

Corporate Presentation

As of June 30, 2018

NASDAQ: AXGN



Safe Harbor Statement

This Presentation contains "forward-looking" statements as defined in the Private Securities Litigation Reform Act of 1995. These statements are based on management's current expectations or predictions of future conditions, events, or results based on various assumptions and management's estimates of trends and economic factors in the markets in which we are active, as well as our business plans. Words such as "expects," "anticipates," "intends," "plans," "believes," "seeks," "estimates," "projects," "forecasts," "continue," "may," "should," "will," and variations of such words and similar expressions are intended to identify such forward-looking statements. The forward-looking statements may include, without limitation, statements regarding our assessment on our internal control over financial reporting, our growth, our 2018 guidance, product development, product potential, financial performance, sales growth, product adoption, market awareness of our products, data validation, our visibility at and sponsorship of conferences and educational events.

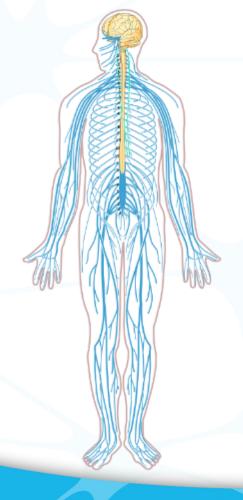
The forward-looking statements are subject to risks and uncertainties, which may cause results to differ materially from those set forth in the statements. Forward-looking statements in this release should be evaluated together with the many uncertainties that affect AxoGen's business and its market, particularly those discussed in the risk factors and cautionary statements in AxoGen's filings with the Securities and Exchange Commission. Forward-looking statements are not guarantees of future performance, and actual results may differ materially from those projected. The forward-looking statements are representative only as of the date they are made and, except as required by law, AxoGen assumes no responsibility to update any forward-looking statements, whether as a result of new information, future events, or otherwise.



The AxoGen Platform for Nerve Repair







The Nervous System

Central Nervous System (CNS)

Brain and Spinal Cord - yellow

Peripheral Nervous System (PNS)
All other nerves - blue

AxoGen is Dedicated to Peripheral Nerve Repair



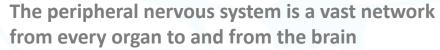
The Function of Nerves

Nerves are like wires

- Transfer signals across a network
- If cut, data cannot be transferred
- If crushed, short circuits and data corruption may occur







- Sensory
- Motor
- Autonomic



Consequences of Peripheral Nerve Damage

Numbness and Loss of Sensation

Partial or Full Loss of Movement

Chronic, Debilitating,
Stabbing, Radiating
Pain

Reduced
Quality of Life



Peripheral Nerve Functions

SENSORY

- Pressure
- Touch
- Temperature
- Pain
- Location



MOTOR

Fine motor control

Stability

Mobility



AxoGen is the Pre-eminent Nerve Repair Company

- ✓ Exclusive focus on peripheral nerve repair and protection solutions
- ✓ Comprehensive product portfolio addresses 900,000+ procedures
- ✓ \$2.2B+ market opportunity
- ✓ "Five Pillar" Market Development Strategy delivered 30 consecutive quarters of YOY double-digit growth

Q2 2018 Revenue	\$20.6M, 36% growth vs Q2 2017
2017 Revenue	\$60.4M, 47% growth vs 2016
High Gross Margins	84.9% as of June 30, 2018
Cash as of June 30, 2018	\$133.6M

- ✓ Solid balance sheet provides resources to execute business plan
- ✓ Significant barriers to competitive entry including a growing body of clinical data
- ✓ Strong management team with track record of commercial success
- ✓ Expansion opportunities beyond current markets



How are Nerves Injured?

Repair

Transections

Motor vehicle accidents, power tool accidents, battle field injuries, gunshot wounds, surgical injuries, natural/other disasters

Protect



Compression

Carpal, cubital, tarsal tunnel revision, blunt trauma, previous surgery



Patients are our First Priority



Pablo

- Benign tumor was found encompassing a large portion of his chin and inferior alveolar nerves on both sides of his face
- Jaw and nerve reconstruction performed by Dr. Ramzey Tursun, Miami,
 FL
- Repaired with Avance® Nerve Graft and AxoGuard® Nerve Connector
- Back to his social life and work as a cabinetry customer care specialist



Erica

- At the age of six, suffered a partial hand amputation
- Suffered significant nerve damage to much of her hand
- Hand replant and nerve repairs were performed by Dr. Jeffrey Yao, Stanford, CA
- Avance® Nerve Graft was used to reconstruct her injured nerve tissue
- Now a vibrant and active 15-year-old



