Tropocells® PRP

# High Concentration Made Simple


THE MOST TRUSTED
PRP TECHNOLOGY

# WHY TROPOCELLS® PRP

Tropocells PRP takes the complexity out of the platelet-rich plasma (PRP) preparation process. It delivers a highly purified platelet concentrate that preserves platelets and removes nearly all erythrocytes and neutrophils that promote inflammation.[1]

### High Concentration
80% (+/- 9%) Platelet Yield + customizable concentrations up to 4.7x*

### Safe & Autologous
FDA Cleared 510(k) Class II Medical Device (BK110035) Non-Pyrogenic - Sterile - Closed System

### Monocyte Solution
86.2% of white blood cells in PRP preparation are monocytes

### Simple, Quick, & Predictable
Small blood draw, easy to use, reproducible collection process

### Low Inflammation
Eliminates nearly 100% of red blood cells and 95% of white blood cells

### Comfortable
Proprietary MNC7 anti-coagulant produces physiologic pH, which reduces irritation[2]


1 Simon M. Chatfield, Nathalie Thieblemont, and Véronique Witko-Sarsat. Expanding Neutrophil Horizons: New Concepts in Inflammation. *J Innate Immun.* 2018; PMID: 30257246 PMCID: PMC6785650 DOI: 10.1159/000493101

2 Ehrhardt Proksch. pH in nature, humans and skin. *J. Dermatol.* 2018 Sep; PMID: 29863755 DOI: 10.1111/1346-8138.14489


*Verified in two published peer reviewed studies. 4.7x achieved by removing PPP prior to collecting PRP. Please contact Transcend Biologics representative for copies of these studies.

# FEATURES & BENEFITS


### Vacuum sealed, internally coated glass tube designed to:
- Prevent platelets from "sticking" to tube walls
- Precisely draw blood at a pressure that prevents lysing of the cells

### Proprietary anti-coagulant (MNC7) modified to:
- Reduce acidity while preventing coagulation of platelets
- Deliver non-activated platelets physically positioned on top of gel

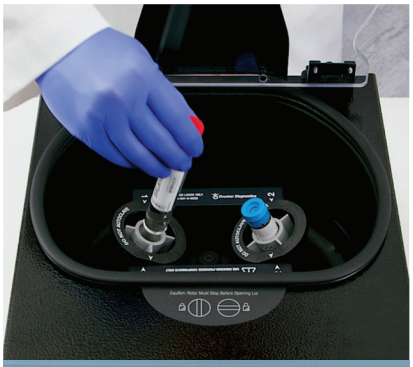
### Separator gel designed to:
- Spare up to 80% (+/-9%) of platelets
- Remove 99.9% of RBC
- Remove 95% of granulocytes

# PRP MADE SIMPLE

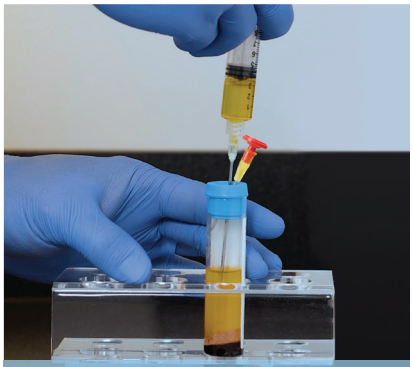
## WITH TRANSCEND BIOLOGICS AXIS CENTRIFUGE

Tropocells® PRP

Step 1: Draw Blood



Step 2: Spin Tube



Step 3 (Optional): Remove PPP

Step 4: Re-suspend Platelets

Step 5: Collect

Step 6: Apply

# 4 FACTS EVERY PRP PROVIDER SHOULD KNOW

1. Platelets release growth factors[1]
2. Cytokines can cause tissue damage[2]
3. Neutrophils inhibit healing and growth practice[3]
4. Monocytes enhance healing[4]


1 Eizaburo Kobayashi, Laura Flückiger, Masako Fujioka-Kobayashi, Kosaku Sawada, Anton Sculean, Benoit Schaller, Richard J Miron. Comparative release of growth factors from PRP, PRF, and advanced-PRF. *Clin Oral Investig*. 2016 Dec; PMID: 26809431 DOI: 10.1007/s00784-016-1719-1

2 A Ferrante, I C Kowanko, E J Bates. Mechanisms of host tissue damage by cytokine-activated neutrophils. *Immunol Ser*. 1992; PMID: 1504146

3 Erminia Mariani, and Lia Pulsatelli. Platelet Concentrates in Musculoskeletal Medicine. *Int J Mol Sci.* 2020 Feb; DOI: 10.3390/ijms21041328

4 José Fábio Lana, Stephany Cares Huber, Joseph Purita, Claudia H. Tambeli, Gabriel Silva Santos, Christian Paulus, and Joyce M. Annichino-Bizzacchi. Leukocyte-rich PRP versus leukocyte-poor PRP - The role of monocyte/macrophage function in the healing cascade. *J Clin Orthop Trauma*. 2019 Oct; PMID: 31700202 PMCID: PMC6823808 DOI: 10.1016/j.jcot.2019.05.008

Tropocells® PRP

# Optimal PRP Characteristics

**OVER 800,000 PATIENT CASES WORLDWIDE SINCE 2013**

## Brought to you by Transcend Biologics with over 28 years in medical device and Regenerative Medicine.


### Tropocells PRP 22mL & 44mL

| | 22mL | 44mL |
|---|---|---|
| Platelet concentration | 3x | 4.7x |
| RBC % | 0.1 | 0.1 |
| WBC (10/ul) | 0.2 | 0.2 |
| Granulocytes % | 8.5 | 8.5 |
| Mononuclear cells % | 86.2 | 86.2 |
| PRP Volume | 6mL | 5mL |
| PPP Volume | 7mL | 21mL |

transcend biologics

Call 1.833.713.3414

Regulatory status: FDA cleared 510(k) Class II medical device. Tropocells® PRP is intended for the safe and rapid preparation of autologous platelet-rich plasma (PRP) from a small sample of blood at the patient point of care. The PRP is mixed with autograft or allograft bone prior to application to a bony defect for improving handling characteristics. 510(k) number: BK110035