dialogue>>

TALECRIS BIOTHERAPEUTICS >> MAY 2009 >> VOLUME 12

Talecris BIOTHERAPEUTICS

VISION:TALECRIS

Substantial Clinical Data Differentiates Gamunex® in Datascape Campaign

2009 marketing strategy focuses on CIDP and clinical strength of our IGIV brand

Last fall, we received word from the FDA that our flagship product Gamunex was approved in the U.S. and Canada to treat Chronic Inflammatory Demyelinating Polyneuropathy (CIDP), a progressive or relapsing neurological disease affecting two to seven individuals per 100,000 worldwide.

The great news of this long-awaited endorsement is topped only by the added benefit that Gamunex is the *only* IGIV approved in the U.S. and Canada to treat *any* neurological disorder and is classified as an orphan drug in the U.S. for the treatment of CIDP. With orphan drug status comes seven years of marketing exclusivity: that's seven years to get the word out and build brand loyalty for our product.

GAMUNEX RE-LAUNCH TO DRIVE BRAND CHOICE

One might think that because Gamunex has been on the market for more than five years, unit sales for CIDP are "in the bag." This kind of thinking couldn't be further from the truth. Our product experts know that the marketing effort behind an existing product with a new indication, in a new therapeutic area, has to be just as aggressive as the very first time the product was introduced. With the competitive landscape always changing, our charge is to reinforce our message that Gamunex is the brand choice over other IGIVs and is now the *only* product of any kind FDA-approved to treat CIDP.

This is exactly why the U.S. product marketing team is delivering on its Gamunex awareness strategy and marketing campaign to win over neurologists, pharmacists and other key medical opinion leaders.

Classified as a re-launch, this marketing campaign has built strong momentum and is two-fold in nature.

1. *Take advantage of the strong demand for Gamunex in the U.S. immune globulin market.*
2. *Build on the merits of our new CIDP indication.*

We're confident that our out-of-the-box thinking, data-driven decisions and marketing finesse will give us the sales advantage over even the toughest competitors.

THE GAMUNEX DATASCAPE CAMPAIGN: "PROOF: IT'S EVERYWHERE YOU LOOK."

When asked to comment on what distinguishes Gamunex in the marketplace, our senior director of Product Management, Immunology, **Sumeet Sud** said, "We have a great product with an excellent safety profile and we have the greatest clinical evidence of any IGIV out there on the market. All we have to do is tell our story. This new CIDP indication is an opportunity for us to ask, 'How are we going to win?'"

SUBSTANTIAL. . . CONTINUED ON PAGE 3 >>

This Year's Earth Day Events – a Huge Success at Clayton facility

Talecris, like many companies around the nation, celebrated Earth Day with week-long events. Employees were out in full force to show their commitment to protecting the environment through power conservation, vanpooling, clean-up, recycling and rainwater harvesting. Some of the highlights included: the semi-annual Adopt-a-Highway clean-up day on April 23 and the Raffle for Talecris Developed Rain Barrels which provided a lucky winner with an innovative way to harvest rainwater and reduce consumption.

{ news bites }

Talecris Publishes another Landmark Study in *Neurology* Publication

On April 14, 2009 Talecris announced the publication of another landmark Gamunex study in *Neurology* magazine. This study highlights the improvement of quality of life in CIDP patients receiving Gamunex. The data provide a strong scientific rationale for administering maintenance doses of Gamunex every three weeks as a means of improving health-related quality of life and preventing relapse of symptoms. Among the key findings, the study demonstrated that patients experienced a gradual shift toward U.S. normative scores for quality of life among healthy individuals, a significant improvement given the debilitating nature of CIDP. Copies of the study were made available at the recent AAN meeting. For more information, contact Sumeet Sud, Product Management.

MORE NEWS BITES >>

<<
Mary Hughes
Senior Director North American Medical Affairs

Mary Hughes, Sr. Director North American Medical Affairs, Featured in Canada's Financial Post

On April 7, **Mary Hughes** was featured in Canada's Financial Post Executive. Mary manages the U.S. medical scientific liaisons and Canadian scientific development managers and serves as senior director of North American Medical Affairs.

Last year, Mary enrolled in an executive MBA program to build leadership and business skills that would complement her scientific expertise. As a scientist with a Ph.D, mother of two young children and senior director at Talecris, why did Mary choose to go back to school? To Mary, it just made sense. "When you go back to work on a Monday morning…it's made you smarter... and it's directly because of what you just learned." She learned to be an effective leader and strengthened her strategic decision-making and management skills for the workplace. Congratulations to Mary for her successful achievement!

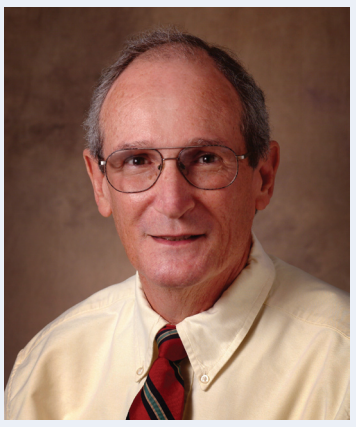
{ news bites }

<<
Tobin Chettiath
Medical Science Liaison

Tobin Chettiath Appointed to Legislative Task Force on Peripheral Neuropathy

Talecris' recent foray into neurology, with the approval of Gamunex® for use in CIPD, has created the need for a seat at the legislative table to discuss awareness, diagnosis and access to care. That seat on the California Legislative Task Force on Peripheral Neuropathy was recently offered to Medical Science Liaison **Tobin Chettiath**, who will work with a group of industry peers to submit recommendations to the legislature on public and physician awareness of the disease, to promote early diagnosis and to address access to proper treatment and the management of peripheral neuropathy.

