

EXHIBIT A-1

From: [REDACTED]
Subject: Updated Task Assignment: Procurement Schedule Wednesday 3/20/13
Date: March 20, 2013 at 9:00 AM
To: [REDACTED]

The following task has been updated on the [REDACTED] web office site.

TASK NAME: Procurement Schedule Wednesday 3/20/13

ASSIGNED BY: [REDACTED]

PROJECT: Procurement Schedule

CATEGORY: Procurement Schedule

PRIORITY: 2-Normal

STATUS: 1-Not Started

ASSIGNED TO: [REDACTED]

VISIBLE TO: Everyone

DETAILS:

Liver & Thymus (same donor)/16-20wks/RPMI/Wet Ice/HIV,HBSAG,HCV,CMV/FedEx
Priority Overnight/Mass General Hospital ([REDACTED])

1 SPEC=

IMPORTANT: Please document PO#0005446200 in the reference section.

Liver & Thymus (Same donor)/16-20wks/RPMI /Wet Ice/ HIV,HBsAG,HCV/FedEx Priority
Overnight/UMASS ([REDACTED])

1 SPEC=

IMPORTANT: Please document PO#0006147108 in the reference section.

Liver/18-22wks/RPMI/Wet Ice/FedEx Priority Overnight/ UCLA ([REDACTED])

IMPORTANT: Please document PO#1559NQA55800 in the reference section.

2 SPEC=

This used to be researcher- UCLA: [REDACTED]

Liver, Thymus & Skin (Same donor)/16-20wks/RPMI /Wet Ice/ HIV,HBsAG,HCV/FedEx
Priority Overnight/HARVARD ([REDACTED])

1 SPEC=

**IMPORTANT: Use FedEx account #431793989. Note: THE LIVER AND THYMUS SHIP
TO [REDACTED] AT UMASS AND THE SKIN SHIPS TO [REDACTED] AT HARVARD. SHIP
ALL TISSUE UNDER HARVARD'S FEDEX NUMBER.**

[REDACTED] Research Specialist Melton Group, HHMI/Harvard Dept
of Stem Cell and Regenerative Biology, 7 Divinity Avenue-Fairchild 360, Cambridge,
MA 02138, email-[REDACTED] Phone: [REDACTED]

PROCURE ON WEDNESDAY ONLY- Pancreas/14wks/HEPES with antibiotic/Gel Pack/HIV,
HBSAG, HCV/FedEx Priority Overnight/UMASS ([REDACTED])

2 SPEC=

IMPORTANT: Use gel packs that are NOT frozen but just chilled.

IMPORTANT: Please document PO#0006147108 in the reference section.

Brain /16-18wks/Complete but can be in piecest/Use Client Supplied Media/Wet
Ice/HIV,HBsAG,HCV/Use Clients FedEx Priority Overnight/Temple Univ ([REDACTED])

1 SPEC=

Note: Media contains anti-fungal/anti-mycotic and antibiotics

Researcher: [REDACTED]

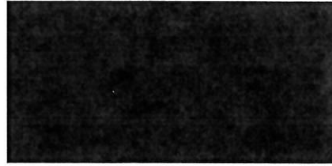
Mid Brain/10+wks/RPMI/Wet Ice//HIV, HBSAG/FedEx Priority Overnight/University
of Illinois at Chicago (Qu-Yang)

1 SPEC=

Researcher: [REDACTED] or [REDACTED]

Brain/14+wks (2cm in width)/Whole brain In-tact or one whole Hemis intact/Dry

EXHIBIT A-2



Procurement Technician Compensation Policy for Tissue and Blood Procurement Effective 01/01/2013

Procurement Fees

- Procurement Technicians are compensated at a rate of \$10.00 per hour plus a per tissue or blood bonus as outlined in the table below:

Tissue Bonus Structure			
# Specimens	Category A*	Category B*	Category C
1-10 Specimens	\$35/Tissue	\$15/Tissue	\$10/Blood
11-20 Specimens	\$45/Tissue	\$20/Tissue	\$15/Blood
21-30 Specimens	\$55/Tissue	\$25/Tissue	\$20/Blood
31-40 Specimens	\$65/Tissue	\$30/Tissue	\$25/Blood
41-50 Specimens	\$75/Tissue	\$35/Tissue	\$30/Blood

*Blood Samples may be obtained with these specimens in which case Category C bonus does not apply.

Please refer to the Procurable Specimens by Category dated 01/01/2013 for a detailed listing of Tissues.

Two or More Procurement Technicians working in Unison

- Procurement Technicians often work in unison so procurements are split equality between the technicians.

