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INSTRUCTIONS FOR USE

Versalock Proximal Tibial Plating System

GENERAL INFORMATION

- Single-use product, do not reuse, even if it is in perfect condition;
- Non-sterile supplied product;
- Sterilize before use, according to recommended sterilization method;
- Prohibited reprocessing.

INDICATIONS FOR USE

The Versalock Proximal Tibial Plating System is intended to be used for internal bone fixation for bone fractures, fusions, osteotomies and nonunions in the proximal tibia.

CONTRAINDICATIONS

Patients with any clinical condition described below should not undergo procedures in which Versalock Proximal Tibial Plating System implants are used:

- Active infection or history of recent infection of local bone tissue or soft tissue;
- Osteometabolic diseases that cause fragility or reduction of bone mass;
- Insufficient or low-quality bone mass;
- Inadequate vascularization at the implant placement site that may compromise adequate blood supply to the implantation site;
- Patients with previously placed implants that may compromise implantation and/or interfere with the product;
- Drug abuse and alcoholism;
- Fever;
- Pregnancy;
- Allergy and/or sensitivity to metals; and
- Patients unable to follow medical and healthcare team recommendations at any stage of their treatment.

PURPOSE OR INTENDED USE OF THE PRODUCT

The Versalock Proximal Tibial Plating System is a system composed of locking plates and screws with variable fixation angle for the synthesis of the tibial bones. The bone plates and screws are made from titanium alloy. The plates range in thickness from 3.5 to 4.0 mm, and the screws have the diameter of 3.5 mm.

HOW SUPPLIED, PACKAGE AND PRODUCT TRACEABILITY PROCEDURE

Implantable components are supplied non-sterile and duly identified, that is, laser-marked with their code, batch number and GMReis logo. Their commercial presentation is individual plastic packaging, duly labeled on the back, where the components are supplied separately, image 1. The product is accompanied by traceability labels and a manual, showing how the user can obtain the product's Instructions for Use, in a non-printed format.



Image 1: Illustrative image of plastic packaging.

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The Identification and traceability of the product are ensured through a set of 05 adhesive tags contained in the package, such as: name, model, code, lot, product registration and manufacturer identification. In this way it is possible to make the reverse path and reach a production, raw material, suppliers and other quality controls established in the GMReis Quality System. Traceability tags shall be fixed to the following locations:

- The tag number 1, obligatorily, in the patient's medical record;
- The tag number 2, in the report delivered to the patient;
- The tag number 3, in the tax documentation that generates the collection to the paying source;
- The tag number 4, available for supplier control (registration distribution history);
- The tag number 5, provided for the control of the doctor.

It is the responsibility of the medical and hospital staff (the custodians of patient information and records), the tag fixation on the surgical description sheet or a section of the medical chart. GMReis recommends that the patient receive this information, receiving a certificate stating one of the traceability adhesive tags.

HANDLING, CONSERVATION, STORAGE AND TRANSPORT

The hospital is responsible for the handling, conservation and storage of the products from the moment they are received and must ensure that the manufacturer's recommendations are followed, and that the product maintains its original characteristics.

The product must be preserved, handled and transported in a way that prevents any damage or alteration to its characteristics and packaging.

The product must be preserved and stored in its original packaging until the moment of use, with due care from the medical-hospital area, in a clean, dry, ventilated environment, protected from sunlight and free from contaminating substances (acid and organic vapors), and with controls recommended, at room temperature. The product must be handled exclusively by professionals from the medical-hospital area, duly trained, qualified and familiar with the technique and procedures involved.

The effects of vibration, shocks, faulty seating and inadequate stacking during transportation must be avoided. Storage outside these conditions can generate risks to the procedure and to the patient.

SURGICAL TECHNIQUE

1. Perform a preoperative radiological and clinical assessment to select the most appropriate product;
2. Perform surgical planning;
3. Position the patient and perform the incision and access;
4. Select the implant;
5. Reduce the fracture and place the plate; keep it fixed with auxiliary reduction clamps;
6. Place the polyaxial drill guide in the holes where the locking fixation will be performed and pass the drill through at the desired angle;
7. Remove the drill guide and measure the length of the screw with the depth gauge;
8. Fix the screw using the corresponding wrench;
9. Remove the auxiliary reduction clamps;
10. Perform the radiological assessment to check the positioning of the plate and screws;
11. Close the surgical incisions in their various planes, apply special dressings and protect the operated segment with splints, cast or other types of orthosis.

