

Medical Report Sheet

Subject Name: [REDACTED] Subject ID#: 9007\_04 [REDACTED]

DOB: [REDACTED]

[REDACTED]  
[REDACTED]

[REDACTED] [REDACTED]

[REDACTED]

Date (YY/MM/DD)	Medical Summary	Device/Condition
26/02/24	Installation completed. Cyclosporine 5 to 6 mg/kg/day IV, continue for two weeks with 5% taper after the first week. Oxycodone 5mg as needed, tylenol 3000mg daily.	Installation complete
26/03/03	[REDACTED]	
26/03/17	Blood monitoring stable Hormone panel normal Fusion of native and foreign venation	Integration begun
26/03/31	Begin calcium gluconate injection 10% Begin [REDACTED] Caloric intake up 134% Subject reports pain at incision site, lower back. Osteogenesis Stage 1 spinal extensions extruding Progressing chondrogenesis.  Total growth 6 in/side	Hollowing in progress
26/04/07	Caloric intake up 330% Secondary scapula formed Venation extending. Blood flow normal  Total growth 1.43 ft/side	

26/04/21	Total growth 2.3 ft/side	
26/05/07	Osteogenesis Stage 2 Venation exceeding 20 rows  Total growth 5.1 ft/side	
26/05/28	Total growth 7.0 ft/side, chondrogenesis Stage 2 begins Venules distributing	Widening stage complete
26/06/11	Segmentation begins Subject beginning physical therapy to strengthen device limbs Average required caloric intake ~9kcal-10kcal	
26/06/25	Venation nearly complete Muscular development begins	
26/07/09	Segmentation aligning with projected segmentation Hormone panel normal	
26/07/23	Chondrogenesis almost complete Subject reports flu-like symptoms, further monitoring required	
26/07/25	Fever, arrhythmia, Leukocyt [REDACTED] [REDACTED]	
26/07/26	Renal failure Liver failure Subject atrophying due to insufficient [REDACTED] Device using disproportionate amount of energy causing strong immune response	
26/07/27	Subject's participation terminated	Function lost