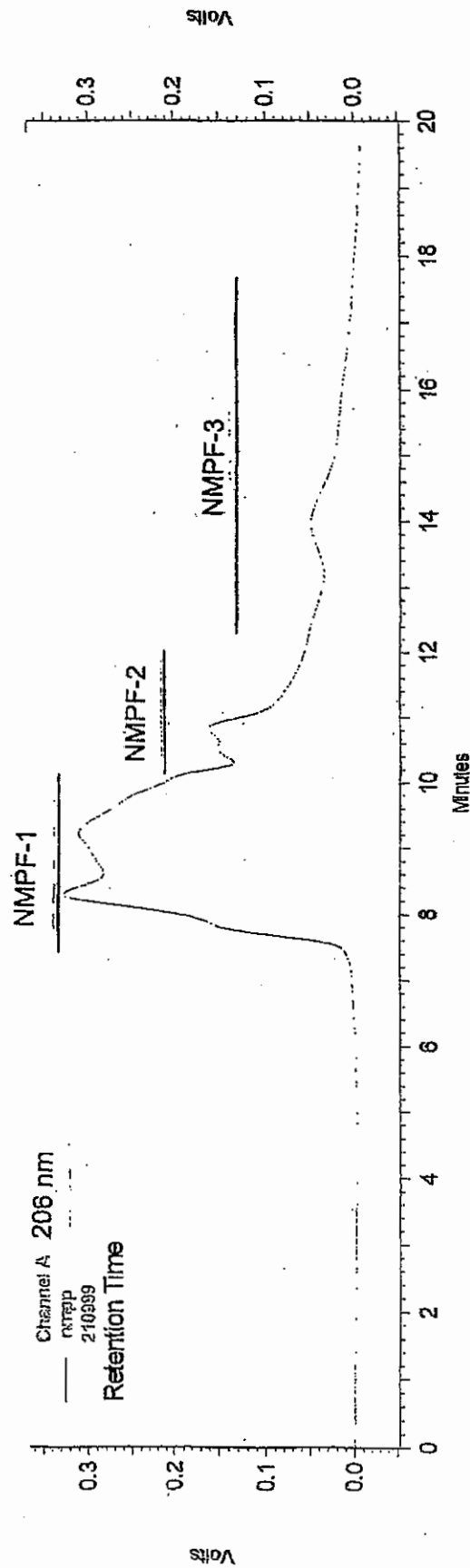
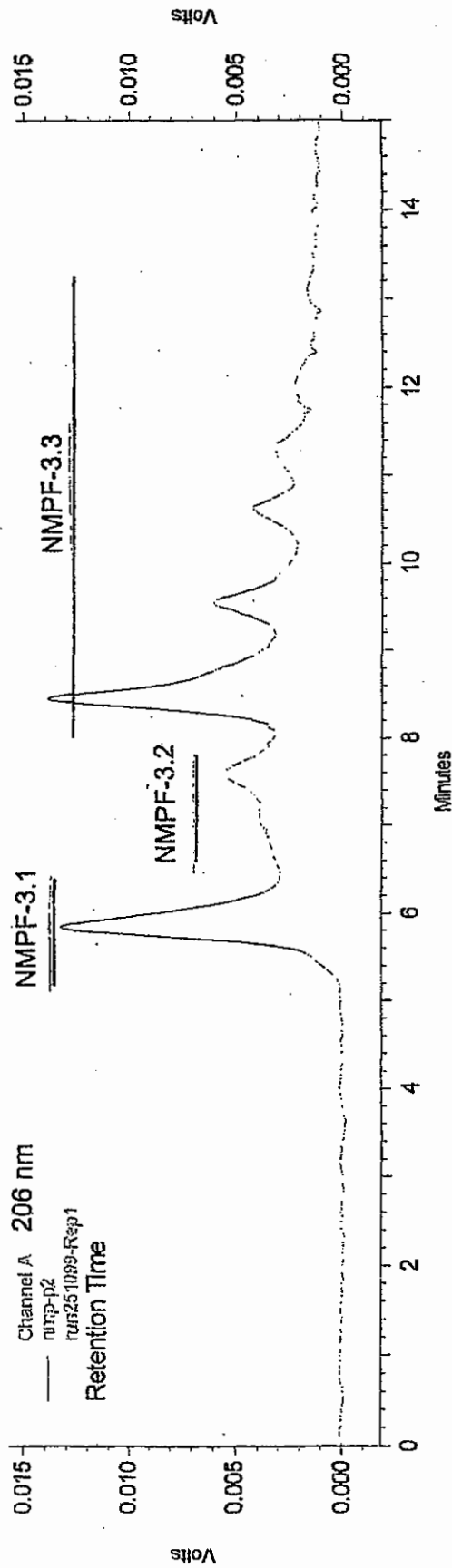