This task force, the first of its kind in the nation, focuses solely on neuropathy. "It will be valuable for Talecris to be involved with the Task Force on Peripheral Neuropathy," said Chettiath. "Our involvement shows our dedication to CIDP and neuropathy patients post-clinical trial and after receiving the FDA indication. We have dedicated individuals working jointly in this area, including Medical Affairs, Government Affairs and Public Policy." Among the Task Force's membership is Dr. Jonathan Katz, neuromuscular expert from Sutter Health, Dominick Spatafora, the president of the Neuropathy Action Foundation, and the Honorable Mary Hayashi, assembly member of California's 18th district.



<<
Dr. Steve Peteway
Senior Vice President, R&D

I am reminded every day of why I became a scientist, why I love this job and respect the people with whom I work. We have talent that is unmatched in the industry. Our people are deeply committed to scientific advancement and doing their part to help improve the lives of patients.

This issue of *dialogue* highlights several of the key projects and initiatives that are helping us realize our vision and mission. The past few years have starkly revealed what strategic thinking and hard work can produce.

We are now headlong into our Gamunex® re-launch with the Datascape marketing campaign. This data-driven effort tells the impressive story of our IGIV therapy. It explains that Gamunex is the most clinically studied, FDA-approved IGIV. This strong message coupled with the FDA's approval of Gamunex for treatment of CIDP puts us out in front as a market leader.

We are making good progress with our pipeline product Plasmin to treat acute arterial peripheral occlusion (aPAO), and recently received FDA orphan drug designation for this indication. This means we can confidently proceed with our clinical trial while receiving significant tax benefits to offset our clinical costs.

We are also working with the FDA to assure that our higher yield Prolastin or Alpha-1 MP will be approved for manufacture. The combined work we've done to enhance this therapy and transfer technology to production epitomizes our dedication and ability to innovate.

We intend to seek approval from the FDA to market the subcutaneous administration of Gamunex. This alternative way to administer this important biotherapeutic will give our patients another option. Our clinical trials are proceeding on track and we're hopeful that good evidence will lead to regulatory approval.

These are just some of the innovations you'll read about in this issue. My hope is that you'll stay abreast of all the outstanding work we are doing and eagerly renew your commitment to each other, our business and the communities we serve. Our patients are counting on us.

VISION:TALECRIS

Substantial . . . continued from front cover

Datascape campaign promotional materials

We will win by stating the facts and telling our story. That's the heart of our new Datascape campaign which touts, "Proof. It's everywhere you look." Through this exciting campaign, we're saying to medical professionals and patients alike that our clinical data differentiates us from the rest simply because Gamunex is:

- *The first and only FDA-approved product for CIDP in the U.S.;*
- *The most clinically studied FDA-approved IGIV; and,*
- *Approved by the FDA for more indications than any liquid IGIV.*

We're taking these iron-clad messages to the streets to convince healthcare providers – especially neurologists – that we have evidence-based data and proven efficacy to support our product claims, all of which should be seriously considered when prescribing an IGIV. This Datascape campaign received overwhelmingly positive feedback in market research and provided a strong reason for customers to choose Gamunex over other brands of IGIV.

"Medical professionals tell us that they want to make the most informed decisions possible to help their patients. And patients tell us that they want their doctors to know the facts," said **John Perkins** head of U.S. Commercial Operations. "That's why we believe that when they hear our message, read our clinical data and compare our product, they will choose Gamunex as their preferred IGIV."

Throughout the next few months, our staged re-launch will target more than 5,000 high priority neurologists. We'll use customized promotional material, speaker programs and special CIDP publications to tell our story – and most importantly – to do our part to get Gamunex to the patients who need it. ■

Marianne Jennings, Professor of Legal and Ethical Studies to Speak at Talecris

Corporate Compliance and Ethics (CC&E) has invited business ethics expert Marianne Jennings to speak to North Carolina-based employees on May 6 and 7. As part of National Corporate Compliance and Ethics Week (May 3-9) and our ongoing commitment to cultivating a culture of compliance, Ms. Jennings will share best practices and tools for creating an ethical environment. You will have a firsthand opportunity to hear about today's dynamic business environment and the increasingly significant role of compliance and ethics.

Following her presentation, Ms. Jennings will be available for a book signing and you will receive a copy of her book, *A Business Tale: A Story of Ethics Choices, Success and a Very Large Rabbit*. So don't miss it.

DATES, TIMES AND LOCATIONS

May 6, 2009 - 9:00 am & 2:30 pm	Clayton
May 7, 2009 - 8:00 am & 10:30am	RTP
May 7, 2009 – 2:30 pm	RTL

Marianne Jennings is a faculty member of the Department of Management at the W.P. Carey School of Business at Arizona State University. She is a professor of legal and ethical studies in business.

To learn more about our speaker, visit www.mariannejennings.com.

Look for more information as Corporate Compliance and Ethics Week approaches.

TALENT:TALECRIS

Talecris Takes Control of Equipment Reliability through ToPR

Our vision is to be the recognized global leader in developing and providing vital protein therapeutics. Achievement of this vision requires a firm commitment from us, as well as to the maintenance of our equipment. So, in early 2007, we launched Total Process Reliability (ToPR).

ToPR, pronounced "Topper" by employees, is a discipline based on accountability, shared asset management, equipment stewardship, and employee engagement. We see ToPR as an ideal solution to equipment problems that have the potential to plague productivity.

Richie Hogg, a company veteran with nearly 17 years of production experience in various departments, is also the site facilitator of ToPR. "We are finding ways to work together and to make our equipment more reliable," Hogg said.