John

- Hand smashed through a glass door during an accidental fall
- Severed his median and ulnar nerves
- Nerves were repaired by Dr. Nirav Gupta, Ocala, FL
- Repaired with Avance® Nerve Graft and AxoGuard® Nerve Connector
- Back to working out and studying engineering



Veronica

- Benign tumor was found on the right side of her jaw involving her inferior alveolar nerve
 - Jaw and nerve reconstructions performed by Dr. Michael Miloro, and Dr. Brent Markiewicz, Chicago, IL
- Repaired with Avance® Nerve Graft and AxoGuard® Nerve Connector
- Back to school and Taekwondo



Shareda

- Mother of two with a deep glass laceration to the wrist
- Severed her ulnar nerve resulting in loss of nerve function
- Ulnar nerve was repaired by Dr. Michael Friel, New Orleans, LA
- Repaired with Avance® Nerve Graft and AxoGuard® Nerve Protector
- Back to work as a typist



David

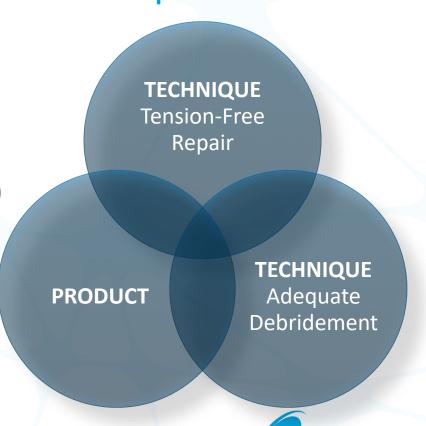
- Marathon runner forced to stop running
- Suffered from a compressed peroneal nerve
- Nerve repaired by Dr. Shawn O'Leary, Arlington Heights, IL
- AxoGuard® Nerve Protector was used to wrap his damaged nerve
- Recently completed his 50th marathon



Best Practices of Nerve Repair

TECHNIQUE + PRODUCT

- Tension-Free repair
- Adequate resection (remove nerve scar tissue)
- Scaffold to direct and support growth
- Protection from soft tissue attachments
- Manage Inflammation





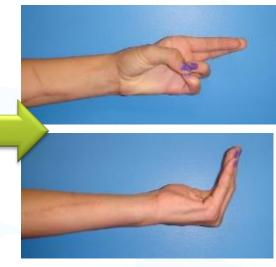
Peripheral Nerves are Capable of Regeneration with Appropriate Guidance and Protection

GOALS OF REPAIR

- Restore sensation and muscle function
- Prevent neuroma / chronic pain





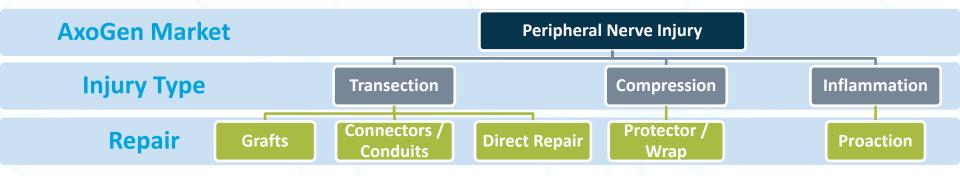


Pictures provided courtesy of Bauback Safa, MD, MBA, FACS and The Buncke Clinic





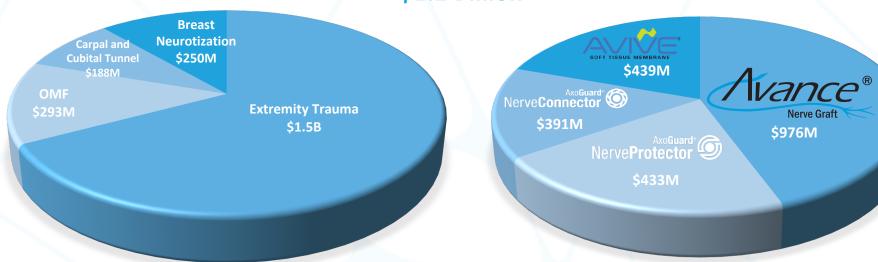
Peripheral Nerve Injuries and Repair Paradigm





Current Targeted Nerve Markets (U.S.)

