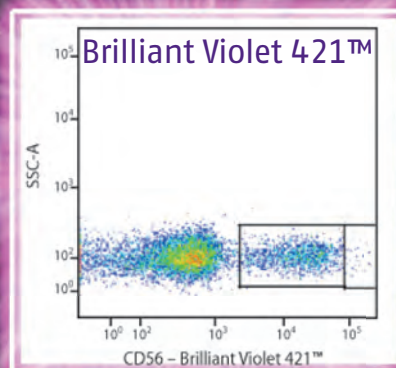
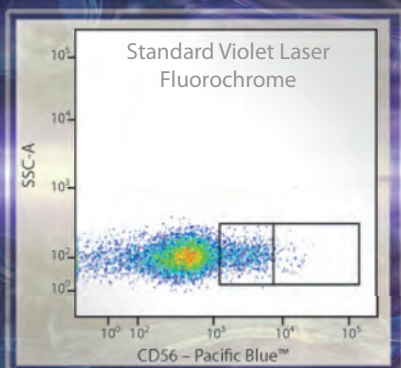


So Bright, It's Brilliant



Brilliant Violet™

Brilliant Violet 421™, superior to Pacific Blue™, BD Horizon™ V450

Introducing a Series of Novel Fluorochrome Antibody Conjugates for the Violet Laser

- >10X Brighter than Pacific Blue™
- No Special Buffers Required
- Stable to Fixation
- Extensive Selection of Conjugates
- Excellent Photostability
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Learn More at Immunology 2011™

(See back)

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Novel Violet Laser Fluorochrome Conjugates

Brilliant Violet 421™, superior to Pacific Blue™, BD Horizon™ V450

Brilliant Violet 421™ is the first in a series of polymer-based fluorochromes, developed from Nobel Prize-winning chemistry¹ that will revolutionize flow cytometry. With a dramatically improved signal-to-noise ratio, Brilliant Violet 421™ can increase assay sensitivity by logarithmic orders of magnitude without increasing background or spill-over, making it ideal for detecting rare cell populations and weakly expressed cell markers.

1. The Nobel Prize in Chemistry, 2000: A. Heeger, A.G. MacDiarmid, H. Shirakawa.

Stain Index

Specificity /Clone	Fluorochrome	Laser Excitation	Stain Index
CD3/UCHT1	Brilliant Violet 421™	405 nm	262
CD3/UCHT1	PE	561 nm	170
CD3/UCHT1	Pacific Blue™	405 nm	59
CD3/UCHT1	BD Horizon™ V450	405 nm	56

RBC-lysed whole blood cells were stained with anti-CD3 conjugated to the above fluorochromes and run on the BD™ LSR II flow cytometer. The stain index values indicated are derived at the optimal concentration for each conjugate.

Learn More at Immunology 2011™ — Stop by our Booth: #400

So Bright, It's Brilliant: Brilliant Violet™ Antibody Conjugates

Exhibitor Workshops: May 14 & 15, 1:30 pm — **Product Showcases:** May 14 & 15, 10:00 am

Poster Session: May 14, 2:30 pm – Meet our Scientists

#B609, Brilliant Violet 421™ and Brilliant Violet 570™ antibody conjugates deliver consistent and superior performance on violet-laser equipped flow cytometers with varied specifications

#B631, Brighter is better: the introduction of Brilliant Violet™ conjugated antibodies for flow cytometry

Visit us at biolegend.com for more information about Brilliant Violet™ antibodies.

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The PROOF is in GAMUNEX-C

The *first and only* IG* therapy with both IV[†] and SC[‡] routes of administration in Primary Immunodeficiency (PI)

Important Safety Information for GAMUNEX-C

Gamunex-C, Immune Globulin Injection (Human), 10% Caprylate/Chromatography Purified, is indicated for the treatment of primary humoral immunodeficiency disease (PI), idiopathic thrombocytopenic purpura (ITP), and chronic inflammatory demyelinating polyneuropathy (CIDP).

Renal dysfunction, acute renal failure, osmotic nephrosis, and death may occur with immune globulin intravenous (IGIV) products in predisposed patients. Patients predisposed to renal dysfunction include those with any degree of pre-existing renal insufficiency, diabetes mellitus, age greater than 65, volume depletion, sepsis, paraproteinemia, or patients receiving known nephrotoxic drugs. Renal dysfunction and acute renal failure occur more commonly in patients receiving IGIV products containing sucrose. Gamunex-C does not contain sucrose. For patients at risk of renal dysfunction or failure, administer Gamunex-C at the minimum concentration available and the minimum infusion rate practicable.

