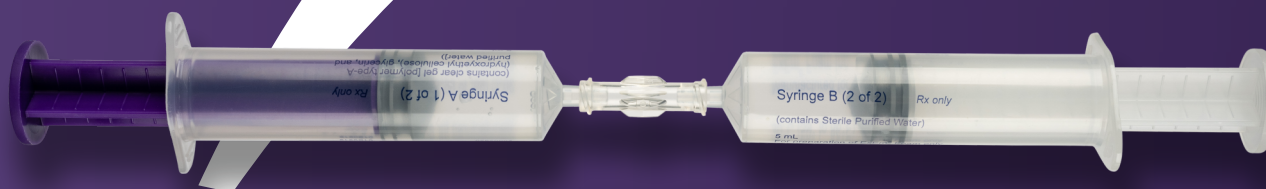


Fast. Gentle. Effective.

Treat your patients to ExEm[®] Foam (air polymer-type A) intrauterine foam

- FDA-approved contrast agent that allows for convenient in-office ultrasound testing of tubal patency in women with known or suspected infertility.
- Clinically proven. Used in 500,000+ procedures performed worldwide.
- Patient comfort. Less painful than X-ray HSG. Efficient process.³



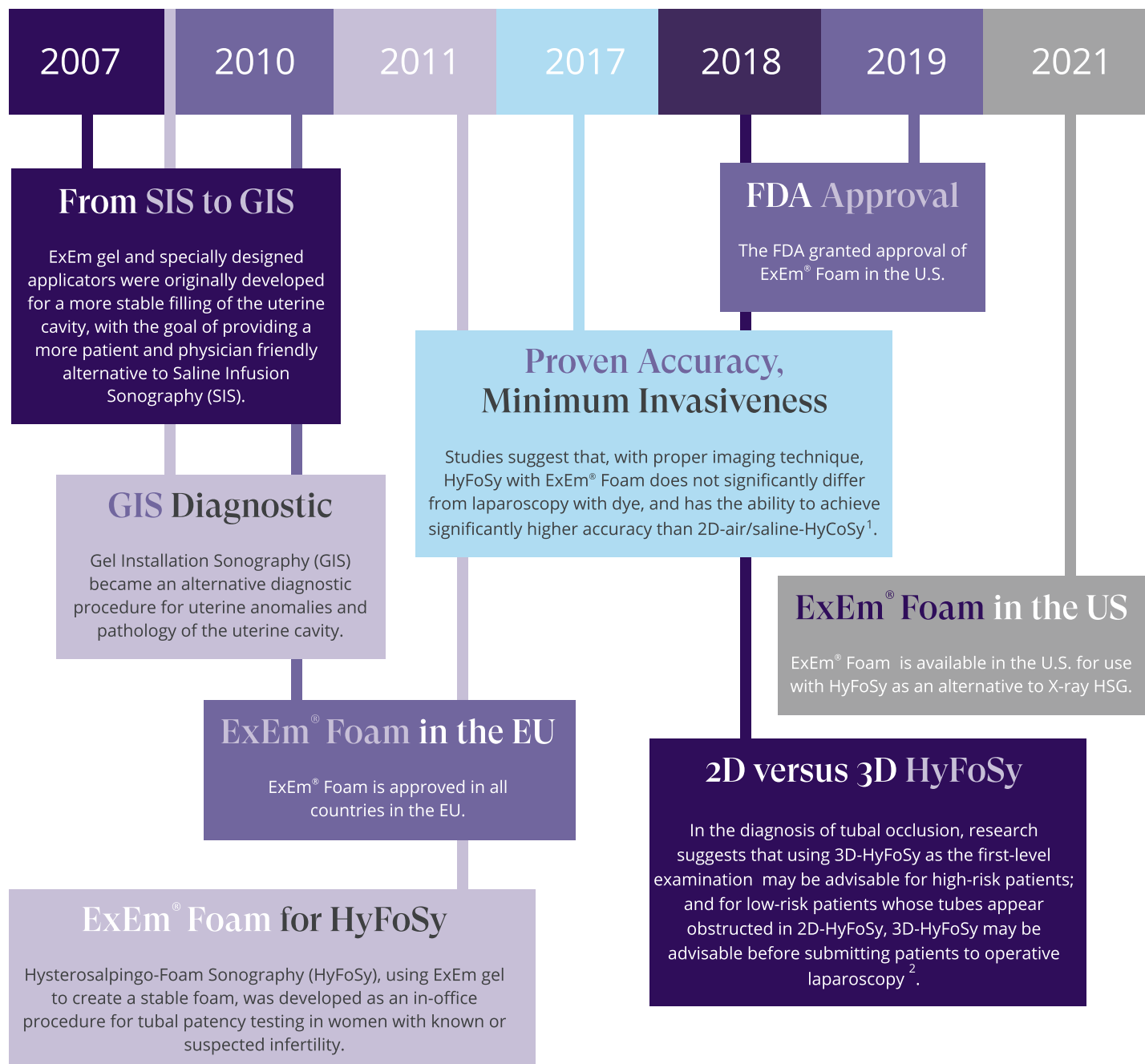

ExEm[®] Foam

ExEm[®] Foam is an ultrasound contrast agent used to provide in-office tubal patency testing for woman with known or suspected infertility. Studies suggest that the accuracy of ExEm[®] Foam used with 2D/3D-HyFoSy does not significantly differ from the gold standard laparoscopy with dye procedure¹.

The ExEm[®] Foam procedure is less painful than X-ray HSG³ and offers real-time results. It does not involve X-ray, iodine or placing a cervical tenaculum and traction on the cervix. These features make ExEm[®] Foam an attractive option for the evaluation of tubal patency in female patients with known or suspected infertility.



The History of ExEm[®] Foam

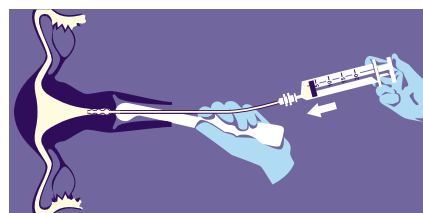
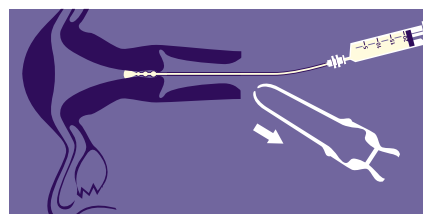


The ExEm[®] Foam Procedure (air polymer-type A) intrauterine foam

Any 2D ultrasound machine, operated by a skilled sonographer, can be used for the ExEm[®] Foam procedure. 3D or 2D/3D-High Definition Flow (HDF) Doppler ultrasound may offer enhanced accuracy and faster recognition of tubal patency in women with known or suspected infertility². Any transcervical catheter with luer connection, designed for intrauterine application (5 Fr. or larger), can be used.

The procedure is straightforward:

1. Prepare ExEm[®] Foam as indicated in the prescribing Information.
2. Place side-opening speculum.
3. Insert a small amount of foam into the catheter to expel air. Place the catheter in the cervix.
4. Remove the speculum and place TVUS transducer under the catheter.
5. Confirm proper placement of catheter; infuse 1 ml Foam into the uterine cavity (foam will be visible).
6. Once confirmed, infuse 2-3ml to fill the fallopian tubes.
7. Start longitudinally, spot fundus and rotate to transverse plane. This will visualize the flow of the foam through the tubes.
8. Spot intramural of right tube and continue to distal.
9. Tubal patency is determined by the ability of the foam to fill, or flowing through, the tubes and/or spilling of foam intra-abdominally.
10. Repeat at left side (be prepared for a winding tube).



