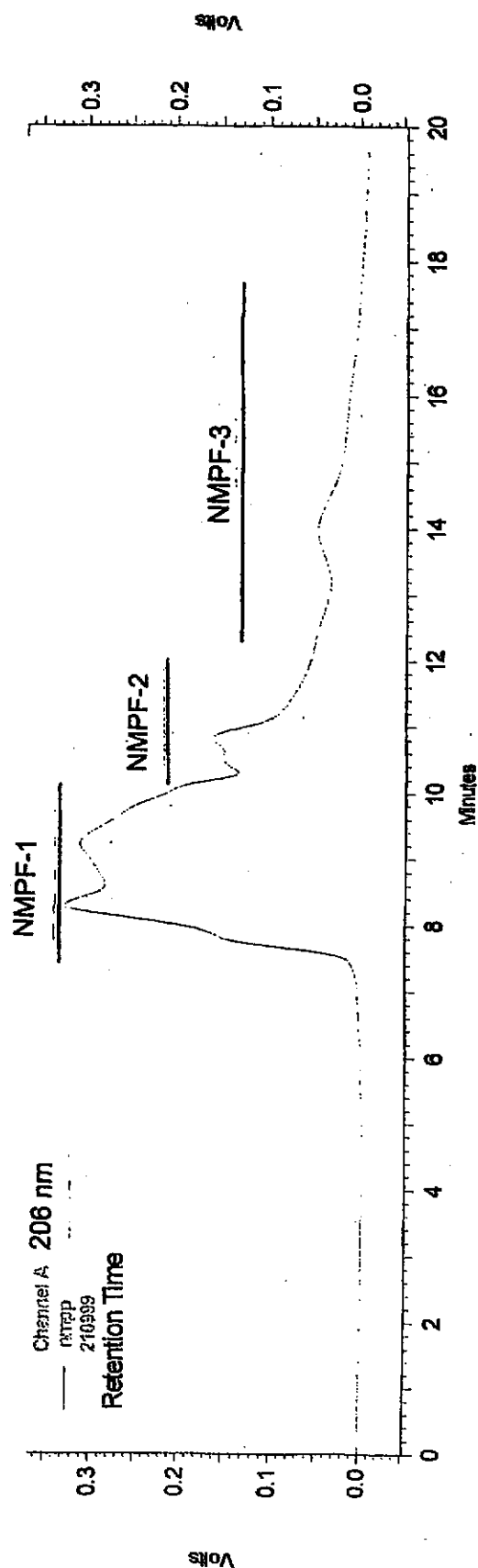
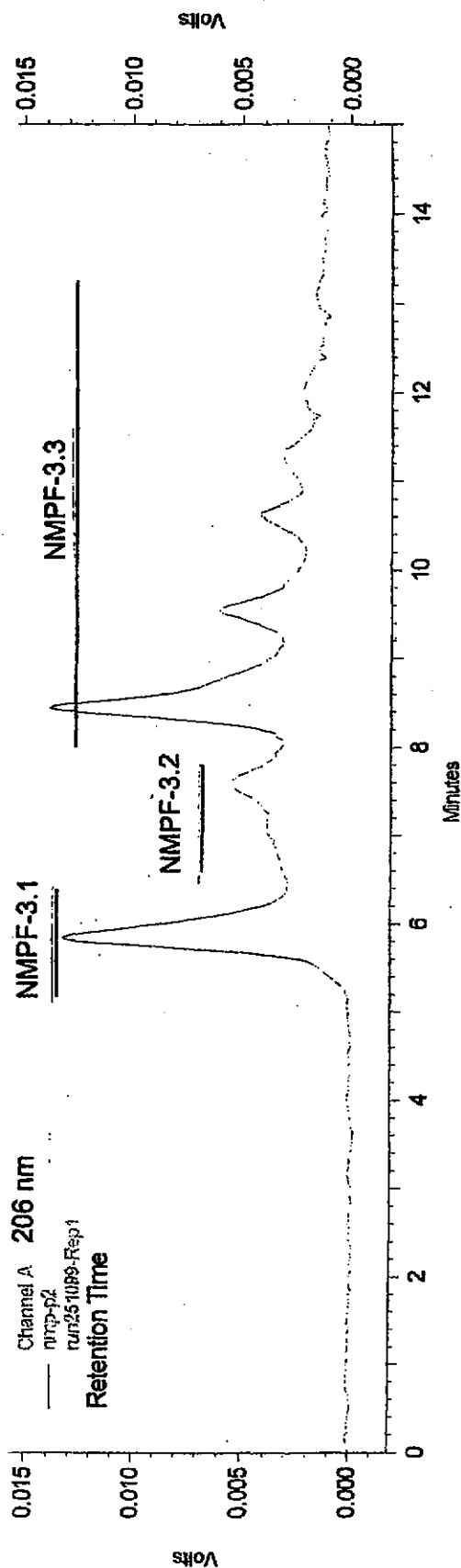


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This figure shows macrosphere GPC 300A chromatogram of NMPF (Pregnyl) sample. Three selected areas were fractionated, NMPF-1 which elutes apparently with molecular weight of >25 kDa, NMPF-2 which elutes apparently with molecular weight between the 25kDa-6kDa, and NMPF-3 which elutes apparently with molecular weight <6kDa

Fig. 1



This figure shows macrosphere GPC 60A chromatogram of NMPF-3 fraction obtained from macrosphere GPC 300A column. Three selected areas were fractionated, NMPF-3.1 which elutes apparently with molecular weight of >2000 Da, NMPF-3.2 which elutes apparently with molecular weight between 2000-300 Da and NMPF-3.3 elutes apparently with molecular weight lower than 300 Da (figure 2.). All fractions were tested for anti-shock activity.

Fig. 2

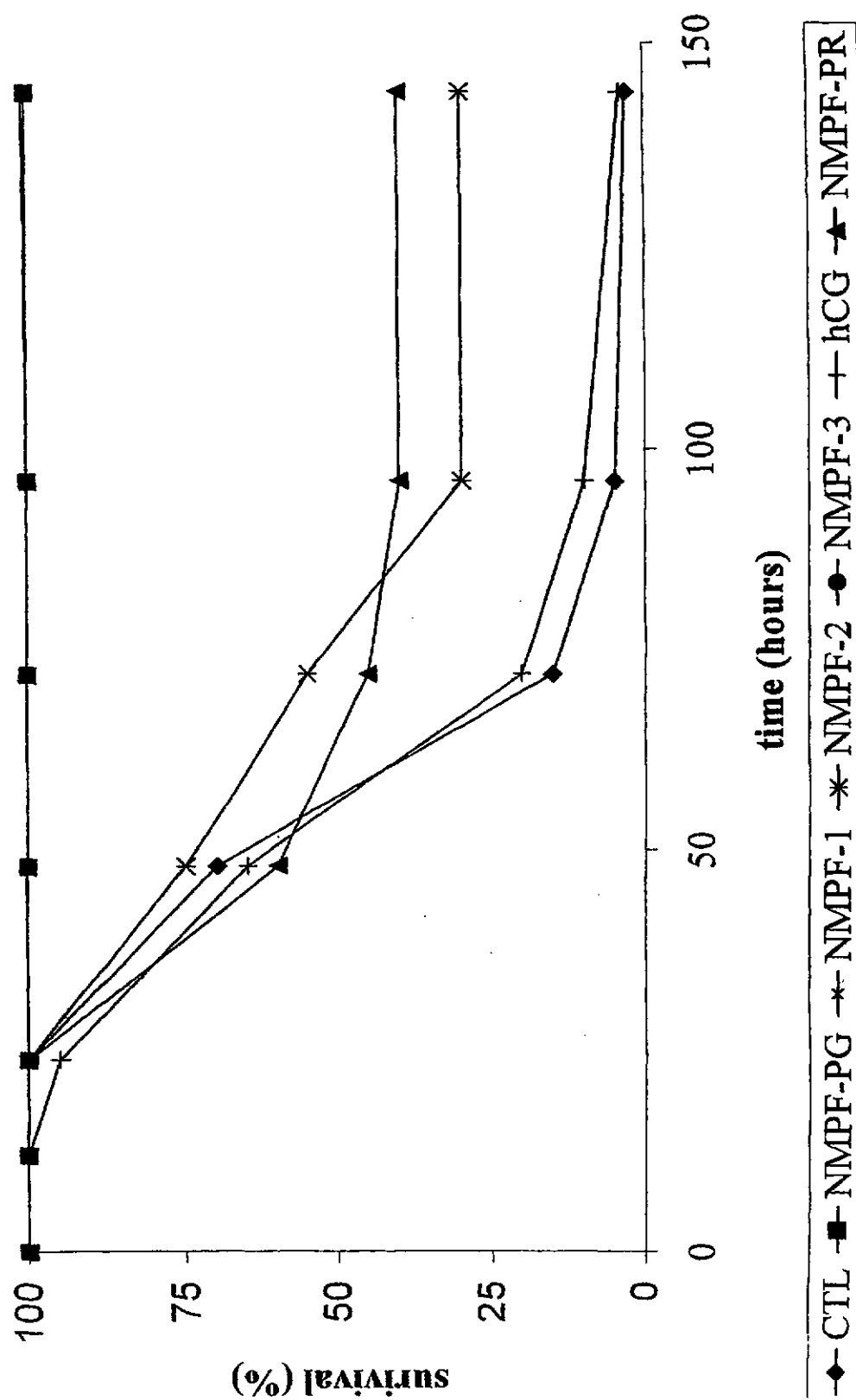


Fig. 3

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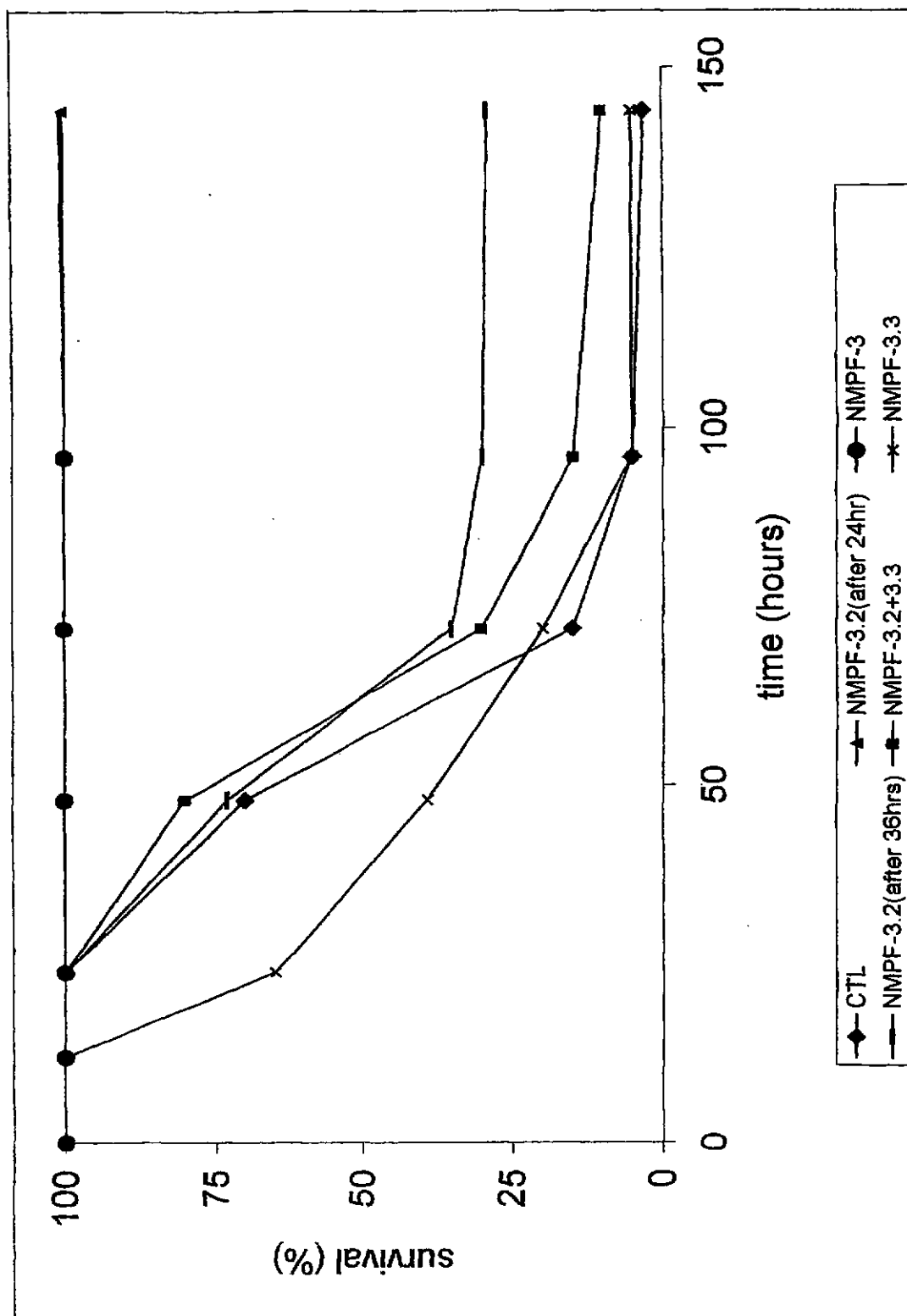
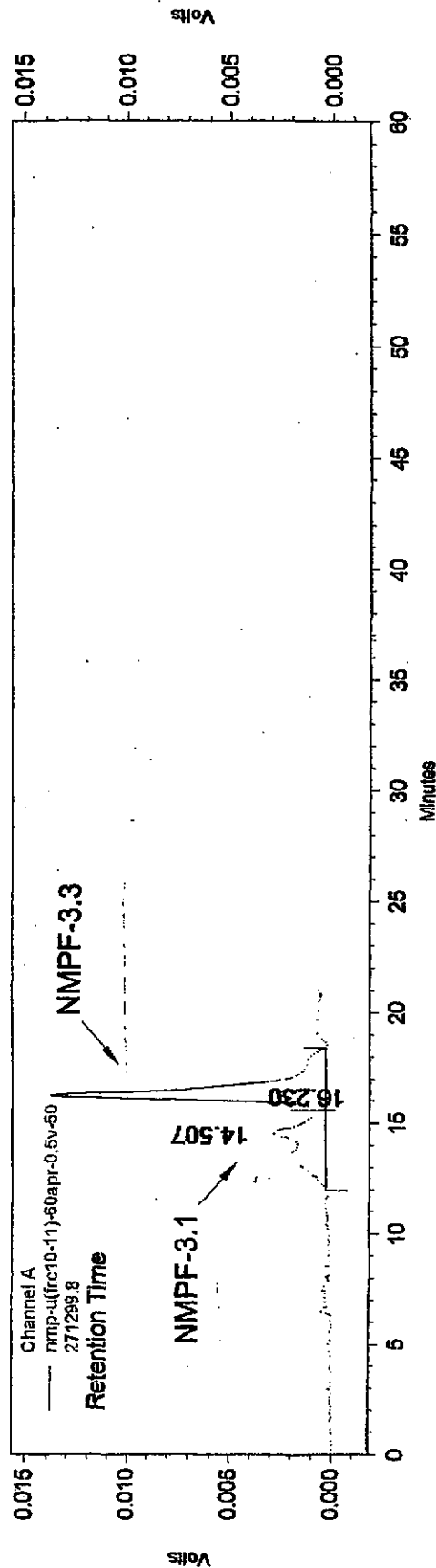


