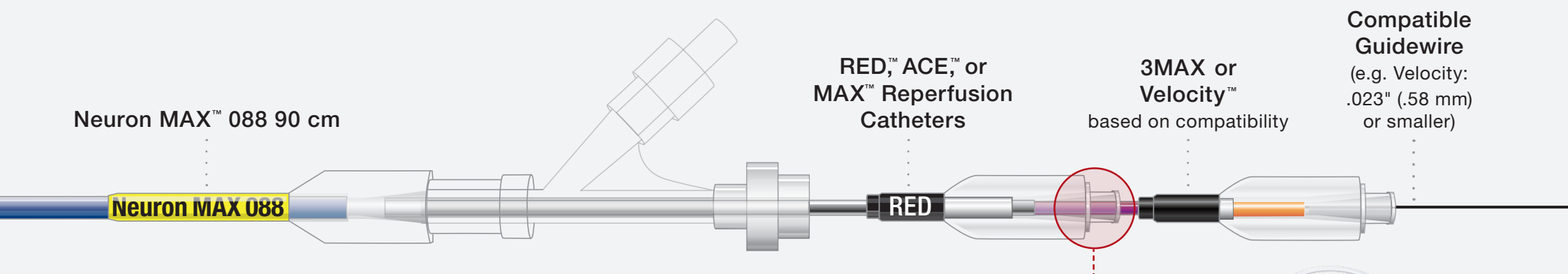
Penumbra System™ Setup

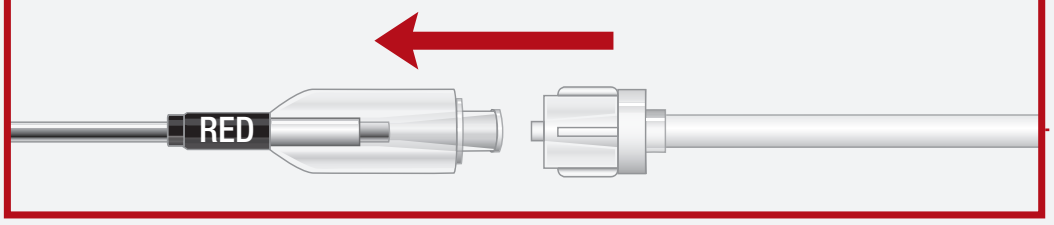


1 Turn Flow Switch "OFF" and turn Penumbra ENGINE "ON"

2 Position RED, ACE, or MAX Reperfusion Catheter at face of clot

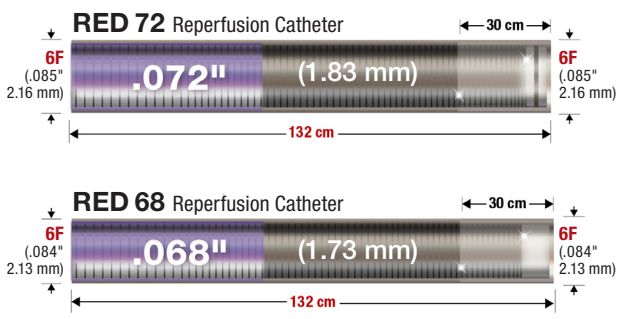
3 Remove 3MAX or Velocity and wire

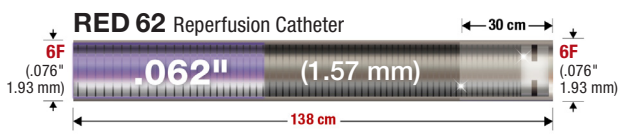
4 Connect Hi-Flow Aspiration Tubing directly to RED, ACE, or MAX Reperfusion Catheter

