partnership breeders. Yea, so that's it, when I see them I'm like, you know? That's about the distance, it's about that far away, for that capacity. You know, we're so much more the advocate, we're like the total pro choice advocate, NAF supporters, we sponsor events, we sponsor NAF, we give money to these organizations. Were totally committed to everything, with supporting the clinics. I mean a clinic manager recently donated money for support, we're just totally, all in. They are just so not in the realm.

Buyer: I feel like they're out. When you say all in, I feel like when I was talking to- what's her name? Linda?

SE: Did she come up and actually talk to you?

Buyer: I just went and talked to her-

SE: Good for you. Did she kind of stand there and do this?

Buyer: Oh Linda- could you do that again? Yea, there it is. I didn't understand it.

SE: It's very um- I know. I don't know. it's just kind of their way, their business culture. It's just kind of who they are with it.

Buyer: (inaudible) and that's our story.

SE: Really? Are you serious?

Buyer: Yes.

SE: Was she rude to you?

Buyer: Yes I think so.

SE, Kevin: (inaudible)

Buyer: No, but looking behind it, I went away analyzing it like "was I weird" She was criticizing me because I didn't know every facet of my business. I said "No, I don't, and I'm willing to admit that, that's why I hired good people. So, that was the (inaudible) it didn't go well. I approached her with, I would like to (inaudible)

SE: It's so funny that you would even think that, so Linda is so disconnected from the science. Like, entirely disconnected from the science. I know, that's why you're looking to him for help on the science end and she's totally disconnected on the science side. And Perrin-

Buyer: No wonder she was asking me so many questions about the science side.

017000 Perrin [Larton] has one foot out the door, has for years
SE: Perrin is the only one that knows anything about what samples are being used for. Een Perrin has had one foot out the door,has been for years. It's just-she has a totally separate business, she is totally elsewhere. It's really disjointed and yea, so you know, if StemExpress became successful because our growth grew and the organizations really looked at us like champions. Yea, I had a run with Linda, last year at NAF. So Vicky from NAF, she's sitting there, and they're such a believer in us, and we are such a believer in them and we're so passionately supportive of each other in the space. Linda came up and I'm just talking to Vicky, and she's just giving us huge praise. I'm talking with other clinic managers and here comes LInda. She stands right here, like right here next to me. And she's like, as if she was this close. And doing this, looking at Vicky, looking at me, and just stands there. We're just having this nice dialogue, it was super unprofessional and I'm like, ok. So, Vicky is like totally ignoring her, and she keeps engaging with me. I'm really uncomfortable by her being six inches from my face. I'm standing there talking to VIcky, and I"m just like "well Vicky, I don't want to dominate any more of your time. I can see someone is here to talk with you." Linda's like "thank you" and kinda just pushes in. Vicky's like "I don't have time for this, and turns around and walks away."

Buyer: Wow

SE: And just totally ignored Linda. Linda is like "wait, I just need to talk to you about this. You're such a promoter for StemExpress, we've been here-" and Vicky just kept walking. She just didn't want to hear it, and I was like-

Buyer: Wow. At least Vicky sees, she knows what's going on.

SE: Yea, I think that's the thing um-

021000 good ties with NAF, PPFA
Buyer: Do you feel that support from Cecile [Richards] and from Deborah [Nucatola]?

SE: Yea, oh yea. You know, everyone at PPFA. I just think that you're in the cause or you're not. If you're not in the cause, they don't need you around. They need champions and if you're not a champion, then you should go. That's just- I don't know, the clinics are very guarded, as they should be. Who do they let in their house, they let champions in their house. Right? I think it's that same concept and ABR has just never understood that. I think that's sort of the downside to them.

Buyer: Maybe- that's similar to a conversation we've had with Deborah- both Deborah's actually- if we can partner with PPFA directly. I saw we very inclusively, so that it's not affiliate by affiliate, but it's coming from the top and it's all locked down in a very professional, safe sort of way. So that nobody- to take some of the anxiety out of it, some of the nervousness. Some of the people being anti-remuneration, or nervous about remuneration or how ever we want to phrase it. That's what I got from Deb not Nucatola, the other one- from CAPS. They're kinda taking in all the anxiety on a national level. Why not, if we can help alleviate that from them and get all our ducks in a row, and let it go from the top, down. They said there have been ideas a couple years back, and it didn't pan out.

024000 are you guys set up as a non-profit or a for-profit?
SE: I think it's- it's almost like you're asking for an endorsement, right? It's not, but you sort of are because you're asking them to spread that conversation. I think it's really hard, Planned Parenthood has been so burnt in the past, I think that some of their folks are just like "oh," you know? I don't know- how are you guys set up? As a non-profit or a for profit?