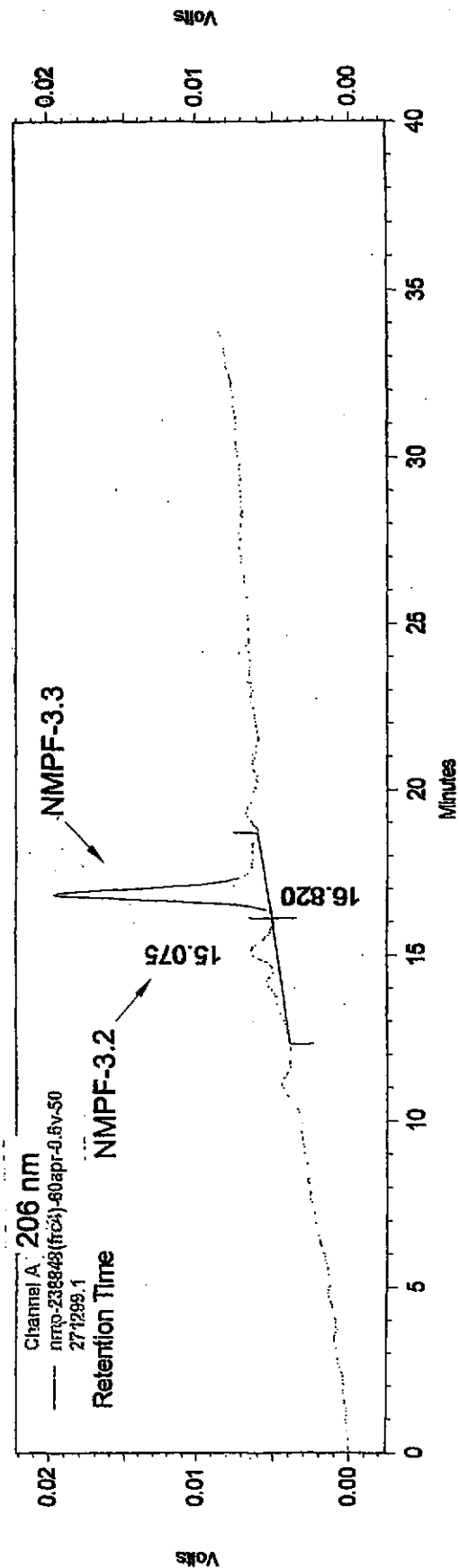
Fig. 4



This figure shows macrosphere GPC 60A chromatogram of pooled NMPF-3.2 and NMPF-3.3 fractions from first trimester pregnancy urine (containing anti-shock activity). This figure shows that the ratio between fraction NMPF-3.2 and NMPF-3.3 is around 1:2.2 (see text).

Fig. 5

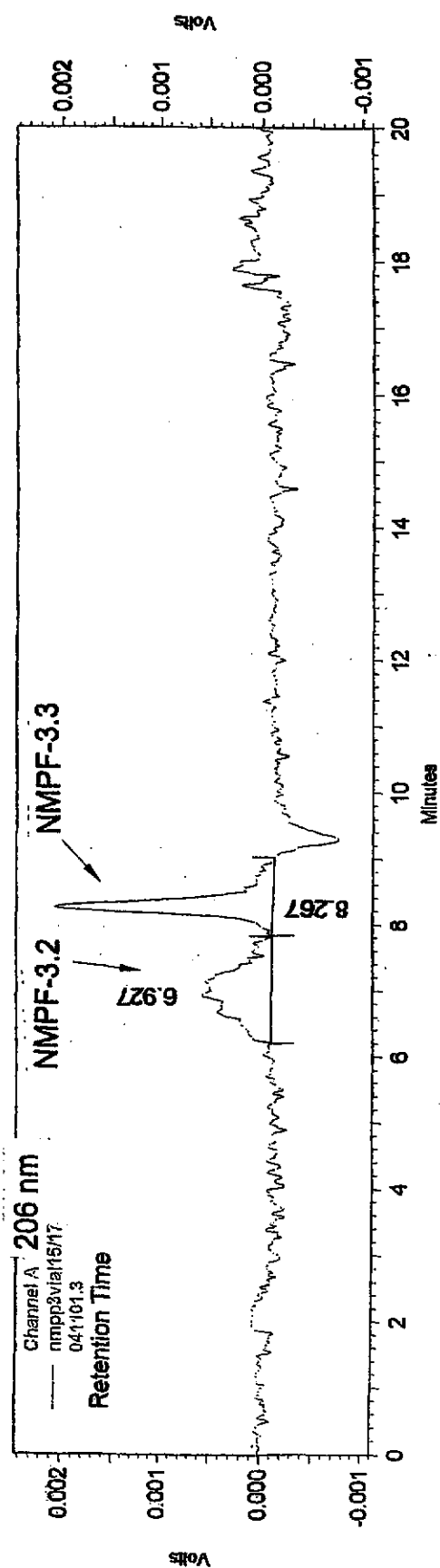
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This figure shows macrosphere GPC 60A chromatogram of pooled NMPF-3.2 and NMPF-3.3 fractions from non-active Pergnyl batch (containing no anti-shock activity). This figure shows that the ratio between fraction NMPF-3.2 and NMPF-3.3 is around 1:3.4 (see text).

Fig. 6

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This figure shows macrosphere GPC 60A chromatogram of pooled NMPF-3.2 and NMPF-3.3 fractions from active Pergnyl batch (containing anti-shock activity). This figure shows that the ratio between fraction NMPF-3.2 and NMPF-3.3 is around 1:1 (see text).

Fig. 7

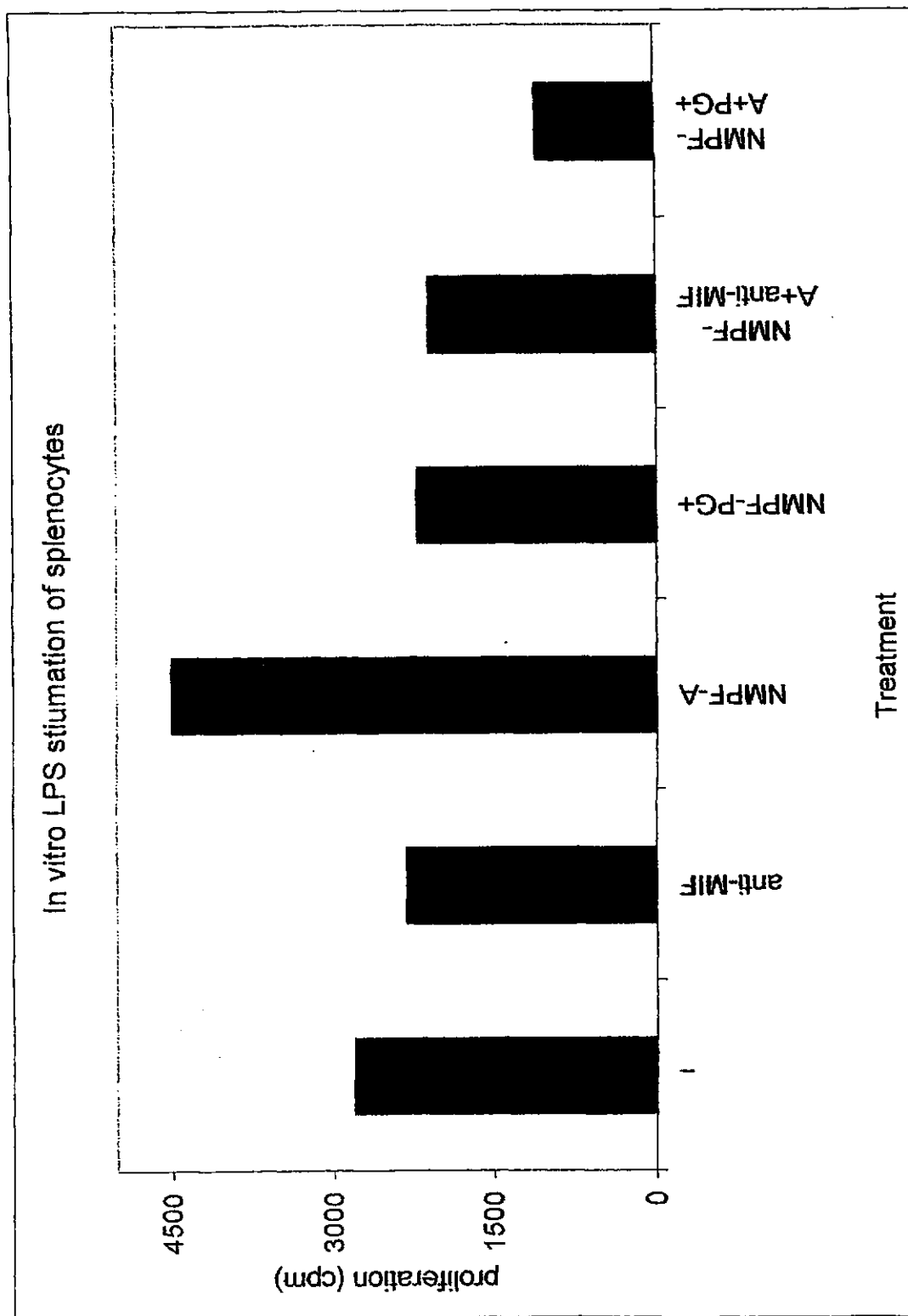


Fig. 8

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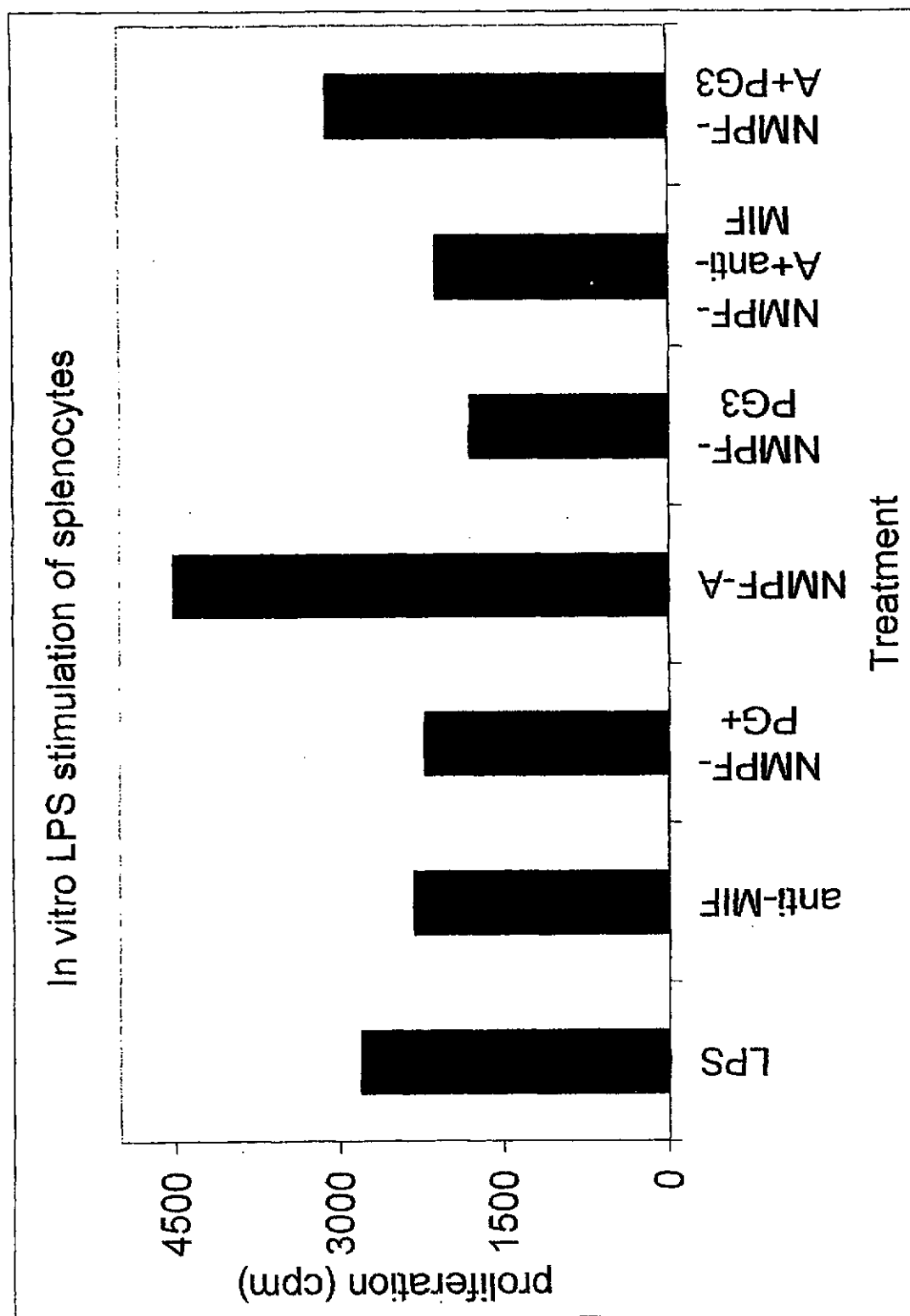