This figure shows macrosphere GPC 300A chromatogram of NMPF (Pregnyl) sample. Three selected areas were fractionated, NMPF-1 which elutes apparently with molecular weight of >25 kDa, NMPF-2 which elutes apparently with molecular weight between the 25kDa-6kDa, and NMPF-3 which elutes apparently with molecular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

Fig. 1



This figure shows macrosphere GPC 60A chromatogram of NMP-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

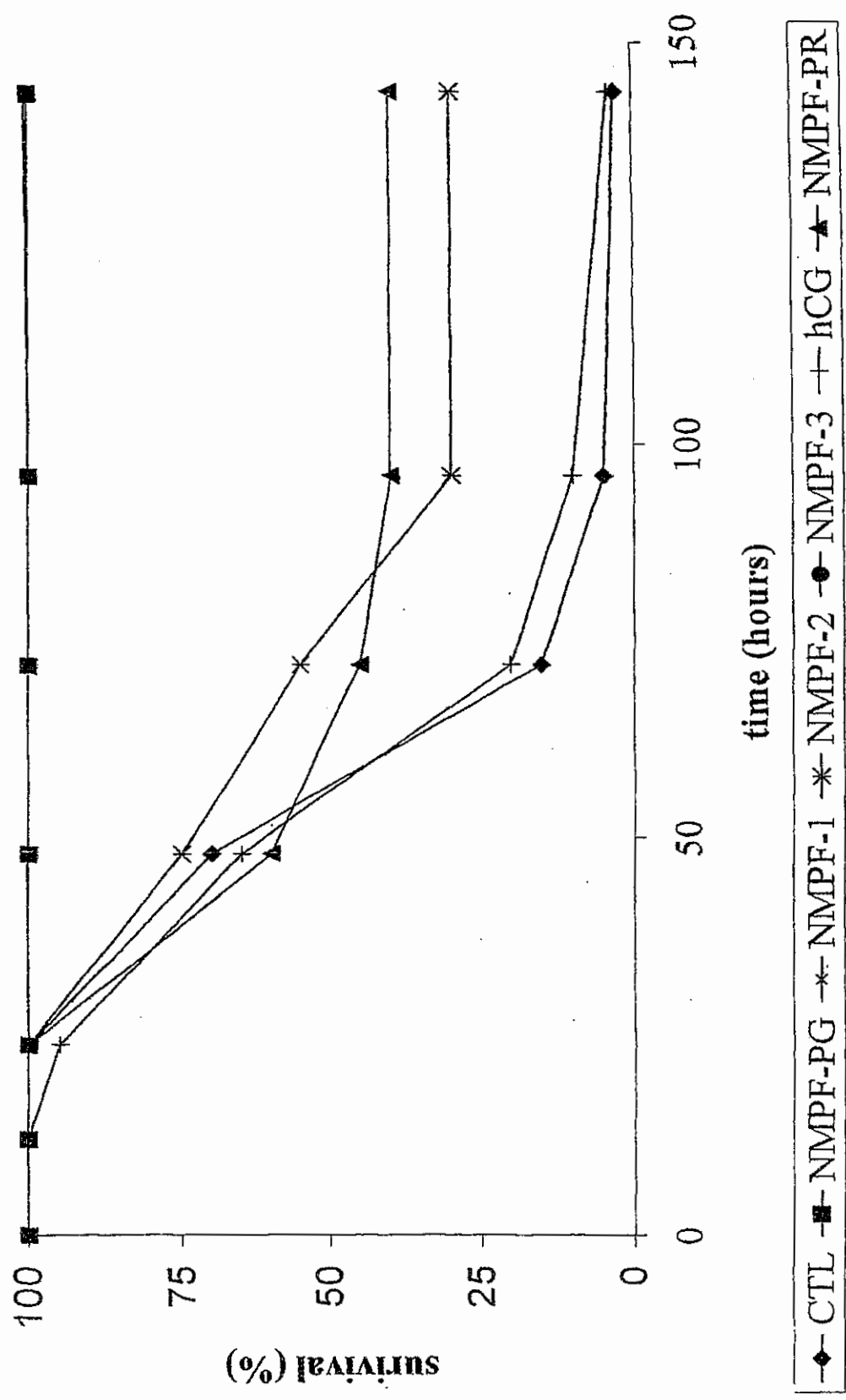


Fig. 3

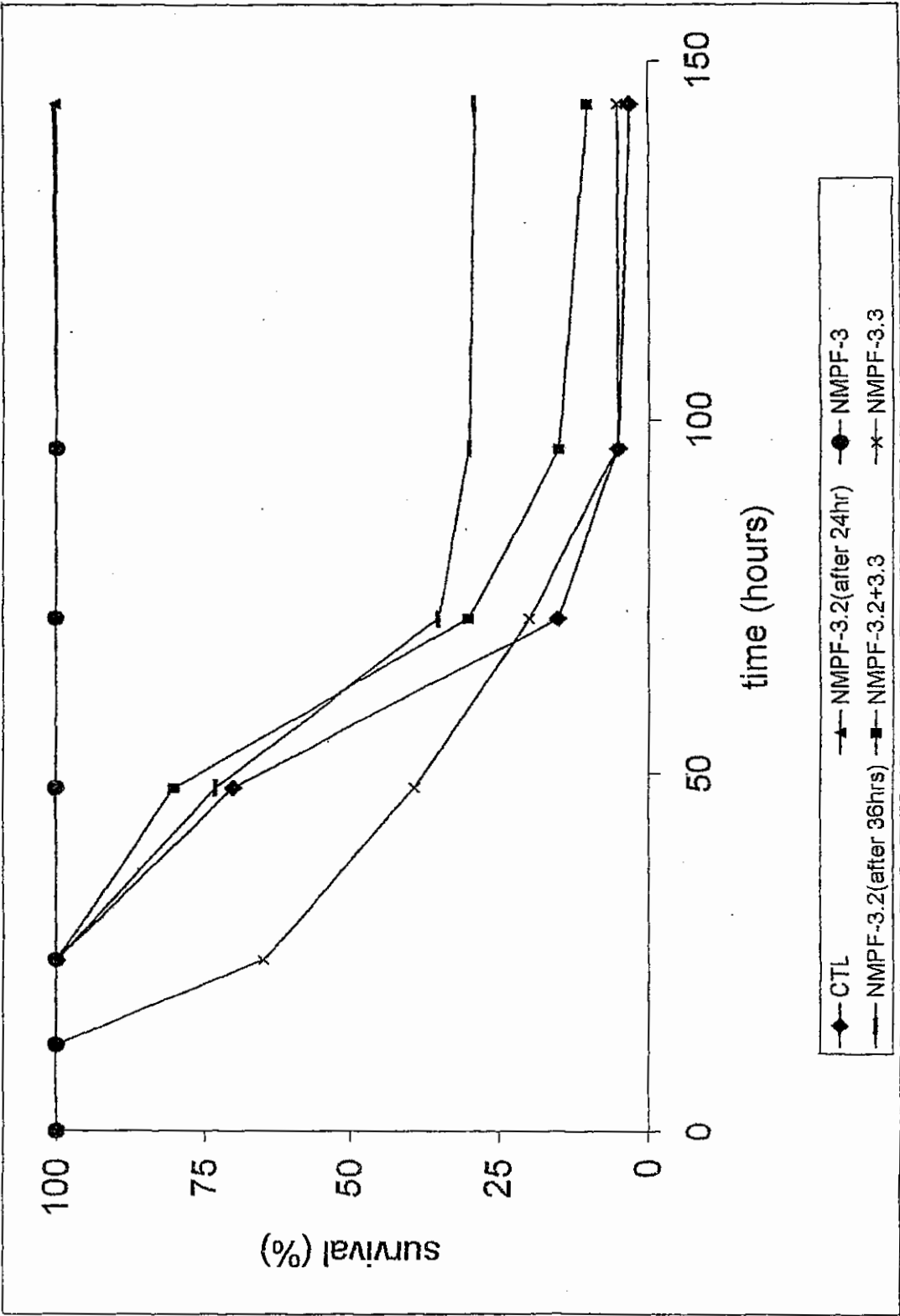
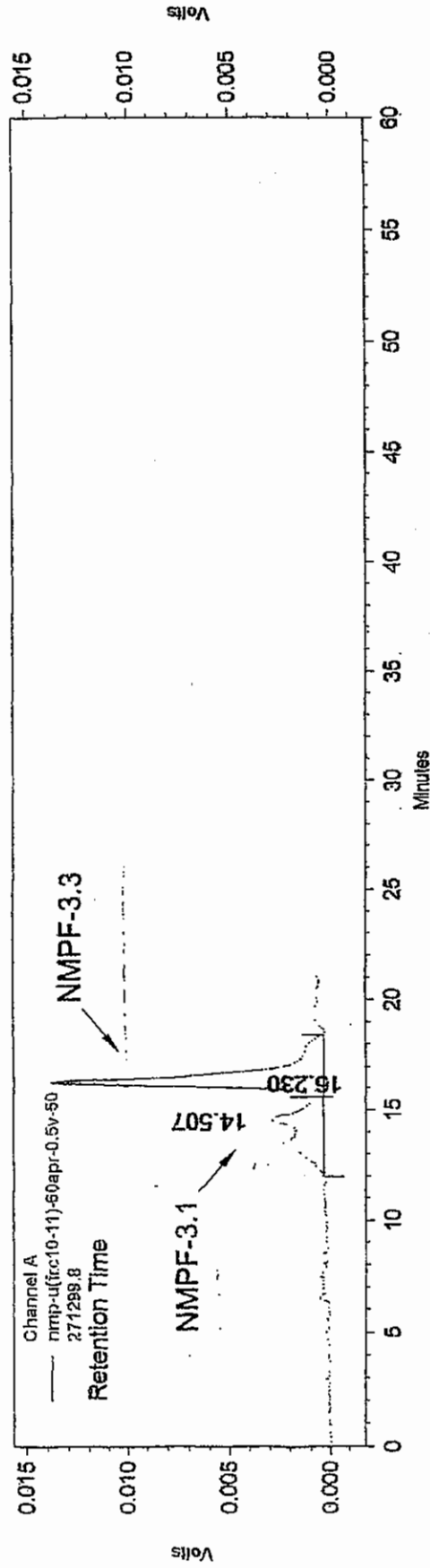
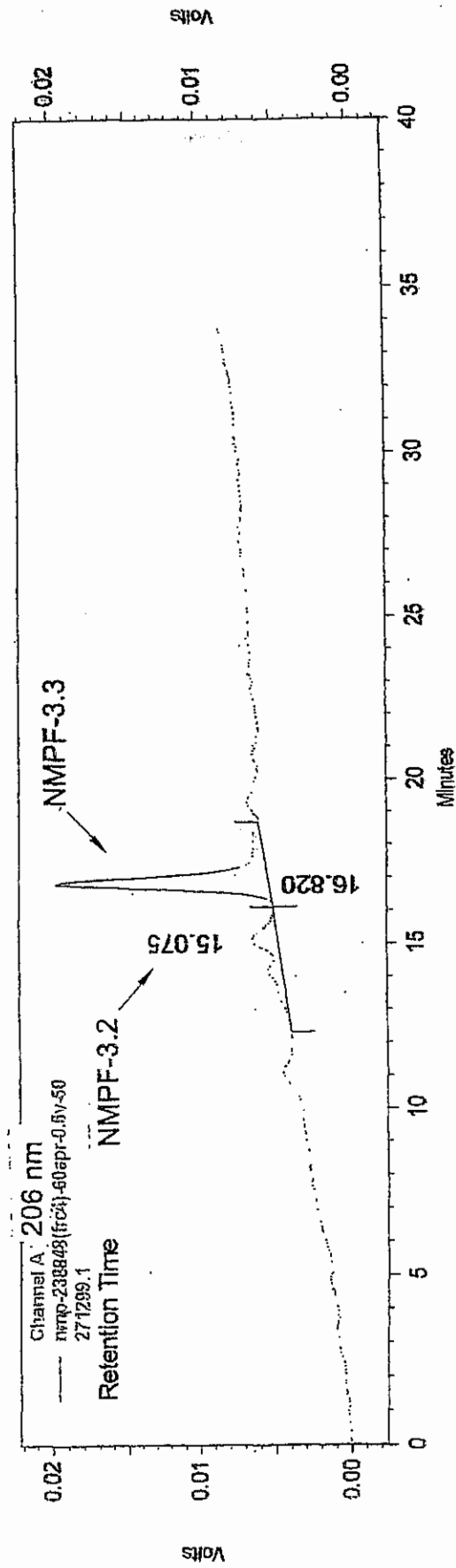