Buyer: LLC.

SE: Yea, us too. So, I think that's a little bit-

Buyer: You see that as a negative? You do?

025000 ABR can't do non-profit right at all
SE: You know what? Honestly, when I started the company, if I had more money I would have probably done it as that. But, it's expensive and it's a lot to maintain and then of course, there's people like ABR who don't do it well at all.

Buyer: So, why not learn from each other and help each other? I don't think Linda gets that.

SE: Here's the thing, quite honestly, I used to go into this argument. **So ABR is**

not for profit and wasn't paying any of the clinics, was funding places in Hawaii for themselves. All sorts of things, and I would go into the clinic, and they would go "oh you're for profit? ANd you want to pay us?"

026300 Cate to clinics: "I want to give money to you guys"
SE: So, I'm like "I wanna pay you, she doesn't want to."

Buyer: And she has a place in Hawaii.
SE: I'm like " I want to give money to you." You know? And they would say,"yea, that is kind of strange." Right and I pay tax, that actually donates, ends up funding programs back to you guys. No tax, no payment. Tax and payment. They're like "oh that makes sense.' Literally, you can't put that on a for profit component. It's are you doing right by them or not? It's an easy argument, but from a for profit standpoint, they do have tax implementation. Sometimes taking money from a for profit, that can get scary for them and sometimes, these things come up. But again, in those capacities, we're the ones paying tax, folks. If you're getting grants, if you're getting federal money, we're actually paying for that. I think that's an important distinction and I think sometimes- for a long time, it's that argument right? If you were not for profit you were better to work with, I think that's-

Buyer: Do you think they learned their lesson?

SE: I hope so, but there's still people out there that think that way. You know, it's- I look at some of the hospitals locally that publish some of their numbers. You know, they're not for profit, yet they net one hundred and sixty million dollars a year. I'm like, "they don't have to pay tax." I think it's- I don't know, I'm hating the nonprofit realm too hard. I think it's really good for the right people who use it, but there's a lot of people who abuse it. You have to kind of weed that out, hopefully people are weeding that out better when it comes to ABR (inaudible) yea.

Buyer: Thank you for- that's good information.

SE: Yea. I think it's- I don't know, I'm just kind of amazed when I run into clinics in the past who have worked with ABR. They're like "well, ABR is-" or they would have called and talked to Linda, and know we're talking to them too, and they're like "well, Linda, she's a nonprofit." I'm like "Ok." Ask her why she's not paying you yet.

Buyer: They don't connect the dots, is that what you're saying?

SE: Some of them do and some of the don't, you know? I try to say, in the past, different things. Id say "gosh, look at the things they're selling to researchers." At the time, we were less, and I said we're paying clinics and they're not. You've got to ask yourself some questions here, you've got to think past these things. I try to tell them that, you know, if they still want to work with them, then they do. I try to

educate from that perspective, don't let that be the thing that closes the deal, in that capacity.

Buyer: So I think this is for us. What I take away from this is be careful with how you talk about things with them? Is that-

SE: Yea, like with clinics or ABR? Who's them?

Buyer: With clinics, I'm not talking to ABR. We're done with them. I had one, last conversation with Linda, it was not pleasant.
SE: She's really crass, and can be pretty aggressive in that space. I think that clinics kind of feel it, they're kind of over it. I think they were really refreshed when we came along. Like with you guys, I think they were like "Oh, finally there is somebody else." I think they were pretty happy in regards to that.So, yea, any other things we need to-

Kevin: No, I think that (inaudible)

Megan: (inaudible)

Buyer: Definitely.

SE: Kevin is the very handy paperwork guy, he helps me from that standpoint. Who do you want him to work with on that side?

Buyer: I'm going to ask [Name]- Yea, start with me and I can make the connection with [Name], who is our contact administrator and also with Phil the attorney, I think that would be best, yea.

Kevin: We'll just with making sure the business side makes sense, that we understand what you need, and you understand what we need and that it makes sense in the laboratory (inaudible) I think the first thing is to get a PO together so we can-

SE: Yea. Just think about it, whatever you would charge someone else, it's fine. We'll just- just do what you want to do with it. But, the thing is- just do that and we'll initiate kind of a due diligence thing. If we do, do that in tandem we're going to get it done a lot quicker, and so Megan, you start working due diligence on all the samples coming in. And then, Kevin will work on the paperwork side and we'll get it done a lot faster.