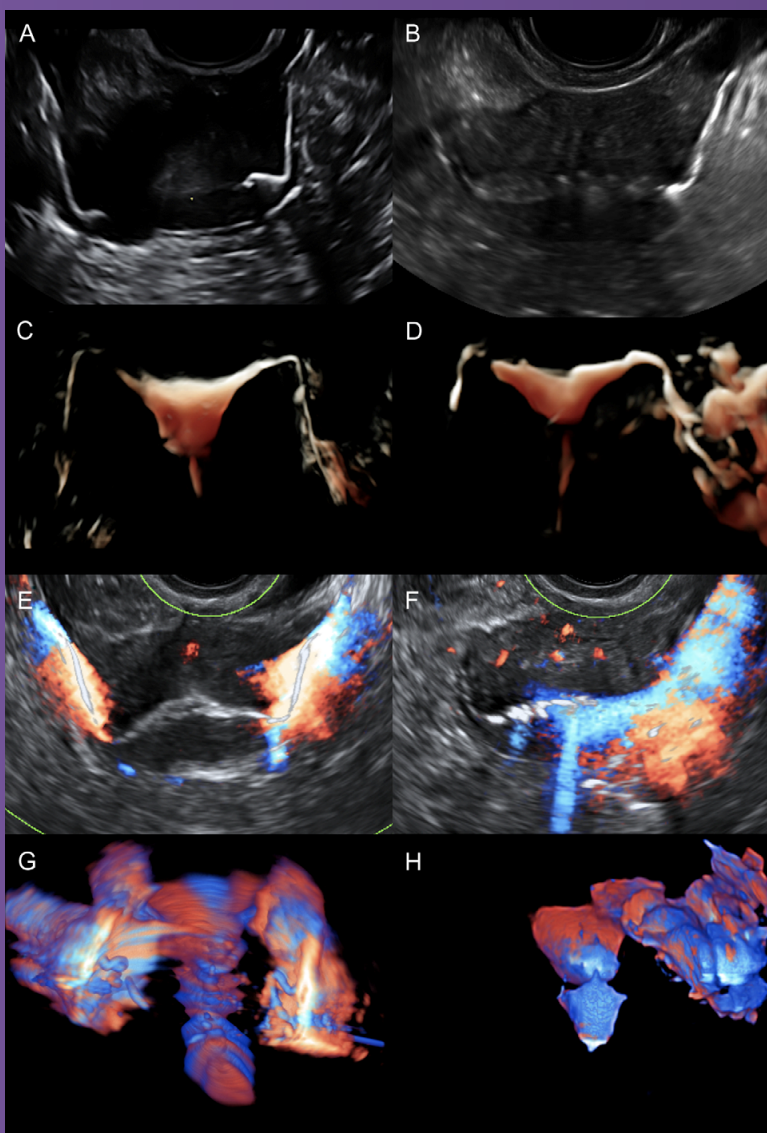
ExEm[®] Foam should not be used on patients who are pregnant, have known or suspected lower genital tract inflammation or infection, have had a gynecologic procedure within the last 30 days, have vaginal bleeding, or have known or suspected reproductive tract neoplasia.

Common side effects include pelvic and abdominal pain, vasovagal reactions (and associated symptoms such as nausea and faintness), and post-procedure spotting. See full prescribing information for further detail.

For more information, please visit our website: www.exemfoam.com or email us at contact@exem-foam.com.
ExEm[®] Foam is distributed in the US by Cardinal Health third-party logistics (3PL).
Cardinal Health's Customer Service for **ExEm[®] Foam** can be reached at **+1 844 939 1076**.

References:

1. Ludwin I., Ludwin, A. et al. Accuracy of hysterosalpingo-foam sonography in comparison to hysterosalpingo-contrast sonography with air/saline and to laparoscopy with dye. *Human Reproduction* 2017, 32(4):758–769
2. Riganelli L., Casorelli A. et al. Ultrasonography reappraisal of tubal patency in assisted reproduction technology patients: comparison between 2D and 3D-sonohysterosalpingography. A pilot study. *Minerva Ginecologica* 2018, 70(2):123-8
3. Dreyer, K., Out, R. et al. Hysterosalpingo-foam sonography, a less painful procedure for tubal patency testing during fertility workup compared with (serial) hysterosalpingography: A randomized controlled trial. *Fertility and Sterility* 2014, 102(3):821-25



ExEm® Foam (air polymer-type A) intrauterine foam images of the uterus with the fallopian tubes in two women with known or suspected infertility. In one patient, both tubes showed patency (left column), and in the other patient, the left tube was occluded and the right one was patent (right column, confirmed by the reference standard). (A) and (B) 2D-HyFoSy, (C) and (D) offline HD-live rendered 3D-HyFoSy, (E) and (F) 2D-HDF-HyFoSy and (G) and (H) offline color-rendered 3D-HDF-HyFoSy showing the same diagnosis as the reference standard. Images E through H: if the foam flow is present throughout the catheter, the uterus and the patent tube during infusion, positive contrasting by the foam is significantly enhanced by color (left column). One fallopian tube is occluded in the right column: in (B) and (D), it is partially contrasted by foam, and in (F) and (H), it is not contrasted by color.

(Source: Ludwin I., et al. 2017)