Gamunex-C is contraindicated in individuals with acute severe hypersensitivity reactions to Immune Globulin (Human). It is contraindicated in IgA deficient patients with antibodies against IgA and history of hypersensitivity.

Gamunex-C is not approved for subcutaneous use in patients with ITP or CIDP. **Due to the potential risk of hematoma formation, Gamunex-C should not be administered subcutaneously in patients with ITP.**

Hyperproteinemia, increased serum viscosity, and hyponatremia may occur in patients receiving IGIV therapy.

Thrombotic events have been reported in association with IGIV. Patients at risk for thrombotic events may include those with a history of atherosclerosis, multiple cardiovascular risk factors, advanced age, impaired cardiac output, coagulation disorders, prolonged periods of immobilization and/or known or suspected hyperviscosity.

There have been reports of noncardiogenic pulmonary edema [Transfusion-Related Lung Injury (TRALI)], hemolytic anemia, and aseptic meningitis in patients administered with IGIV.

The high dose regimen (1g/kg x 1-2 days) is not recommended for individuals with expanded fluid volumes or where fluid volume may be a concern.

Gamunex-C is made from human plasma. Because this product is made from human plasma, it may carry a risk of transmitting infectious agents, e.g., viruses, and, theoretically, the Creutzfeldt-Jakob disease (CJD) agent.

After infusion of IgG, the transitory rise of the various passively transferred antibodies in the patient's blood may yield positive serological testing results, with the potential for misleading interpretation.

In clinical studies, the most common adverse reactions with Gamunex-C were headache, fever, chills, hypertension, rash, nausea, and asthenia (in CIDP); headache, cough, injection site reaction, nausea, pharyngitis, and urticaria with intravenous use (in PI) and infusion site reactions, headache, fatigue, arthralgia and pyrexia with subcutaneous use (in PI); and headache, vomiting, fever, nausea, back pain, and rash (in ITP).

The most serious adverse reactions in clinical studies were pulmonary embolism (PE) in one subject with a history of PE (in CIDP), an exacerbation of autoimmune pure red cell aplasia in one subject (in PI), and myocarditis in one subject that occurred 50 days post-study drug infusion and was not considered drug related (in ITP).

*IG=Immune globulin; †IV=Intravenous; ‡SC=Subcutaneous.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

Please see adjacent page for brief summary of GAMUNEX-C full Prescribing Information.

Evidence based. Patient proven.

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To get GAMUNEX-C call 1-888-MY-GAMUNEX (694-2686)

USA Customer Service 1-800-243-4153

Clinical Communications 1-800-520-2807

Reimbursement Helpline 1-877-827-3462

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www.gamunex-c.com

January 2011

GX01-0111

gamunex-c
immune globulin injection (human), 10%
caprylate/chromatography purified

GAMUNEX[®]-C

Immune Globulin Injection (Human) 10% Caprylate/Chromatography Purified

HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use GAMUNEX[®]-C safely and effectively. See full prescribing information for GAMUNEX-C.

**GAMUNEX-C, [Immune Globulin Injection (Human) 10%
Caprylate/Chromatography Purified]**

Initial U.S. Approval: 2003

WARNING: ACUTE RENAL DYSFUNCTION and FAILURE

*See full prescribing information
for complete boxed warning.*

- Renal dysfunction, acute renal failure, osmotic nephrosis, and death may occur with immune globulin intravenous (IGIV) products in predisposed patients.
- Renal dysfunction and acute renal failure occur more commonly in patients receiving IGIV products containing sucrose. GAMUNEX-C does not contain sucrose.
- For patients at risk of renal dysfunction or failure, administer GAMUNEX-C at the minimum concentration available and the minimum infusion rate practicable.