035500 lawyer knows how to handle remuneration issue in contracts
Buyer: And I'm sure at this point you're probably comfortable handling the language around transfer, and remuneration and how that-

SE: Yea.

Buyer: The layers that need to be there.

Kevin: Yea.

SE: The human acts and all the references leading up to- it's good on that front.

Buyer: And finally, if you're ever not happy, if there's ever something you need that we can do. Not that we can do but that's not good for you- I mean, that we'll talk.

SE: Yea, that's perfect. We're really transparent that way-

Buyer: Yes, we are too.

037700 water in one clinic was contaminated
SE: There's no issue on that front- sometimes we can't even figure out why things go wrong. I'll tell you, at one clinic we found- this was a long time ago. I was gonna say that we've actually found clinics that was using water in the dish, and their water was actually contaminated. We found that we were chronically getting things from a clinic with contamination issues.Found out when they had the water tested, it was contaminated coming out of the pipe. So typically we're pretty good at saying something's going on, it's out of the norm, let's track it down. We're a scientifically minded group so we're not like "Oh my god, what's going on?" Something's going on, something's not following a normal pattern, range, sort of out of conformity. So we're pretty mellow with that. Yea, Megan's got a new baby, did you see him? He's super cute. Is there anything you want to add?

Megan: No, I think (inaudible) so as soon as we get a PO, I can send those kits out over night.

Buyer: Thank you so much for taking my comments and questions and all that. Wonderful, thank you so much.

SE: Yea, I know, it's so challenging with a new baby. It's like "for goodness sakes." And Megan, when she went on maternity leave, we're like "oh my gosh." Because she does a lot. Yea, she's great, she's been with me a lot of years so. So yea, other things we need to-

Buyer: Contamination in the water, ok so-

SE: Yea, can you believe it? It's like- the city came out, and a lot of times they're using clean water throughout, containers, rinsing, they're doing all these things and rinsing, rinsing, and they blast it with water in the dish-

Buyer: Why do they do that? It doesn't make sense, if you're trying to see if everything is there, why would you put a hose in here, you know?

SE: I know. It's incredible we-

Buyer: Is it the stress? Are they trying to get the stress out? Where does it come from- it's a training thing, [Name] was telling them, gently. They just don't get it.

SE: No, they don't. You mean like this? You know what I mean? You're like "oh god." I think that some of them- I don't know.

Buyer: There's a liver, right down the drain, thank you.

Kevin: Is there something in it and that's why they're blasting the heck out of it? Is there too much blood?

SE: They like to get all the red water out, which is why they're using the straining it, draining it, blasting it, straining it to get that out. Because they can see it and put it on a light tray and say "oh look, everything is complete." Then the physician can come in and say everything is complete. The issue is, they're so disruptive. Their are so many way you could do that without being damaging.

Buyer: Yea, just run it- rinse it, don't blast it, rinse it.

SE: It's like taking delicate china and taking it to your front lawn and hitting it to get that out. See how many chips you can get to come off the porcelain, you know? Get your pressure washer out and see if you can clean the dishes.

044000 "There goes a thousand dollars down the drain" "We should tell them that"
Buyer: I was standing back watching all this, keeping my mouth shut, like "there goes a thousand dollars.There goes a couple thousand down there." Oh my gosh.

SE: It's incredible.

Buyer: Maybe that's what we need to tell them. You guys are flushing money down the drain.

SE: We already told them, we already told them.

Buyer: What is their reaction to that?

SE: I mean, it depends on the clinic, it depends on the staff, it depends on the stain.

Kevin: (inaudible)

SE: Thank you. It depends on the clinics, it depends on the staff. If you're in with enough people at the clinic level, they're passionate. They're not like one foot in, one foot out on whether they want to work with you. If they're kind of on the fence and you ask the lab person to do something different, the lab person is going to go to the manager and say "they're asking me to change everything." You know what I mean?

Buyer: (inaudible) I was told the medical director, or what is her title- was that Missy or was that Savita? Maybe both, they were so eager to get us in there. Whatever you need, top dollar, we're going to make this profitable for you and your clinic, and they're very eager, very happy. I told them you're eager, you see potential but once the honeymoon is over, I've seen this- your staff is not happy to have us here and they're flushing thousands of dollars down the drain. So that's when I told [Name] no, we have to train our own people because the money that's going down the drain (inaudible)

SE: Oh, I know. I think that's the thing, it really just depends. It depends on the medical director, how engaged they are. Some of them are like, "I don't care where it's going. I'm here for a paycheck and I'm going home at the end of the day." You're just like "Ok." It just depends on the setting, everywhere is different.