The time during which these precautions must be maintained depends on the specific characteristics of each procedure and must be carefully defined by the surgeon in charge. Likewise, post-operative care and rehabilitation will depend on numerous variables that cannot be outlined in this document and that are the sole responsibility of the multidisciplinary team caring for the patient.

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INDICATION OF TRAINING

Only surgeons qualified and trained in thoracic surgery procedures should handle this product. The surgeon must be familiar with the implants and procedure, aware of all recommendations described in the product's "instructions for use" and other information described on the label.

CAUTION/PRECAUTIONS

GMReis does not recommend modeling Versalock Proximal Tibial Plating System products.

Undesirable side effects or collateral effects

Versalock Proximal Tibial Plating System products are manufactured with raw materials of recognized biomedical uses, which comply with the requirements of the following international standard: Titanium alloy Ti6Al4V according to ASTM F136 "Standard Specification for Wrought Titanium-6Aluminum-4Vanadium ELI (Extra Low Interstitial) Alloy for Surgical Implant Applications". The chemical, metallographic and mechanical requirements of the material standards are used as criteria to ensure the purity of the product and its biomechanical performance, characterizing it as suitable for implantation in the human body. It should be noted, however, that no surgical implant material has been shown to be completely free of adverse reactions in the human body, and that an acceptable level of biological response can be expected when the material is used in appropriate applications. Therefore, the product may generate some undesirable side effects due to the biomaterial:

- Sensitivity to metal or allergic reaction to foreign body;
 - Pain, discomfort and abnormal sensations due to incorrect use and indication of the implant.
- It is recommended that the surgeon evaluate the patient's possible sensitivity to the biomaterial to be used before implantation.

Other undesirable side effects related to the surgical procedure and product placement:

- Delayed consolidation or pseudoarthrosis, which may lead to loosening or rupture of the implant when consolidation does not occur after 90 days of surgery;
- Rupture or loosening of implants due to failure to follow post-operative rehabilitation guidelines and/or excessive load during physiotherapy and/or incorrect positioning of the implant;
- Shortening of the limb due to fracture compression or bone resorption;
- Decrease in bone density;
- Pain, discomfort and abnormal sensations due to the presence of the implant;
- Nerve injuries due to surgical trauma;
- Bone necrosis and
- Vascular changes and others inherent to the surgical procedure.

Note 1: Patients who smoke have greater difficulty achieving bone consolidation, and consequently there is a greater chance of deformation, rupture or loosening of the implants.

Note 2: Other interventions may be necessary to repair side effects.

CRITERIA FOR SIZE SELECTION

It is the responsibility of the surgeon responsible for the procedure to select the most appropriate size of the implantable component for use, which should be done based on the preoperative radiological study and the correct indication for use.

Preoperative planning is necessary for the correct selection of the implant, which is related to the success of the treatment, and must consider the biomechanical aspects, the size and shape of the bone structure to be treated, which corresponds to the size and model of the selected implant and the final position of the implant.

PATIENT INSTRUCTIONS

The patient must be warned by the surgeon in charge about the limits of his/her initial activities and about his/her rehabilitation in order to protect the surgery performed.

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It is the responsibility of the surgeon in charge to make post-operative recommendations, follow-ups and clinical progress of the patient.

The patient must be informed that although the raw material used to manufacture the Versalock Proximal Tibial Plating System is recognized as biocompatible, other side effects or adverse reactions may occur in more sensitive patients.

WARNING REGARDING THE PRODUCT CONDITION WHICH RESTRICT THE USE

When opening the packaging, check the surface condition of the product for deformations, stains, scratches or any other type of surface alteration or defect; then send the product for cleaning, disinfection and sterilization, following the indicated recommendations.

CAUTION ASSOCIATED IN CASE OF FALL OF SOME COMPONENT

In case of the fall of any component or suffering any kind of damage, it should be destroyed and disposed of according to the Procedure of Disposal.

FACTORS THAT MAY CAUSE THE IMPLANT TO A POSSIBLE BREACH, LOOSENING, DISPLACEMENT OR HEATING WHICH SHOULD BE INFORMED THE PATIENT

Below are listed the main factors that, alone or in combination, can lead to early implant failure (breakage, loosening or migration).