ToPR was initially met with resistance on the part of some employees. Eddie Hairr, Senior Production Specialist said, "In the beginning, technicians were apprehensive. Now I have too many volunteers for each scheduled event. People want to be part of something successful."

EQUIPMENT IMPROVEMENT TEAMS HELP DEFINE THE RELIABILITY CULTURE

What happened to alleviate employee's unease? "We formed Equipment Improvement Teams (EIT) to take a formal approach to bringing maintenance, operations and engineering together," said Hogg. "We take a piece of equipment and restore it to like-new condition. In learning about the equipment, employees become ambassadors for the culture we're building."

The EIT events focus on teaching employees how to care for the equipment. During the week, the team develops standards and Single-Point Lesson Plans (job aids) to help maintain the equipment condition. ToPR stresses that maintenance of mission-critical equipment is the responsibility of all who have a role in its function.

Technician **Julie Monteiro** realized the value of the collaborative aspects of the ToPR implementation. She said, "Having the operators and mechanics working together to refurbish the Westfalias bridged a gap between us. Because of this program, operators and mechanics are speaking and understanding the same language. Educating employees was time well spent. We have become ambassadors of the program."

CROSS-FUNCTIONAL SUPPORT PROMOTES OWNERSHIP

Cross-departmental training is another tactic utilized by ToPR. "The maintenance department teamed up with trainers in the purification department to provide hands-on assembly training. This resulted in fewer assembly errors," explained Maintenance Technician **Ronald Crocker**.

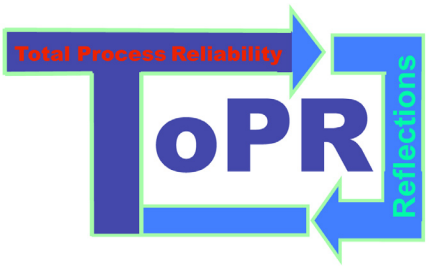
Joe Standley, a purification technician, exited the training sessions with an understanding of how to manage the centrifuges on the floor. "The ToPR process showed us exactly what kind of damage was occurring and what was being done to cause it," Standley said.

Another component of the team's training involved "5S" events, which stands for *Sort, Set in Order, Shine, Standardize, Sustain*. Focusing on mechanical order helps establish a respect for the equipment. It also creates a department-wide sense of ownership.

One metric used to track ToPR effectiveness is Mean Time Between Failure (MTBF), which measures failures against operating hours. As a result of the EITs, one Westfalia centrifuge's MTBF increased from an average 21 days between failures to 415 days and counting. The numbers don't lie, so it becomes apparent that ToPR is working.

Kevin Pait, director of Plant Engineering and Maintenance, chairs the ToPR Steering Council, which is made up of Talecris' senior leadership. "Cultural change is slow, but we're moving in the right direction," said Pait.

Because of ToPR, the production of life-enhancing therapies is more efficient, orderly and productive, directly reflecting two of the company's seven core values: Operational Excellence and Teamwork. Most importantly, it assists employees in achieving a vision they believe in — providing therapies that improve people's lives. ■ *Contributed by Kevin Pait, Director of Plant Engineering and Maintenance*



TOP LEFT: Technician Joe Standley working on the Westfalia during an EIT

BOTTOM LEFT: Purification Technician Julie Monteiro polishing the edges during the Westphalia EIT

TOP RIGHT: Maintenance Technician Ronald Crocker inspecting the Westphalia shaft

BOTTOM RIGHT: John Koustolas (l), purification engineer, and Bruce Edwards (r), purification technician, working on the Westfalia during an EIT event

TALENT:TALECRIS

The ALPHA-1 MP Project

Constructing a Modified Process, Building the Prolastin® Legacy

Betty lives a full life – one that includes work, traveling and entertaining friends. Possibly the most important appointment in her busy schedule is receiving her weekly Prolastin infusion. It only takes 30 minutes out of her week, but we have developed a modified process for Prolastin that could cut Betty's infusion time in half – Alpha-1 MP.

Alpha-1 MP builds on the strong history of Prolastin, the most prescribed alpha-1 antitrypsin therapy available on the market since 1988. The project incorporates new technology into the Prolastin production process that results in a higher concentration of the active protein. The manufacturing process is more highly automated, reducing the potential for operator error and improving process control and reliability. Having a higher concentration of the same active protein as Prolastin, Alpha-1 MP offers the potential for shorter infusion times for patients.

AN INVESTMENT COMES TO FRUITION

A significant investment of capital and labor has been made to incorporate the changes that Alpha-1 MP would bring to the manufacturing process. $26.3 million was put into the project to achieve various milestones, including clinical studies and regulatory submissions in the U.S. and Canada. The project's 9,000-liter tank is located in building 300 of our Clayton manufacturing facility, along with a 2 meter diameter chromatography column, the largest for Talecris. Dedicated project team members worked tirelessly to ensure the successful construction, turnover, approvals and submission of the project.

"The implementation of this next generation of Prolastin has long been a corporate objective and clearly demonstrates the commitment of Talecris to the alpha-1 patients around the world," said **Jim Wydick**, senior director of PMO, and the Alpha-1 MP project lead. "This will be the culmination of the dedication and excellent efforts of literally every department at Talecris."

HERE'S WHAT A FEW OF THE ALPHA-1 MP TEAM MEMBERS HAD TO SAY ABOUT THE PROJECT:

BARBARA MERRILL

Deputy Director, Regulatory Affairs

Role in Alpha-1 MP: Was the submission manager: coordinated document preparation, reviewed and finalized the submission.