Buyer: I think that's what [Name] means by culture-yea.

SE: There's clinics- and Megan has has there where we're just like "you know? This isn't a good match." We have a vetting out process, because some of them, you're going to burn more wheels than you get any good. So we just stepped away from that. It's not a good fit. From that standpoint, no one is going to make anyone happy right? Then they're just going to complain about how unhappy they are. I think you just have to know your battles and know which ones are the right ones. Actually, there is a number of clinics that we decided not to work with, before we even started. We just started the process and kind of looked at that and said "yea, it's just not." Or they think they do these numbers, and we ask them to look at it and their this high. Or they think they have an amazing staff and we go in and vet it out and actually, no one is working. I think you have to really look at that and make a decision, it can't be yes to everybody.

Buyer: Are you seeing any trends between the independents versus Planned Parenthoods? Your breakdown right now, are things split pretty fifty-fifty?

SE: I think it probably is. I don't know- it is different. I don't think that one has more pro's or con's than the other. I mean, Planned Parenthood has volume, because they are a volume institution. If you're a physician in Nebraska, well, not Nebraska but somewhere else right? Minnesota or something and you're doing

ten cases a day, you know, and you can take your time and do a thorough job and go home at the end of the day, that might be good for you and the tissue would be good. Then you go to Planned Parenthood six blocks away, they're doing fifty cases a day and you couldn't collect one thing, if you tried.

Buyer: Right.

SE: So you can't really go on numbers and you can't really go on that standpoint.

052500 Cecile Richards
Buyer: I have a question, it might be crazy. Cecile Richards, what if she (inaudible) trained technicians in all the Planned Parenthood (inaudible) So her clinics (inaudible) turn a profit. What do you think? Is that too stretching it? What do you think? She's the one that's in a position to do that.

SE: Yea, I don't know what you guys are seeing in terms of tissue requests but I don't know if the volume is high enough to support that. So you know, for comparison purposes, on a given week, or month, however you want to break it down. What's the average number of fetal tissue you're collecting, not including CV? CV is such an outlier. Just ballpark, I don't even care.

Buyer: Ballpark would be five to ten. We're small, five to ten.

SE: In a week period?

Buyer: But the potential could be so much greater. My feeling, talking to some researchers- I think an argument could be made that we're only about five percent of what we could be based on what the material could be used for, and the institutions that are out there. The fact that there are some people on waiting lists for the material that they want to work with, right?

SE: I know. I don't know what you see, but researcher requests we've gotten a lot better as a company, of educating them. "We'd like five week, intact eyes." I'm like "really? How long do you want to wait for those? Two years? Three? And what's your ballpark? You want sixty in the next four months? Let me just tell you , your gestations are wrong. You're never going to- I don't care if everyone in the state donates to you, you're never going to achieve that, in that amount of time." We had to really help them, because it doesn't matter if it's new issue-

000000 researchers are disconnected from procurement process
SE: -researchers are disconnected from the procurement. So they say things like "gosh, we'd really love one hundred mL's of bone marrow from someone with MML." It's like "somebody with MML cannot spare one hundred mL's of bone marrow." You know what I mean?

Buyer: (Inaudible)

SE: So, MML multiple myeloma.

Kevin: Someone with leukemia, and they want their bone marrow.

SE: You can't take that from them. You'll injure the patient.

Buyer: So are they're just (inaudible)

SE: Oh, they totally are, all the time. They'll ask for things that are literally harmful. So really, you have to be able to educate. I think that there is- yea, they're just disconnected. I've heard all sorts of things, people have asked for liver biopsies. I'm like "Ok. Cadavers?"
"No. Human. Live samples."
I'm like "Of live people?"
"Yea, at your donor center, can you guys get liver samples?"
From donors? Like donors coming into our facility? Can we biopsy the liver? Is that what you're asking? Are you kidding me?

Buyer: That's like the dig cell culture.

SE: Like, what are you talking about? We would be super medical malpractice, what are you talking about? They just don't get it, like total disconnect. In the beginning , I thought they knew more about what they were asking. So I was like "oh, yea." In the beginning they would ask for stuff I thought was unattainable, until I found out they were. So now, I think we're better as a company, to say "yea, it's unrealistic, but let me tell you what might be realistic." It's surprising, more of them will probably change their conversation then. Some scientists are like "I'm right. I'm positive that's what we need." You know, it just depends on who's on the other end of the phone, of how realistic. I just think of it, do you want to be successful or do you want to be right? If you're trying to get your work done in eight months and you're asking for something that's so highly rare? Do you guys ever get any requests for genetic samples?