- Failure to follow postoperative recommendations;
- Metabolic dysfunctions;
- Diabetes;
- Smoking;
- Intake of medications that may affect the success of bone consolidation;
- Patients who have used or are using anabolic steroids;
- Patient accidents (e.g. falls, car accidents, etc.)
- Pseudoarthrosis;
- Delayed bone consolidation;
- Failure in surgical technique;
- Inadequate choice of implant;
- Early release of load;
- Failure to use external orthoses, when recommended;
- Excessive load or inadequate physical therapy activity;
- Osteoporosis;
- Practice of intense physical activity;
- Practice of physical activity before the surgeon's release.

PROCEDURE FOR DISPOSAL TO ENSURE THE DESTRUCTION OF THE PRODUCT

The implants which for some reason were not used during the surgery and had the package open or suffered damage and/or falls may not be re-used and/or re-sterilized and should be discarded in the hospital as the medical procedure hospital and/or local law or as instructed by the Commission of Hospital Infection Control. The methods and procedures for product disposing should ensure the complete mischaracterization of it, preventing any possibility of reuse. The adulteration of the product is the sole responsibility of the hospital institution, as well as the methods and procedures for disposing used.

It is recommended that they be deformed with molders or twistors until they are clearly identified that the product is inappropriate for your use, ensuring that the product may not be used or improperly reused.

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REMOVING AND HANDLING OF IMPLANTS REMOVED FROM PATIENTS FOR ANALYSIS

When the implant is removed from the patient and/or needs to be submitted for analysis, the procedure must be followed in accordance with ABNT NBR ISO 12891-1.

The instructions below should be followed for the correct handling of these products:

It is recommended that implants, and where applicable, adjacent tissue samples, be removed in a manner that causes minimal damage to both the tissue and the implant. It is especially important that functional surfaces, such as prosthetic joint surfaces and fractured implant surfaces, be protected.

It is also extremely important to list the fractured parts of the implant and other removed components, making clear their position in the implantation site.

The most important part of surgical implant removal is the prevention of damage that could lead to a futile scientific examination. For a proper scientific examination, the implant must be preserved in the closest possible state to that in which it existed at the time of removal from the patient. Consequently, it is important to take care during the handling, storage and transportation of removed implants to ensure that no damage or alterations occur to the surfaces to be analyzed.

The same care must be taken for instruments that may fail during use.

Removing implants must undergo a cleaning and disinfection process. They must then be packaged separately in plastic bags or plastic/glass containers and labeled. The packaging must minimize the possibility of breakage, surface damage and possible contamination of the implant by the environment. The labeling of products to be sent for analysis must ensure their accurate identification, and the ABNT NBR ISO 12891-1 standard recommends the use of non-removable labels (which tear if attempted removal).

For an accurate assessment of the cause of product failure, it is extremely important that pre- and post-operative X-rays and X-rays of the implant failure verification be sent together with the material sent for analysis.

ADMISSIBLE COMBINATIONS WITH OTHER MATERIALS

Titanium Alloy materials are highly resistant to corrosion in the physiological environment. Despite this, the product cannot be used in conjunction with any product from another manufacturer, or any metal product with a different chemical composition, as these combinations can generate chemical incompatibilities (producing galvanic corrosion and others), physical, biological and functional incompatibilities, early fatigue and possible risks to the patient.

The product should only be implanted with specific GMReis brand instruments, indicated for this purpose.

If any improper combination occurs by the surgeon, he will be responsible for the risks associated with such combination.

USEFUL INFORMATION TO PREVENT RISKS ARISING OUT OF THE IMPLANTATION

To reduce the risks of implanting the product, the recommendations regarding indications for use, contraindications and the information described in the "Instructions for Use" must be followed.

Detailed instructions regarding the use and limitations of the product must be given to the patient.

Preoperative and operating room procedures, including knowledge of surgical techniques, appropriate selection of implant size, and proper implantation of the implant, are important considerations for the successful use of this device.

Assessment of the product deployed

It is up to the surgeon in charge to carry out post-operative assessments and monitor the patient's healing process.

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Restrictions and instructions on the damage of the packaging

In the circumstances described below, the product must be unusable and discarded, as the procedure of destruction and disposal:

- The sealing area of the package is violated.
- Any one of the packages present physical damage;
- The label or identification code is unreadable.

Restrictions on reusing

The reuse and reprocessing of the product is not permitted, even if it appears to be in perfect condition, as the product may lose its physical and mechanical properties, not performing as expected for its intended use, and may put the health of patients and healthcare professionals at risk.

