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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.

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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.

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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.

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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.**

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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.

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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.

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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.

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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 isl 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.

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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!"

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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.

019674

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.

020113

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?

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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-

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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.

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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.

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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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