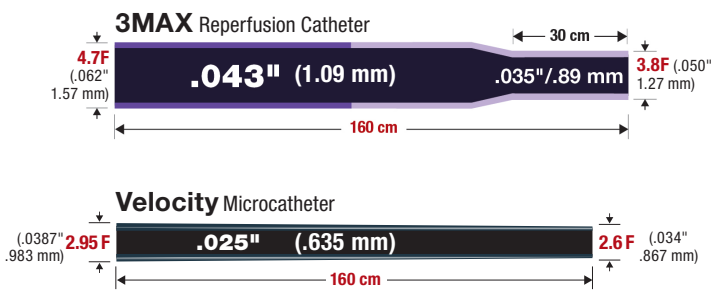


5 Engage the clot – Flip the switch to "ON"

Reperfusion Catheter Dimensions

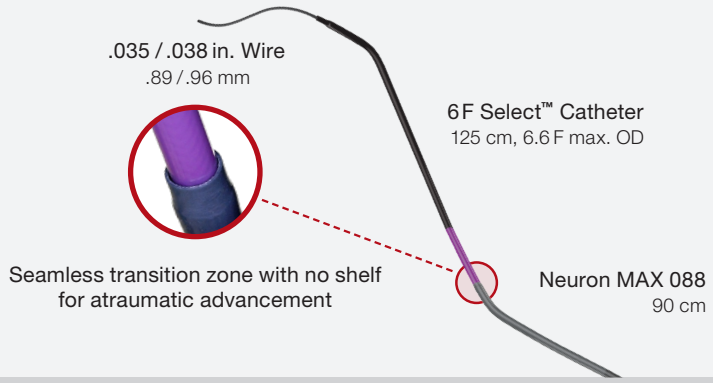




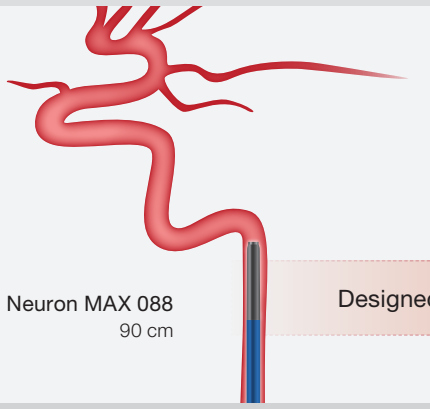


Neuron MAX 088 Delivery

1



2



Designed for Placement at High Cervical

Product availability varies by country. Prior to use, please refer to the Instructions for Use for complete product indications, contraindications, warnings, precautions, potential adverse events, and detailed instructions for use. **A summary of this information is included on the back of this poster.** Procedural and operative techniques and considerations are illustrative examples from physician experience. Physicians' treatment and technique decisions will vary based on their medical judgment. Photographs taken by and on file at Penumbra, Inc. Renderings for illustrative purposes only. Individual results may vary depending on a variety of patient-specific attributes and other factors. Please contact your local Penumbra representative for more information.

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Penumbra™

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PENUMBRA SYSTEM – Intended Use
The PENUMBRA SYSTEM is intended for use in the revascularization of patients with acute ischemic stroke secondary to intracranial large vessel occlusive disease using continuous aspiration.
Potential Adverse Events
Possible complications include, but are not limited to, the following: allergic reaction and anaphylaxis from contrast media; acute occlusion; air embolism; arteriovenous fistula; death; device malfunction; distal embolization; emboli; false aneurysm formation; hematoma or hemorrhage at access site; inability to completely removze thrombus; infection; intracranial hemorrhage; ischemia; kidney damage from contrast media; neurological deficits including stroke; vessel spasm, thrombosis, dissection, or perforation; radiation exposure that may lead to cataracts, skin reddening or burns from x-ray exposure.

PENUMBRA SYSTEM – Intended Use
The PENUMBRA SYSTEM is intended to remove thrombus and restore blood flow in the neurovasculature using aspiration.
Potential Adverse Events
Possible complications include, but are not limited to, the following: allergic reaction and anaphylaxis from contrast media or device material; acute vessel occlusion; air embolism; arrhythmia; arteriovenous fistula; death; foreign body embolization; emboli; pseudoaneurysm; hematoma or hemorrhage at access site; residual thrombus due to inability to completely remove thrombus; infection; inflammation; intracranial hemorrhage; ischemia; renal impairment or acute renal failure from contrast media; neurological deficits including stroke; vessel spasm, thrombosis, dissection, or perforation; radiation exposure that may lead to cataracts, skin reddening, burns, alopecia, or neoplasia from x-ray exposure

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PENUMBRA ENGINE – Intended Use
The PENUMBRA ENGINE is intended as a vacuum source for Penumbra Aspiration Systems.

NEURON MAX System – Intended Use
The NEURON MAX System is intended for the introduction of interventional devices into the peripheral, coronary, and neuro vasculature.
Potential Adverse Events
Possible complications include, but are not limited to, the following: acute occlusion; air embolism; death; distal embolization; emboli; false aneurysm formation; hematoma or hemorrhage at puncture site; infection; intracranial hemorrhage; ischemia; neurological deficits including stroke; vessel spasm, thrombosis, dissection, or perforation.

Penumbra Delivery Microcatheters – Intended Use
The Penumbra Delivery Microcatheters are intended to assist in the delivery of diagnostic agents, such as contrast media, and therapeutic agents, such as occlusion coils to the peripheral and neuro vasculature.
Potential Adverse Events
Possible complications include, but are not limited to, the following: acute occlusion; hematoma or hemorrhage at access site; death; intracranial hemorrhage; hemorrhage; infection (at access site); distal embolization; ischemia (cardiac and/or cerebral); embolus (air, foreign body, thrombus, plaque); aneurysm perforation; false aneurysm formation; neurological deficits including stroke; vessel spasm, thrombosis, dissection, perforation or rupture; air embolism; emboli.