-----INDICATIONS AND USAGE-----

GAMUNEX-C is an immune globulin injection (human) 10% liquid indicated for treatment of:

- Primary Humoral Immunodeficiency (PI)
- Idiopathic Thrombocytopenic Purpura (ITP)
- Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)

-----CONTRAINDICATIONS-----

- Anaphylactic or severe systemic reactions to human immunoglobulin
- IgA deficient patients with antibodies against IgA and a history of hypersensitivity

-----WARNINGS AND PRECAUTIONS-----

- IgA deficient patients with antibodies against IgA are at greater risk of developing severe hypersensitivity and anaphylactic reactions. Have epinephrine available immediately to treat any acute severe hypersensitivity reactions.
- Monitor renal function, including blood urea nitrogen, serum creatinine, and urine output in patients at risk of developing acute renal failure.
- GAMUNEX-C is not approved for subcutaneous use in ITP patients. Due to a potential risk of hematoma formation, do not administer GAMUNEX-C subcutaneously in patients with ITP.
- Hyperproteinemia, with resultant changes in serum viscosity and electrolyte imbalances may occur in patients receiving IGIV therapy.

- Thrombotic events have occurred in patients receiving IGIV therapy. Monitor patients with known risk factors for thrombotic events; consider baseline assessment of blood viscosity for those at risk of hyperviscosity.
- Aseptic Meningitis Syndrome (AMS) has been reported with GAMUNEX-C and other IGIV treatments, especially with high doses or rapid infusion.
- Hemolytic anemia can develop subsequent to IGIV therapy due to enhanced RBC sequestration. Monitor patients for hemolysis and hemolytic anemia.
- Monitor patients for pulmonary adverse reactions (transfusion-related acute lung injury [TRALI]).
- Volume overload
- GAMUNEX-C is made from human plasma and may contain infectious agents, e.g., viruses and, theoretically, the Creutzfeldt-Jakob disease agent.
- Passive transfer of antibodies may confound serologic testing.

-----ADVERSE REACTIONS-----

- **PI** – The most common adverse reactions ($\geq 5\%$) with intravenous use of GAMUNEX-C were headache, cough, injection site reaction, nausea, pharyngitis and urticaria. The most common adverse reactions ($\geq 5\%$) with subcutaneous use of GAMUNEX-C were infusion site reactions, headache, fatigue, arthralgia and pyrexia.
- **ITP** – The most common adverse reactions during clinical trials (reported in $\geq 5\%$ of subjects) were headache, vomiting, fever, nausea, back pain and rash.
- **CIDP** – The most common adverse reactions during clinical trials (reported in $\geq 5\%$ of subjects) were headache, fever, chills, hypertension, rash, nausea and asthenia.

To report SUSPECTED ADVERSE REACTIONS, contact Talecris Biotherapeutics, Inc. at 1-800-520-2807 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

-----DRUG INTERACTIONS-----

- The passive transfer of antibodies may transiently interfere with the response to live viral vaccines, such as measles, mumps and rubella. Passive transfer of antibodies may confound serologic testing.

-----USE IN SPECIFIC POPULATIONS-----

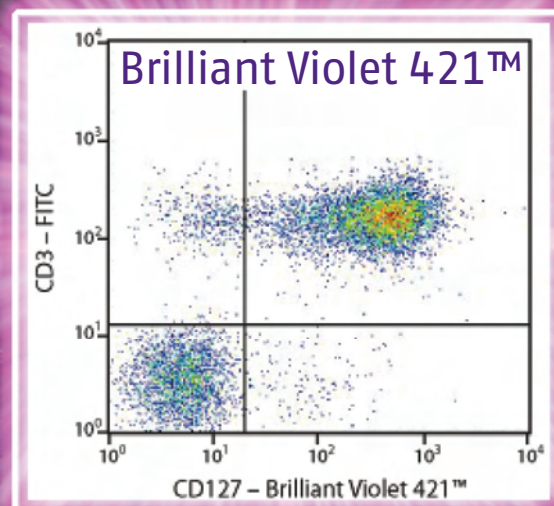
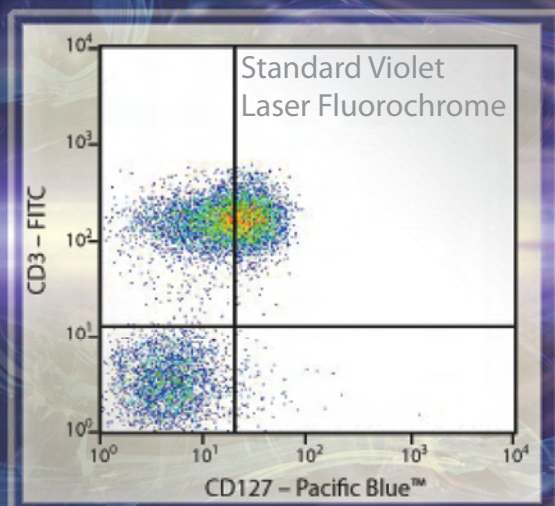
- **Pregnancy:** no human or animal data. Use only if clearly needed.
- **Geriatric:** In patients over 65 years of age do not exceed the recommended dose, and infuse GAMUNEX-C at the minimum infusion rate practicable.