AxoGen Current Target Markets \$2.2 Billion



Over 900,000 Procedures Annually in U.S.:

Extremity Trauma 719,000¹
Carpal/Cubital Tunnel 118,000²
OMF 80,350³
Breast Neurotization 14,500⁴



Breast Reconstruction – Every Woman's Right

Raise the bar in outcomes for breast reconstruction





It's time to rethink nerve repair.™

Breast Reconstruction Neurotization \$250 Million Market Opportunity

307,660 BREAST CANCER PATIENTS³⁴ **113,834 MASTECTOMIES**³⁵ vs Breast Conserving options (Lumpectomy) 20,650 AUTOLOGOUS **RECONSTRUCTIONS**³⁶ 14,500 APPLICABLE PATIENTS⁴ vs implant based reconstructions 65% Bilateral 24,000 BREAST RECONSTRUCTIONS³⁷ 65% Dual Neurotization

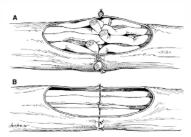


Traditional TRANSECTION Repair Options are Not Optimal

SUTURE

Direct suture repair of no-gap injuries

- Common repair method
- May result in tension to the repair leading to ischemia
- Concentrates sutures at the coaptation site



AUTOGRAFT

Traditional "Gold Standard" despite several disadvantages

- Secondary surgery
- Loss of function and sensation at harvest site
- 27% complication rate including infection, wound healing and chronic pain⁵
- Limited availability of graft length and diameter

HOLLOW-TUBES

Convenient off the shelf option; limited efficacy and use

- Provides only gross direction for regrowth
- Limited to small gaps
- 34%-57% failure rate >5mm gaps⁶
- Semi-rigid and opaque material limits use and visualization
- Repair reliant on fibrin clot formation

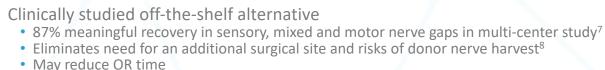






AxoGen Solutions for TRANSECTION Repair





Structural support for regenerating axons

- Cleansed and decellularized extracellular matrix (ECM)
- Offers the benefits of human peripheral nerve micro-architecture and handling

Processed human nerve allograft for bridging nerve gaps

Revascularizes and remodels into patient's own tissue similar to autologous nerve⁸

16 Size options in a variety of lengths (up to 70mm) and diameters (up to 5mm)

Only minimally processed porcine ECM for connector-assisted coaptation

Alternative to direct suture repair

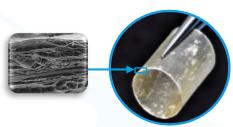
- May reduce surgery time by as much as 40%⁹
- Reduces the risk of forced fascicular mismatch¹⁰

Alleviates tension at critical zone of regeneration

- Disperses tension across repair site 11
- Moves suture inflammation away from coaptation face⁹

Revascularizes and remodels into patient's own tissue^{12, 13, 14, 15}







Compelling Economic Value Proposition to Hospitals



- CMS announced new CPT codes for nerve allograft, effective January 1, 2018 (CMS-1676-F)
 - Nerve Repair, with nerve allograft, each nerve, first strand (cable), CPT: 64912
 - Nerve Repair with nerve allograft, each additional strand, CPT: 64913
- Result of approval by the American Medical Association and CPT Advisory Committee
- Reflects clinical evidence supporting Avance® processed nerve allograft
- Medicare reimbursement for hospital in-patient ranges from \$11,514 \$22,948¹⁶

Reduces overall procedure costs

- Eliminates cost of additional OR time for autograft nerve harvest; saves 30-90 minutes in procedure time^{17, 18}
- May save \$3,200 to \$9,500 per procedure¹⁹
- May allow the use of cheaper local or regional anesthesia versus general anesthesia²⁰

Prevent costs associated with potential complications from nerve autograft procedure^{21,22}

- Surgical Site Infections at harvest site, may exceed \$20,000 per case
- Eliminate costs of increased hospitalization due to SSI, 9.7 days on average

Increase OR efficiency

May increase time available for additional OR procedures²³





Traditional **COMPRESSION** Repair Options are Not Optimal

VEIN WRAPPING

Autologous vein

- Barrier to attachment to surrounding tissue
- Requires extra time and skill to perform spiral wrapping technique
- Second surgery site

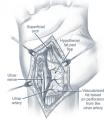


Sotereanos DG, et al., Microsurgery 1995

HYPOTHENAR FAT PAD

Autologous vascularized flap

- Barrier to attachment to surrounding tissue
- Only wraps part of the nerve circumference
- Increases procedure time



Lippincott and Williams

COLLAGEN WRAPS

Off-the-shelf

- · Semi-rigid material limits use
- Degrades over time and does not provide a lasting barrier to soft tissue attachment





AxoGen Solutions for **COMPRESSION** Repair Offer Advantages



Minimally processed porcine extracellular matrix for wrapping and protecting injured peripheral nerve

- Protects repair site from surrounding tissue
 - Minimizes soft tissue attachments²⁴
 - Allows for diffusion of nutrients through the material¹²
- Allows nerve gliding
 - Minimizes risk of entrapment²⁴
 - Creates a barrier between repair and surrounding tissue bed²⁴
- ECM Revascularizes and remodels into patient's own tissue^{11, 12, 25}
- Easy to use
 - Semi-translucent to allow visualization of underlying nerve
 - Conforms to nerve