Fig. 9

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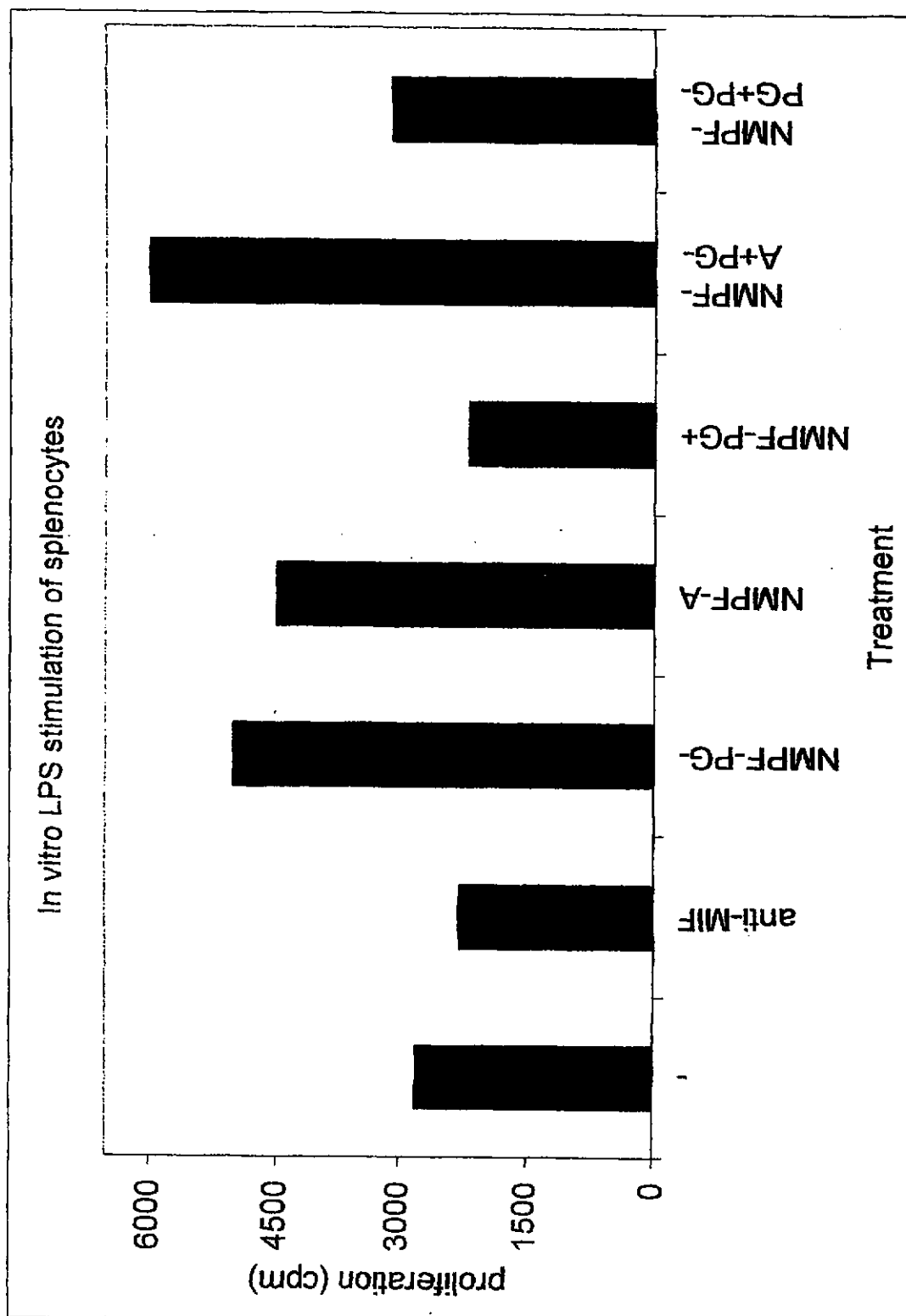