For example, if two technicians are working together at the same clinic, and two maternal bloods are procured, each technician would receive \$5 for the Blood Procurement.



EXHIBIT A-3

Client Information for Informed Consent

DONATION OF BLOOD AND/OR ABORTED PREGNANCY TISSUE FOR MEDICAL RESEARCH, EDUCATION, OR TREATMENT

Research using the blood from pregnant women and tissue that has been aborted has been used to treat and find a cure for such diseases as diabetes, Parkinson's disease, Alzheimer's disease, cancer, and AIDS.

You can donate your blood and/or pregnancy tissue after an abortion. Before you give your consent, read each of the following statements and initial the line to the right. We will be happy to answer any questions you have.

Before I was shown this consent, I had already decided to have an abortion and signed a consent form for it. _____

I agree to give my blood and/or the tissue from the abortion as a gift to be used for education, research, or treatment. _____

I understand I have no control over who will get the donated blood and/or tissue or what it will be used for. _____

I have not been told the name of any person who might get my donation. _____

I understand there will be no changes to how or when my abortion is done in order to get my blood or the tissue. _____

I understand I will not be paid. _____

I understand that I don't have to give my blood or pregnancy tissue, and this will not affect my current or future care at _____

Signature: _____

Date: _____

Witness: _____

Date: _____

EXHIBIT B-1

From: **Redacted**
Sent: Wednesday, January 21, 2015 3:19 PM
To: **Redacted**
Cc: **Redacted**
Subject: Re: PO# 60858758

Redacted

Thank you for letting me know. We are now ready to include the skull so if you could please include that in our order for tomorrow that would be great. Just to clarify we are happy to receive one or the other depending on damage/integrity. If there is a case tomorrow could you please have someone contact me with the condition of both the long bones and the calvarium and I will be happy to let you know if we would like one or both.

Page 3 of 10

----- Original Message -----

From: **Redacted**
To: **Redacted**
Cc: **Redacted**
Sent: Wednesday, January 21, 2015 3:23:30 PM
Subject: RE: PO# 60858758

Redacted

I will be happy to do that.

Thank you,

Redacted

EXHIBIT B-2

Redacted

From: **Redacted**

Sent: Thursday, January 22, 2015 12:26 PM

To: **Redacted**

Cc: **Redacted**

Subject: Re: PO# 60858758

Hi **Redacted**

Just wanted to check in and see if there were any cases within our gestation range for today? Need to book some time on the equipment if so.

Thanks,

Redacted

Sent: Thursday, January 22, 2015 12:30:11 PM

Subject: RE: PO# 60858758

Hello,

There is one case currently in the room, I will let you know how the limbs and calvarium look to see if you are able to take them in about fifteen minutes.

Thank you,

From: **Redacted**

Sent: Thursday, January 22, 2015 12:33 PM

To: **Redacted**

Subject: Re: PO# 60858758

Great thank you so much.

----- Original Message -----

From: **Redacted**

To: **Redacted**

Cc: **Redacted**

EXHIBIT B-3

----- Original Message -----

From: [Redacted]

To: [Redacted]

Cc: [Redacted]

Sent: Thursday, January 22, 2015 1:02:32 PM

Subject: RE: PO# 60858758

[Redacted]

The Calvarium is mostly intact, with a tear up the back suture line, but all pieces look to be there.

The limbs, one upper and one lower are totally intact, with one upper broken at the humerus, and one lower broken right above the knee. Please let me know if these are acceptable. I have set them aside and will await your reply.

Thank you,

[Redacted]

From: [Redacted]

Sent: Thursday, January 22, 2015 1:07 PM

To: [Redacted]

Subject: Re: PO# 60858758

[Redacted]

That sounds great we would like both of them.

Please send them our way,

Thanks again,

[Redacted]

Subject: RE: PO# 60858758

[Redacted]

Limbs and Calvarium will be there between 3:30 and 4:00.

Thank you,

[Redacted]

EXHIBIT C-1

DEPARTMENT OF HEALTH SERVICES
Division of Public Health
F-43025 (Rev.01/2016)

STATE OF WISCONSIN
Page 1 of 2

DOCUMENT OF ANATOMICAL GIFT AUTHORIZATION FOR ORGAN AND TISSUE DONATION

I / You, _____ give permission for
(Name of Authorizing Person)

the donation of anatomical gifts from _____
(Name of Donor)

to benefit humanity as set forth in this **Document of Anatomical Gift**. This Document is being completed:

☐ In-person and witnessed

☐ Via telephone and recorded

☒ Copy of document provided

☐ Copy of document to be mailed.