GENERAL INFORMATION – REPROCESSING

Non-sterile Implants (Single-Use) and Instruments:

- Point of Use Preparation for Reprocessing: Remove excess body fluids and tissue from instruments with a disposable, non-shedding wipe. Place devices in a basin of distilled water or in a tray covered with damp towels. Do not allow saline, blood, body fluids, tissue, bone fragments or other organic debris to dry on devices prior to cleaning.
- The cleaning process is the first step in effectively reprocessing devices. Adequate sterilization depends on thoroughness of cleaning.
- Cleaning and sterilization processes in this IFU have been validated and demonstrate that soil and contaminants have been removed leaving the devices effectively free of viable microorganisms.
- It is recommended that all new relevant clinical practice guidelines be followed as per the CDC guidance, “Guideline for Disinfection and Sterilization in Healthcare Facilities”.
- It is recommended to rinse the device components with water that meets specifications for AAMI TIR34 “Water for the reprocessing of medical devices” for example, DI/RO water.
- Devices are usually supplied in sets and subdivided into trays and cases in which the devices may be arranged by size or in the order needed for a specific surgical procedure and should be used to transportation and storage.

NOTE: Any implant that has not been used, but has become soiled, should be handled according to hospital protocols. Refer to implant product inserts for any specific processing, cleaning, and sterilization instructions for that implant.

Devices Preparation:

- Cleaning, inspection, and sterilization must be performed by hospital personnel trained in the general procedures involving contaminant removal.
- Before use, medical devices must be cleaned to ensure that there is no risk to the patient from the transmission of infectious agents and other residues that could become toxic.

Cleaning Instructions for non-sterile devices:

- Devices must be cleaned prior to sterilization.
- Disconnect all handles/knobs prior to cleaning.
- Complex instruments, such as those with cannulas, hinges, retractable features, mated surfaces, and textured surface finishes, require special attention during cleaning. Brush tight tolerance areas with an appropriately sized brush and flush using a water jet or syringe where debris could become trapped.
- Ensure all moving parts of instruments are cleaned at both extents.
- Handle all products with care. Mishandling may lead to damage and possible improper functioning.

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- Clean the instruments, trays and inserts using only recommended cleaning solutions.
- Visual inspection must be performed at each cleaning to determine if an instrument is acceptable for use. If an instrument is not acceptable for use, replace it with a new piece.

NOTE: The information on concentration, temperature, quality water, exposure time and cycles used in the equipment, follow the instructions for use and labels according to the product manufacturer.

Manual Cleaning

- In a sink the devices must be rinsed in running water to remove excess soil or contaminants.
- Prepare a Prolystica® Steris enzymatic detergent solution according to the label instructions using distilled water at a concentration of 4 mL of detergent per liter of water (4 mL/1L).
- Then, with a brush soaked in the prepared solution, brush the devices
- Wash the devices with running water and repeat the brushing process as many times as necessary.
- Finally, wash the devices with distilled water and dry and protected place.

Preparation of detergent and disinfectant solutions

- Prepare a solution at a concentration of 4 mL of detergent per liter of water (4 mL/1L) of Prolystica® Steris enzymatic detergent using potable water heated between 35°C and 65°C.
- Prepare another solution at a concentration of 5% neutral detergent according to the label instructions (50 mL of detergent for each liter of water) using potable water heated between 35°C and 65°C.
- Prepare an FDA-cleared high-level disinfectant solution at a concentration of 29.6 mL of disinfectant to 3.78 L of water of Vesta Syde SQ disinfectant according to label instructions using potable water.

Washing

- Pre-rinse the devices in running water to remove excess soil or contaminants.
- Then, immerse the devices in the prepared enzymatic detergent solution for at least 10 minutes.
- After the action time, brush the items with the neutral detergent solution.
- Finally, wash them in running water and drain them on absorbent paper to remove excess water.

Disinfection

- Immerse the devices in disinfectant solutions in containers.
- Wait the action time of 10 minutes.
- After that, wash the devices with running potable water.
- With the aid of absorbent paper, dry the devices.

INSPECTION, MAINTENANCE, TESTING

- Carefully inspect each device to ensure that all visible contamination has been removed. If contamination is noted repeat the cleaning/disinfection process.
- Visually inspect for completeness, damage and/or excessive wear.
- Check the action of moving parts (e.g., hinges, box-locks, connectors, sliding parts, etc.) to ensure smooth operation throughout the intended range of motion.