Fig. 10

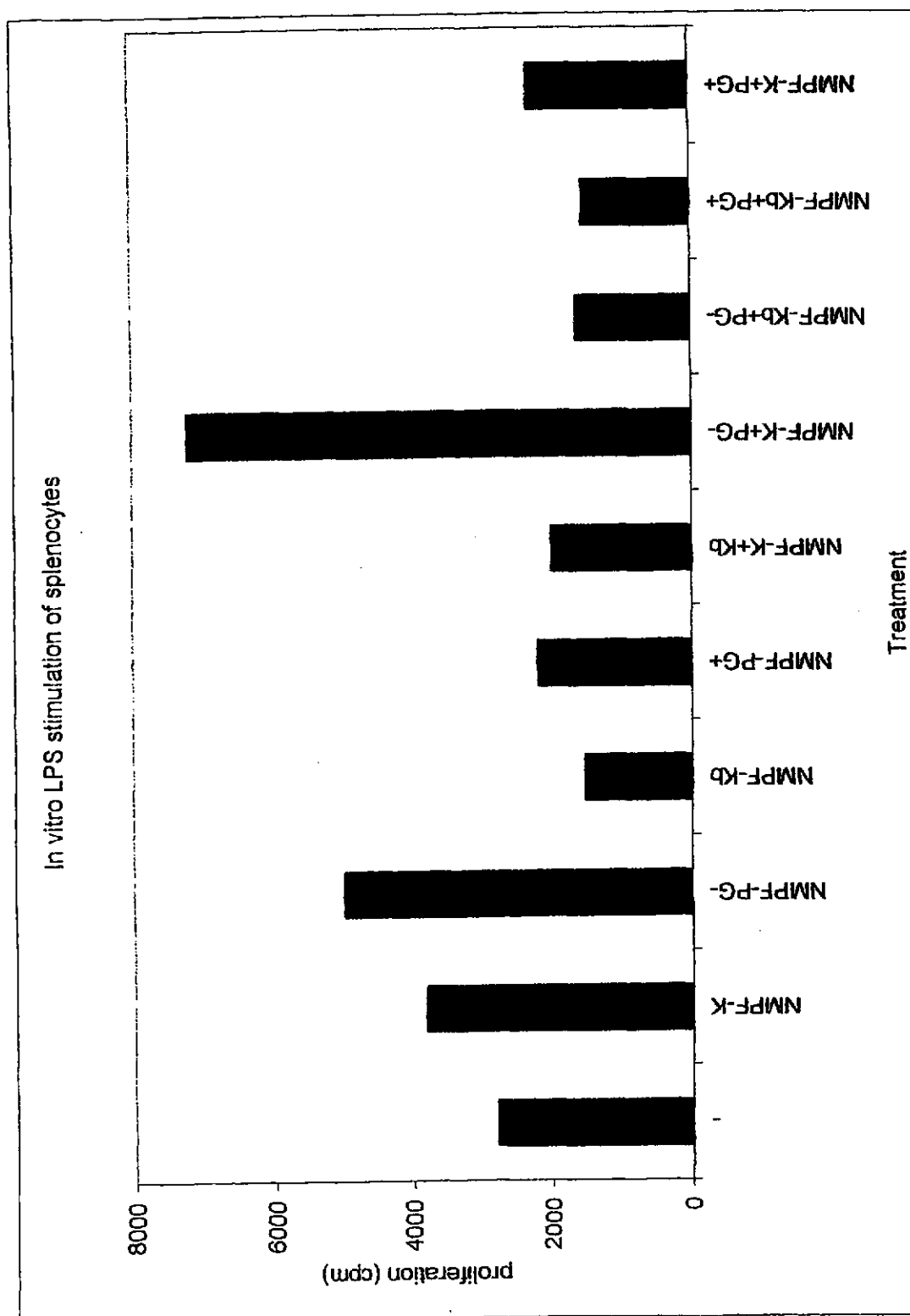


Fig. 11

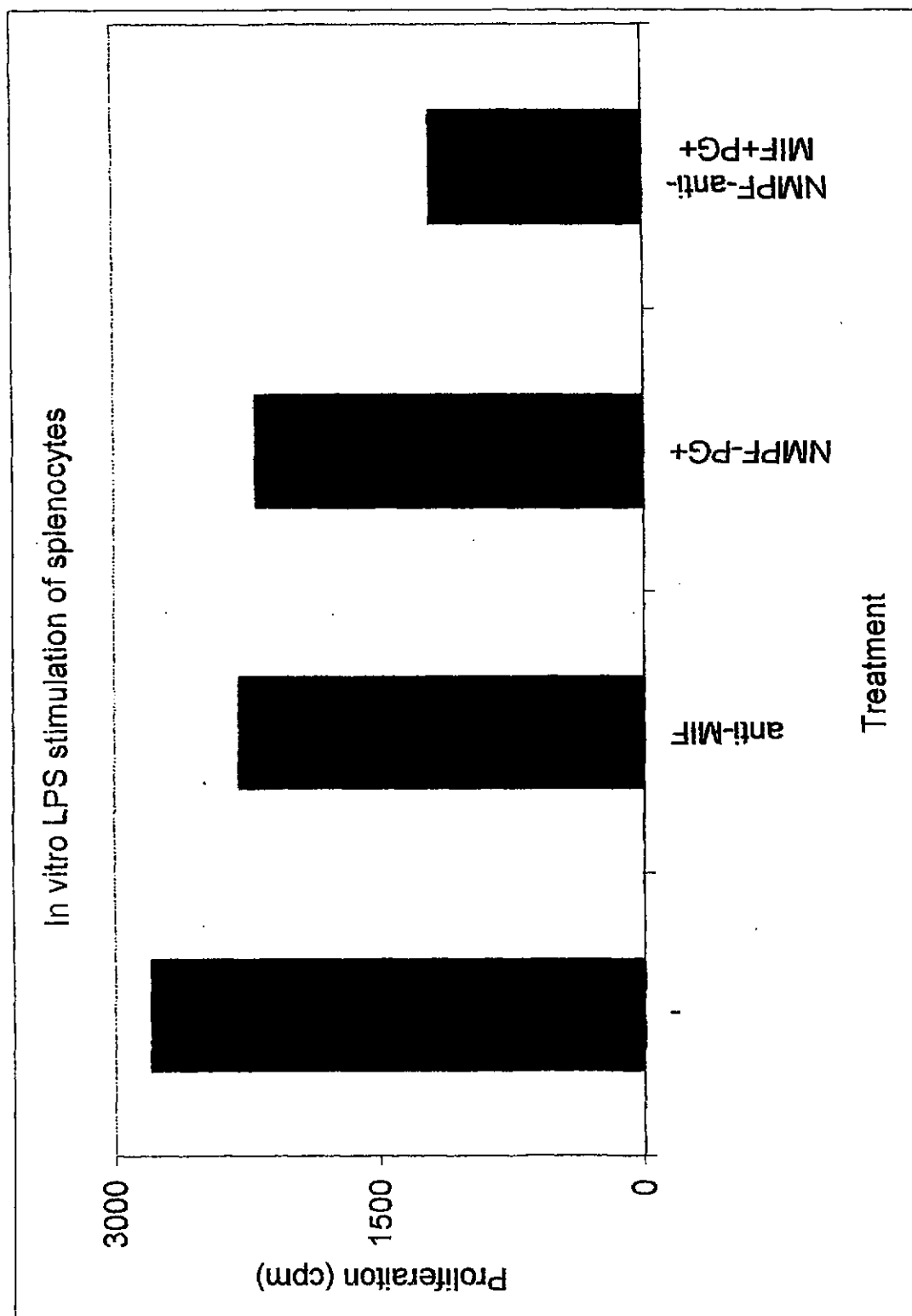


Fig. 12

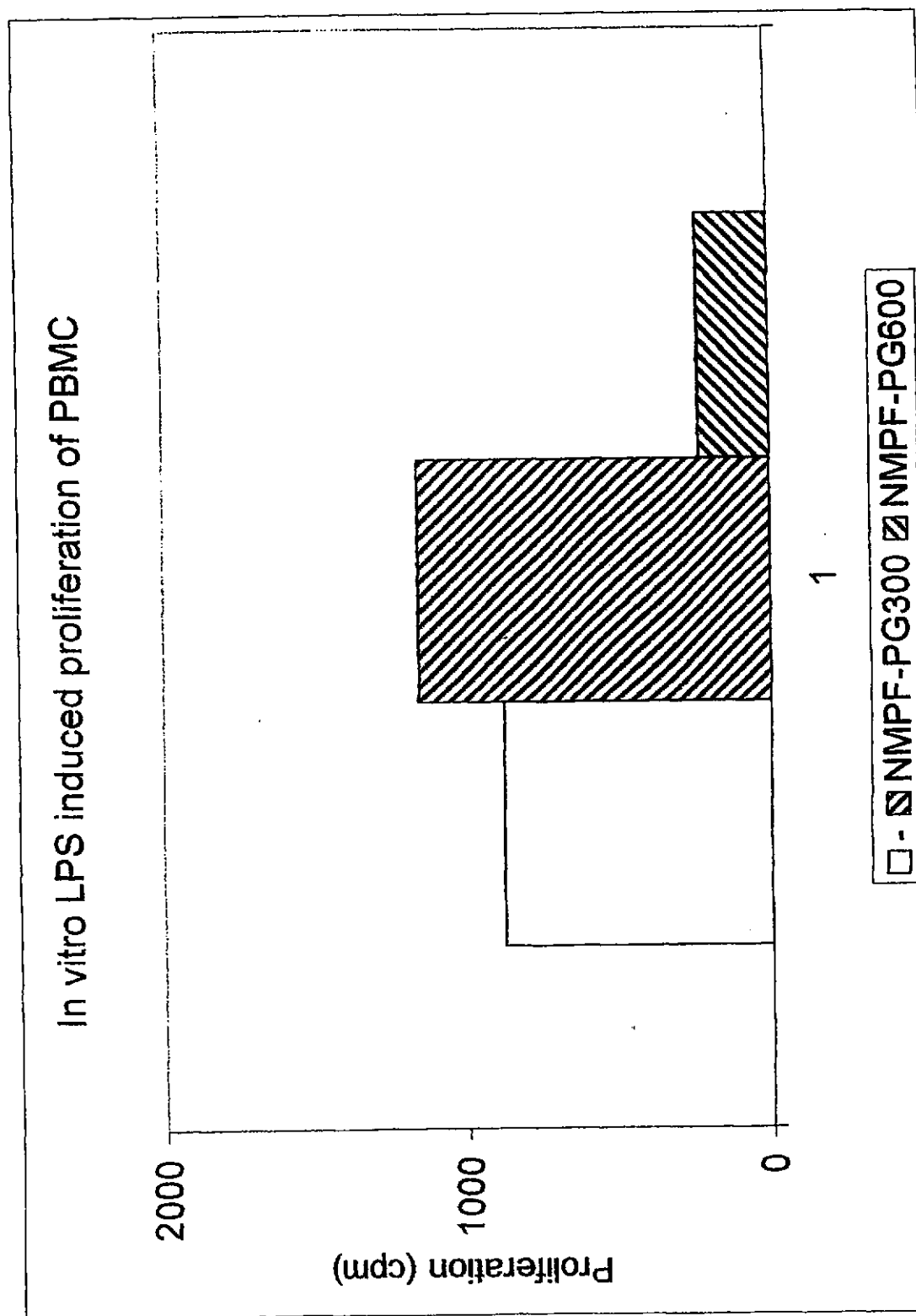


Fig. 13

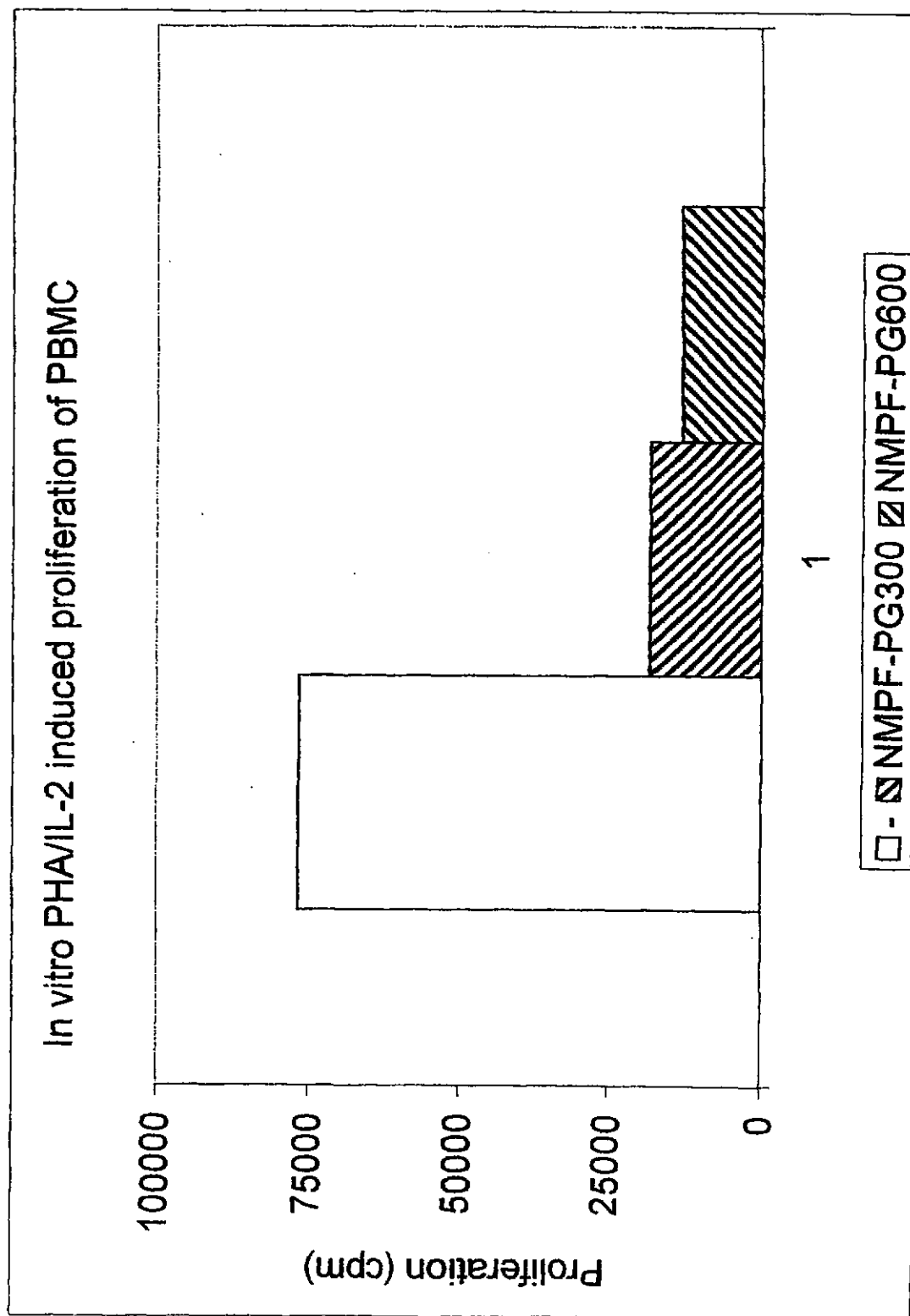


Fig. 14

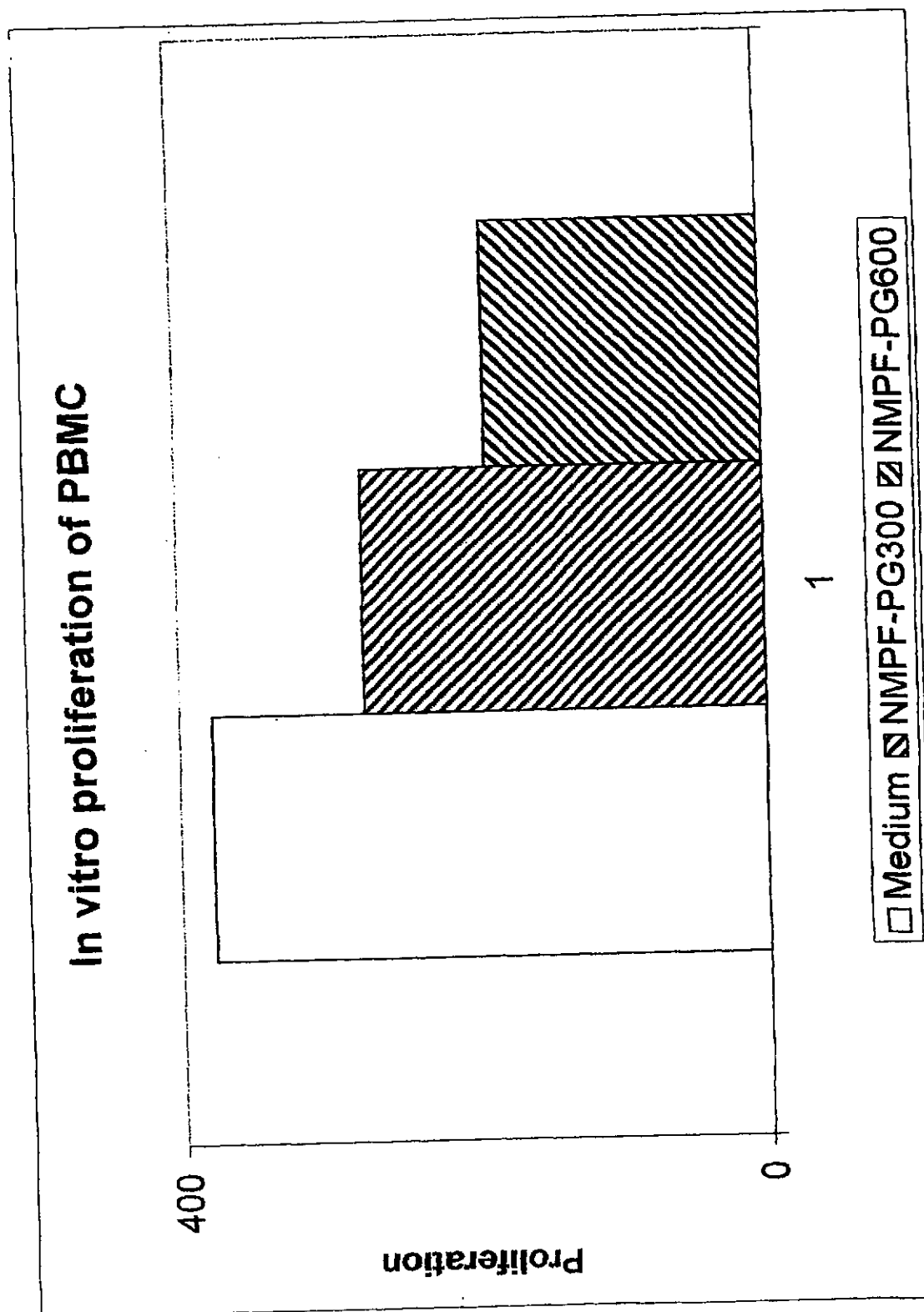


Fig. 15

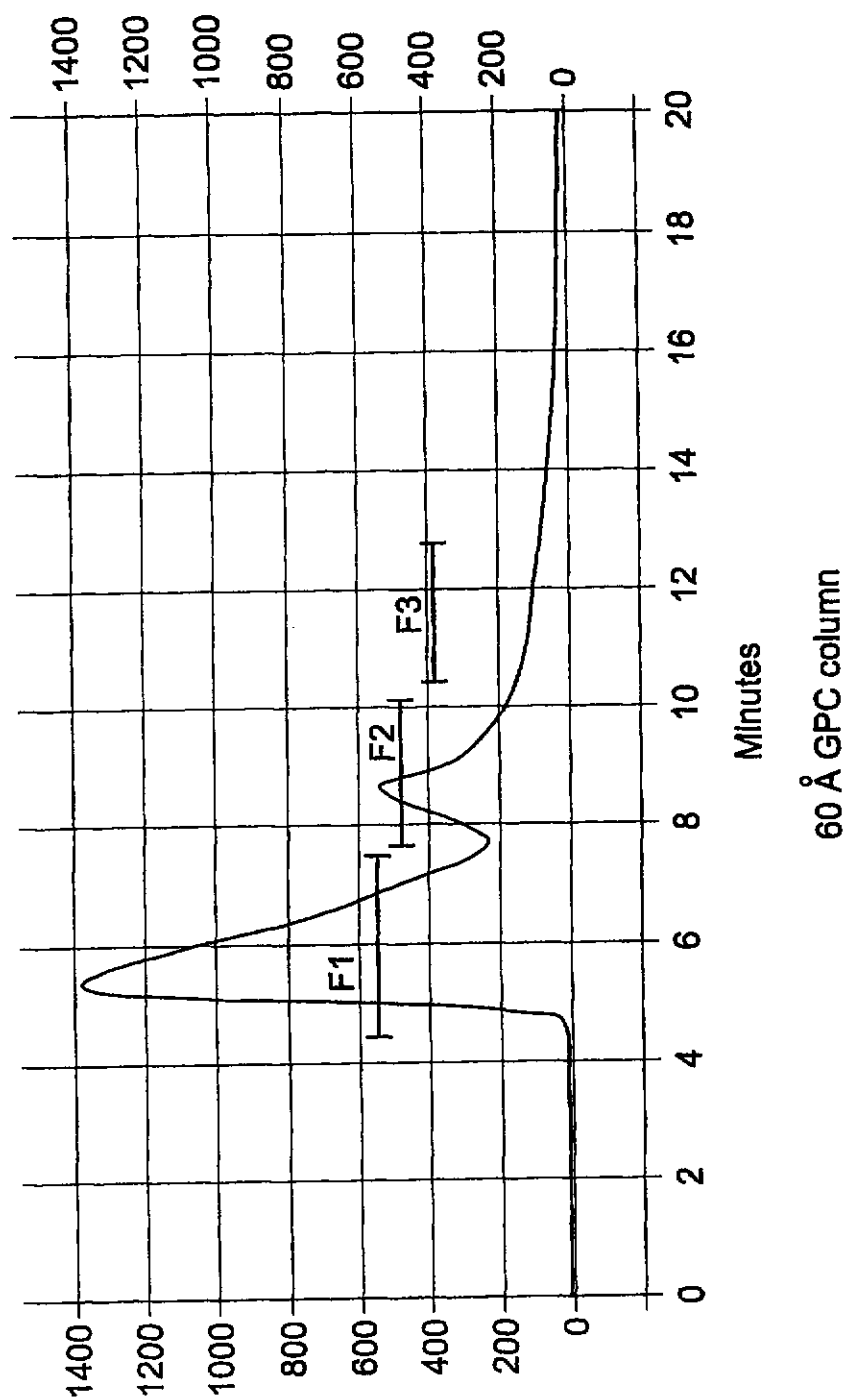
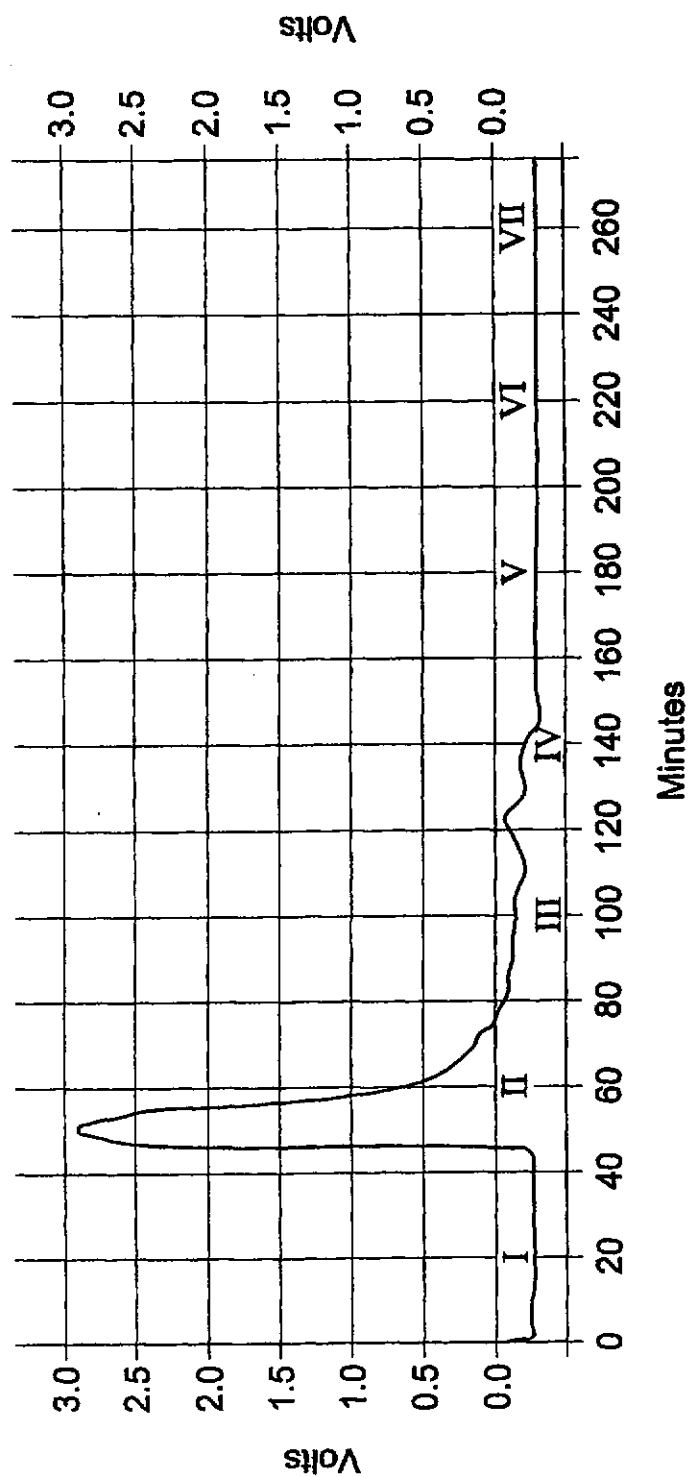


