



**Deployment  
Medicine**

P.O. Box 1264 • Gig Harbor WA 98335

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Mr. Jack Mentkow  
Emergency Medical Devices, LLC  
P.O. Box 367  
Loxahatchee, Florida 33470

10 September 2007

Dear Mr. Mentkow,

As you are aware, we conduct major operational medical training programs for deploying military personnel, both medical and non-medical. The single most significant combat casualty medical treatment has been repeatedly shown to be bleeding control. Recent innovations in compression dressings, tourniquets, and haemostatic dressings have greatly advanced the ability of forward personnel to provide truly beneficial aid to the wounded. Partly because of the improved survival of previously lethal injuries due to body armor, we are forced to deal with increasing numbers of extremity / torso junction injuries where most standard forms of bleeding control fail. The introduction of haemostatic dressings has revolutionized this procedure to great benefit in casualty care.

We teach military personnel in the appropriate use of the currently fielded haemostatic agents. Although existing agents can stop bleeding in lethal hemorrhage, each agent has significant limitations in effectiveness and field use. I have had the opportunity to trial your product, UltraClot, on numerous occasions in our combat wound live tissue model. Our numerous specialty trained faculty have had the same opportunity. We have all been extremely impressed at the effectiveness and particularly the rate of successful application using the technologies you have developed. Of particular impact is the success rate of non-medical personnel in controlling severe bleeding, and in this success in bleeding injuries that are deliberately designed to be the 'worst case' that could be encounter.

Deployment Medicine has conducted multiple funded research efforts on the application of haemostatic agents and success rates in bleeding control by deploying personnel. Although the currently fielded products can work, our greatest concern is the training requirement for individuals to be able to use these important techniques successfully. A successful product, which has a high failure rate of application by the intended user, is not a success. In our experience, UltraClot Gauze has significantly the highest user success rates.

The UltraClot bandages you have provided have greatly impressed us as well as other leaders that happened to observe these trials. I strongly encourage you to seek the necessary resources and funding to get your product FDA approved and commercially available. I and our faculty feel strongly enough about UltraClot as a combat casualty bleeding control technology, that we are willing to assist you in testing, users feed back, and training development. You may reach me directly at 571-220-8710 or through my office at 804-448- 8250 and email [jhagmannMD@earthlnk.net](mailto:jhagmannMD@earthlnk.net). Again — as a leader in

combat casualty care and most of all as a physician, I plead with you to get the UltraClot FDA approved so that it can be available to current combat casualty care.

Respectfully,

A handwritten signature in black ink, appearing to read "John Hagmann". The signature is fluid and cursive, with a long horizontal stroke at the end.

John Hagmann, MD  
Medical Director



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9 April 2008

Deployment Medicine provides major operational medical training programs for military personnel, both medical and non-medical, as well as conducts research trials of field care concepts. During these events the medical staff and I have had the opportunity to use and observe the full range of hemostatic products and particularly the currently fielded HemCon (Chitosan) Dressing and the QuikClot (Combat Gauze) products. We have extensively demonstrated emerging technologies and new products during our live tissues animal protocols focusing on the most promising, UltraClot Gauze. We have utilized each of these products in many hundreds of live tissue trials with close observation of their effectiveness and any adverse results. I have been asked by Mr. Jack Mentkow to document our experience with UltraClot in support of his FDA 510K submission.

Over many hundred of uses the physicians, nurses, and paramedic training staff have noted that the UltraClot is at least as effective and appears to have some significant advantages. The UltraClot bandage appears to work more rapidly than other products with excellent bleeding control. We have never observed an adverse reaction using the UltraClot to either medical provider or animal. The dressing appears to be easily removed.

In summary, over many hundreds (500) of uses in a swine live tissue model, the multiple physicians and field medical care providers have observed that the UltraClot is comparable or more effective than current hemostatic dressings and has no known adverse effects on providers or wounds.

Respectfully,

John Hagmann, MD  
Medical Director