Buyer: It's popped in conversation once or twice at the conference but it's not like-

SE: Let me give you an example, a women carrying twin male fetuses with T21. tricomy twenty one, like Down Syndrome, or Edward's Syndrome, or Huntington's Disease. twin samples thadt are both male fetuses. Sure. Does it exist in the world? Maybe once every three years, right? So, how many do you want?

Buyer: What's the disconnect?

SE: From the researcher's standpoint? I don't think they know what they're

asking. Kevin's got a good science side too.

Kevin: (inaudible) to do this study and then hire a research protocol, then back (inaudible)

SE: So we spend a fair amount of time educating, educating on realism. It's like, you know, I've heard all sorts of requests. What was the one we had? It was Daisy Walker Syndrome a Trico genetic case. I can't even remember what the coding is for the DNA marker. It was so rare that one of our guys looked it up it was like point- likelyhood of it being delivered in the United States, less than one percent a year. And they want twenty five samples a year and they're asking you to achieve something that's not even there could never be enough (inaudible) even if we covered every hospital in the country, there wouldn't be enough be (inaudible) you just have to be able to vet that one out as not realistic, and not set yourself to not produce for them right? Because if you don't produce for them then they're unhappy, if you tell them it's unrealistic, they're like "Oh." At least you did your part to say "sorry, that's not our cup of tea, and we just don't think it's possible to achieve that."

Kevin: (inaudible)
Buyer: Have you ever found yourself in a position to say "You know what? We do know where this comes from."

Kevin: They all say they know where it comes from, it's just-

Buyer: They don't want say-

Kevin: (Inaudible)

Buyer: They don't make the connection.

Kevin: Well between the washing and the sanitizing- what it is and what they remember of it. (Inaudible)

SE: My favorite one, is for human samples is "can you provide it sterile?" I'm like, "it's a human product, it's never sterile, it's never, ever sterile. Do you want us to take the cells and sterilize them? the cells will be dead, just to be clear. Do you want me to put them in a container and nuke them?"

Buyer: Are these all grad students you're working with?

SE: A lot of them are PHDs or postdocs, they just- you know-

012600 digoxin story
Buyer: Sometimes experts are really good at one thing, they don't see the whole picture outside, and it reminds me of the Misoprostol joke I made earlier.

Deborah Nucatola was telling us how they wanted to do a federation wide study of digoxin and whether or not digoxin made it easier to do second trimester procedures. they could not get enough providers who would agree to a randomized study. The ones who used Dig would not give it up and the ones who didn't would not use it.

SE: Yea, and I've seen that happen. If I remember right, San Diego was doing- I'm trying to remember if Deb was still- she's not involved in-

Buyer: PPLA.

SE: Yea, she came out of UCLA didn't she? Deb Nucatola?

Buyer: Sort of.

SE: I can't remember if she came out of LA or Northern California.

Buyer: She's a So-Cal girl.

SE: I think she was always Southern California. She came out of San Diego, I think. You know, what I was going to say, maybe it was the Riverside Planned Parenthood, I can't remember but she- San Diego was one of the first Planned Parenthoods to change the dig rate to twenty-three weeks, and I remember it was a big deal.

Buyer: Oh they went up to twenty-three, rather than earlier.

SE: No Dig up to twenty-three right? They decided to do away with it. They had been doing I think, eighteen to twenty-three at the time. But, there was a number of physicians who felt like it was just toxic to women. Right?

Buyer: Right

SE: Which I would personally argue that it totally is. I mean it's- anyhow, a lot of women have had other problems due to it. Oregon State put out a paper saying women are more likely to have issues getting pregnant later.

Buyer: Because Digoxin is used? Wow.

SE: We've provided some of those papers to physicians in clinics in the past. It's interesting, I think, because the doctors that love it don't want to look at those papers.

Buyer: Wait a minute, let me understand this. DIgoxin can present problems for women to get pregnant later, but the doctors that know that, but love using it don't want to look at that.

SE: Well they argue, what they're going to argue is- they're going to say "I don't want to look at the paper. Well sure the stats are there, what's the likelihood a woman can hemorrhage, the percentages are the same." Well, no it's actually not. But they don't even want to look at it, they just want argue "well sure, if I'm doing the procedure, she can hemorrhage." Yea, but that's actually a much greater- "I don't want to hear it." The reality is the same, if I use dig, is it harmful? Can she hemorrhage? Sure, but it's my profession. They're just not going to want to hear you, you're always going to be wrong.