Options for Management of INFLAMMATION are Not Optimal

DO NOTHING

 Inflammation in and around the peripheral nerve can result in swelling and increased internal pressure within the nerve, leading to ischemia, impaired nerve function, and pain

AUTOLOGOUS FAT FLAP

- Barrier to attachment to surrounding tissue
- May only wrap part of the nerve circumference
- Increases procedure time

PLACENTAL AMNION

- Very thin, handling is not optimal for nerve surgical applications
- Resorbed too quickly; in wound care applications must be reapplied bi-weekly



AxoGen Proactive Solution for INFLAMMATION





Avive Soft Tissue Membrane is minimally processed human umbilical cord membrane that may be used as a resorbable soft tissue covering to separate tissues and modulate inflammation in the surgical bed.

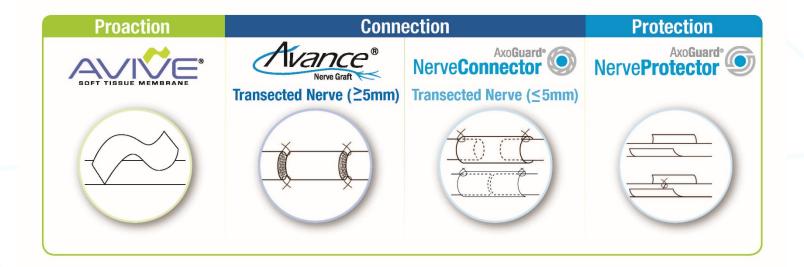
Smart processing to preserve the natural properties of the umbilical cord amniotic membrane

Designed with the Nerve Surgeon in Mind:

- Easy to handle, suture, or secure during a surgical procedure
- Up to 8x thicker than placental amniotic membrane alone²⁶
- Specifically designed as a soft tissue covering to modulate inflammation, and provide a longer resorption profile to separate the tissue layers for at least 16 weeks²⁷



AxoGen Surgical Solution Portfolio





IP and Regulatory Protection



Avance® Nerve Graft is processed and distributed in accordance with US FDA requirements for Human Cellular and Tissue-based Products (HCT/P)

IP Protection to 2022 and beyond

Issued U.S. Patents

6972168 8986733 7402319 7851447 7732200 8758794 6696575 9996729 New (non-biosimilar) Competitive BLA product estimated 8 years

AxoGen has Enforcement
Discretion from FDA allowing
continued sales under controls
applicable to HCT/Ps with agreed
transition plan to regulation as a
Biologic Product under a Biologic
License Application (BLA) if
approved.

A new (non-biosimilar) competitive processed nerve allograft would need to complete clinical testing and obtain BLA approval prior to clinical release.

Expected Biosimilar Protection –12 years exclusivity

reference product for the category of processed nerve allograft

Avance® expected to be the





Expansion of Nerve Repair Product Portfolio



A nerve function evaluation system designed to be used as a tool for surgeons and other allied health professionals in **measuring**, **mapping**, and **monitoring** of patients with peripheral nerve injuries and conditions

- Pressure Specified Sensory Device / PSSD
 - Patented, first-in-class somatosensory measurement device combines nerve density assessment with pressure threshold sensitivity. Measures both 1-point and 2-point discrimination and the pressure applied
- AcroGrip® Device
 - Hand grip strength measurement measures the total strength of the hand, including the ulnar and radial forces
- AcroPinch® Device
 - Measures the pinch force of a patient's fingers

Measurement tool to assist in detecting changes in sensation, assessing return of sensory function, establishing effective treatment interventions, and providing feedback to the patients.

- Set of two aluminum discs
- Two point discrimination between 2 to 15 mm
- Additional 20 and 25 mm spacing also provided



AxoGen Comprehensive Portfolio of Peripheral Nerve Products

SURGICAL

















EVALUATION











Market Development Strategy

Build Market Awareness

Educate Surgeons, Develop Advocates

Grow Body of Clinical Evidence

Execute Sales Plan

Expand Product Pipeline & Applications



Market Development Strategy



AxoGen.