Fig. 16

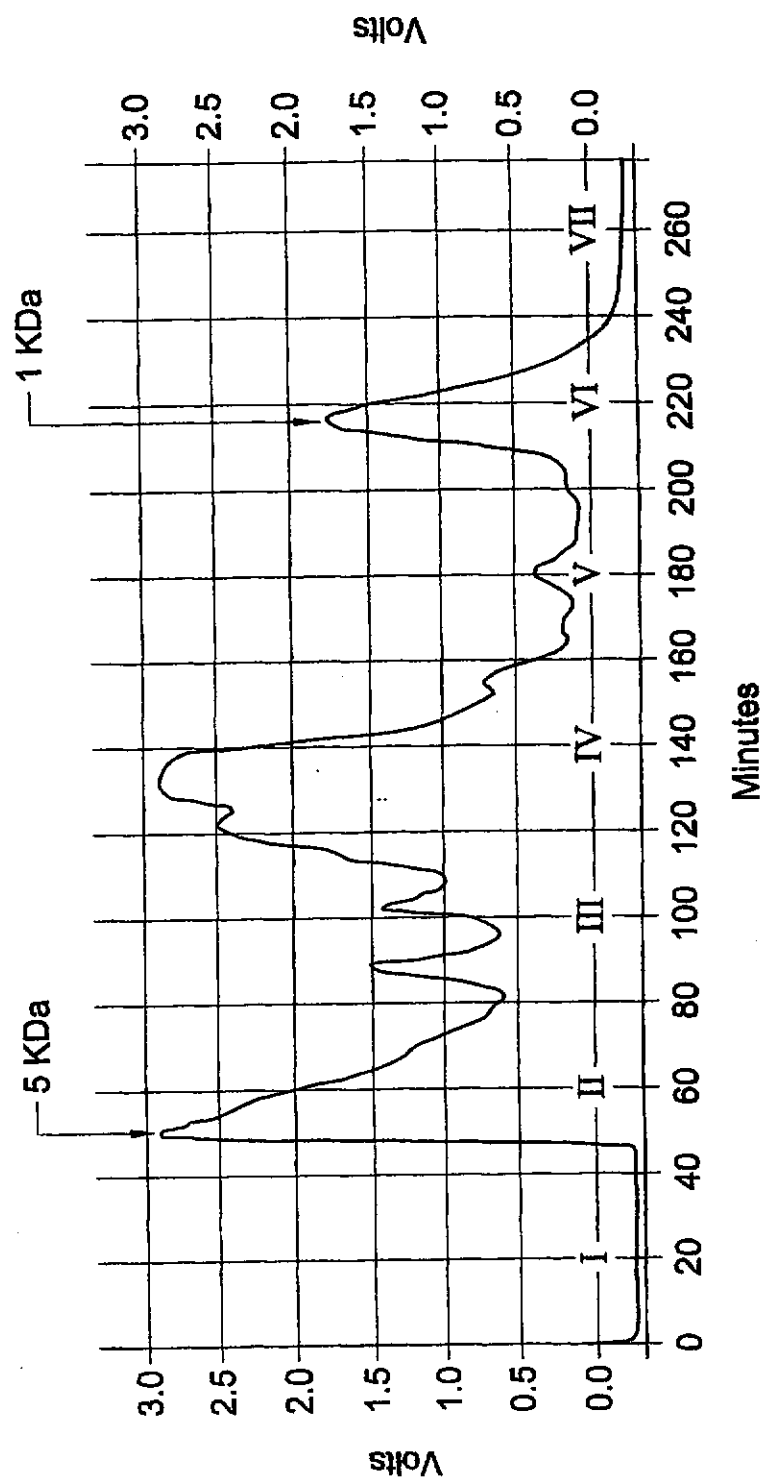


G25 Superdex

Fig. 17

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G25 Superdex

Fig. 18

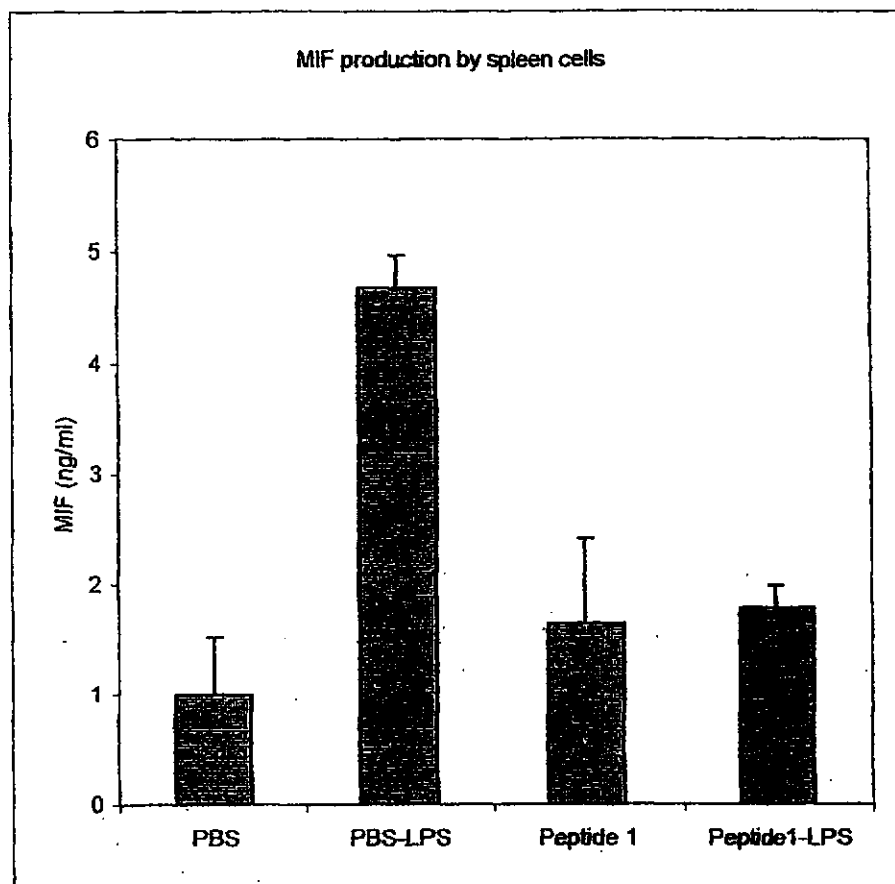


Fig. 19

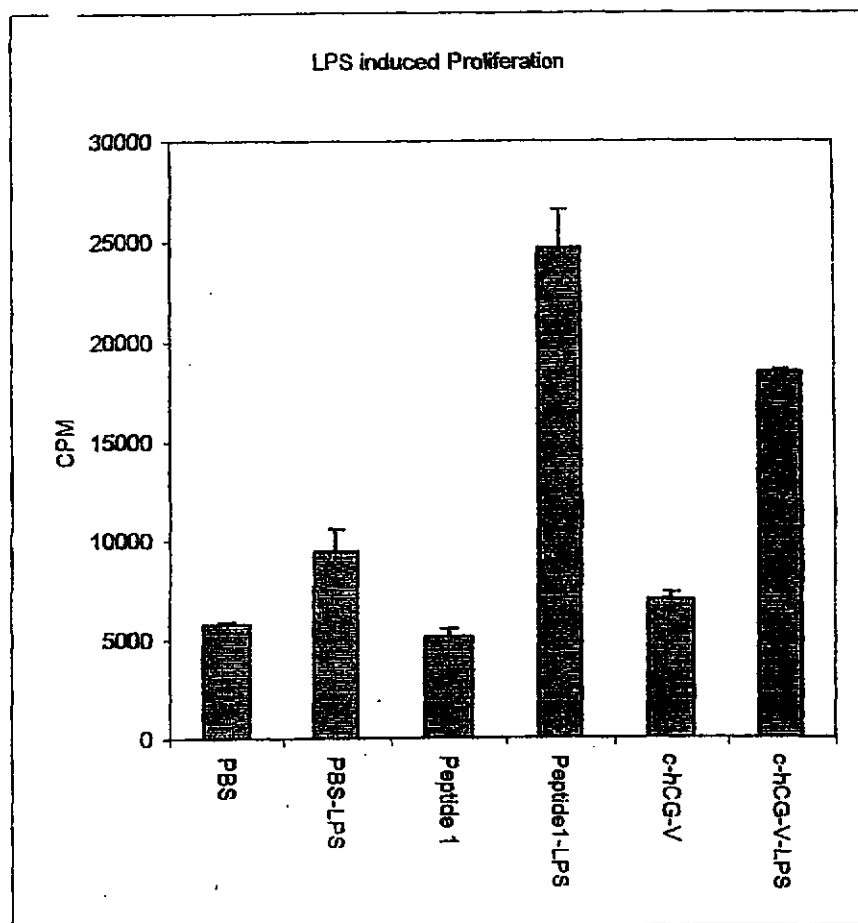


Fig. 20

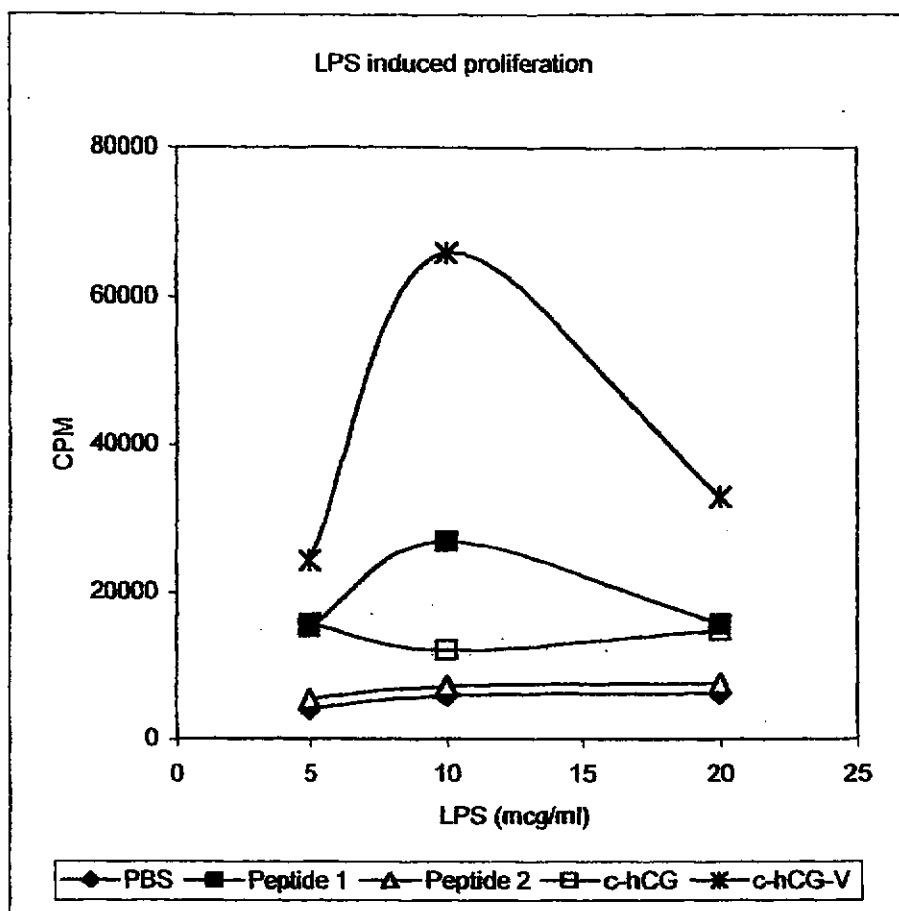
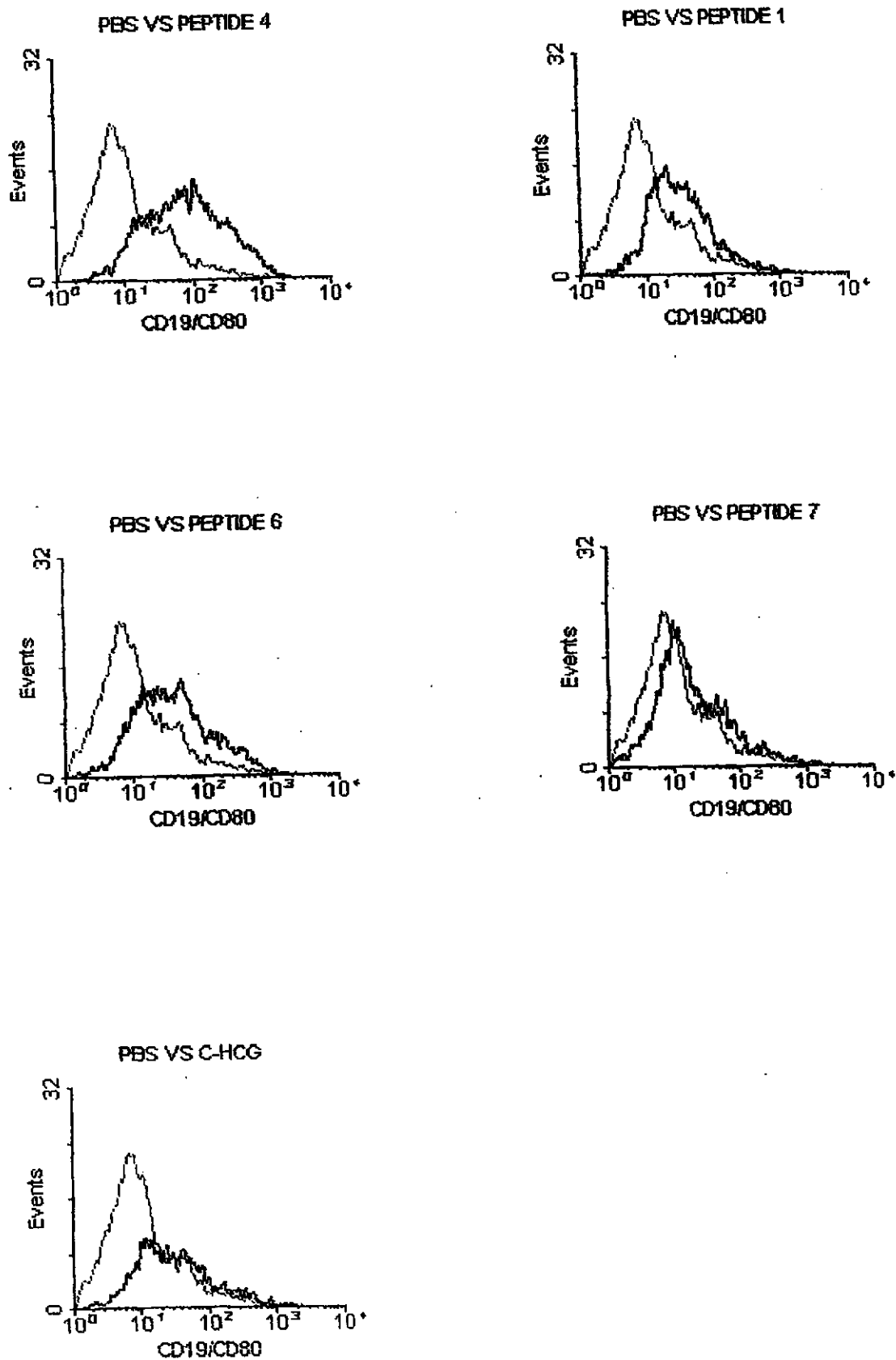