017700 providers have excuses
Buyer: Yes, they don't want to hear it and I- tell me if you think this is right. They all want to say all the providers- whatever, they all want to say "best interest of the woman."But it's really not that, that's just what they tell themselves. "It's in the best interest of the woman." I hear that almost like a mantra, they have to tell themselves. But if you can get passed that, if you can get passed that, no this is not about the what's best for the women, right? Just read the article, I've read them and I'm not even a science- sorry, nerd. I get it, it's not in the best interest of the women. Quit feeding yourself that line-

SE: There's a great article- Oregon state, did this study, if I can pull it up I'll send it to you guys. It's just been a while since I looked at it, it was a while back. I was going to say Oregon State, I love the research they did. I don't remember the physician that worked on it, but he was great. She basically did some examples where they were injecting Dig into the fetus, days before she did similar examples where they were injecting uh, air. Just did an air injection, it was the same result. It's cheaper, Dig is more expensive, it's more toxic to the woman. he was like "you could use air, you could use alcohol." She was using like one hundred cc's of like, ethanol. Done. Stopped the fetal heart.

Buyer: Wow. How'd she get that passed the IRB though?

SE: I don't remember, I don't remember. Oregon State probably used their own IRB and pushed it.

Buyer: Wow.

SE: Yea, it's just- you're basically saying, we're going to put something less toxic, that doesn't have a large pharmaceutical price tag attached to it, there's no risk because you're using organic products. I mean-

Buyer: That's a poster I'd like to see at the NAF meetings.

SE: The pharma companies hate those studies, they try to bury those studies right?

Buyer: There's no profit in air.

SE: Yea, it's a free resource.

Buyer: The providers are only using Dig though, at the end of the day because they're scared right?

SE: Oh, god yes.

Buyer: Of the federal born alive, partial birth- whatever. Which also makes it complicated if you have others who are willing to do the whole convert to breech and everything like that. The others are like "ah, I'm going to send in my intent statement-" It creates, there's a lot of fear, there's a lot of other- frankly, illegitimate things that are coming in to that space. I don't know, I think it makes everything we have to do a little bit harder.

SE: It totally does, it totally does. I think it's one of those arguments- I can't remember the name of the physician- I'm getting older or my brain is getting weaker, one of the two. I'm trying to remember these doctor names and-

Buyer: Wasn't I just talking about me Alzheimer's don't even let her go there. Don't even start with that.

SE: Who's the doctor who's accredited for Dig, he's out of the bay area? Gosh, I can't remember him, it's Jackie, and I can't remember her last name. It's her clinic in the bay-

Buyer: Jackie Barbic.

SE: Yes, and the doctor there-

Buyer: I don't know any of the physicians.

SE: I can't remember his name.

Buyer: Who- Jacqueline Barbot runs family planning specialists-

SE: In Oakland, right?

Buyer: They're very close with Linda and ABR.

SE: Yea, well, they sit like six blocks from each other. But uh whoever works for Jackie, their medical director, I have to look him up, he's one of the accredited physicians starting Dig. So, I remember having conversations with him, where you're like trying to go to the source who was involved in promoting this to all of these clinics. And,even he sort of stepped down from being a huge advocate for

Dig. So- but it takes time, and like you said, I think a lot of the physicians are scared so yea. When do you guys fly back?

Buyer: Well, I'm going back tonight- late, red eye.

SE: You're heading back tomorrow? Oh, you're hanging around for a while.

Buyer: I'm hanging around for a while.

SE: Do you have anything fun planned?

Buyer: We'll see, there's potential.

SE: Oh, nice. That's great.

Kevin: The sacramento area or the Bay area?

Buyer: The San Jose area.

SE: That's a nice area.

Kevin: Are you native Californian?

Buyer: (inaudible)

SE: I was born in Long Beach hospital. I'm a native Californian too.

Buyer: Did you grow up there?

SE: No, we kind of lived in Southern California for a long time, and then moved to the East Coast for a while. Then back- we landed, I went to High School at Westlake in LA. Westlake, Thousand Oaks area. Then moved up to Santa Barbara and then all the way up to Northern California. I've been all over California.

Buyer: Not a bad place to go right?

SE: It's true.

Buyer: What about you, Kevin?

Kevin: My dad worked for the railroad, so we got moved around like military children. We moved all around the United States, probably until my twenties. (inaudible) I've always been in California.

Buyer: Where abouts?

Kevin: (inaudible)

Buyer: How did you two meet?

