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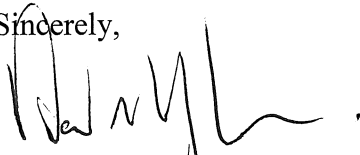
To Whom It May Concern:

I am writing as a clinical practitioner and scientist who has used Biobrane in my clinical practice with thousands of patients over the last 30 years, and as a clinical investigator who has had experience in the utilization of Biobrane and *AWBAT*TM during their development and in preliminary clinical research trials. I have been the President of the American Burn Association, the International Society of Burn Injuries, and the Society of University Surgeons. I have written over 900 peer reviewed articles, 150 chapters and ten books on burns.

I believe Biobrane has been one of the most important contributions to improving outcomes in second degree burns and decreasing donor site morbidity during the last three decades. Biobrane applied immediately to second degree wounds or donor sites has allowed them to heal more quickly and with less pain than any other available treatment. In 2008-2009 I had the opportunity to compare Biobrane to Aubrey Woodroof 's new invention *AWBAT*TM in clinical trials. In early 2010, I evaluated *AWBAT*TM Plus with its novel biological coatings. The latter stimulates cell attachment and proliferation and a host of other desirable healing properties (ePlasty September 15, 2010) and has all the salutary properties of Biobrane with the substantial clinical advantages of allowing more fluid to escape through the dressing giving it better adherence to the underlying burn or donor site. Wound healing of second degree burns and donor sites are even more rapid with *AWBAT*TM Plus than with Biobrane. Dr. Woodroof has continued to revise and improve wound treatment agents with his 2013 invention of AWOD which is a variable porosity temporary skin substitute that enables the clinician to control porosity using precision rows of slits from zero to what is needed.

I have known Aubrey Woodroof professionally for over 30 years. We have collaborated in educational and professional endeavors. Dr. Woodroof has made great contributions to burn care through his inventions and tireless efforts to educate burn care professionals in their use.

Sincerely,



David N. Herndon, MD