



# Ryder Trauma Center

at the

University of Miami / Jackson Memorial  
Medical Center

August 8, 2007

Vicki Caiati  
Marketing Manager  
ALSIUS Corporation  
15770 Laguna Canyon Rd., Suite 150  
Irvine, CA 92618

Dear Vicki:

I would like to share some of my recent experiences with you regarding our use of the ALSIUS Intravascular Temperature Management System (CoolGard/Thermogard). Last year, some of our colleagues in Neurosurgery mentioned your system to us. They understood the critical need to manage hypothermia in burn patients.

We first tried the system in November 2006, on a 53 year-old male who suffered a 70% TBSA burn from an industrial accident. As you may know, a large burn debridement on a patient with a large %TBSA may have to be truncated if the patient's temperature drops too low. In this case, on day #3 post accident, we planned to excise his extremities (25% TBSA) and cover his wounds with allograft. Much to our surprise, however, we did not have to stop the case due to hypothermia. As a matter of fact, the total operative time was 3 hours and 9 minutes and we were able to complete a much more extensive debridement (> 50% TBSA) and maintain the patient temperature above 36°C for most of the case with the use of your system! Since that time, we have used your system on over 20 patients with excellent results.

We have also noticed several other benefits to using the Thermogard system:

1. After an operative procedure when the patient returns to the ICU, hypothermia may delay their dressing changes or parts of their care for up to twelve or even twenty-four hours or more until normothermia is restored and we can provide appropriate care. Using the Thermogard system perioperatively in the ICU has been instrumental in allowing our staff to continue that care without an interruption.
2. In addition to the patient benefits that the Thermogard system may provide, we have noticed significant benefits for our staff as well. Instead of keeping the OR at supranormal temperatures that are very uncomfortable for the staff, we are able to turn the temperature in the room down to a much more comfortable level and still maintain normothermia of the patient, much to the exuberance of our staff! We now have staff that used to refuse to cover the burn room complimenting us on a pleasant experience.

3. Traditionally, the burn patient will require multiple operations for excision and grafting of large burn wounds. By using the Thermogard system and catheter we feel we are able to do more at each particular operation which may decrease the total number of procedures and decrease the length of stay leading to increased cost savings and better patient outcomes.

Again, we are very pleased with your product, and wanted to share some of our experiences with you.

Sincerely,

A handwritten signature in cursive script that reads "Carl Schulman". The signature is written in black ink and is positioned above the printed name and title.

Carl Schulman, MD, MSPH, FACS  
Assistant Professor of Surgery  
DeWitt Daughtry Family Department of Surgery  
University of Miami – Miller School of Medicine