SE: Let's see, I guess through Layton?

Kevin: You had- the biotech community is pretty small, there's a cluster near Davis but (inaudible) they use cell separation. So when that ran it's course, I reached out to Cate and things went from there.

SE: Yea, we've got a good team of people, you met two great ones.

Buyer: (inaudible)

SE: Yea, it's cold. The wind comes in.

Buyer: Yea, I wasn't ready for that.

Buyer: Just a gust of wind.

SE: Yea, it's true. Perrin is not nearly as brass, have you talked to Perrin at all?

Buyer: Yea, it's almost like a good cop, bad cop routine they've got going.

SE: Yea, it's true.

Buyer: That's the perfect way to describe it.

SE: And Perrin is kinda the buffer with Linda, who's kind of you know, "shh. Let me talk" kind of a thing. At the end of the day it kind of comes and goes through Linda. I think the clinics feel that and they know- I don't think they have expanded that much, have you popped into clinics- I mean in LA obviously-

032000 ABR and other clinics
Buyer: They have San Diego and they're in tight with San Diego, there's no budging out of San Diego, I don't know who they had to kill- I had such an image, sorry [Name]. I had such an image in Baltimore when I felt was that people who are clients, who are very loyal (inaudible) I don't know-

033700 ABR had paid "advisors" sitting on the boards of clinics to keep the relationship
SE: Some of their- some staff, not that I know so much on the Planned Parenthood side, I wouldn't be surprised, there have been some staff in the past, that have been on the payroll at ABR, there's like, well enough known.

Buyer: Wait a minute, I didn't follow that so-

SE: Like a nursing director or somebody who is like a paid employee-

Buyer: Are they doing procurement or are they just sitting there, holding the fort down.

SE: An "advisory roll." They didn't have to- yea it was an advisory role, but for a long time there was come clinics that were sitting on boards for these clinics, they are also advisors for ABR, they were never going to go anywhere with them, you know what I mean? So, you know, but I just can't imagine those days are still happening. That was like the wild west.

Buyer: That was the old model, don't pay the clinic just pay the one person at the clinic.

SE: I just feel like those days are done. It's just, I don't know-
Buyer: Maybe that's why she's grumpy.

SE: Maybe.

Buyer: Those days of paid condos in Hawaii are gone and so-

SE: Their taxes are public, by the way. Because they're non profit, we can pull their taxes, and we can the Lexus' that are paid for, you can see it's all public.

Buyer: No, don't stop I'm just trying to understand the-

SE: The Lexi-

Buyer: Yea. Like what is- I just didn't understand it, but now I'm getting a picture.

SE: Yea, I just think it's different, yeah I don't know. I know Linda was a nurse at some point, I can't remember for where or for who, I can't remember. Never involved with any clinics like that, never worked with any clinics. I can't recall any of that, I think it was a hospital, but she was a nurse.

Buyer: So her heart's not really there, her passion is not really there. It's just about the money.

SE: Yea, I've never-

Buyer: It's about the condo in Hawaii, it's about the Lexus versus what I'm hearing from you-

SE: Perrin is super passionate about the science side. Like, she is- she's

genuine about it, but I never felt that from Linda, fifteen years ago and it's still the same way. Perrin's in it for the cause it feels like, but Linda never has been, it's always been the feeling.

Buyer: You know, and I do see where the lines can blur especially when there's so much money in it. So it can be tempting to just have- don't you think?

SE: I think it could be, yes. I don't know.

Kevin: Is she lazy?

Buyer: Oh, my gosh, you said that. Well, no-

Kevin: I know a lot of smart people that are really lazy.

Buyer: Oh my gosh, you're brilliant.

SE: He's like, "I knew this."

Buyer: (Inaudible) I don't remember saying that-

Kevin: She's one of the only players in the game, according to her. She gets really comfortable with that after about ten years or whatever. (Inaudible)

Buyer: That's my feeling, I call them a creature of the 1980's. The clinic had to install a fax machine or ABR.

SE: oh yea.

Buyer: Because, that's all they use.

SE: They don't. They don't use computers. Unless things have changed recently, but they don't, they don't even have a website. You know that right? They don't even have a website?

Buyer: Yea. There's maybe an argument for not having website.

SE: Yea, I think for a long time it was like, "we're the only person to come to." I think in some part there is kind of some anger and bitterness towards companies like us making them work harder, maybe the clinics are asking more of them. They're just like "god, the good old days when we didn't have to pay anybody." It was a just totally-

Buyer: Oh my gosh. Like we're-

SE: Yea, like we're raising the bar.