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BIOTHERAPEUTICS

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Research Triangle Park, NC 27709 USA
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08939771/08939782-BS
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Brilliant Violet™ Antibody Conjugates

Brilliant Violet 421™, superior to Pacific Blue™, BD Horizon™ V450

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Brilliant Violet 421™ can increase assay sensitivity by logarithmic orders of magnitude without increasing background or spill-over, making it ideal for detecting rare cell populations and weakly expressed cell markers.

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LIST OF PROTEINS

4-1BBL	Caspase-3	sFlt-1 (D3)	IL-2	MEC	sRANK
4-1BB Receptor	Caspase-6	sFlt-1 (D4)	IL-3	Mek-1	sRANKL
6 Ckine	CD4	sFlt-1 (D5)	IL-4	MIA	RANTES
ACAD8	CD14	sFlt-1 (D7)	sIL-4 Receptor	Midkine	RELM- α
ACAT2	CD22	Flt3-Ligand	IL-5	MIG / CXCL9	RELM- β
gAcrp30/Adipolean	CD40 Ligand / TRAP	sFlt-4	IL-6	MIP-1 α / CCL3	Resistin
Activin A	CD95 / sFas Ligand	sFlt-4 / Fc Chimera	sIL-6 Receptor	MIP-1 β / CCL4	RPTP β
ACY1	CD105 / Endoglin	Follistatin	IL-7	MIP-3 / CCL23	RPTP γ
ADAT1	CHIPS	FSH	IL-8 (72 a.a.)	MIP-3 α / CCL20	RPTP μ
Adiponectin	CNTF	Fractalkine/ CX3C	IL-8 (77 a.a.)	MIP-3 β / CCL19	SCF
ADRP	Collagen	G-CSF	IL-9	MIP-4 (PARC) / CCL18	SCGF- α
AITRL	CREB	α -Galactosidase A	IL-10	MIP-5 / CCL15	SCGF- β
Akt1	CTACK/CCL27	Galectin-1	IL-11	MMP-3	SDF-1 α
Alpha-Feto Protein (AFP)	CTGF	Galectin-3	IL-12	MMP-7	SDF-1 β
Alpha-Galactosidase A	CTGFL/WISP-2	Gastrointestinal CA	IL-13	MMP-13	Secretin
Angiotensin-1 (Ang-1)	CTLA-4/Fc	GCP-2	IL-13 analog	Myostatin	SF20
Angiotensin-2 (Ang-2)	CXCL16	GDF-3	IL-15	Nanog	SHP-2
Angiostatin K1-3	Cytokeratin 8	GDF-9	IL-16 (121 a.a.)	NAP-2	STAT1
Annexin-V	DEP-1	GDF-11	IL-16 (130 a.a.)	Neurturin	c-Src
apo-SAA	Desmopressin	GDNF	IL-17	NFAT-1	TACI
Apolipoprotein A-1	Disulfide Oxidoreductase	GLP-1	IL-17B	beta-NGF	TARC
Apolipoprotein E2	E-selectin	Glucagon	IL-17D	NOGGIN	TC-PTP
Apolipoprotein E3	ECGF	Goserelin	IL-17E	NOV	TECK