Thoughts on the Project: "It took an immense, cross-functional effort to reach the point of submitting a licensing application, but I believe that this effort demonstrates Talecris' continuing commitment to the Alpha-1 patient community."

LES GARLINGHOUSE

Associate Director, Pulmonary

Role in Alpha-1 MP: Developed, implemented and is actively managing the pre-launch and launch activity for the anticipated approval and subsequent launch of Alpha-1 MP in the U.S., Canada, Germany and Regions of the World (ROW).

Thoughts on the Project: "This has been a most enjoyable team to work with. Everyone is genuinely excited about our progress to date and most importantly, we are all passionate about the plasma, protein, science and clinical data that supports our brand; that ultimately benefits the customer, our potential Prolastin MP patients."

DAVID KISTNER

Director of Manufacturing, Purification

Role in Alpha-1 MP: Led the start-up phase of the project and the transition into a manufacturing facility.

Thoughts on the Project: "Because of the yield, efficiency and viral safety improvements incorporated into the Alpha MP process, the patients that currently rely on Prolastin will be the true winners."

TODD WILLIS

Manager, Analytical Operations

Role in Alpha-1 MP: Is the BioAnalytics representative for the Alpha-1 MP project. A dedicated team within BioAnalytics conducted the analytical characterization of Alpha-1 MP process; demonstrated scalability (bench to commercial scale) of the process; established the release control system (methods and specifications); demonstrated drug substance and drug product stability; and supported preparation of CMC (module 3) and the Quality Overall Summary sections of sBLA.

Thoughts on the Project: "The Alpha-1 MP project exemplifies our commitment to the Alpha-1 Antitrypsin Deficiency community. Its success reflects the exceptional talent and dedication that reside within the many departments at Talecris."

JOHN REBBEOR

Principal Process Development Scientist II

Role in Alpha-1 MP: R&D Project Team Leader

Thoughts on Project: "The most professionally challenging and personally satisfying experience I've had at this site."

CRITICAL CARE:TALECRIS

Plasmin:

Our new clot-busting therapy is gaining attention

Taking advantage of our current production processes, R&D is studying a new medication to treat patients who experience rare and very serious blood clotting episodes. Plasmin, an innovative therapy currently in the pipeline, is being studied in clinical trials. So far Plasmin offers promise treating serious blood clots.

"This drug is actually a by-product of our plasma fractionation procedures," said David Howard, director, project management. "We've now developed a process to recover Plasmin."

SERIOUS CLOTS IN THE UPPER LEG

Plasmin targets a type of clot that develops quite suddenly in the upper leg. This condition is called acute peripheral arterial occlusion (aPAO). These clots can quickly grow to a length of 10 to 12 inches within the artery and block off blood flow to the leg. Without proper and quick treatment, amputation of the leg may be necessary.

Today the only approved treatment for this condition is emergency surgery to remove the clot and/or replace the section of clotted blood vessel.

THE CLINICAL TRIAL

In our clinical trials, patients having this serious clot that is restricting blood flow to the leg are given Plasmin using a special pulse spray catheter that is inserted into the artery. This catheter or tiny tube, delivers Plasmin directly into the clot with the goal of dissolving the clot over four to five hours and restoring blood flow in the leg. In addition to helping patients avoid surgery, physicians are also better able to diagnose what caused the clot in the first place, because the vein remains intact.

"Knowing the cause could help physicians treat their patients more effectively in the future, and possibly prevent clots like this from recurring," Howard said.

WHAT STUDIES HAVE WE DONE SO FAR?

The first studies we performed with Plasmin were with kidney dialysis patients. These patients often develop blood clots at the access points where blood leaves and re-enters the body as part of dialysis. The data from our study provided evidence suggesting that Plasmin could dissolve these clots and re-open access for dialysis of blood.

The first stage of a Phase 1 trial for aPAO clots in the leg was completed in 2008. Phase 1 results determined that the drug was well-tolerated by patients. In addition, Plasmin showed evidence of dissolving much larger clots.

WHERE ARE WE NOW WITH DEVELOPMENT?

We're now in the second stage of the Phase I trial for aPAO, and we're examining the clot-busting potential and safety profile of higher doses. We'll recruit between 20 and 30 additional patients to join this study, which is being conducted worldwide, including Europe and South Africa.

This is a dose escalation study, where we start with a lower dose, determine its safety and ability to dissolve clots, then increase (or escalate) the dose to see if higher doses dissolve clots safely and more quickly than lower doses. The dose escalation study will help us select the dose to study in the Phase III clinical program that is required to get the data needed for license approval.

"In December, we applied for orphan drug designation for Plasmin for the treatment of aPAO. The FDA granted our request at the end of March," Howard said.

ORPHAN DRUG DESIGNATION

Though peripheral artery disease is common, the type of severe and dangerous clot that Plasmin dissolves is relatively rare. It affects only about 120,000 in the U.S. and 70,000 patients in Europe each year.

Treatments for medical conditions that affect so few people are called "orphan drugs," and government agencies can expedite the review process for these drugs. Having orphan drug designation also provides financial incentives to companies that develop these "orphan drugs".

"In December, we applied for orphan drug designation for Plasmin for the treatment of aPAO. The FDA granted our request at the end of March," Howard said.

ANOTHER NEW DRUG: RECOMBINANT PLASMIN

In another step towards even purer products, we are also studying a recombinant version of Plasmin, called recPlasmin. Created through genetic engineering, this drug candidate is very pure and, compared to other production methods, it can also be manufactured more quickly.

"Eighty-five percent of strokes in humans are caused by blood clots in the brain," Howard said," so recombinant Plasmin has great potential to help a lot of people."

