

OriGro™ Active

Cellular Bone Matrix

A next-generation cellular bone matrix engineered to deliver the biologic performance of autograft.



HIGHRIDGE

Complete Biologic Support for Bone Formation

By integrating a structurally optimized scaffold, preserved osteoinductive signaling, and a high concentration of viable osteogenic cells, OriGro Active provides advanced bone regeneration in a surgically ready format with exceptional handling characteristics.

Osteoconductive Bone Scaffold

- A composite of cancellous mineralized bone matrix and demineralized cortical fibers creates a structurally optimized framework for cellular attachment and migration promoting rapid integration at the fusion site.^{1,2}

Osteoinductive Growth Factors

- OriGro's demineralized cortical fibers preserve a native cascade of growth factors stimulating the recruitment of cells needed for bone healing. Validated in vivo osteoinductive potential supports biologic performance in challenging healing environments.²

High-Concentration Osteogenic Cells

- Average of 3 million viable cells per cc, with 92% viability, provides active osteogenic contribution and early regenerative signaling directly at the graft site.²

Angiogenic Activation

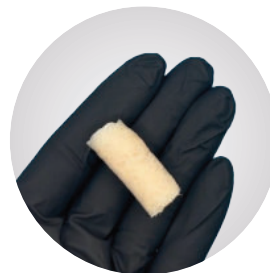
- VEGF, PDGF-BB, and TGF- β growth factors are preserved and exposed in OriGro's cellular bone matrix. Published literature indicates that bone regeneration is dependent on angiogenesis which is supported through these pathways.³

Ordering Guide

SIZE	PART NUMBER
1 cc	458R0010
2.5 cc	458R0025
5 cc	458R0050
10 cc	458R0100
15 cc	458R0150

Built for Surgical Control. Designed for Fusion Confidence.

- Exceptional handling characteristics for precise graft placement
- DMSO-free preservation technology maintaining viable cell integrity
- Zero rinsing required
- Syringe delivery for surgical efficiency
- 10-minute thaw time
- 4-hour post-thaw usability window
- Non-immunogenic composition
- Rigorous donor screening and biocompatibility assurance



For more information, visit highridgemedical.com

References:

1. Martin GJ, Boden SD, Titus L, et al. Spine 1999. 2. Data on file at Origin Biologics. 3. Marsell R, Einhorn TA. Journal of Bone and Joint Surgery 2011

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