

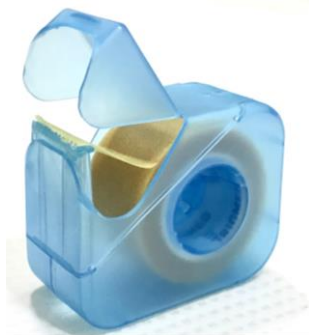
TRIOMED



Antimicrobial Medical Adhesive Tape: Porous Polymer

A critical technological advance in the field of medical adhesive tapes: TRIOMED™ incorporates a powerful antimicrobial to control microbiological contamination.

WATERPROOF



SIZES:

2.5cm x 5m
5cm x 5m

Indications for use:

- The TRIOMED™ Antimicrobial Medical Adhesive Tape: Porous Polymer is a single use, disposable device which tears easily to required size for general securement of wound dressings or other.
- Easy bi-directional tear
- Good adhesion
- Porous Polyethylene Polymer Film
- Latex free
- 3 year shelf life (proven efficacy)

Laboratory tested Advantages of the TRIOMED™ Antimicrobial Medical Adhesive Tape: Porous Polymer

- Proven to kill on the external surface of the tape at least 99.9% of gram-positive & gram-negative bacteria and viruses
- Non-cytotoxic and non-irritating
- Releases no chemicals on the patient
- Waterproof: British Standard BS EN 13726-3:2003
- Hypoallergenic



Health Canada Santé Canada

SALUD
SECRETARÍA DE SALUD



BIOMEDICAL

14163 boul. Du Curé Labelle Suite 50
Mirabel, Québec, Canada J7J 1M3
| p: 438.792.6288

WWW.I3BIOMEDICAL.COM

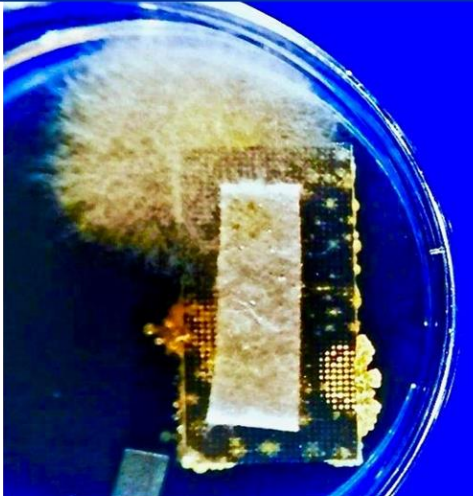
Neutralizes 99.9% of harmful pathogens on contact

All Scientific and clinical studies indicate that the external surfaces of medical & surgical tapes and dressings commonly used in healthcare settings are contaminated with pathogenic bacteria and may serve as a significant source of infection.

The patented TRIOMED™ technology incorporates a broad-spectrum and powerful Tri-iodide antimicrobial engineered to eliminate this infection risk.

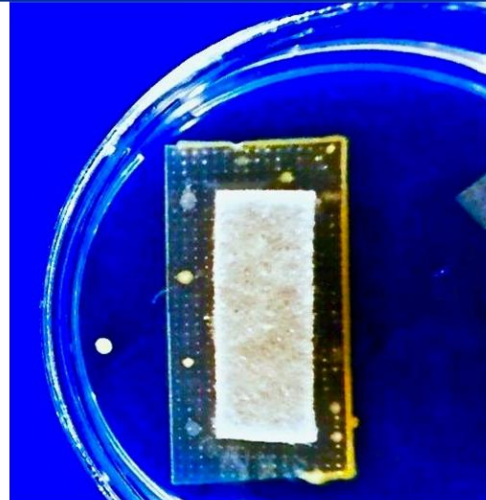
The TRIOMED™ Antimicrobial Medical Adhesive Tape: Porous Polymer will effectively kill on its external surface harmful infections and is the only existing solution to stop this widespread contamination.

Comparative study demonstrating the microbial migration from the external surface towards the internal side of commercially available medical tape versus TRIOMED™ tape



* Bacterial colonization of the inside of the tape originating solely from external contamination
Commercially available Medical Tape

VS



* NO Bacterial colonization found on the internal side originating from the external side of TRIOMED™ Antimicrobial Medical Adhesive Tape

Conclusion: As evidenced by pictures above, the commercially available medical tape's external surface contamination migrated to the inside and contaminated the wound site as well as the absorbent pad, while the TRIOMED™ Tape maintains its microbiological integrity.

REFERENCES: Scientific publications on medical tape and dressing contamination:

1. Redelmeier, DA and Livesley, NJ, Adhesive Tape and Intravascular-Catheter Associated Infections. J Gen Intern Med. Vol. 14, p. 373-375, 1999.
2. Lavelle BE. Reducing the Risk of Skin Trauma Related to Medical Adhesives. Managing Infection Control. June 2004.
3. Harris PNA, et al. Adhesive Tape in the Health Care Setting: Another High-Risk Fomite? Medical Journal of Australia. Vol. 196:1, p. 34, Jan. 16, 2012.
4. Berkowitz DM, et al. Adhesive Tape: Potential Sources of Nosocomial Bacteria. Applied Microbiology. Vol. 28, No. 4. P. 651-654, October 1974.
5. Wilcox MH, et al. A Five Year Outbreak of Methicillin-Susceptible Staphylococcus aureus Phage Type 53,85 in a Regional Neonatal Unit. Epidemiol Infect. Vol. 124. P. 37-45, 2000.
6. Dickinson M, et al. Diagnosis and Successful Treatment Complicating Endotracheal Intubation: Cutaneous Zygomycosis (Mucormycosis). Chest. Vol. 114. p. 340-342, 1998.
7. Everett ED, et al. Rhizopus Surgical Wound Infection Associated With Elasticized Adhesive Tape Dressings. Arch Surg. Vol. 114. P. 738-739, 1979.
8. Arias KM. Contamination and Cross Contamination on Hospital Surfaces and Medical Equipment. Initiatives in Safe Patient Care. Accessed at: www.intiatives-patientsafety.org
9. Cady, M, DO, Gross, J, L, Lee, I, V Tape: A potential vector for infection. JAPSF, 2011
10. G.Christiaens, M.P Hayette, D.Jacquemin, P.Melin, J.Mustsers, P. De Mol: An outbreak of Absidia Corymbifera infection associated with bandages contamination in a burns unit, The Journal of Hospital infection, September 2005, volume 61, issue 1, P.88