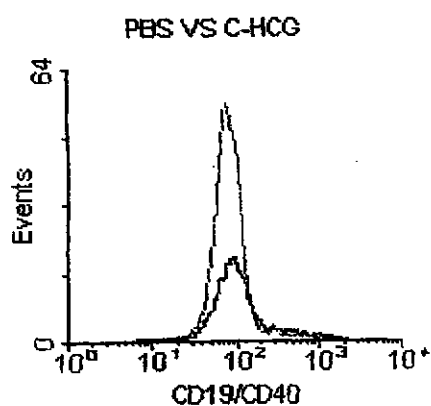
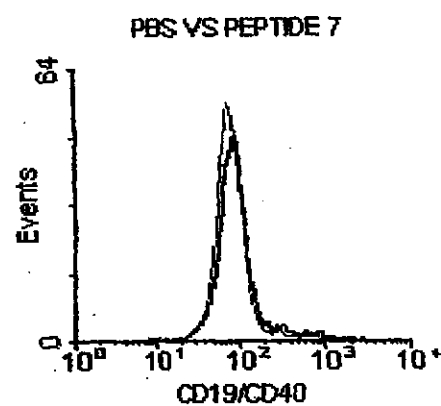
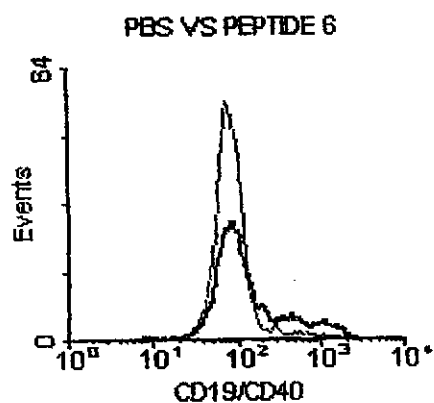
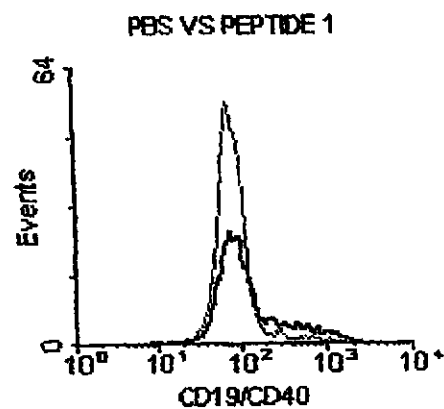
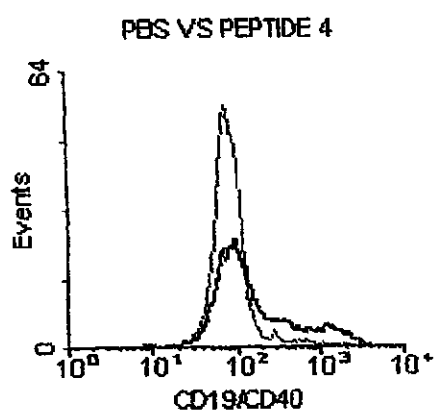
Fig. 21

Fig. 22



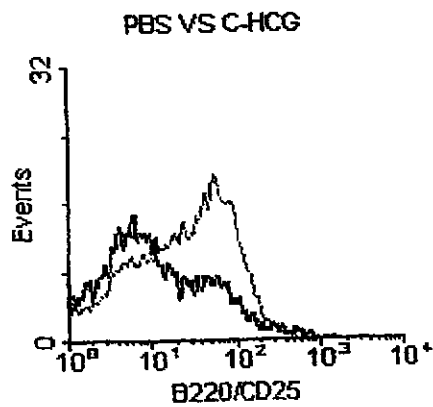
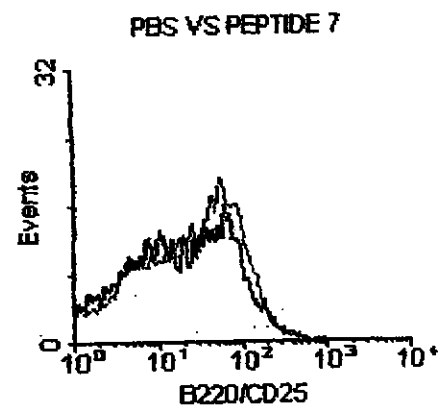
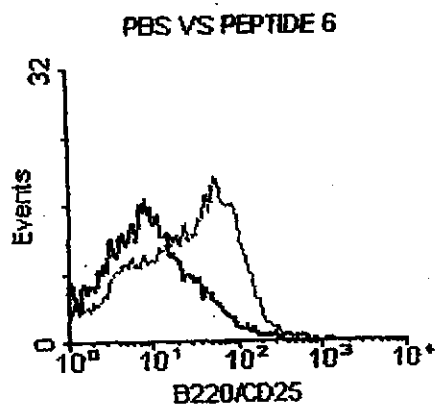
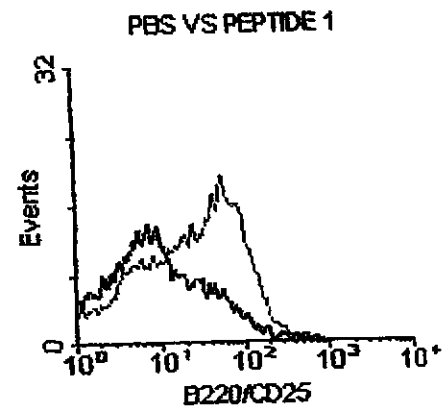
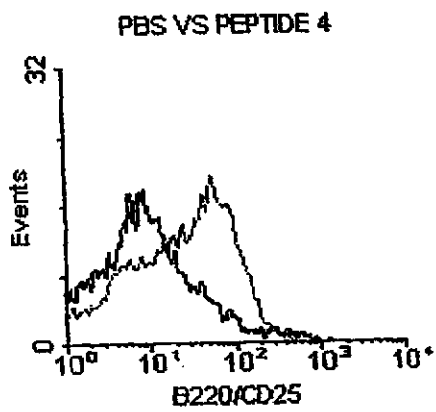
28 SEP 2004

Fig. 23



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Fig. 24



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Fig. 25

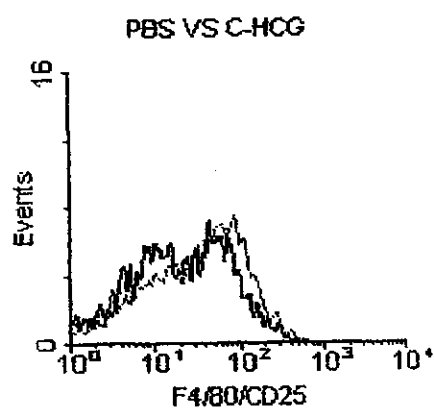
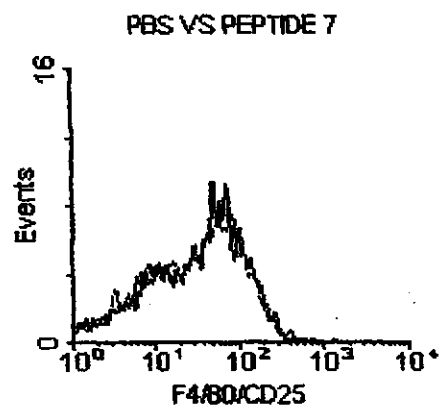
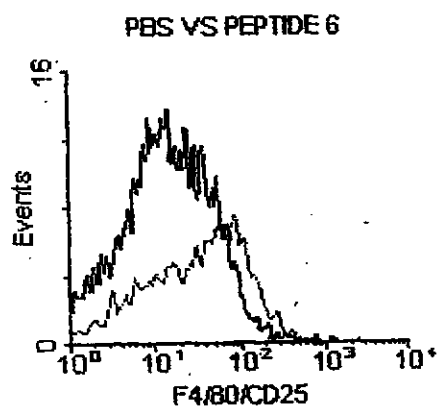
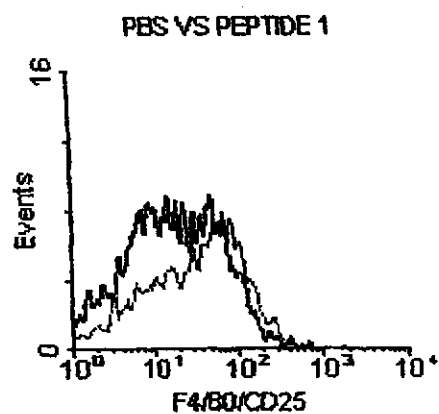
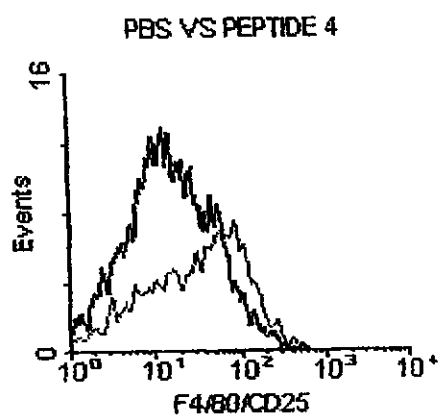
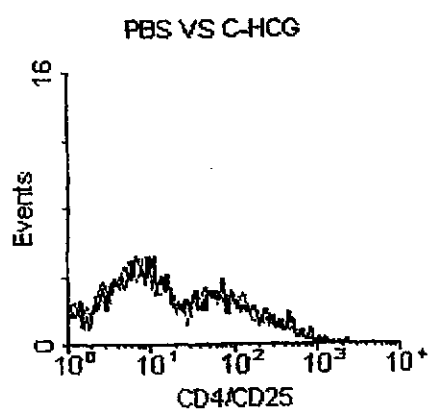
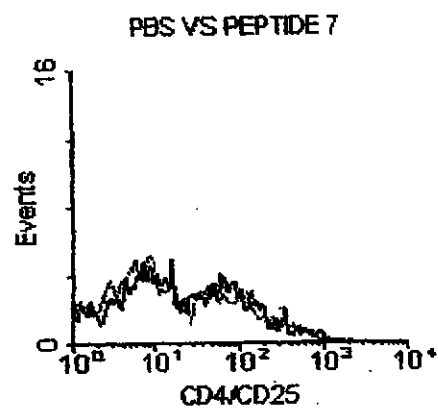
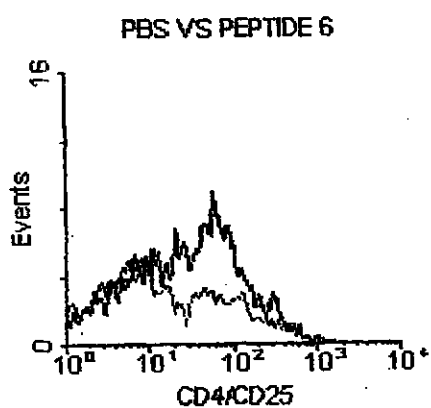
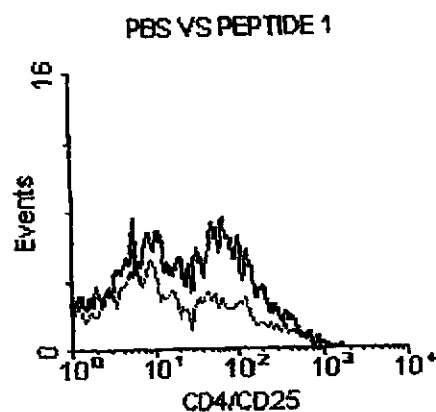
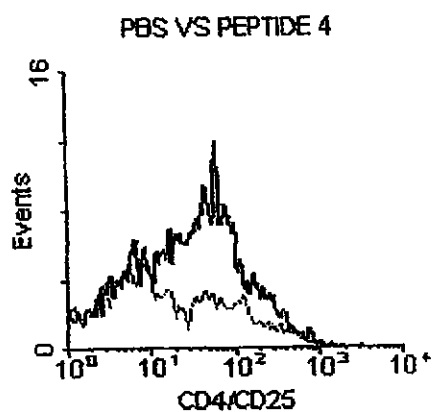
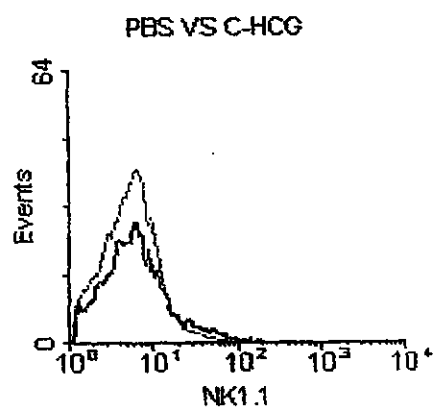
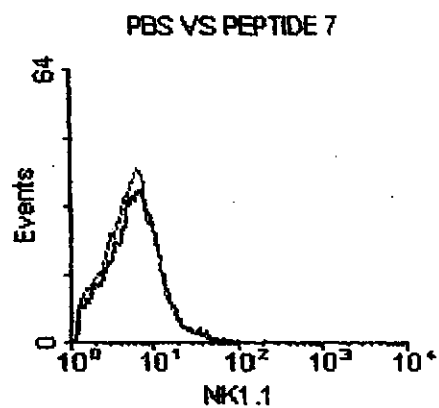
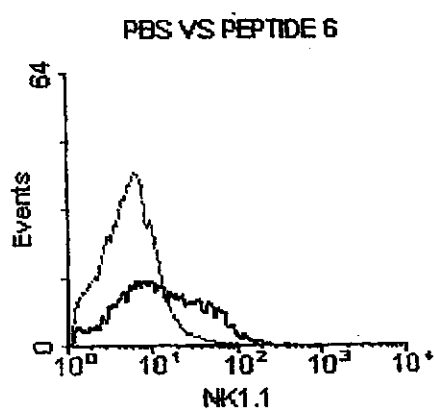
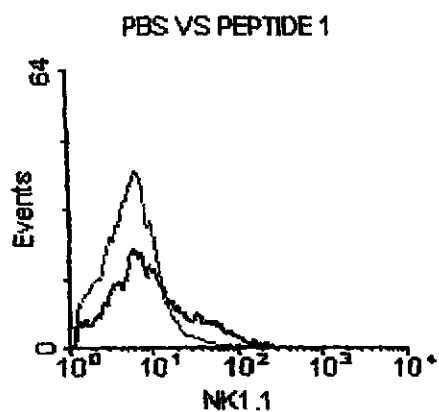
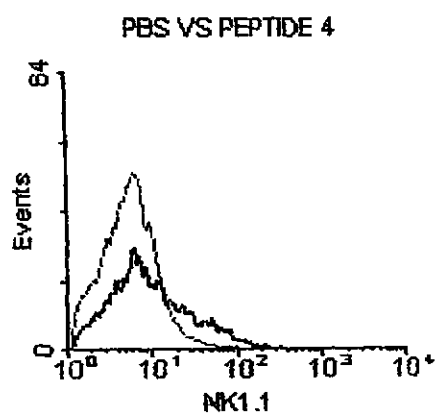