STERILIZATION

Implants (non-sterile) and instruments should be autoclave sterilized using the following validated cycle parameters. The hospital is responsible for sterilization before surgery, through the method he finds more convenient and secure, while respecting the technical standards and current sanitary regulations. The sterilization procedures as well as the quality and the training of staff involved in this process is the sole responsibility of the health service. GMReis recommends the following validated cycle:

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STEAM STERILIZATION CYCLE

Type: moist heat

Cycle: gravity-displacement

Temperature: 121°C (250°F)

Exposure Time: 30 minutes

Minimum Drying Time: 15 – 30 min.

The product must be wrapped with an FDA-cleared wrap.

Additional information regarding sterilization is described in ISO 17665-1- "Sterilization of health care products - Moist heat - Part 1: Requirements for the development, validation and routine control of a sterilization process for medical devices".

NOTE: Orthopaedic surgical devices generally have a long service life; however, mishandling or inadequate protection can quickly diminish their life expectancy. Devices which no longer perform properly because of long use, mishandling, or improper care should be returned to GMReis to be discarded. Notify your GMReis representative of any instrument problems.

MRI Safety Information

The Versalock Proximal Tibial Plating System has not been evaluated for safety and compatibility in the MR environment. It has not been tested for heating, migration, or image artifacts in the MR environment. The safety of Versalock Proximal Tibial Plating System in the MR environment is unknown. Scanning a patient who has this device may result in patient injury.

Specific guidance to the physician regarding the reporting of adverse events

If the product presents adverse events not reported in the instructions for use or there are technical complaints about the product, the physician should immediately contact the manufacturer through GMReis Customer Service (SAC), in addition to notifying the competent sanitary authority. To ensure the traceability of the product, the physician should continue as the "Procedure for product traceability". The traceability of the product is ensured by the 05 labels of traceability provided within the packaging, along with the instructions for use, as described in the topic "Product Traceability Procedure".

Customer Complaint

If the medical product presents a risk specific unpredictable, being outside of its specifications or being generated any dissatisfaction, notify directly the GMReis Customer Service (SAC). The product should be sent cleaned and packed in plastic bag, properly identified and with the description of non-compliance to the following address:

G. M. dos Reis Indústria e Comércio Ltda - Pierre Simon de Laplace Avenue, no. 600 Lote 3 - Quadra F – Quarteirão 9677 - TECHNOPARK – CEP: 13069-320 – Campinas – SP – BRAZIL or directly notify at Telephone Number:(0xx19)3765-9900/ E-mail: sac@gmreis.com.br.

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Symbolism of labeling

The graphic symbols used in labeling are in accordance with the ISO 15223 Standard.

Table 2 - Description of the information on the packaging label

Symbol	Description	Symbol	Description
	Manufacturing date	LOT	Lot number
	Manufactured by		Caution "see instructions for use"
	Expiration date		Keep away from sunlight
	Keep dry		Do not use it if package is damaged
Rx only	Prescription use only		Do not re-sterilize
	Non-Sterile	COD	Product catalogue number
	Do not reuse	QT	Quantity

User Warning

These Instructions for Use are available in format that is not printed, through the electronic address of the manufacturer: <http://www.gmreis.com.br/produtos/IFU>. If there is interest from the user, the Instructions for Use may be available in printed format, without additional cost. Ask for free by e-mail: sac@gmreis.com.br.

Caution: Federal (USA) law restricts this device to sale by or on the order of a physician.

Company Name / Manufacturer Name:

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Table 3 - Product codes

CODE	DESCRIPTION	IMAGE
307-05-D	ANTEROMEDIAL VERSALOCK PLATE 3.5mm 2 HOLES RIGHT	
307-06-D	ANTEROMEDIAL VERSALOCK PLATE 3.5mm 3 HOLES RIGHT	
307-07-D	ANTEROMEDIAL VERSALOCK PLATE 3.5mm 5 HOLES RIGHT	
307-08-D	ANTEROMEDIAL VERSALOCK PLATE 3.5mm 7 HOLES RIGHT	
307-09-D	ANTEROMEDIAL VERSALOCK PLATE 3.5mm 9 HOLES RIGHT	
307-10-D	ANTEROMEDIAL VERSALOCK PLATE 3.5mm 11 HOLES RIGHT	
307-11-D	ANTEROMEDIAL VERSALOCK PLATE 3.5mm 13 HOLES RIGHT	
307-12-D	ANTEROMEDIAL VERSALOCK PLATE 3.5mm 15 HOLES RIGHT	
307-13-D	ANTEROMEDIAL VERSALOCK PLATE 3.5mm 17 HOLES RIGHT	
307-05-E	ANTEROMEDIAL VERSALOCK PLATE 3.5mm 2 HOLES LEFT	
307-06-E	ANTEROMEDIAL VERSALOCK PLATE 3.5mm 3 HOLES LEFT	
307-07-E	ANTEROMEDIAL VERSALOCK PLATE 3.5mm 5 HOLES LEFT	
307-08-E	ANTEROMEDIAL VERSALOCK PLATE 3.5mm 7 HOLES LEFT	
307-09-E	ANTEROMEDIAL VERSALOCK PLATE 3.5mm 9 HOLES LEFT	
307-10-E	ANTEROMEDIAL VERSALOCK PLATE 3.5mm 11 HOLES LEFT	
307-11-E	ANTEROMEDIAL VERSALOCK PLATE 3.5mm 13 HOLES LEFT	
307-12-E	ANTEROMEDIAL VERSALOCK PLATE 3.5mm 15 HOLES LEFT	
307-13-E	ANTEROMEDIAL VERSALOCK PLATE 3.5mm 17 HOLES LEFT	
307-30-D	ANTEROLATERAL VERSALOCK PLATE 3.5mm 4 HOLES RIGHT	
307-31-D	ANTEROLATERAL VERSALOCK PLATE 3.5mm 6 HOLES RIGHT	
307-32-D	ANTEROLATERAL VERSALOCK PLATE 3.5mm 8 HOLES RIGHT	
307-33-D	ANTEROLATERAL VERSALOCK PLATE 3.5mm 10 HOLES RIGHT	
307-34-D	ANTEROLATERAL VERSALOCK PLATE 3.5mm 12 HOLES RIGHT	
307-35-D	ANTEROLATERAL VERSALOCK PLATE 3.5mm 14 HOLES RIGHT	
307-36-D	ANTEROLATERAL VERSALOCK PLATE 3.5mm 17 HOLES RIGHT	
307-37-D	ANTEROLATERAL VERSALOCK PLATE 3.5mm 18 HOLES RIGHT	
307-40-D	ANTEROLATERAL VERSALOCK PLATE 3.5mm 19 HOLES RIGHT	
307-38-D	ANTEROLATERAL VERSALOCK PLATE 3.5mm 21 HOLES RIGHT	
307-39-D	ANTEROLATERAL VERSALOCK PLATE 3.5mm 22 HOLES RIGHT	
307-41-D	ANTEROLATERAL VERSALOCK PLATE 3.5mm 23 HOLES RIGHT	
307-30-E	ANTEROLATERAL VERSALOCK PLATE 3.5mm 4 HOLES LEFT	
307-31-E	ANTEROLATERAL VERSALOCK PLATE 3.5mm 6 HOLES LEFT	
307-32-E	ANTEROLATERAL VERSALOCK PLATE 3.5mm 8 HOLES LEFT	