Focus on Building Awareness Among Surgeons, Patients, and Investors

Participate in Clinical Conferences

☐ Exhibits, Podium presentations, KOL panels

Promote Awareness Among Patients

AxoGen Patient Ambassador Program

Garner Positive Media Attention

□ National, Regional, and Local Broadcast,

Print, and Online





Build Market

Emphasis on Education

2016: 13 National Programs

2017: 15 National Programs

2018: 18 National Programs Expected

- ☐ Educate on "best practices" of nerve repair
- □ Local Grand Rounds and handling labs
- □ Fellows education training the next generation of surgeons, expect to train two-thirds of hand surgeon Fellows in 2018
- □Nerve Matters® Online surgeon forum for sharing cases and techniques







Strong Commitment to Developing Clinical Evidence

RANGER® Study: Avance® Nerve Graft On-going registry study

- ☐ The largest multi-center clinical study in peripheral nerve repair, over 1,400 Avance® nerve repairs enrolled to date
- Overall meaningful recovery rates of 84-87%; comparable to autograft outcomes without associated donor site comorbidities
- ☐ Five peer reviewed publications, referenced over 220 times, and more than 50 clinical conference presentations

Significant Improvement over Manufactured Conduit

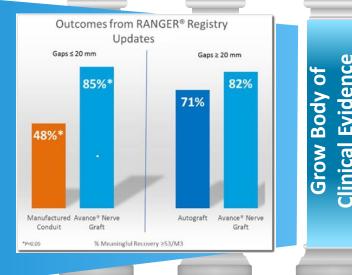
- ☐ Sensory^{28, 29, 30} Motor^{28,30}
- ☐ Complication Rate^{29,30}

Comparable to Autograft^{28,30}

- ☐ Sensory^{28,29,30}
- □ Motor^{28,30}

Predictable Performance^{28,29,30}

Reproducible Outcomes^{28,29,30}







RECON Study: Enrollment Ongoing

- □ Prospective, randomized study of Avance® Nerve Graft controlled vs hollow-tubes in digital injuries 5 to 25mm
- ☐ IND Pivotal Study to support BLA Submission

CHANGE Study: Completed and published²⁹

- □ Prospective, randomized study comparing Avance® Nerve Graft to hollow tube repairs in digital injuries 5mm to 20 mm
- ☐ Pilot study for Avance® Nerve Graft IND Study for Biological License Application (BLA)
- ☐ Showed statistically significant difference between treatment groups
- ☐ Investigators of the AxoGen sponsored CHANGE study received the "Hand Journal Award," a recognition given by the journal's editorial board to the manuscript that is considered the most impactful and interesting of the year



XOU

Grow Body of Clinical Evidence

Strong Commitment to Developing Clinical Evidence



90% Return of Sensory Function³⁰

86% Return of Motor Function³⁰

Safe: No Donor Site Morbidity³⁰

Study	n	Gap (mm)	Nerve Injury	Repair Technique	Successful Repair	
RANGER® Control ³⁰	34	10-30	Digital and Mixed	Conduit	51%	
Wangensteen and Kalliainen	64	3-25	Sensory, Mixed, and Motor	NeuraGen®	43%	,
Chiriac et al.	16	2-25	Digital	Neurolac™	44%	
Haug et al.	35	5-26	Digital	NeuraGen®	40%	F
Taras et al.	22	5-17	Digital	NeuraGen®	72%	
Chiriac et al.	12	2-25	Median and Ulnar	Neurolac™	8%	1
RANGER® Control ³⁰	13	10-60	Digital and Mixed	Autograft	71%	
Kallio et al.	77	<50	Digital	Autograft	60%	
Frykman and Gramyk	14 1	<50	Digital	Autograft	88%	
Frykman and Gramyk			Ulnar/ Median	Autograft	60- 80%	
Kim and Kline	7/ 15		Ulnar/Median	Autograft	57- 67%	
Vastamaki et al	14	≤ 35	Ulnar	Autograft	57%	

It's time to rethink nerve repair.™





Sales Execution Focused on Driving Results

- □ Continue expansion thru driving penetration in active accounts and adding new active accounts
- □ 5,100 potential U.S. accounts performing nerve repair
- □ 634 Active accounts as of June 30, 2018

Expanded Sales Reach

- □ U.S. sales team
 - □ 72 direct sales professionals as of June 30, 2018
 - □ 19 independent agencies as of June 30, 2018
 - □ 80+ direct sales professionals by end of 2018





Commercial Strategy 20 to 25 Breast Neurotization Centers

Build Market Awareness

- Digital marketing for patients
- •Increased awareness of the issues and solution through media and PR efforts
- •Focused co-marketing agreements with Reference Centers

Emphasis on Education

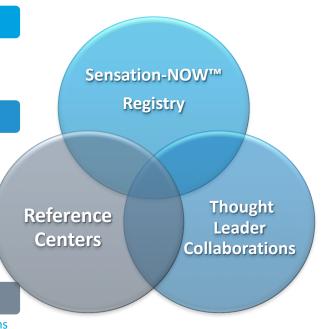
- Train residents and fellows
- •Create a library of resources focused on techniques
- Nerve Matters®