To determine safe and effective doses of Plasmin for dissolving these brain clots, which cause ischemic strokes, we plan to perform clinical trials similar to the aPAO trial above.

Phase 1 of this program will focus heavily on safety and will involve 40-50 patients. Our first patients will probably be in Canada, where there is a strong network of experts. We also plan to evaluate the drug in the U.S., Europe, Australia and New Zealand.

After completion of a Phase I trial, the Phase 2 program will focus on efficacy as well as safety.

"Recruiting patients for this trial can be difficult and slow," Howard said, "because patients with ischemic stroke must get treatment within a short time period after the stroke."

FUTURE RESEARCH

With future research, Plasmin could also offer options for treatment of another type of leg clots known as deep vein thrombosis. In addition, Talecris is exploring the potential for recombinant Plasmin to treat certain eye diseases. ■

CRITICAL CARE:TALECRIS

Seeking FDA approval for Gamunex® for Subcutaneous Administration

Gamunex (human immune globulin) is a complex mixture of human antibodies purified from human plasma donated at collection centers across the United States. Today, most primary immunodeficiency (PI) patients rely on a nurse to administer intravenous (IV) infusions of Gamunex during an office visit. A recently completed clinical trial offers hope that patients who need Gamunex to keep them free from infections will soon have an alternative way to receive this trusted drug.

SUBCUTANEOUS GAMUNEX

Given just under the skin instead of into a vein, subcutaneous infusions offer several potential advantages over IV infusions for some patients. The positive major benefit: greater independence for the patient who can now administer the drug themselves.

Dr. Tim Bradshaw, deputy director of the Project Management Office said "The technique for self-administering Gamunex subcutaneously at home is relatively easy to learn for most patients."

Patients can basically administer Gamunex at their convenience—any time of day, while at home or on vacation—instead of in a doctor's office during office hours.

"Today, patients sometimes have to schedule doctor's appointments around their vacation plans and sometimes are tempted to skip an infusion when they are travelling. Because Gamunex can be kept at room temperature (not to exceed 77˚F) for several months, they can often take their medication with them and self-administer on the appropriate day."

PIVOTAL TRIAL DEMONSTRATES SUCCESS

Talecris has just completed a pivotal clinical trial to study whether Gamunex administered subcutaneously works as effectively as IV infusions to treat patients diagnosed with PI. These individuals are prone to infections – especially bacterial infections in the respiratory tract.

The trial, which began in 2006, enrolled 35 patients in Canada and the U.S.

Bradshaw said, "The team was very pleased with the results of the study, which showed that Gamunex given subcutaneously provides patients with at least the same trough levels of antibodies as seen with IV infusions and, more importantly, was as effective at preventing serious bacterial infections. We achieved the objective of the study in that we showed that patients receiving Gamunex via subcutaneous infusions have the same level of protection against infections as those who get the drug IV."

WHAT'S NEXT?

With the success of the clinical trial, the next step is to submit the findings to the FDA in the first half of this year. We expect FDA approval will take about one year.

"Since this is not a new drug, but just a new way to administer the current drug, the reality is that the day we get FDA approval, Talecris can start providing PI patients with another option for receiving Gamunex," Bradshaw said. "This latest addition to the Gamunex brand should make a difference in the lives of many patients and that's what our work is all about." ■

CRITICAL CARE:TALECRIS

Talecris Names its 2009 Talents Grants Recipients

Three scientific investigators and clinicians from research institutions around the world are the recipients of the 2009 **Tale**cris **N**ew **T**rials Support (Talents) Awards. Entering its fourth year, the Talents program aims to further advance research addressing the use of intravenous immunoglobulin in antibody replacement as well as immune modulation therapies. The grant recipients are from the countries of France, the Netherlands and the United States.

Investigators endured a strict two-step application process. Submissions were closely reviewed by the Talents Evaluation Committee, which includes experts in neurology, immunology, hematology, and other disciplines as needed, as well as Talecris scientists. The program awards up to $300,000 per research project and includes support for salary, overhead and direct costs. Investigators receiving this year's Talents grants are:

Srini Kaveri, DVM, Ph.D., from the Centre de Recherche des Cordeliers in Paris, France serves as director of research at the Centre and is an expert member of the Committee of European Medicines Agency on the use of IGIV. Kaveri's research is intended to examine how IGIV stimulates the regulatory T cells, a type of white blood cell of the immune system. The research will examine experimental models of multiple sclerosis to identify how IGIV exerts its beneficial effects through the T cells.

Ingemar Merkies, M.D., Ph.D., from Spaarne Hospital in Hoofddorp, the Netherlands, is a committee member of the International Neuropathy Consortium (INC). The study, titled "Peripheral Neuropathy Outcome Measures Standardization Study (**PeriNomS**)," aims to construct a set of accurate and sensitive research outcome measures to enable interpretation and comparison of outcomes in clinical studies. Through the examination of 140 patients, the study will compare various outcome measures to quantify clinical changes over a 12-month period.

Masanori Sasaki, M.D., Ph.D., from Yale University School of Medicine in West Haven, Connecticut, is a neurological associate research scientist at Yale's Center for Neuroscience and Regeneration Research. Sasaki's research seeks to determine the advantage of IGIV alone in cell transplantation and in the combined therapy for spinal cord injury (SCI) patients. The study hypothesizes that IGIV can stimulate the clearing of the injured myelin surrounding the nerves and subsequent cell transplantation will contribute to the repair of damaged neural tissue.

