

# Customer Testimonials

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...the interventionalists are so convinced of the accuracy of our reports, based on all of the patients they have previously seen and treated, that they thoroughly check the vessels all the way from the access to the central vessels. The accuracy and sensitivity thus far has led the interventionalists to believe that if Vasc-Alert shows a patient on alert, there is something wrong with their access.

*Vascular Access Coordinator  
Ball Memorial Hospital*

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...the interventionalists really were the ones pushing the expansion of Vasc-Alert ... they said that it is a great product and helps them catch stenosis issues very early, which is when they want to intervene.

*Administrator  
Good Samaritan on Long Island, NY*

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I have had experience using Vasc-Alert for over six months. I have found this to be a very useful tool to identify both arteriovenous grafts and fistulas with significant stenosis. During our monthly quality assurance meeting, I review the Vasc-Alert data with our vascular access coordinator and our unit administrator.. The data is easy to access and simple to review.

Recently, I have randomly selected ten patients from our unit who had at least two alerts in a 0-60 day time period. All of these patients we referred for angiographic evaluation and we found that 100% of them required percutaneous angioplasty for a stenotic lesion.

*Medical Director  
Mid-Atlantic Nephrology Associates, P.A.*

*over...*

## Vasc-Alert Customer Testimonials

I would like to thank you and the staff at Vasc-Alert for improving our vascular access monitoring program. Since we have began using Vasc-Alert we have identified several access problems that were unknown to us. We were solely using the ultrasound based monitoring system. While using the ultrasound based product, our clients had no recirculation and flow rates were measured to be well above the K-DOQI guidelines for intervention.

With Vasc-Alert we have found cases that would have never been referred for evaluation. One particular client was found to have two unidentified lesions that required angioplasty. The cost of Vasc-Alert has been paid for by helping to identify previously unknown complications and allowing these clients to remain in-center and avoiding costly interventions and possible loss of access. The weekly report also saves time, and labor cost for staff members.

*Home Hemodialysis and Access Coordinator  
Chattanooga Kidney Center*

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A patient was transferred in from a corporate clinic and has had several Transonics that were normal. I did one here that indicated no recirculation and flow rates of 1260/1120/1350 ml/min. I would have never referred this patient for evaluation, but the Vasc-Alert system indicated VAPR alerts. I then asked the staff if there were any complications. They of course said no. The venogram found a 90% lesion and an angioplasty was performed. The patient relates that he has never had any interventions performed, and the fistula is 17 yrs old.

*Home Hemodialysis and Access Coordinator  
Chattanooga Kidney Center*

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..everyone sent for fistulogram required an intervention. Several we did not have any idea were developing stenosis issues.

*Clinical Nurse Manager  
Dayton Regional Dialysis*

Mary T. Behrens, M.D.  
Anuradha Boddeti, M.D.  
Ping - Hsin Chen, M.D.  
Jennifer L. Eras, M.D.  
Robert A. Fuld, M.D.  
Robert C. Greenwell, Jr., M.D.  
Shahab A. Khan, M.D.  
Leonid A. Klopouh, M.D.

April 17, 2007

Tamil S. Kuppusamy, M.D.  
Joel S. Lahn, M.D.  
Jia Liu, M.D.  
Gerard M. Lowder, M.D.  
Ira N. Mandell, M.D.

John Kennedy  
Vasc-Alert LLC  
1807 W. Sunnyside Street  
Suite 301  
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Tin O. Maung, M.D.  
Anita Pasumarthy, M.D.

Dear Mr. Kennedy,

Mary A. Pieprzak, M.D.  
Jeffrey N. Posner, M.D.

As the medical director at the Glen Burnie Davita dialysis unit, I have had experience using Vasc-Alert for over six months. I have found this to be a very useful tool to identify both arteriovenous grafts and fistulas with significant stenosis. During our monthly quality assurance meeting, I review the Vasc-Alert data with our vascular access coordinator, Lisa Parker, and our unit administrator, Tanya Crockett. The data is easy to access and simple to review.

Tedine P. Ranich, M.D.  
Bayinnah Shabazz, M.D.  
Andrew J. Surmak, M.D.

Recently, I have randomly selected ten patients from our unit who had at least two alerts in a 0-60 day time period. All of these patients we referred for angiographic evaluation and we found that 100% of them required percutaneous angioplasty for a stenotic lesion. Currently, we are reviewing unit data for both fistula and graft thrombosis. We would like to see if our rates of access thrombosis have decreased with more intensive screening and ultimately if the number of missed dialysis treatments have been reduced.

Paul E. Turer, M.D.  
Kenneth B. Yim, M.D.  
Stephen M. Zemel, M.D.  
Nichol L. Bookhamer, CRNP  
Joan C. Furlong, CRNP  
Tina M. Hamilton, CRNP

As an interventional nephrologist, I am committed to providing the best access care for our patients. I believe that Vasc-Alert does improve our ability to detect a malfunctioning fistula or graft well beyond physical examination and dynamic venous pressure measurements. I support the use of Vasc-Alert as a routine screening tool to detect a significant stenosis in a fistula or graft.

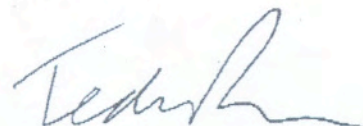
Jennifer R. Pullmann, CRNP  
Tatiana G. Smirnova, CRNP  
Sheila Young, R.N.  
Suzanne J. Przybyla, MBA  
*Executive Director*

I would be delighted to discuss our experience with you. Please do not hesitate to contact me.

Ann M. Lesini, MBA, CMPE  
*Chief Financial Officer*  
Diane Powell  
*Director of Outpatient Services*

Sincerely,

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Tedine Ranich, MD

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