Develop Clinical Evidence

- •Sensation-NOW™ (Sensation Neurotization Outcomes for Women) Registry
- •Single vs Dual Neurotization randomized prospective study
- Additional investigator initiated clinical studies and sponsored studies

Focused Sales Executions

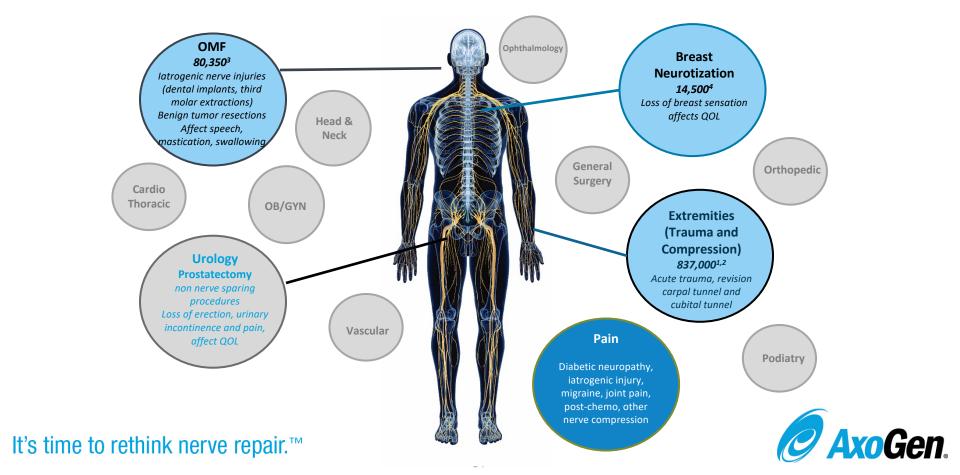
• Accelerate adoption of our ReSensation™ technique at Reference Centers and Sensation-NOW™ locations





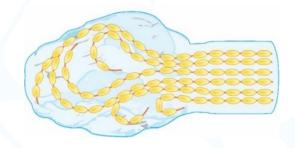
Expand the Opportunity in Nerve Repair AxoGen. Market **Future Market Expansion Development** Pipeline & Applications **Expand Product** Core Business International **Product Expansion Pipeline AxoGen**. It's time to rethink nerve repair.™ 38

Platform for Nerve Repair Across Multiple Applications



Future Expansion Application – Neuroma Management

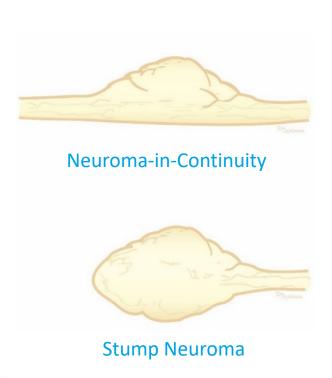
• A neuroma is a tangled mass of disorganized nerve and fibrous tissue



• If not properly diagnosed and addressed, the management of these injuries require long term pharmacologic treatment and pain management



Neuromas Form Following Surgery or Trauma



Etiology	Examples
General Surgery	Hernia repair Mastectomy Lap. Cholecystectomy
Gynecology surgery	C-section Hysterectomy
Orthopedics	Arthroscopy Amputation Knee replacement
Other Causes	Post traumatic injury Occipital neuralgia





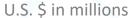


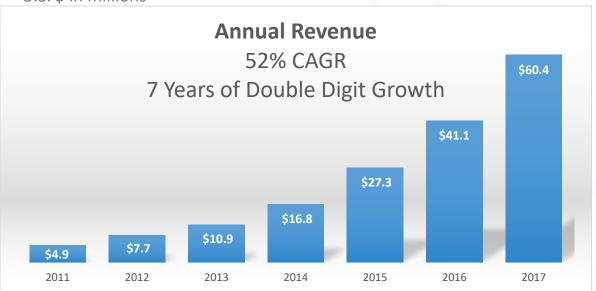
AxoGuard® NerveCap

- Patented method for protecting against neuromas #9,629,997
- U.S. FDA Clearance K163446
 - Indicated to protect a peripheral nerve end and separate the nerve from the surrounding environment to reduce the development of symptomatic or painful neuroma
- Conducting clinical evaluation and user preference studies in 2018



Delivering Strong Consistent Revenue Growth & Gross Margin







84.9% Gross Margin for the quarter ended June 30, 2018



Balance Sheet and Capital Structure

Balance Sheet Highlights	June 30, 2018
Cash	\$133.6 Million
Total Bank Debt*	\$0
Capital Structure (shares)	June 30, 2018
Common Stock	38,310,884
Common Stock Options, RSUs, PSUs	4,594,807
Common Stock and Common Stock Equivalents	42,905,691

^{*}On May 22, 2018 the Company repaid in full its \$25 million outstanding debt, which included accrued interest up to the date of payoff, a prepayment fee of \$620,000 and an exit fee of \$1,050,000. This repayment of debt will save the Company an estimated \$2.4 million in annual interest and fees.