"Our 2009 grants have been awarded to a very deserving group of recipients," said **Rene McRogers**, director of Global Scientific Relations and Communications. "These grant recipients and the work that they do are vital to improving future patient care as they work to discover new medical insights and standards of care around the world." Talecris was impressed with this year's grant submissions and looks forward to the results that will come from these research projects in understanding these disease processes and in helping us provide better critical care treatments for people with life-threatening disorders. ■

^^

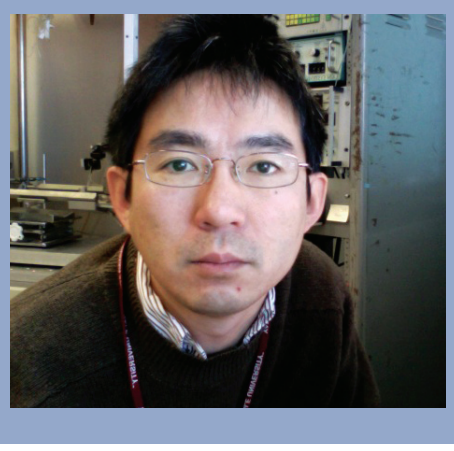
Srini Kaveri, DVM, Ph.D.

>>

Ingemar Merkies, M.D., Ph.D.

Masanori Sasaki, M.D., Ph.D.

vv

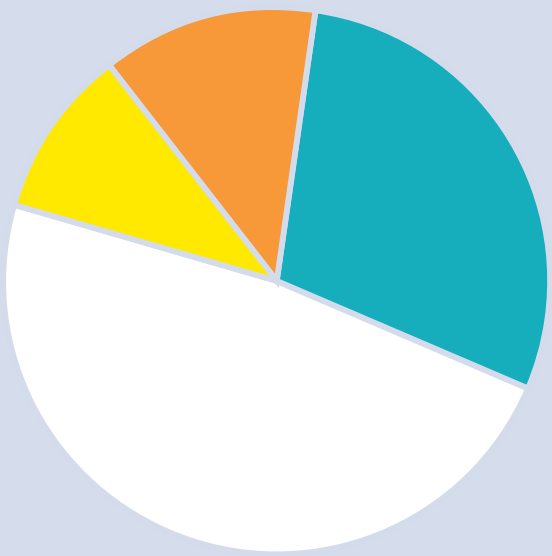


You spoke, we listened…Now what?

This month marks *dialogue's* fourth year in circulation, Now it's time to see how our employee publication is doing. In February, we surveyed you to determine how well your information needs are being met.

We asked you everything — from the types of articles and topics you prefer to read, to your ideal reading format, to the value you see in *dialogue* as an employee communication tool. We were very pleased with the interesting and honest feedback about *dialogue* and learned a lot from you about what we can do to make your reading experience better. According to your responses, you want a publication that:

- *>> Incorporates more employee involvement;*
- *>> Contains quick, easy-to-read stories and features;*
- *>> Focuses more on the top issues and concerns of employees;*
- *>> Is more clear about business goals and objectives;*
- *>> Has a more interactive online component.*



48% SHORT, CONCISE

10% LONG, IN-DEPTH

13% NO RESPONSE

29% QUICK BULLETS

Fifty-two percent of you responded that you like to read department news, and more than half of you like employee profiles. So, along with our product and patient stories, we will include more employee-focused topics and cover departments and sites beyond Clayton.

In the survey, one of you commented, "I've had no opportunity to read *dialogue* and I am not sure how to get it." Further, the survey results showed that Fifteen percent of employees who responded do not receive *dialogue*. We want to make printed copies of *dialogue* more accessible to you, so we will begin individual labeling to make sure your copy arrives at your desk and we are providing more copies to TPR centers. One of the most significant changes we are working to achieve is improving the online newsletter navigation and functionality. We want to use the online version to keep the "*dialogue*" going between the publication's regular quarterly distributions.

Thank you for helping to make *dialogue* an even better employee communication tool.


dialogue
take the survey

1. Where do you work?
☐ ATL
☐ Clayton
☐ Benson
☐ Melville
☐ Other: _____

2. What is your employment status?
☐ Permanent employee
☐ Contractor

3. How long have you worked at Talecris?
☐ Less than 1 year
☐ More that 1 year, but less than 2
☐ Between 2 and 5 years
☐ Over 5 years

4. Do you receive a printed copy of Dialogue?
☐ No, do not receive
☐ Yes, pick up on table in break room
☐ Yes, delivered by department Admin.
☐ Yes, from my manager
☐ Yes, from my co-workers
☐ Yes, other: _____

5. Rate your level of interest in Dialogue?
☐ Highly interested
☐ Somewhat interested
☐ Not interested

6. Do you prefer to read Dialogue online or in print form?
☐ Online
☐ Printed copy

7. How often would you like to receive Dialogue?
☐ Every 2 months
☐ Quarterly
☐ Two times per year

8. Rank your preference for the types of articles you like to read? (1 is most preferred)
____ Quick bullets of information
____ Short, concise articles
____ Longer, in-depth articles

Please see the reverse side for additional survey questions.

NEW SECTIONS ADDED TO DIALOGUE FOR YOUR READING AND WRITING PLEASURE

SURVEY FEEDBACK REVEALS DESIRE FOR GREATER EMPLOYEE PARTICIPATION

We've all done the good deed of taking a survey one time or another, only to wonder what ever happened to the feedback we shared. Well, in the case of the *dialogue* Employee Opinion Survey, we read it, analyzed it and made some decisions about what to do with it.

To help engage you into the *dialogue*, we're introducing five ways for you to participate. Through these new sections, you can submit articles, be a guest columnist, comment on a recent article and ask questions to receive answers. But it only works, if you get involved.