If recorded, a copy of this conversation is available upon request.

I / You grant permission for the recovery of the following Organs and/or Tissues for purposes of:

Transplantation ☐ Yes ☐ No Research ☐ Yes ☐ No Education and Training ☐ Yes ☐ No:

ORGANS		TISSUES	
Heart	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Eyes	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Lungs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Corneas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Liver	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Heart for Valves/Pericardium	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Kidneys	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Blood Vessels (Arteries and Veins)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Intestines	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Skin	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Pancreas or islet cell	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	BONE AND CONNECTIVE TISSUE OF: (includes ligaments, tendons & supporting structures)	
		Upper Arm	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		Lower Arm	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		Lower Extremities	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		Pelvis	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		Ribs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Other organ or tissue donation requests: <input type="checkbox"/> None or Specify: _____			

I / You grant permission for:

- Any testing, examinations, and procedures that may be necessary to determine the medical eligibility of this gift. This includes, but is not limited to, testing for HIV and Hepatitis, removal of adjacent blood vessels for organ transplantation, collection of inguinal/abdominal lymph nodes and spleen, and the collection of blood and biopsy samples for potential recipient compatibility testing.
- The release of any information, including medical information found within sources to include, but not limited to, hospital records, death certificates, and postmortem examination (autopsy) reports, and information relating to HIV and Hepatitis to determine organ and tissue eligibility. This information may be released to other appropriate agencies.

I / You understand that:

- Expenses related to the evaluation, maintenance, recovery and placement of the organs and tissues will be paid by the recovery organization(s).
- Funeral and burial expenses are not the responsibility of the recovery organization(s).
- The donation process may take several hours to complete, and the release to the funeral home or coroner/medical examiner's office, when applicable, will occur after the recovery process has concluded.

Name of Donor

Date of Birth

ID Number

EXHIBIT C-2

Page 2 of 2

I / You further understand that:

- I / you may, by this document, limit the use of the bones or tissues, including skin, that are donated or types of organizations that recover, process, or distribute the donation.
- Donated bones or tissues, including skin, may have numerous uses, including for reconstructive and cosmetic purposes, and multiple organizations, including nonprofit and for-profit organizations, may recover, process, or distribute the donations. In addition, recovered tissues may be distributed internationally.
- It may be necessary to transport the Donor to another location for the purpose of tissue recovery.
- I / You specify the following limitations on the use of bones or tissues or on the types of organizations that recover, process, or distribute the donation.

☐ None ☐ Specific limitations: _____

Initials of Authorizing Person*

I / You have been given:

- The option to receive information about how donated organs and/or tissue were used.
- The opportunity to ask questions about the donation process
- An explanation of donation options in a language that I / you understand.

Having read this Document of Anatomical Gift in its entirety, or having had it read to me, I / you now give this authorization freely without expectation of any compensation:

Print Name of Authorizing person

SIGNATURE - Authorizing Person*

Date / Time Signed

Relationship to Donor

Street Address

City, State, Zip

Telephone Number

Print Name of Witness

SIGNATURE - Witness*

Date / Time Signed

Print Name of Person completing this form

SIGNATURE - Person completing form

Date / Time Signed

Name of organization retaining taped consent

*The person completing this form via telephone should initial the space above as appropriate.

The following contact information is provided for use by the authorizing person(s):

☐ **University of Wisconsin OPO**
450 Science Drive, Suite 220
Madison, Wisconsin 53711-9135
Phone: (866) 894-2676

☐ **Lions Eye Bank of Wisconsin**
2401 American Lane
Madison, WI 53704
Phone: (877) 233-2354

☐ **BloodCenter of Wisconsin/
Wisconsin Donor Network - OPO**
638 North 18th Street
Milwaukee, WI 53233
Phone: (800) 722-8230

☐ **American Tissue Services Foundation**
5940 Seminole Centre Court, Suite #210
Madison, WI 53711
Phone: 888-560-6001

☐ **RTI Donor Services**
8120 Forsythia St. Suite 2
Middleton, WI. 53562
Phone: (877) 733-3700

☐ **BloodCenter of Wisconsin/
Wisconsin Tissue Bank**
638 North 18th Street
Milwaukee, WI 53233
Phone: (800) 722-8230

Name of Donor

Date of Birth

ID Number

EXHIBIT D

The Belmont Report

harm. Such persons are thus respected both by acknowledging their own wishes and by the use of third parties to protect them from harm.

The third parties chosen should be those who are most likely to understand the incompetent subject's situation and to act in that person's best interest. The person authorized to act on behalf of the subject should be given an opportunity to observe the research as it proceeds in order to be able to withdraw the subject from the research, if such action appears in the subject's best interest.