Apolipoprotein E4	EGF	GM-CSF	IL-17F	NP-1	TFF2
APRIL	Elafin/SKALP	GPBB	IL-19	NT-1/BCSF-3	TGF- α
Artemin	EMAP-II	GRO α	IL-20	NT-3	TGF- β 1
ATF2	ENA-78	GRO β	IL-22	NT-4	TGF- β 2
Aurora A	Endostatin	GRO γ	IL-31	Ocreotide	TGF- β 3
Aurora B	Enteropeptidase	GRO/MGSA	Insulin	Oncostatin M	Thymosin α 1
BAFF	Eotaxin	Growth Hormone	IP-10	Osteoprotegerin (OPG)	sTIE-1/Fc Chimera
BAFF Receptor	Eotaxin-2	Growth Hormone BP	JE	OTOR	sTIE-2/Fc Chimera
BCA-1 / BLC / CXCL13	Eotaxin-3 (TSC)	GST-p21/WAF-1	JNK2a1	Oxytocin	TL-1A
BCMA	EPHB2	HB-EGF	JNK2a2	p38- α	TNF- α
BD-1	EPHB4	HCC-1	KC / CXCL1	Parathyroid Hormone	TNF- β
BD-2	Eptifibatide	HGF	KGF	PDGF-AA	sTNFR1
BD-3	Erk-2	Histidyl-tRNA synthetase	L-asparaginase	PDGF-AB	sTNFR2
BDNF	Erythropoietin (EPO)	Histrelin	LAG-1	PDGF-BB	TPO
Bivalirudin	Exodus-2	HRG1- β 1	LALF Peptide	Persephin	TRAIL/Apo2L
BMP-2	Fas Ligand	I-309	LAR-PTP	PF-4	sTRAIL R-1 (DR4)
BMP-4	Fas Receptor	I-TAC	LC-1	PIGF-1	sTRAIL R-2 (DR5)
BMP-7	FGF-1 (acidic)	IFN- α	LBP	PIGF-2	TSH
BMP-13	FGF-2 (basic)	IFN- α A	LD-78 β	PKA α -subunit	TSLP
sBMPR-1A	FGF-4	IFN- α 2a	LDH	PKC- α	TWEAK
Brain Natriuretic Protein	FGF-5	IFN- α 2b	LEC/NCC-4	PKC- γ	TWEAK Receptor
BRAK	FGF-6	IFN- β	Leptin	Pleiotrophin	Urokinase
Breast Tumor Antigen	FGF-7/ KGF	IFN- γ	LIGHT	PLGF-1	VEGF121
C5a	FGF-8	IFN-Omega	LIX	Polymyxin B (PMB)	VEGF145
C5L2 Peptide	FGF-9	IGF-I	LKM	PRAS40	VEGF165
C-10	FGF-10	IGF-II	LL-37	PRL-1	VEGF-C
C-Reactive Protein	FGF-16	prolGF-II	Lymphotoctin	PRL-2	VEGF-C I525
C-Src	FGF-17	IGFBP-1	sLYVE-1	PRL-3	EG-VEGF
Calbindin D-9K	FGF-18	IGFBP-2	M-CSF	Prokineticin-2	VEGF-E
Calbindin D-28K	FGF-19	IGFBP-3	MCP-1 (MCAF)	Prolactin	HB-VEGF-E
Calbindin D-29K	FGF-20	IGFBP-4	MCP-2	Protirelin	sVEGFR-1
Calmodulin	sFGFR-1 (IIIc) / Fc Chimera	IGFBP-5	MCP-3	PTHrP	sVEGFR-2
Calcitonin Acetate	sFGFR-2 (IIIc) / Fc Chimera	IGFBP-6	MCP-4	PTP1B	sVEGFR-3
Carbonic Anhydrase III	sFGFR-3 / Fc Chimera	IGFBP-7	MCP-5	PTP-IA2	WISP-1
Carcino-embryonic Antigen	sFGFR-4 / Fc Chimera	IL-1 α	MDC (67 a.a.)	PTP-MEG2	WISP-2
Cardiotrophin-1	sFlt-1 (native)	IL-1 β	MDC (69 a.a.)	PTP-PEST	WISP-3
			MDH		WNT-1