There are two ways for you to become part of the *dialogue* – through direct links in the online PDF version of the newsletter on the PlasmaNet or by emailing your requests to **dialoguefeedback@talecris.com**.

LETTER TO THE EDITOR:

The *Letter to the Editor* is an effective way to share your opinion and inspire others to take action on issues that are of concern to you and the company. For example, your cause could be recycling, diversity, compliance, teamwork or patient advocacy. Here's your chance to make your point.

Editorials help gauge the views and open the door to conversation. In addition to inspiring, these letters are a great way to educate or even celebrate. Write a *Letter to the Editor* to share your thoughts and inspire others to action. I'd like to write a letter to the editor.

Basic Tips for Your Letter to the Editor

1. Your editorial should be work-related.
2. Choose an issue that moves you.
3. Write your letter, but don't worry that it's not perfect.
4. Keep your letter brief (150 – 200 words maximum).
5. Proof read and spell check.
6. Include your contact information and a photo.

FRANKLY SPEAKING — BE A GUEST COLUMNIST

(See reverse side for our debut guest column with George Oliver.)

One really great thing about Talecris is that we have lots of in-house experts. Our depth of knowledge about the industry and the way our business works is impressive. In this new section you have an opportunity to be featured as a guest columnist. In your own words, you can share issues that are impacting the business internally or externally. This is an excellent way to raise awareness and bring attention to an interesting topic. I'd like to be a guest columnist.

TALK ABOUT IT — COMMENT ON AN ARTICLE

In this section, you can comment about what you read in *dialogue*. Let's say you read an article about one of our programs, but in the article we don't cover an aspect that is important to you. You can send your comment to *dialogue* and it will be published in this section. Here's where you'll learn even more about what your colleagues have to say. This section expands on information already communicated, but from a different perspective. It's also a great place to give kudos for a great article. I'd like to comment on an article.

BETWEEN CONVERSATIONS — SEND IN A QUESTION

As you know, *dialogue* is a quarterly publication. This means there's lots of time for conversation in-between issues. In today's information age, we don't have to wait several months for responses to questions. Through the online version of *dialogue* or through email, you can submit your most pressing company questions. Answers will be posted regularly on the Corporate Communications page of PlasmaNet and reprinted in subsequent issues of *dialogue*. I have a company question.

SUBMITTING ARTICLES — WRITE AN ARTICLE

dialogue is your publication and it works best when you help communicate what's going on in your corner of Talecris. With more than 4,500 employees in the U.S., Canada and Germany, it's challenging to find out what's happening everywhere. If you like to write or even if just have a great topic to share with your fellow employees, you can submit articles to *dialogue* for publication. Our editing team is available to help you communicate your information. I'd like to write an article.

SO THERE YOU HAVE IT. WE HEARD WHAT YOU SAID AND WE'RE OFFERING NEW FORMATS TO SERVE YOUR COMMUNICATION NEEDS. NOW WE NEED TO HEAR FROM YOU. JOIN IN AND HELP DIALOGUE LIVE UP TO ITS NAME.

WRITE TO: DIALOGUEFEEDBACK@TALECRIS.COM.

EMPLOYEE PROFILE

Frankly Speaking
with George Oliver

Director, Managed Care

REIMBURSEMENT ON THE RADAR

At a recent Talecris Leadership Team (TLT) meeting, reimbursement was identified as one of the top three risks for the business. What is reimbursement, how does it affect our business and how might it be changed by health care reform in the United States?

Reimbursement is the term for what an insurer, or a payer, is willing to pay for a product or service. When you go to your doctor, the insurance company has agreed to pay the doctor a certain amount of money for your office visit. Similarly, when you go to the pharmacy to pick up medication, the insurance company has agreed to pay the pharmacy an amount of money for the medicine you receive. You may bear a portion of the cost of the drug by paying a deductable or co-pay. This is all a part of reimbursement.

Although the concept is simple, reimbursement becomes complicated because every insurance company, or payer, has a different formula for determining what they are willing to pay for products and services. The United States government is actually the largest single payer (insurer) in the country and what they are willing to reimburse for products such as ours is very important to know and understand.

The United States government will likely play a larger role in the future as our elected officials seek to reform health care and offer medical coverage to more Americans. This will certainly have an impact on Talecris and you can be sure your colleagues are evaluating the impact of health care reform on our business.

TALENT:TALECRIS

Talecris Receives Honor at Abilities, Inc. Employer Appreciation Event

Melville HR's support of program for workers with disabilities makes a difference in employee lives.

Laura Ryan, Melville HR and **Mark Woods**, Fractionation, accept Abilities, Inc. Award

In December, Talecris received an Employer Appreciation Award from New York-based, non-profit Abilities, Inc. for our commitment to employing qualified people with disabilities. Abilities, Inc., founded 50 years ago to train and prepare people with disabilities for the workforce, honored Talecris for its hiring practices and business support.

> "I'm proud to be a part of a company that extends itself to work with organizations like Abilities, Inc. and gives graduates a chance for good employment," Ryan said.

"Talecris has been such a reliable partner over the years," said Jessica Swirsky, president and chief operating officer. "Your company believes in our mission and ability to prepare people with disabilities for the workforce."

Joined by other members of the business community and representatives from the U.S. Department of Labor, **Laura Ryan**, human resources specialist in Melville, accepted the distinguished award on our behalf. "I'm proud to be a part of a company that extends itself to work with organizations like Abilities, Inc. and gives graduates a chance for good employment," she said.

