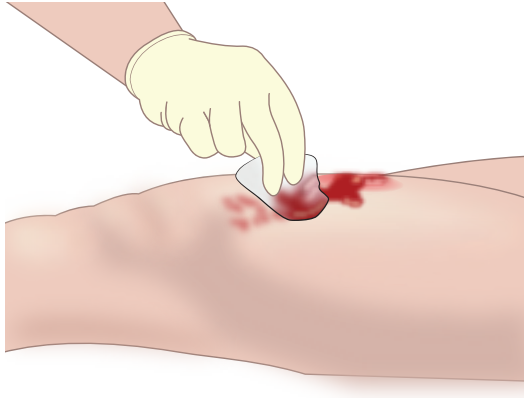
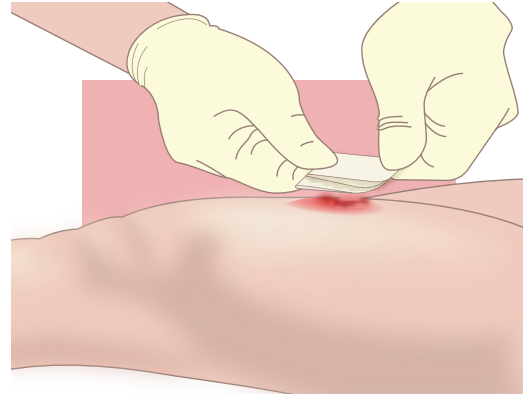


OMNI-STAT GAUZE (4in x 4in)

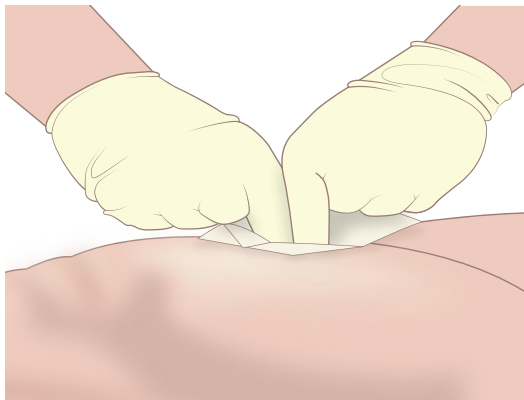
How to Use/Recommendations for Removal



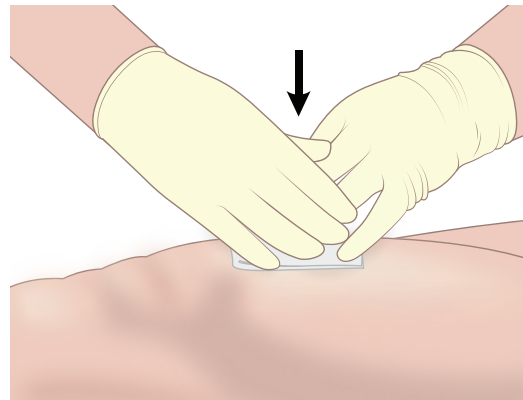
1 Peel open Omni-Stat gauze pack. Blot away any excess blood or exudate from the wound.



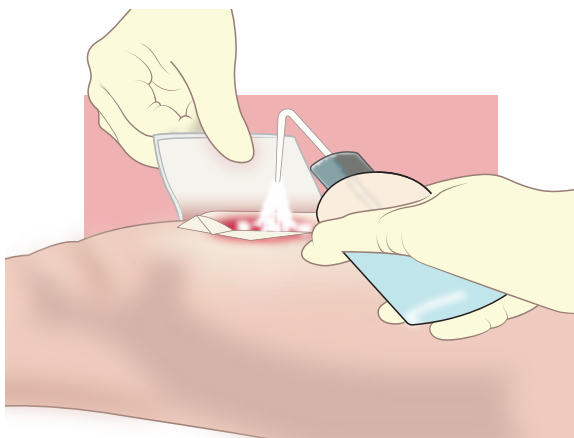
2 Apply pre-folded Omni-Stat onto the wound to cover the entire bleeding area. Omni-Stat should be applied directly to the source of bleeding.



3 If bleeding source is below the wound surface, then Omni-Stat gauze can be unfolded and tightly packed into wound.



4 Apply firm pressure for 1 to 3 minutes depending on the severity of the bleeding. If bleeding continues apply pressure for 3 more minutes. If Omni-Stat gauze becomes saturated then use an additional Omni-Stat gauze pack.



Removal Instructions:

At first dressing change after use, Omni-Stat should be cleansed and removed from the wound using standard wound cleansing protocols. If required Omni-Stat should be soaked with saline prior to removal (physically) and then any residual irrigated away with water or saline.

Caution: For temporary external use only. Do not apply over eyes. If eye irritation occurs flush with water for 5 minutes. Contains chitosan from shellfish. Allergy studies show no adverse reaction to date. Data on file at Omni-stat Medical Inc.

PRODUCT EVALUATION FORM

Evaluation forms can be emailed to info@omni-stat.com or given to your local sales representative

Facility/Hospital Name: _____ Date: _____

Provider Name: _____ Provider Signature: _____

Product Preparation Used

- | | | |
|--|--|--|
| <input type="checkbox"/> OMNI-STAT Granules (3g) | <input type="checkbox"/> CELOX™ Z Fold Gauze (5ft) | <input type="checkbox"/> CELOX™ Granules (15g) |
| <input type="checkbox"/> OMNI-STAT Gauze (4in x 4in) | <input type="checkbox"/> CELOX™-A (6g) | <input type="checkbox"/> CELOX™ RAPID |

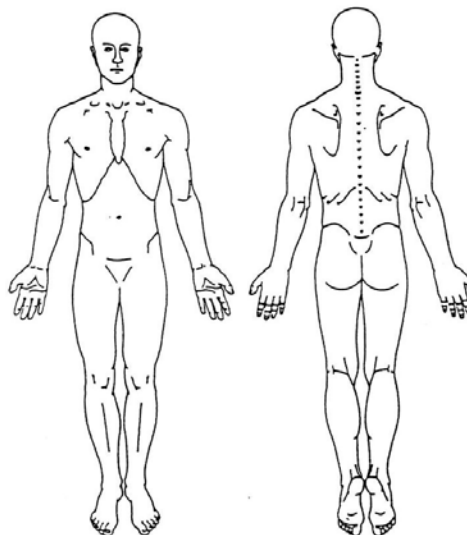
Type of Wound

- Gunshot
- Laceration/Abrasion
- Puncture
- Blunt Trauma
- Skin Tear
- Diabetic Foot Ulcer
- Pressure Ulcer
- Other: _____

Hold Pressure Time

- 1 minute
- 3 minutes
- 5 minutes
- 10 minutes
- Other: _____

Wound Location



Please circle the location of the wound on the diagram above

Was the Patient Anticoagulated?

- YES,
If Yes, please list type
of anticoagulant: _____
- NO

Was hemostasis achieved?

- YES
- NO
