

**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*

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**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.

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**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.

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**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.

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**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

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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 .

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**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-

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**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.

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**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 lams 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--



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**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.

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**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?

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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.

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**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-

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**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 dig 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 digging, 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.

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**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 courier 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?

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**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