Fig. 26



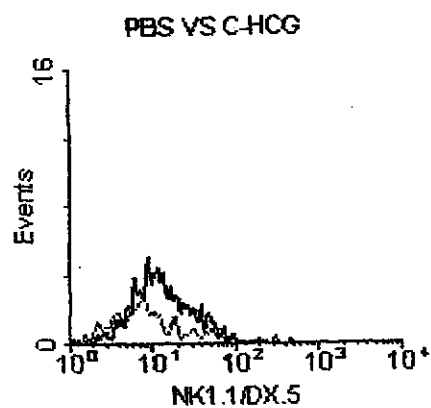
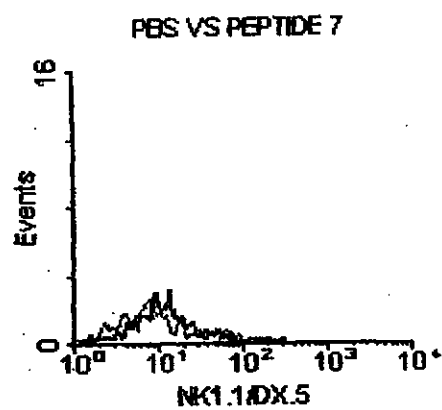
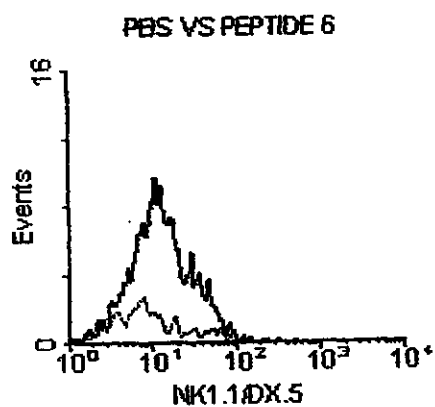
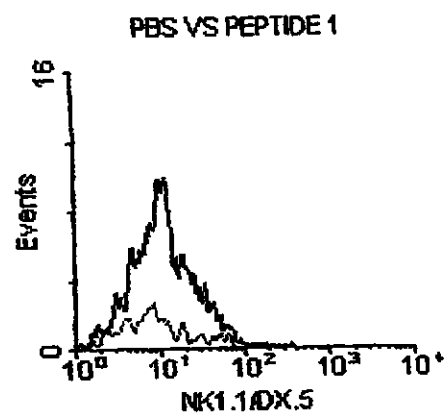
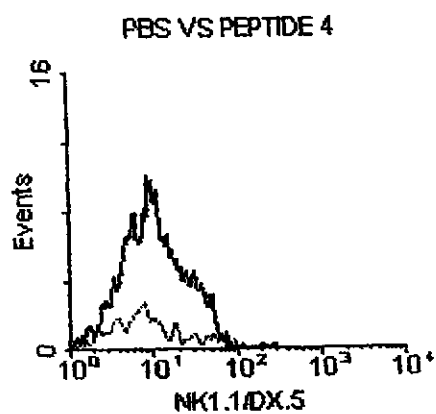
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Fig. 27



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Fig. 28



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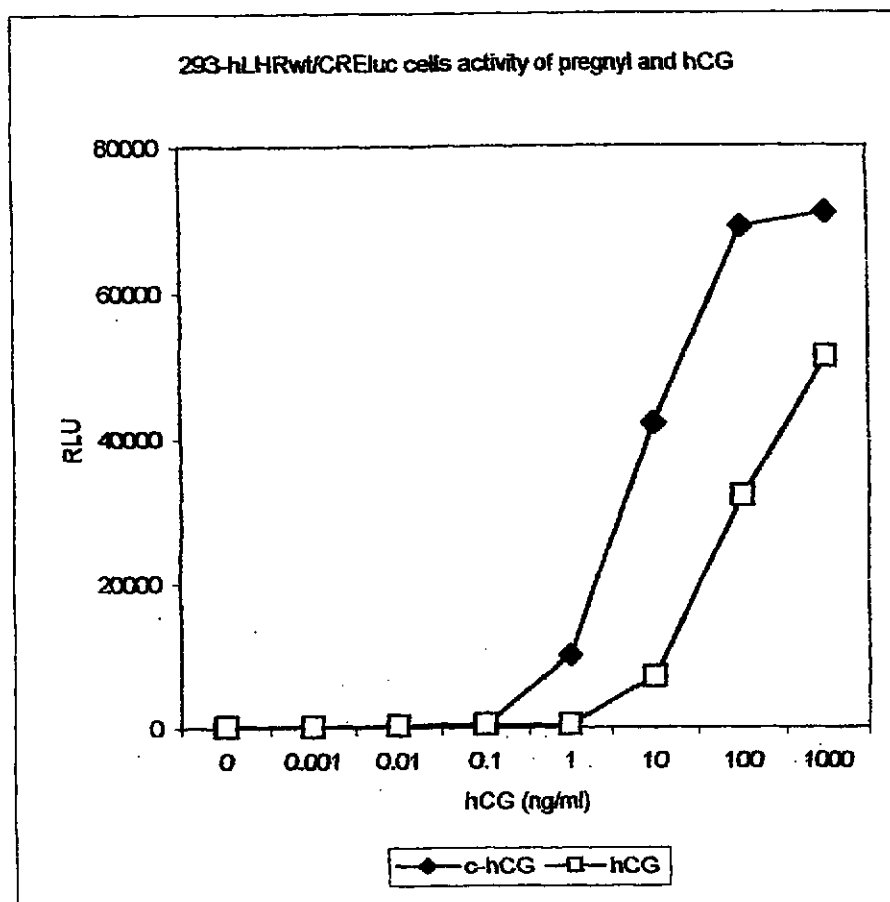


Fig. 29

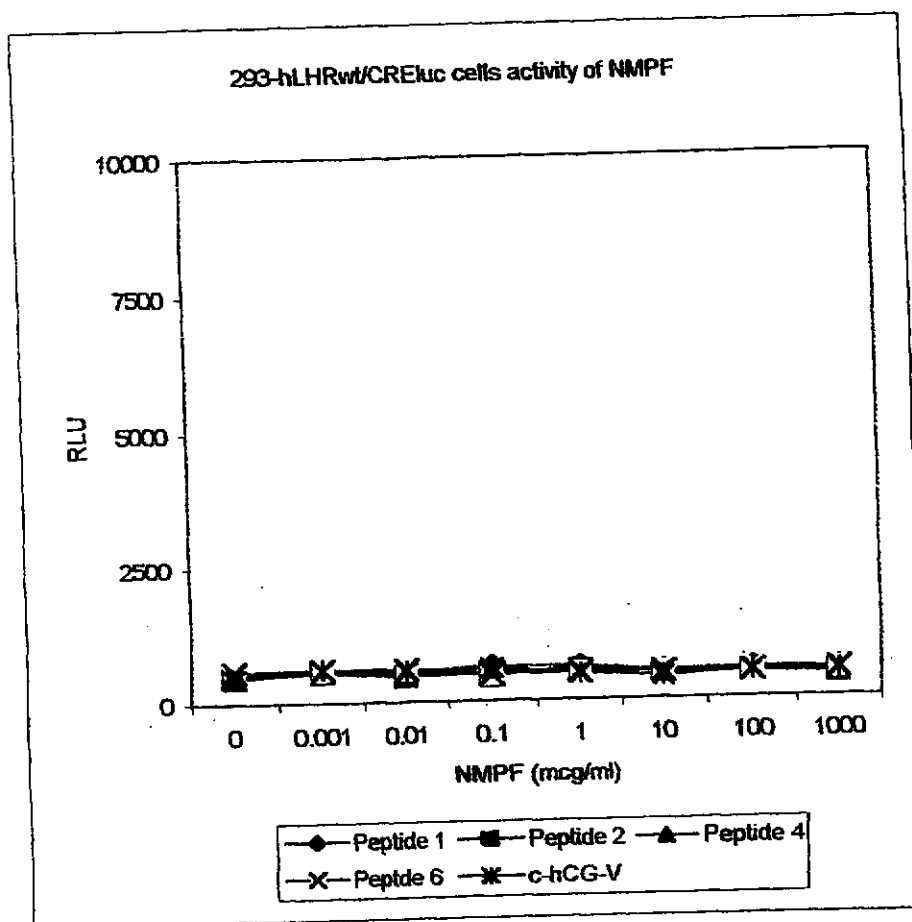


Fig. 30

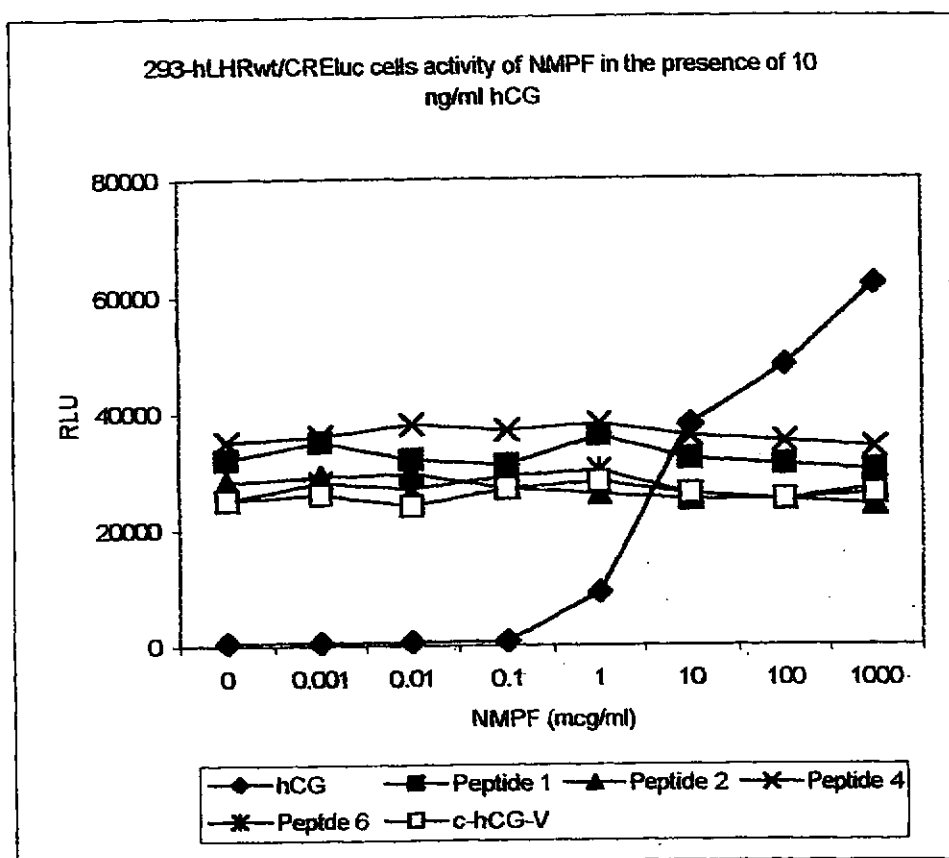


Fig. 31

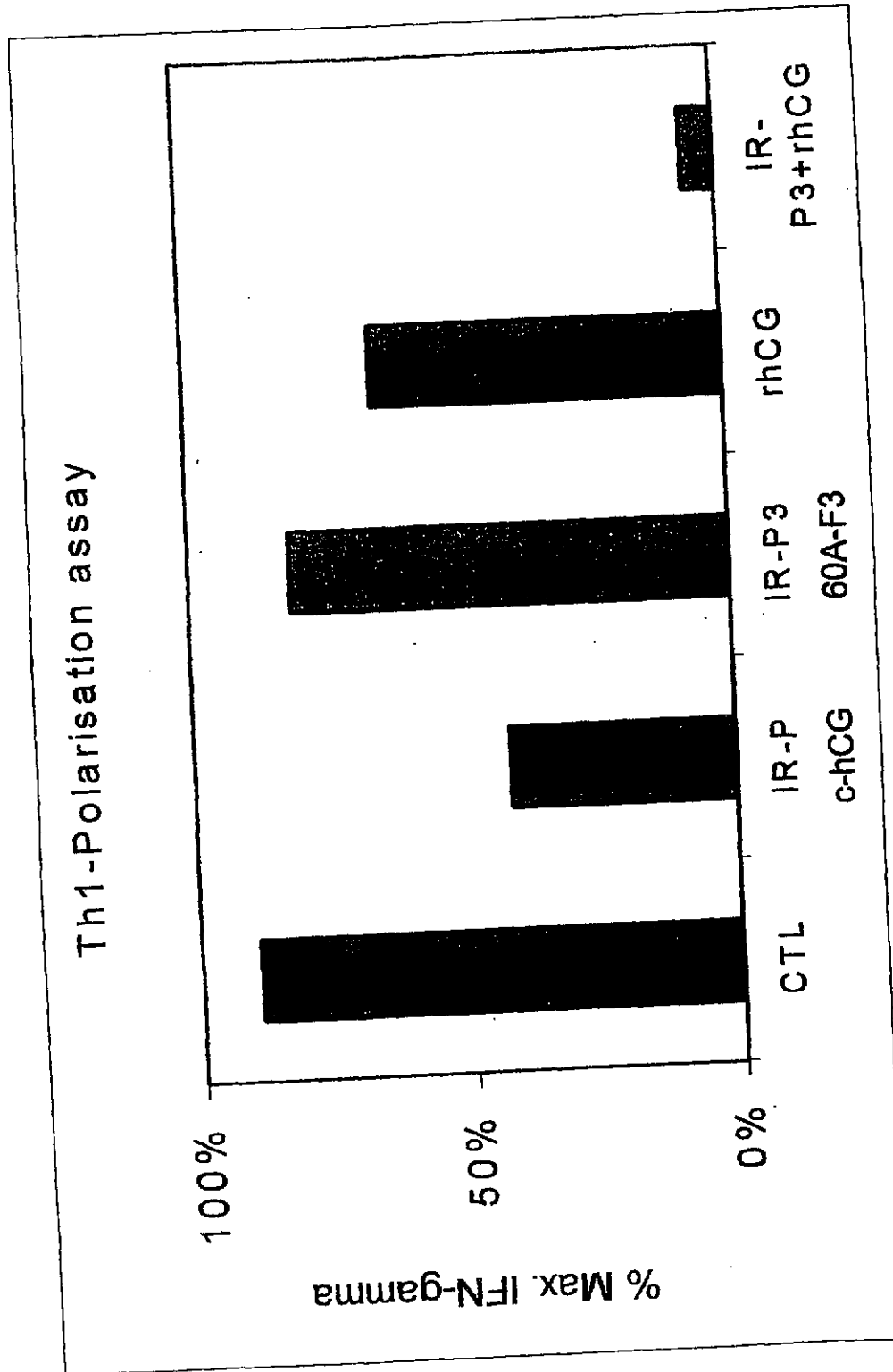


Fig. 32

NOD/LTJ INVIVO TREATMENT (ANTI-CD3 STIMULATION)