Immune/Inflammatory Signaling Pathways + DC-T Cell Immunoregulatory Network

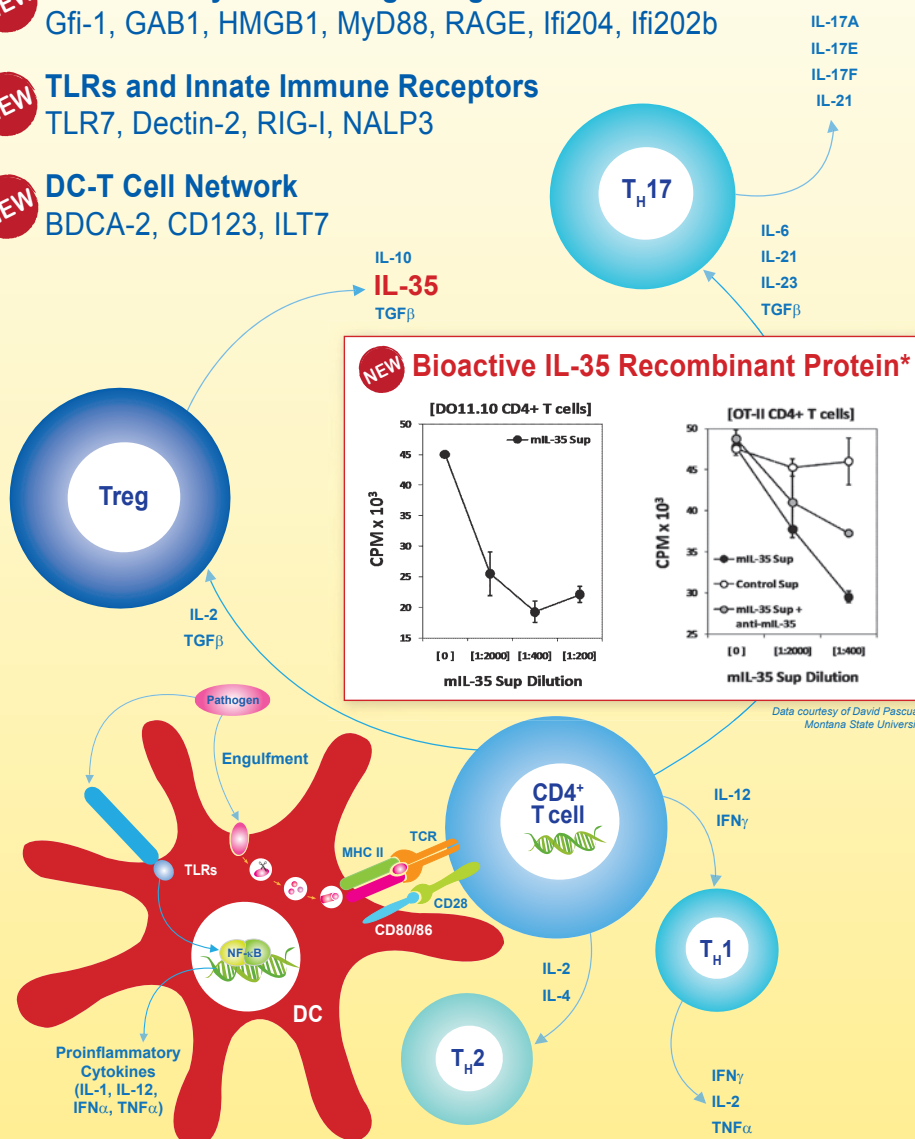
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DC-T Cell Network