Buyer: Raising the bar, willing to pay for the specimens-

SE: Right, and I'm sure they're like "What?" because it used to be easier for her. You know? I'm sure that's part of it, that's a big piece.

Buyer: Yea, I get it, maybe she won't have the two Lexi- she's down to one. She used to have three condo's she might only have one in Hawaii.

SE: Right. I guess I just feel like, no one's not going to be successful, but I think it's what you give back you know? We're really adamant givers in regards to that, so I think- I'm about paying it forwards, you know? It's a polar differences. But I bet you that clinic had to pay for that fax, I bet you they did. I wouldn't be surprised if they told you they have to foot the bill.

045500 clinics have minimal cost for tissue procurement
Buyer: I don't know, all I know is the medical director was already talking about "Yea, could we work out something different?" They were already unhappy with the relationship. (Inaudible) exactly now I get it. Im like "ok it doesn't cost you that much." Your cost is minimal and we're going to be paying you top dollar and I'm ok with that, no wonder they're acting-

Kevin: (Inaudible

SE: Something's wrong-

Buyer: Yea, and they're acting suspicious, really-

SE: Yea, and I think that's a big piece. ABR doesn't have many clincs-

Buyer: Like six.

047000 Cate says StemExpress has 36 to 60 clinics
SE: Yea, about that. Their reach is pretty small, I mean, ours is like six times that, at least. Maybe ten. I feel like they just- I don't know. I just kind of feel like when you're good to people they're good to you back. "I" doesn't really breed any sort of success, so. I think that's what their struggle is. Someone was telling me, they see Linda everywhere like, at all these clinics. Do you travel around clinics, the conferences and stuff do you see her?

Buyer: No. We were hitting some of the internal PP meeting pretty hard earlier this year, to really network with the medical directors and get in good with them. No sign of them anywhere.

SE: Yea, so maybe, Linda just likes to travel, I don't know. Maybe she's like, I've got a trip-

Buyer: To Hawaii and I'll see ya later.

Kevin: (inaudible)

SE: Yea, she used to take like six months off a year.

Buyer: Wow.

SE: I mean, with five employees, that's like a 5th of- that's twenty percent of your staff. I think when people talk about lifestyle businesses, they're just kind of happy with where it is and just keep it that way. I think that they're pretty unhappy guys at odds with the standpoint of rocking that boat.

Buyer: Ok, how about we agree to disagree about rocking the boat.
SE: I know right. That's the funny thing right? If they were to walk by here and see us having dinner. They would be like "I don't get it, why are you guys having dinner together?" Like, this is why you don't get it. There's just not that synergy of working together, and building strong partnerships. You're just like burning bridges and torching houses. Ok, with that I will stop.

Kevin: (inaudible)

SE: Like I said, I do know- on the positive, I know Perrin is really into the science, she really is. I think that, you know, it sort of stops with her. It's funny because I have researchers that say the exact same thing. "Yea, I really like when I talk to Perrin, but god, I talk to LInda and it's awful." I've heard or they talk to their other staff and they don't know what they're doing. Perrin is great, I've heard that a lot from researchers.

Buyer: That's the feeling that I got, that's why I was shocked when I talked to Linda, it was such the opposite.

SE: Yea.

Buyer: And the positive note is that we met, I'm so thankful-

SE: Me too. Thank you guys so much for coming up here to meet with us too. I know you were in town on business, I'm sure we're pretty far away but I appreciate the drive.

Buyer: Our pleasure.

SE: Next time we're in LA, I will ring you guys and let you know we're headed down there. For sure. So yea, I think we have some good things in front of us, some action items to get going.

Buyer: Do you have a business card with you?

SE: I do.

Buyer: I think that I dropped my wallet along the way-

SE: Like entirely?

Buyer: I think so.

Kevin: (inaudible)

Buyer: I'm not sure.

SE: You don't even want to look right now?
Buyer: You know what? It is what it is, why should I spoil this moment?

SE: Oh, well thank you for enjoying it with us. So we'll be in touch guys? And I look forward to it, and I think we'll create a strong partnership together.

Buyer: Me too. You're the last person standing-

SE: AW. Thank you. I appreciate it, thank you. It was so good to meet you.

Buyer: The next time you go see Hilary, call me.

SE: Oh, I will.

Kevin: [Name], good to meet you.

055000 Cate and Kevin leave
SE: Yea my sister, the other day worked with Nancy Pelosi on this bill for medicare and I was so excited to see her photograph (inaudible) Thanks guys, have a good night.