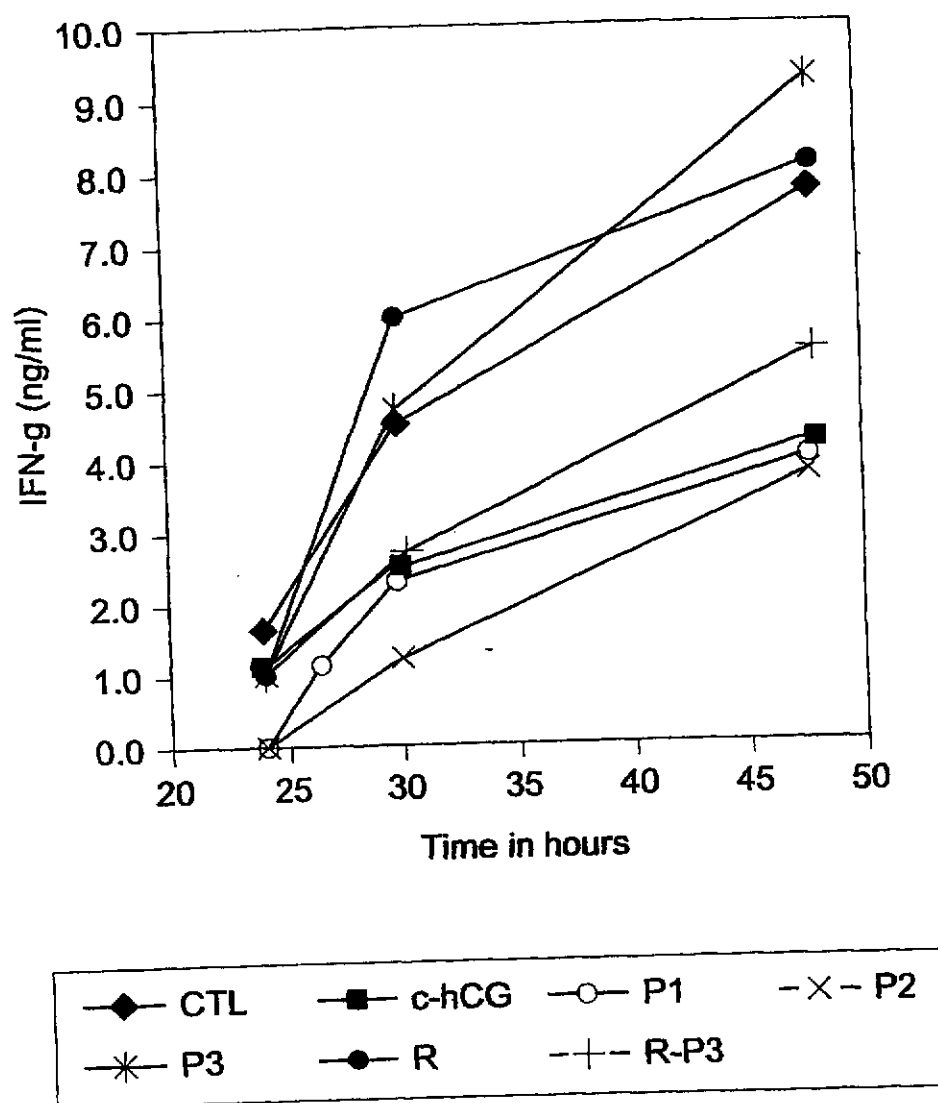


Fig. 33

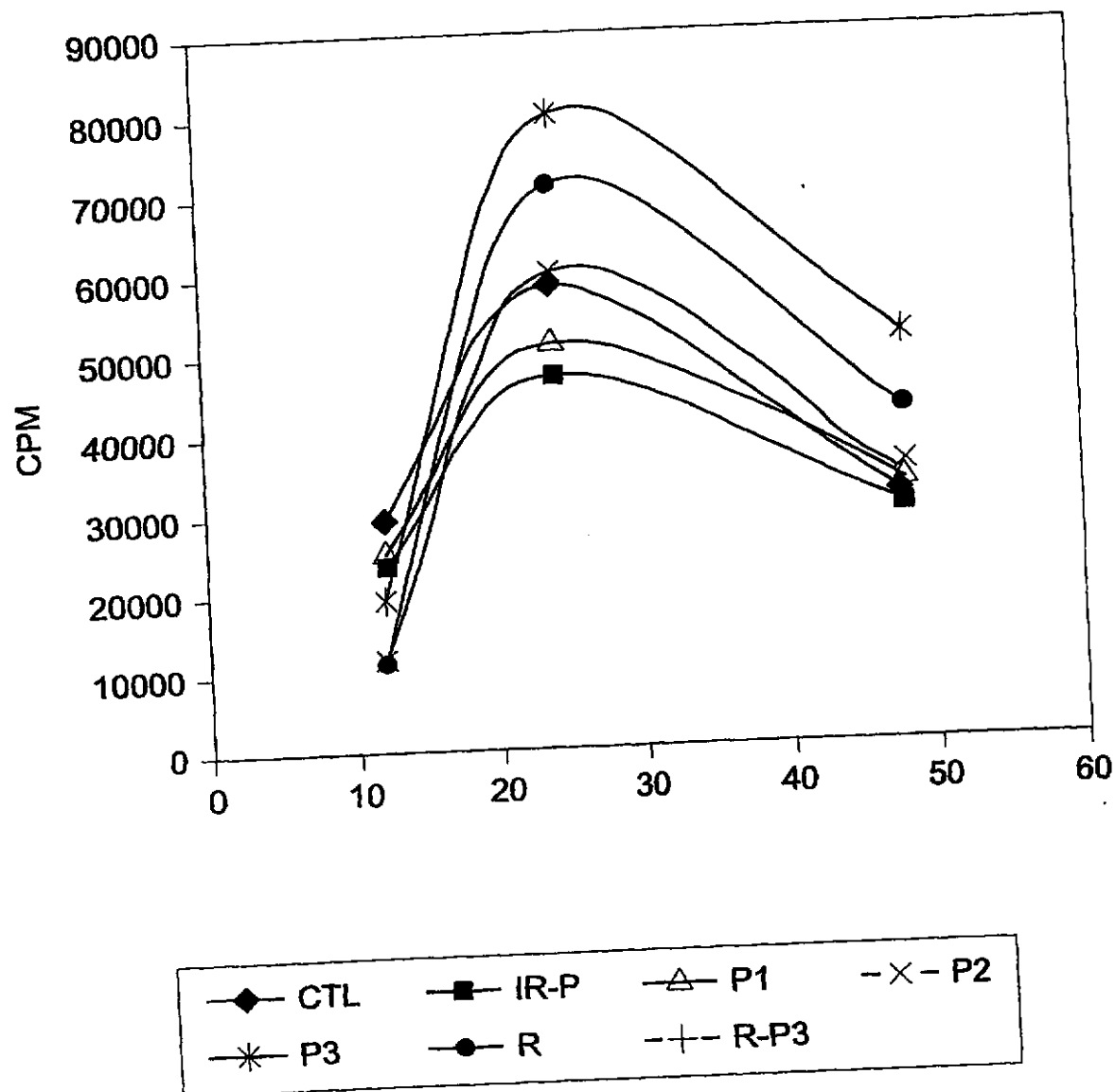


Fig. 34

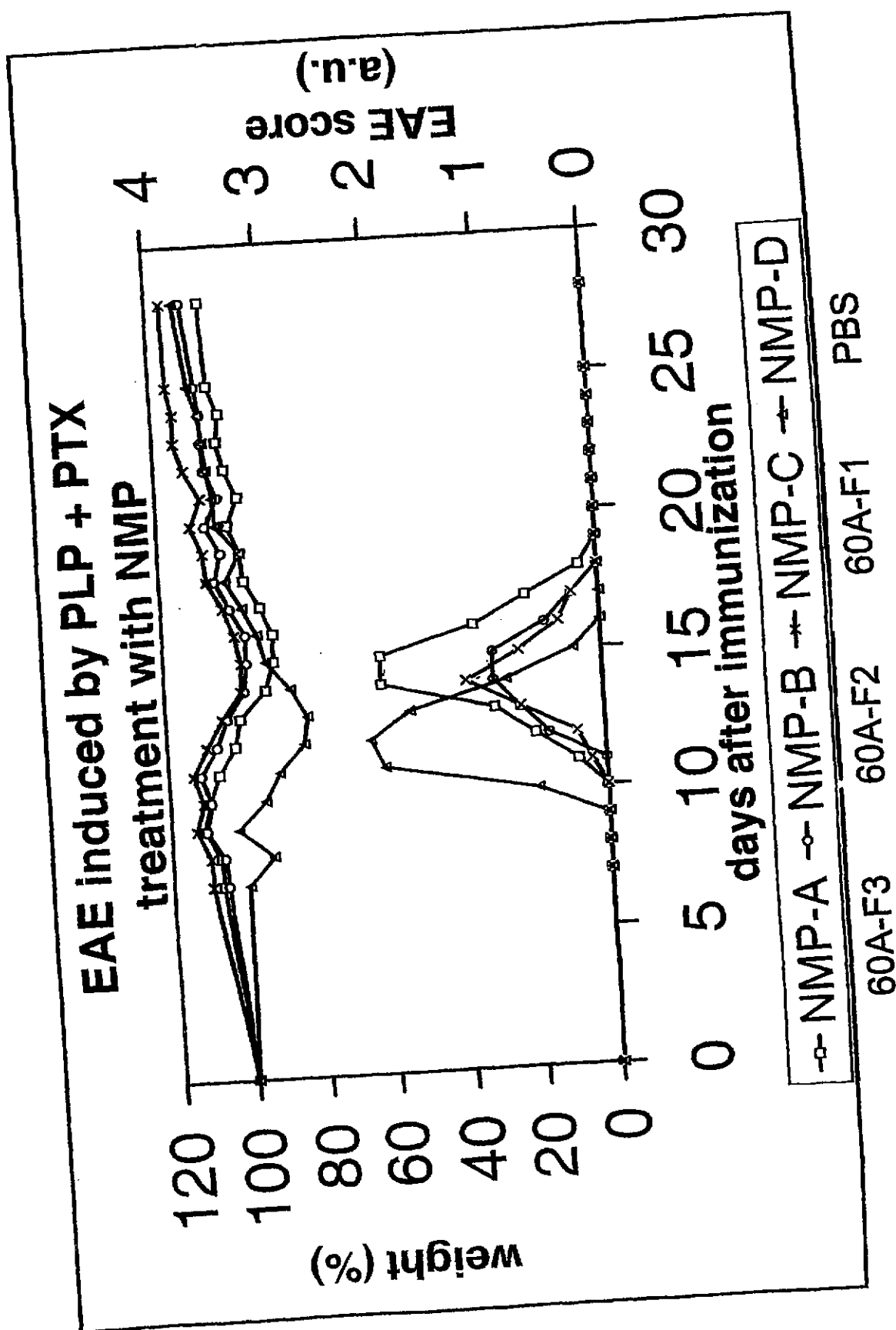


Fig. 35

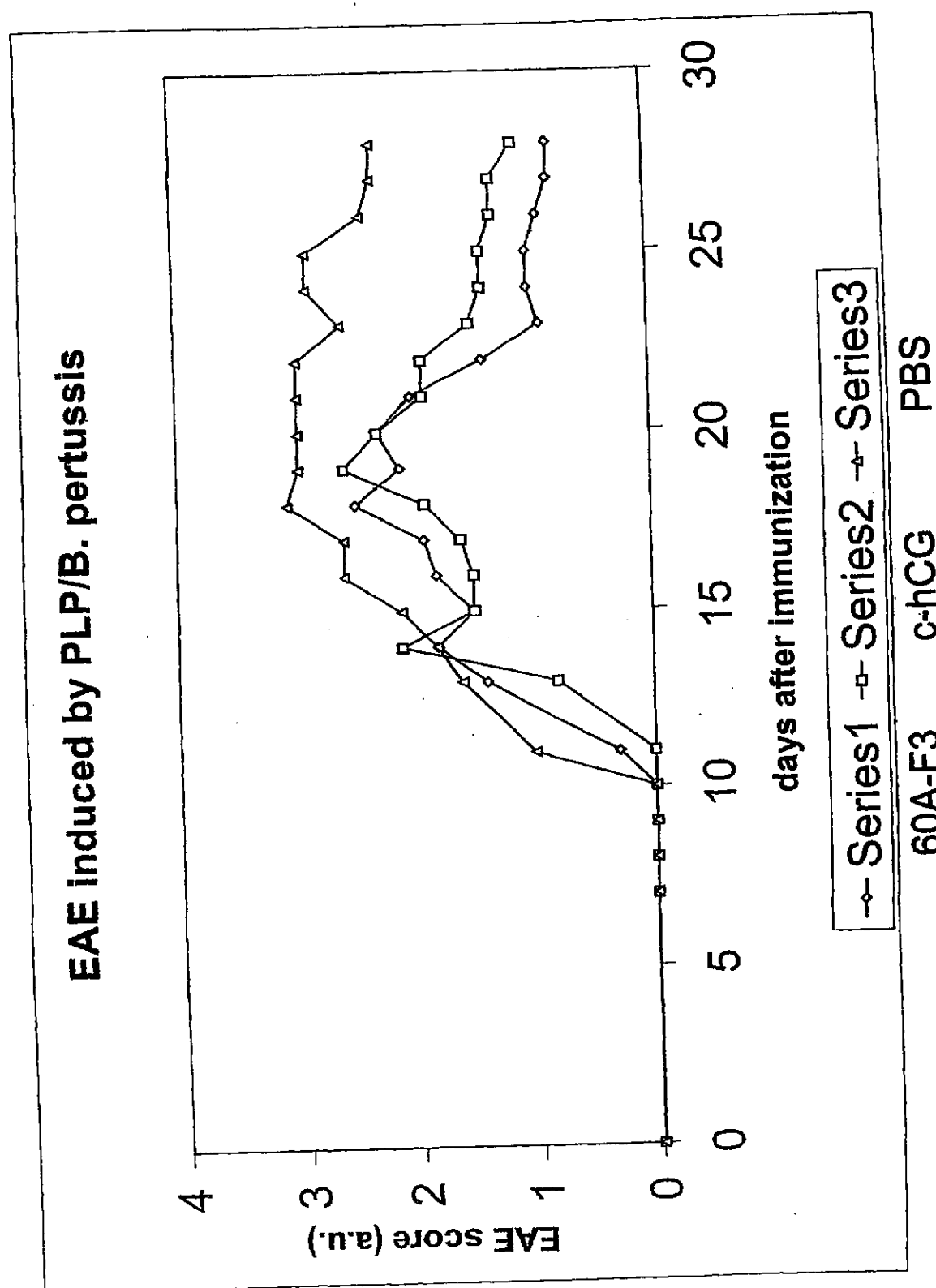


Fig. 36