

# Biovance® 3L

HUMAN AMNIOTIC MEMBRANE ALLOGRAFT

## OCULAR

Cell attachment is a natural stimulus for the orderly release of growth factors and cytokines<sup>1</sup>.

An in vitro test was conducted to measure viability, adhesion, and proliferation of human corneal and conjunctival epithelial cells at days 1, 4 and 7<sup>2,3</sup>.

With its unique 3-layer amnion basement membrane construction, BIOVANCE 3L Ocular is designed for **superior handling** and creating an optimal matrix for **cell viability, adhesion, and proliferation**, providing a cell-friendly environment as demonstrated in a comparative benchtop study<sup>2,3</sup>.

## Benchtop study findings: BIOVANCE-3L Ocular vs. ChAM & DhAM<sup>2</sup>

- Ocular epithelial cell viability significantly greater than ChAM and DhAM ( $p < 0.001$ )
- Ocular epithelial cell adhesion significantly greater as compared to ChAM and DhAM ( $p \leq 0.011$ )
- Ocular epithelial cell proliferation rate significantly greater than ChAM ( $p < 0.001$ )

ChAM=cryopreserved human amniotic membrane  
DhAM=dehydrated human amniotic membrane

## Indications for use

BIOVANCE 3L Ocular is an allograft intended for use as a biological membrane covering that provides an extracellular matrix. As a barrier membrane, BIOVANCE 3L Ocular is intended to protect the underlying tissue and preserve tissue plane boundaries. Applications include, but are not limited to, corneal and conjunctival related injuries or defects such as corneal epithelial defects, pterygium repair, fornix reconstruction, and other procedures.

## Top 10 reasons to use Biovance-3L Ocular

- **Unique 3-layer design**
- **Easy to handle**
- **No upfront preparation**
- **Decellularized** (i.e. no donor pro-inflammatory cellular debris)
- **Protects underlying tissue**
- **Ringless design**
- **Bidirectional** (i.e. can apply on either side)
- **Room temperature storage**
- **10-year shelf life**
- **Access support for patients (e.g. benefits verification)**

## Pure human amniotic tissue with an intact basement membrane<sup>1</sup>

- Devoid of cells, hormones, growth factors and cytokines
- Retention of natural proteins (e.g. collagen, laminin, fibronectin)
- Serves as a cell-friendly structure for cell attachment<sup>2</sup>
- Cell attachment is a natural stimulus for the orderly release of growth factors and cytokines<sup>1</sup>

## 4 convenient shapes & sizes to support your treatment application needs



10 mm DISC



12 mm DISC



15 mm DISC



15 mm x 20 mm

Biovance Ocular also available in single-layer design. Please ask your Verséa Ophthalmics representative for more information.

BIOVANCE 3L Ocular is contraindicated in patients with a known hyper-sensitivity to BIOVANCE 3L Ocular. If a patient has an adverse reaction related to the use of BIOVANCE 3L Ocular, immediately discontinue its use. BIOVANCE 3L Ocular should not be used on clinically infected wounds. The pouch contents are sterile if the pouch is unopened and undamaged. Do not use if package seal is broken. Discard material if mishandling has caused possible damage or contamination. Do not resterilize. BIOVANCE 3L Ocular must be used prior to the expiration date on the product pouch. BIOVANCE 3L Ocular should not be used together with a collage-nase product on the wound.

For product information, contact 1-800-397-0670. For adverse reaction reporting, contact 1-844-963-2273. Please refer to the Biovance 3L Ocular package insert for complete product information.

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[www.versea.com/ophthalmics](http://www.versea.com/ophthalmics)

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1. Bhatia M, Pereira M, Rana H, Stout B, Lewis C, Abramson S. The mechanism of cell interaction and response on decellularized human amniotic membrane: Implications in wound healing. 2007;19(8):207-217. 2. Diaz V, et al; ARVO 2022 Poster, A Comparison Study of the Effects of Ocular Scaffolds on Human Ocular Epithelial Cells. 3. Mao Y, Protzman NM, John N, et al. An in vitro comparison of human corneal epithelial cell activity and inflammatory response on differently designed ocular amniotic membranes and a clinical case study. J Biomed Mater Res. 2022;1-17. doi:10.1002/jbm.b.35186