Together with Abilities Inc., Ryan helped recognize fellow employee and Abilities graduate, Mark Woods for his achievements in the Lab Assistant Training Program. "Abilities, Inc. is a vocational school dedicated to helping people with disabilities train for and find good jobs," said Ryan. "I'm here to support our company's involvement and to congratulate Mark Woods on graduating from the *Journey to Success* program."

The Abilities, Inc. program offers skills assessment, career counseling and training, and experience with state-of-the-art technologies by working with industry partners to form business advisory councils for its training programs.

"The feedback I received from the practice interviews helped me obtain my fractionation technician position," said **Mark Woods**. "All of the students in the training program were inspired by what we learned and we believed that we would be able to achieve and maintain employment after completion of the course."

Students are not the only ones inspired by the work of Abilities, Inc. Laura Ryan has added to her own career goals the opportunity to volunteer at the non-profit once a month. She said she has grown from the Abilities relationship and wants to do more to help others.

Using Abilities, Inc. as an effective recruitment channel, Talecris has successfully hired 10 graduates since 2005. The program has proven to be beneficial not just for the talented employees recruited, but also for Talecris.

For more information about Abilities, Inc. visit www.abilitiesinc.org.

dialogue question #11 Employee Feedback:

What are the most important characteristics of an effective leader and who at Talecris exemplifies them?

An effective leader should:

- *>> Be in the know*
- *>> Lead by example*
- *>> Be on time, even early with assignments (ex. turning in PMPs to HR)*
- *>> Touch base with direct reports weekly, then monthly with a staff meeting*
- *>> Meet with staff of direct reports 1 or 2 times a year*
- *>> Discuss goals/objectives at least 2 times a year*
- *>> Give a thorough year-end review with many comments and advice*
- *>> Support his/her staff (with training, promotions, etc)*
- *>> Commit to something and meet the commitment (not just talk during a performance review about it, but follow through during the year)*
- *>> Work, and not just delegate the work (be a proactive team player)*
- *>> Be compassionate and concerned*

My manager, **Mark Faust**, is a very efficient and thorough leader. He stays on top of things, and keeps our department ahead of schedule with company projects. I think we have a great IS team!

ANGELA HARRIS
INFORMATION SOLUTIONS, ADMINISTRATIVE ASSOCIATE

Consistent demonstration of integrity should rank high on any list of important characteristics. People need to trust their leaders to uphold ethical principles and make the right choices in difficult situations. **Craig Farquharson**, senior director for Global Supply Chain, is someone I think exemplifies this characteristic. Craig's wide-ranging responsibilities bring him into contact with people from many different areas of the company – and some outside the company; all would agree that he can be counted on to do the right thing.

–ANONYMOUS

The characteristics that a leader must have are humbleness, a willingness to listen as well as be authoritative; having the know-how to communicate is key to successful leadership and most of all a leader must know how to reflect leadership to subordinates. **Mike Street** of Gamunex Maintenance/ Engineering Services exemplifies this type of leadership and he does it 24 hours a day.

ANTHONY ARTIS
ENGINEERING MAINTENANCE SERVICES

dialogue Question #12

Besides providing our patients with vital protein therapeutics, what inspires you at Talecris?

Send your comments to dialoguefeedback@talecris.com.

For the fun of it

Word Search

H	P	A	D	F	M	W	S	J	P	K	O	W
U	O	W	W	U	I	V	E	B	M	L	B	U
U	H	Y	N	F	N	F	E	J	A	R	W	C
Q	O	O	O	T	N	E	Y	W	H	G	L	U
S	R	D	I	A	O	P	O	J	P	G	L	C
I	P	I	T	L	V	Z	L	A	L	W	A	L
R	M	A	A	E	A	W	P	W	A	M	U	A
C	S	L	V	N	T	G	M	H	W	Y	J	Y
E	M	O	I	T	I	P	E	A	S	Y	L	T
L	K	G	T	S	O	D	H	N	H	I	W	O
A	H	U	O	Q	N	V	V	K	D	G	H	N
T	Q	E	M	E	R	E	S	E	A	R	C	H
D	E	D	I	C	A	T	I	O	N	N	S	M

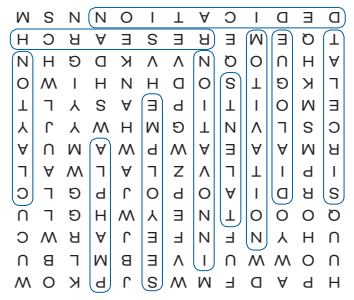
AlphaMP
Clayton
Dedication
Dialogue
Employees
Innovation
Motivation
Research
Talecris
Talents

Interested in submitting an article?

Content due dates and themes:

SUMMER ISSUE: July 5 – Leadership
FALL ISSUE: October 5 – Patients and Advocacy
WINTER ISSUE: December 5 – Dedication

Send via email to dialoguefeedback@talecris.com



Answer Key

dialogue is published quarterly by the Talecris Biotherapeutics Corporate Communications Department. To continue the dialogue, forward comments and story ideas to:

dialogue Editor
Rayma Alexander
Senior Communications Representative
919-316-6457 or rayma.alexander@talecris.com

dialogue Contributing Writer
Annie Clifford
Senior Communications Specialist
919-316-6475 or annie.clifford@talecris.com

dialogue Contributing Writer
Asia Armstrong
Corporate Communications Coordinator
919-316-2421 or asia.armstrong@talecris.com

DIALOGUE IS PRINTED ON MOHAWK OPTIONS, 100% PC WHITE WHICH CONTAINS 100% POST-CONSUMER WASTE FIBER, IS FSC CERTIFIED AND MANUFACTURED WITH WINDPOWER.

dialogue>> TALECRIS BIOTHERAPEUTICS >> MAY 2009 >> VOLUME 12