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- AKT1
- AKT2
- AKT3
- BDCA-2
- Caspase-1
- CD123
- Dectin-2
- EBI3
- FOXP3
- GITR
- GITRL
- Ifi202b
- Ifi204
- I κ B α
- IKK α
- IKK γ
- IL-17
- IL-33
- IL-35
- ILT7
- IRAK-1
- IRAK-2
- IRAK-4
- KLF4
- MD-1
- MD-2
- MIP-3 α
- MyD88
- NALP3
- NF- κ B/p65
- NF- κ B Peptide Inhibitors
- PGRP-1 α
- PGRP-1 β
- PGRP-S
- RAGE
- RIG-I
- ROR γ /ROR γ (t)
- SHP-1
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- SLP76
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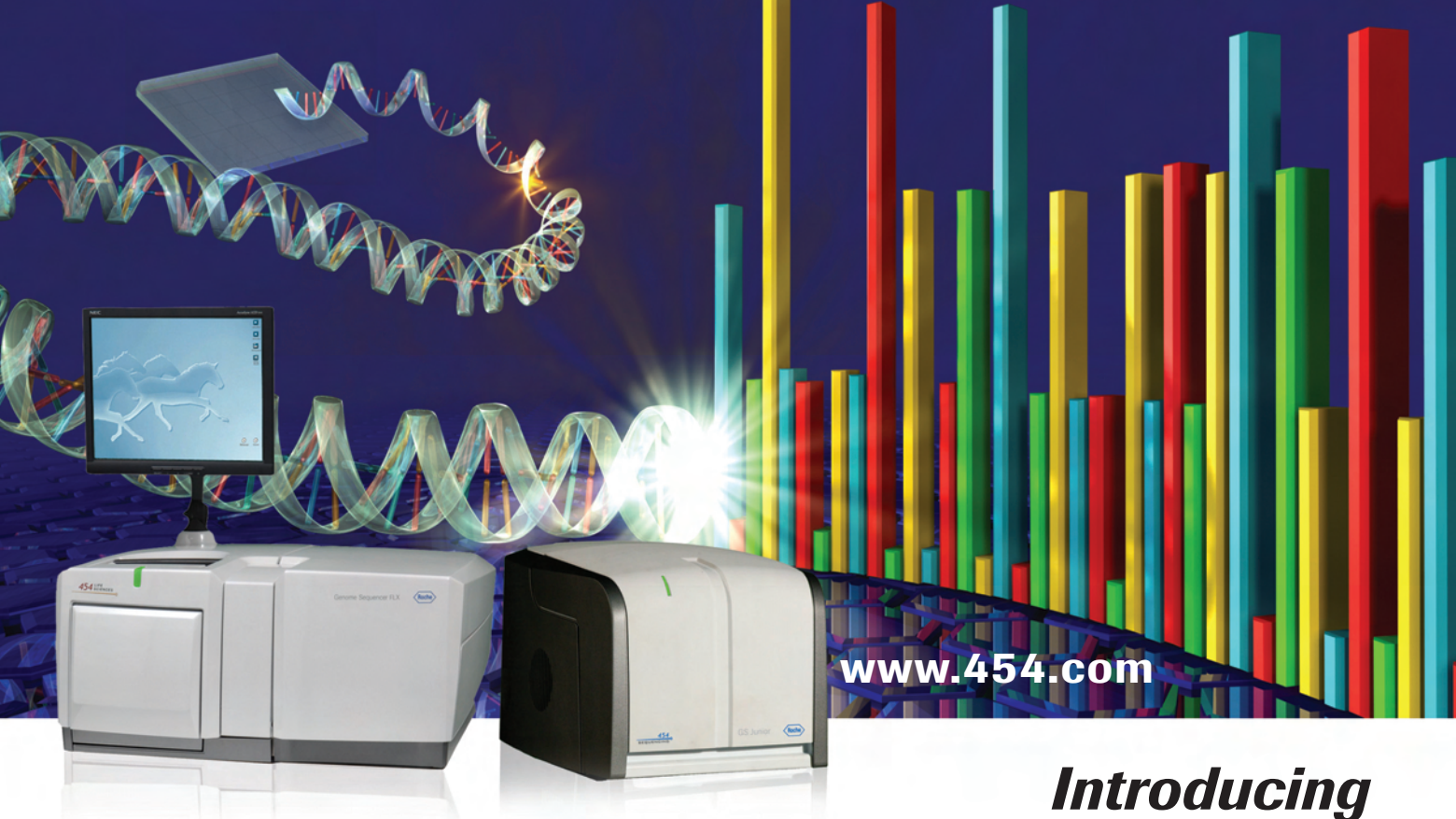