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307-33-E	ANTEROLATERAL VERSALOCK PLATE 3.5mm 10 HOLES LEFT	
307-34-E	ANTEROLATERAL VERSALOCK PLATE 3.5mm 12 HOLES LEFT	
307-35-E	ANTEROLATERAL VERSALOCK PLATE 3.5mm 14 HOLES LEFT	
307-36-E	ANTEROLATERAL VERSALOCK PLATE 3.5mm 17 HOLES LEFT	
307-37-E	ANTEROLATERAL VERSALOCK PLATE 3.5mm 18 HOLES LEFT	
307-40-E	ANTEROLATERAL VERSALOCK PLATE 3.5mm 19 HOLES LEFT	
307-38-E	ANTEROLATERAL VERSALOCK PLATE 3.5mm 20 HOLES LEFT	
307-39-E	ANTEROLATERAL VERSALOCK PLATE 3.5mm 22 HOLES LEFT	
307-41-E	ANTEROLATERAL VERSALOCK PLATE 3.5mm 23 HOLES LEFT	
307-22	POSTEROMEDIAL VERSALOCK PLATE 3.5mm 3 HOLES	
307-23	POSTEROMEDIAL VERSALOCK PLATE 3.5mm 4 HOLES	
307-24	POSTEROMEDIAL VERSALOCK PLATE 3.5mm 5 HOLES	
307-25	POSTEROMEDIAL VERSALOCK PLATE 3.5mm 7 HOLES	
307-26	POSTEROMEDIAL VERSALOCK PLATE 3.5mm 9 HOLES	
307-27	POSTEROMEDIAL VERSALOCK PLATE 3.5mm 11 HOLES	
307-35-10	VERSALOCK LOCKING SCREW T15 Ø3.5x10.0mm	
307-35-12	VERSALOCK LOCKING SCREW T15 Ø3.5x12.0mm	
307-35-14	VERSALOCK LOCKING SCREW T15 Ø3.5x14.0mm	
307-35-16	VERSALOCK LOCKING SCREW T15 Ø3.5x16.0mm	
307-35-18	VERSALOCK LOCKING SCREW T15 Ø3.5x18.0mm	
307-35-20	VERSALOCK LOCKING SCREW T15 Ø3.5x20.0mm	
307-35-22	VERSALOCK LOCKING SCREW T15 Ø3.5x22.0mm	
307-35-24	VERSALOCK LOCKING SCREW T15 Ø3.5x24.0mm	
307-35-26	VERSALOCK LOCKING SCREW T15 Ø3.5x26.0mm	
307-35-28	VERSALOCK LOCKING SCREW T15 Ø3.5x28.0mm	
307-35-30	VERSALOCK LOCKING SCREW T15 Ø3.5x30.0mm	
307-35-32	VERSALOCK LOCKING SCREW T15 Ø3.5x32.0mm	
307-35-34	VERSALOCK LOCKING SCREW T15 Ø3.5x34.0mm	
307-35-36	VERSALOCK LOCKING SCREW T15 Ø3.5x36.0mm	

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307-35-38	VERSALOCK LOCKING SCREW T15 Ø3.5x38.0mm	
307-35-40	VERSALOCK LOCKING SCREW T15 Ø3.5x40.0mm	
307-35-42	VERSALOCK LOCKING SCREW T15 Ø3.5x42.0mm	
307-35-44	VERSALOCK LOCKING SCREW T15 Ø3.5x44.0mm	
307-35-46	VERSALOCK LOCKING SCREW T15 Ø3.5x46.0mm	
307-35-48	VERSALOCK LOCKING SCREW T15 Ø3.5x48.0mm	
307-35-50	VERSALOCK LOCKING SCREW T15 Ø3.5x50.0mm	
307-35-52	VERSALOCK LOCKING SCREW T15 Ø3.5x52.0mm	
307-35-54	VERSALOCK LOCKING SCREW T15 Ø3.5x54.0mm	
307-35-56	VERSALOCK LOCKING SCREW T15 Ø3.5x56.0mm	
307-35-58	VERSALOCK LOCKING SCREW T15 Ø3.5x58.0mm	
307-35-60	VERSALOCK LOCKING SCREW T15 Ø3.5x60.0mm	
307-35-65	VERSALOCK LOCKING SCREW T15 Ø3.5x65.0mm	
307-35-70	VERSALOCK LOCKING SCREW T15 Ø3.5x70.0mm	
307-35-75	VERSALOCK LOCKING SCREW T15 Ø3.5x75.0mm	
307-35-80	VERSALOCK LOCKING SCREW T15 Ø3.5x80.0mm	
307-35-85	VERSALOCK LOCKING SCREW T15 Ø3.5x85.0mm	
307-35-90	VERSALOCK LOCKING SCREW T15 Ø3.5x90.0mm	
307-35-95	VERSALOCK LOCKING SCREW T15 Ø3.5x95.0mm	
307-35-100	VERSALOCK LOCKING SCREW T15 Ø3.5x100.0mm	
307-35-105	VERSALOCK LOCKING SCREW T15 Ø3.5x105.0mm	
307-35-110	VERSALOCK LOCKING SCREW T15 Ø3.5x110.0mm	
169-35-10	CANCELLOUS SCREW Ø3.5x10.0mm	
169-35-12	CANCELLOUS SCREW Ø3.5x12.0mm	
169-35-14	CANCELLOUS SCREW Ø3.5x14.0mm	
169-35-16	CANCELLOUS SCREW Ø3.5x16.0mm	
169-35-18	CANCELLOUS SCREW Ø3.5x18.0mm	
169-35-20	CANCELLOUS SCREW Ø3.5x20.0mm	
169-35-22	CANCELLOUS SCREW Ø3.5x22.0mm	
169-35-24	CANCELLOUS SCREW Ø3.5x24.0mm	
169-35-26	CANCELLOUS SCREW Ø3.5x26.0mm	
169-35-28	CANCELLOUS SCREW Ø3.5x28.0mm	
169-35-30	CANCELLOUS SCREW Ø3.5x30.0mm	
169-35-32	CANCELLOUS SCREW Ø3.5x32.0mm	
169-35-34	CANCELLOUS SCREW Ø3.5x34.0mm	