Executive Team



Karen Zaderej, MBA Chairman, Chief Executive Officer, and President J&J (Ethicon)



Peter Mariani Chief Financial Officer Lensar, Hansen, Guidant



Greg Freitag, JD, CPA General Counsel and SVP Business Development Pfizer, Guidant



Jon Gingrich Chief Commercial Officer Hologic, Boston Scientific



Shawn McCarrey SVP, Sales Bayer, Medrad, Possis



Greg Davault
VP of Marketing
Ekso Bionics,
Given Imaging



Kaila Krum
VP, Investor Relations and
Corporate Development
William Blair



Mark Friedman, PhD VP, Regulatory and Quality Assurance AtriCure, Enable Medical



Mike Donovan
VP, Operations
Zimmer



Erick DeVinney
VP, Clinical and
Translational Sciences
Angiotech,
PRA International



Ivica Ducic, M.D. Medical Director Plastic Surgeon, Georgetown, Washington Nerve Institute



Dave Hansen

VP, Finance and Treasurer

Perma-Fix, Kraft



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- ✓ Strong management team with track record of commercial success
- ✓ Expansion opportunities beyond current markets





NASDAQ: AXGN

Deloitte Technology Fast 500: 2014, 2015, 2016, 2017

Russell 2000 Index: June 2016

DecisionWise Intl Employee Engagement Best Practices Award Winner: 2018



Footnotes

- 1. Noble, et al., "Analysis of Upper and Lower Extremity Peripheral Nerve Injuries in a Population of Patients with Multiple Injuries", Journal of Trauma, Vol 45, 2008
- University of Maryland Medical Center, Carpal Tunnel Syndrome Surgery.
- 3. Friedman, "The Prophylactic Extraction of Third Molars: A Public Health Hazard," American Journal of Public Health, Vol 97, 2007 Alhassani, "Inferior Alveolar Nerve Injury in Implant Dentistry: Diagnosis, Causes, Prevention, and Management, Journal of Oral Implantology, Vol. 36, 2010 Mille, et al., "Nerve Injuries after Dental Injection: A Review of the Literature", Clinical practice, Vol 72, 2006. McClary, et al., American Journal of McClary, et al., American Association of Oral and Maxillofacial Surgeons Position Paper on Medication-Related Osteonecrosis of the Jaw-2014 Update. J Oral Maxillofac Surg 72:1938-1956, 2014. Agbaje, et al., Systematic review of the incidence of inferior alveolar nerve injury in bilateral sagittal split osteotomy and the assessment of neurosensory disturbances. Int J Oral Maxillofac Surg. 2015 Apr;44(4):447-51.
- 4. 2016 ASPS Plastic Surgery Statistics Reports, Includes Latissimus Dorsi Flap, Distribution based on ASPS Data
- 5. Rappaport ,et al., "Clinical utilization and complications of sural nerve biopsy", American Journal or Surgery , Vol 166, 1993
- 6. Weber, et al., "A randomized prospective study of polyglycolic acid conduits for digital nerve reconstruction in humans", Plast Reconstr Surg., Vol 106, 2000 Wangensteen et al., "Collagen tube conduits in peripheral nerve repair: a retrospective analysis", Hand Vol 5, 2010
- 7. Brooks, et al., "Processed nerve allografts for peripheral nerve reconstruction: a multicenter study of utilization and outcomes in sensory, mixed, and motor nerve reconstructions", Miscrosurg, Vol 32, 2012
- 8. Whitlock, et al., "Processed allografts and type I collagen conduits for repair of peripheral nerve gaps", Muscle & Nerve, Vol 6, 2009
- 9. Boechstyns, et al., "Collagen conduit versus microsurgical neurorrhaphy: 2-year follow-up of a prospective, blinded clinical and electrophysiological multicenter randomized, controlled trial", J hand Surg Am, Vol 38, 2013
- Brushart, et al., "Selective reinnervation of distal motor stumps by peripheral motor axons", Exp Neurol, Vol 97, 1987
- 11. Schmidhammer, et al., " Alleviated tension at the repair site enhances functional regeneration: the effect of full range of motion mobilization on the regeneration of peripheral nerves—histologic, electrophysiologic, and functional results in a rat model", J Trauma, Vol 56, 2004
- 12. Badylak, et al., "Small intestinal submucosa: a substrate for in vitro cell growth", J Biomater Sci Polym Ed, Vol 9, 1998
- 13. Hodde, et al., "Effects of sterilization on an extracellular matrix scaffold: Part II. Bioactivity and matrix interaction", J Mater Sci Mater Med, Vol 18, 2007
- 14. Nihsen, et al., "Bioactivity of small intestinal submucosa and oxidized regenerated cellulose/collagen", Adv Skin Wound Care, Vol 21, 2008
- Data on file at AxoGen, Inc.