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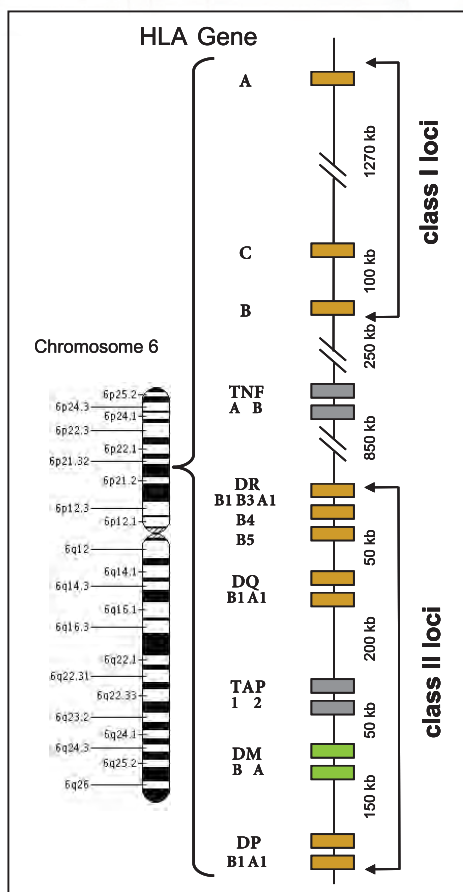
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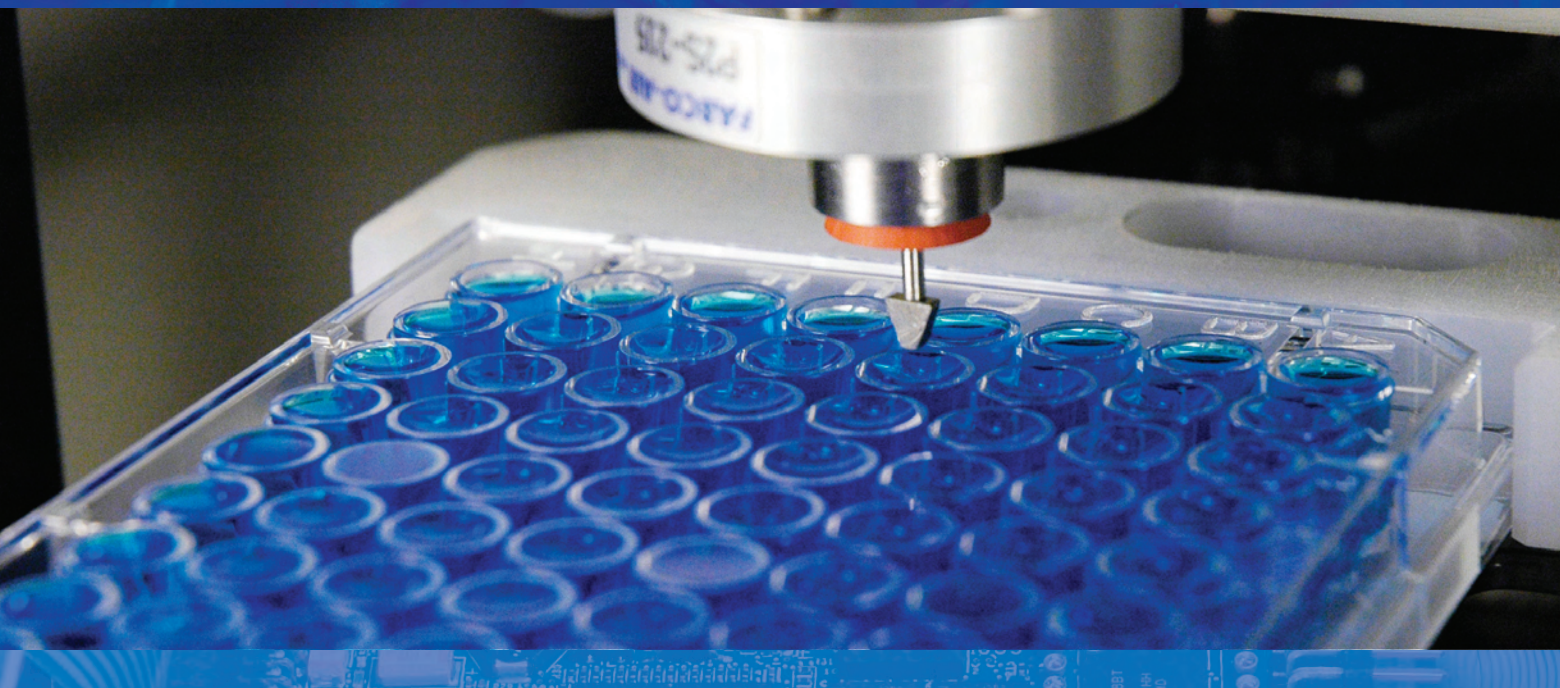
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A close-up portrait of Rafick-Pierre Sékaly, Ph.D., a middle-aged man with glasses, looking slightly to the side. The background is a blurred architectural structure with a spiral staircase.

Rafick-Pierre Sékaly, Ph.D.
Co-Director and Scientific Director
VGTI-Florida

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