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169-35-35	CANCELLOUS SCREW Ø3.5x35.0mm	
169-35-36	CANCELLOUS SCREW Ø3.5x36.0mm	
169-35-38	CANCELLOUS SCREW Ø3.5x38.0mm	
169-35-40	CANCELLOUS SCREW Ø3.5x40.0mm	
169-35-42	CANCELLOUS SCREW Ø3.5x42.0mm	
169-35-44	CANCELLOUS SCREW Ø3.5x44.0mm	
169-35-45	CANCELLOUS SCREW Ø3.5x45.0mm	
169-35-46	CANCELLOUS SCREW Ø3.5x46.0mm	
169-35-48	CANCELLOUS SCREW Ø3.5x48.0mm	
169-35-50	CANCELLOUS SCREW Ø3.5x50.0mm	
169-35-52	CANCELLOUS SCREW Ø3.5x52.0mm	
169-35-54	CANCELLOUS SCREW Ø3.5x54.0mm	
169-35-55	CANCELLOUS SCREW Ø3.5x55.0mm	
169-35-56	CANCELLOUS SCREW Ø3.5x56.0mm	
169-35-58	CANCELLOUS SCREW Ø3.5x58.0mm	
169-35-60	CANCELLOUS SCREW Ø3.5x60.0mm	
169-35-65	CANCELLOUS SCREW Ø3.5x65.0mm	
169-35-70	CANCELLOUS SCREW Ø3.5x70.0mm	
169-35-75	CANCELLOUS SCREW Ø3.5x75.0mm	
169-35-80	CANCELLOUS SCREW Ø3.5x80.0mm	
169-35-85	CANCELLOUS SCREW Ø3.5x85.0mm	
169-35-90	CANCELLOUS SCREW Ø3.5x90.0mm	
200-35-10	CORTICAL SCREW Ø3,5 x 10mm	
200-35-12	CORTICAL SCREW Ø3,5 x 12mm	
200-35-14	CORTICAL SCREW Ø3,5 x 14mm	
200-35-16	CORTICAL SCREW Ø3,5 x 16mm	
200-35-18	CORTICAL SCREW Ø3,5 x 18mm	
200-35-20	CORTICAL SCREW Ø3,5 x 20mm	
200-35-22	CORTICAL SCREW Ø3,5 x 22mm	
200-35-24	CORTICAL SCREW Ø3,5 x 24mm	
200-35-26	CORTICAL SCREW Ø3,5 x 26mm	
200-35-28	CORTICAL SCREW Ø3,5 x 28mm	
200-35-30	CORTICAL SCREW Ø3,5 x 30mm	
200-35-32	CORTICAL SCREW Ø3,5 x 32mm	
200-35-34	CORTICAL SCREW Ø3,5 x 34mm	

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200-35-36	CORTICAL SCREW Ø3,5 x 36mm
200-35-38	CORTICAL SCREW Ø3,5 x 38mm
200-35-40	CORTICAL SCREW Ø3,5 x 40mm
200-35-42	CORTICAL SCREW Ø3,5 x 42mm
200-35-44	CORTICAL SCREW Ø3,5 x 44mm
200-35-46	CORTICAL SCREW Ø3,5 x 46mm
200-35-48	CORTICAL SCREW Ø3,5 x 48mm
200-35-50	CORTICAL SCREW Ø3,5 x 50mm
200-35-52	CORTICAL SCREW Ø3,5 x 52mm
200-35-54	CORTICAL SCREW Ø3,5 x 54mm
200-35-56	CORTICAL SCREW Ø3,5 x 56mm
200-35-58	CORTICAL SCREW Ø3,5 x 58mm
200-35-60	CORTICAL SCREW Ø3,5 x 60mm
200-35-70	CORTICAL SCREW Ø3,5 x 70mm
200-35-80	CORTICAL SCREW Ø3,5 x 80mm
200-35-90	CORTICAL SCREW Ø3,5 x 90mm

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