Voluntariness. An agreement to participate in research constitutes a valid consent only if voluntarily given. This element of informed consent requires conditions free of coercion and undue influence. Coercion occurs when an overt threat of harm is intentionally presented by one person to another in order to obtain compliance. Undue influence, by contrast, occurs through an offer of an excessive, unwarranted, inappropriate or improper reward or other overture in order to obtain compliance. Also, inducements that would ordinarily be acceptable may become undue influences if the subject is especially vulnerable.

Unjustifiable pressures usually occur when persons in positions of authority or commanding influence—especially where possible sanctions are involved—urge a course of action for a subject. A continuum of such influencing factors exists, however, and it is impossible to state precisely where justifiable persuasion ends and undue influence begins. But undue influence would include actions such as manipulating a person's choice through the controlling influence of a close relative and threatening to withdraw health services to which an individual would otherwise be entitled.

EXHIBIT E

[REDACTED]

From: [REDACTED]
Sent: Tuesday, February 23, 2016 1:33 PM
To: [REDACTED]
Subject: Fwd: question about tissue

----- Forwarded message -----

From: [REDACTED]
Date: Tue, Jul 15, 2014 at 8:18 PM
Subject: Fwd: question about tissue
To: [REDACTED]
[REDACTED]
[REDACTED]

Hi Everyone,

Here is the response I got from [REDACTED] at [REDACTED] about their procurement procedure:

Once the surgery is completed, the tissue is brought to the 'lab' area. Not really a lab, no hood...just where the tissue is taken. After it gets to the lab and the doctor determines that the procedure is complete, the [REDACTED] tech is allowed to begin procurement. This takes a couple of minutes.

When the tissue is procured, it is put into cooled RPMI and either placed in a refrigerator or in a cooler (with ice packs) while the paperwork is being completed. Once the paperwork is completed, the tissue is put into the transport container containing wet ice, and shipped via FedEx to its destination.

The elapsed time from the surgery being completed to the tissue being put into the cooler/refrigerator is less than 10 minutes.

[REDACTED]

EXHIBIT F

> ----- Forwarded message -----

> From: [REDACTED]

> Date: Apr 17, 2014 5:26 PM

> Subject: tissue request

> To: [REDACTED]

> Cc:

>

> Hello,

>

> Dr. [REDACTED] at the University of [REDACTED] would like to request a

> first

> trimester human embryo, preferably around 8 weeks, and up to 10 weeks

> gestation. We have ordered tissue from [REDACTED] before, so our information

> should be on file. Please let me know if this tissue is available.

>

> Thanks,

> [REDACTED]

>

EXHIBIT G

APPENDIX B

Model Elements of Informed Consent for Organ and Tissue Donation

***American Association of Tissue Banks
Association of Organ Procurement Organizations
Eye Bank Association of America***

Human organ and tissue transplantation has become an important and growing part of modern medical practice. Advances in medical science have made it possible for millions of Americans to receive these life-saving and life-enhancing gifts. None of this would be possible, however, were it not for the tens of thousands of donors and donor families who give their organs and tissues to help their fellow men and women.

The decision to donate must, therefore, be an informed consent, and it must be conducted under circumstances that are sensitive to the consenting person's situation. Information concerning the donation should be presented in language and in terms that are easily understood by the consenting person. The consent should be obtained under circumstances that provide an opportunity to ask questions and receive informative responses. An offer should be made regarding the availability of a copy of the signed consent form, and information should be provided regarding ways to reach the recovery organization following donation. Consent should be obtained in accordance with federal, state and/or local laws and/or regulations. The person seeking the consent should be trained to appropriately answer any questions that the consenting person may have. In addition, coercion should not be exerted in any manner, nor monetary inducement offered to obtain consent for donation. The identification of who may be the appropriate person to consent to donation, and whether the consent of any person in addition to the donor needs be obtained, should be evaluated in accordance with the applicable laws and organizational policy and is not addressed in this statement.

The following list of "Basic Elements of Informed Consent" is intended to highlight the information that may be considered critical to informed decision making by a family member or other legally authorized person, who is being approached for consent to organ and/or tissue donation. This listing, whether communicated verbally or included on consent forms, is not intended to preempt any applicable federal, state, or local laws or regulations that may require more or less information to be disclosed for informed consent to be legally effective.

Basic Elements of Informed Consent

In seeking informed consent, the following information should be provided to the person(s) being approached for consent:

- A confirmation/validation of the donor's identity and his or her clinical terminal condition.
- A general description of the purposes (benefits) of donation.