10.

17.

- Hospital IDC-10-CM 2017, Volumes 1, 2 &3. American Medical Association, Chicago, IL for MS-DRG 40, 41, 42
 - Intra-Service times based on median intra-service times for CPT codes (64885-6, 64890-93, 64895-98, 64910-64911) provided by CMS, Physician Fee Schedule
- 18. http://my.clevelandclinic.org/ccf/media/files/Patients/cleveland-clinic-main-charges.pdf
- 19. 2018 MS-DRG relative weight multiplied by 2-18 rate per IPPS Final Rule, as calculated by MCRA, payment rate will vary by facility. Calculation includes labor, related, non related and capital payment rates
- 20. Leblanc MR, et al. A detailed cost and efficiency analysis of performing carpal tunnel surgery in the main operating room versus the ambulatory setting in canada. Hand (New York, N.Y.) 2007;2(4):173-178.
- 21. De Lissovov, et al., "Surgical site infect: Incidence and Impact on hospital utilization and treatment costs", Am J Infect control, Vol 37, 2009
- 22. Shepard, et al., "Financial Impact of Surgical Site Infections on Hospitals: The Hospital management Perspective", JAMA Surg, Vol 148, 2013
- 23. Days OR time saved based on analysis of data (Magellan Medical Technology and AxoGen® Internal Data) and based on average of 8 and 12 hour days
- 24. Kokkalis, et al., "Assessment of processed porcine extracellular matrix as a protective barrier in a rabbit nerve wrap model", J Recon MicroSurg, Vol 27, 2011
- Data on file at AxoGen, Inc.
- Data on file at AxoGen, Inc.
- Data on file at AxoGen, Inc.
- 28. Kakar, et al., "What's New in Hand Surgery", J Bone Joint Surg Am, Vol 98, 2016
- 29. Means, et al., "A Multicenter, Prospective, Randomized, Pilot Study of Outcomes for Digital Nerve Repair in the Hand Using Hollow Conduit Compared With Processed Allograft Nerve", Hand (N Y). Vol 11, 2016



Footnotes

- 30. Safa, et al., "Autograft Substitutes: Conduits and Processed Nerve Allografts", Hand Clin, Vol 32, 2016
- 31. https://d2wirczt3b6wjm.cloudfront.net/News/Statistics/2015/plastic-surgery-statistics-full-report-2015.pdf
- Haroutiunian, et al., "The neuropathic component in persistent postsurgical pain: a systematic literature review", Pain, Vol 154, 2013
- 33. Pro forma amounts reflect the impact of the equity raise and the debt refinancing completed in October had the transactions taken place on September 30, 2016. The Company sold a total of 2,683,334 shares at \$7.50 and received proceeds, net of underwriter's discounts and offering expenses, of \$18.6 million. Additionally, the company refinanced its previous \$25.0 million debt facility with Three Peaks Capital into a new facility with MidCap Financial. The new facility provides for up to \$31.0 million of debt comprised of a \$21.0 million term loan and a \$10.0 million revolving line of credit. The revolver may be increased to \$15.0 million at a later date at the Company's request and with the approval of MidCap. Borrowings under the revolver are subject to the available borrowing base which, at closing was \$5.4 million, and the company drew \$4.0 million. At closing, the interest rate was 8.5% on the Term Loan and 5.0% on the revolver. The company anticipates that annual interest cost savings of this new facility will be at least \$1.5 million compared to the previous facility. Expenses and fees of approximately \$600,000 were paid in October to complete the refinancing, and prepayment fees of approximately \$2.3 million were owed to Three Peaks Capital and were paid from the company's own funds.
- 34. Historical Incidence based on NIH National Cancer Institute http://www.breastcancer.org/symptoms/understand bc/statistics; Growth rate based on CAGR 2015 2017
- 35. Siegel, et al., "Cancer treatment and survivorship statistics, 2012", CA Cancer J Clin, Vol 62, 2012.2016 ASPS Plastic Surgery Statistics Reports from 2012 2016 ASPS = Includes reconstructive revisions and reconstructions of large, breast-conserving surgeries (Lumpectomy)
- 36. 2016 ASPS Plastic Surgery Statistics Reports, Includes TRAM, DIEP, and "Other Flaps", Distribution based on 2016 ASPS Data

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