Fig. 4



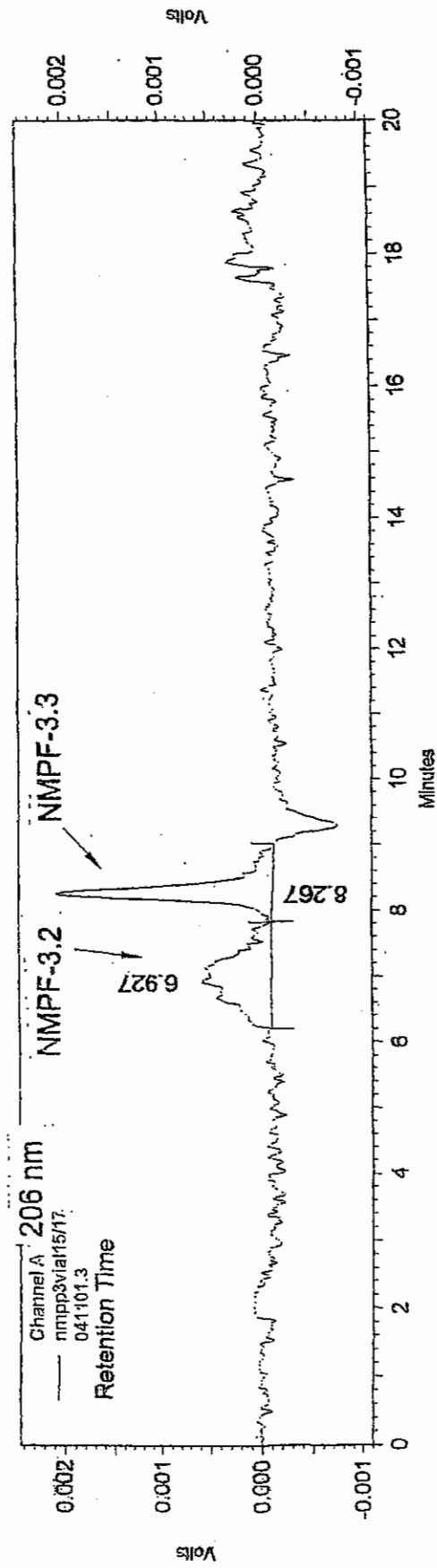
This figure shows macrosphere GPC 60A chromatogram of pooled NMPF-3.2 and NMPF-3.3 fractions from first trimester pregnancy urine (containing anti-shock activity). This figure shows that the ratio between fraction NMPF-3.2 and NMPF-3.3 is around 1:2.2 (see text).

Fig. 5



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



This figure shows macrosphere GPC 60A chromatogram of pooled NMPF-3.2 and NMPF-3.3 fractions from active Pergnol 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

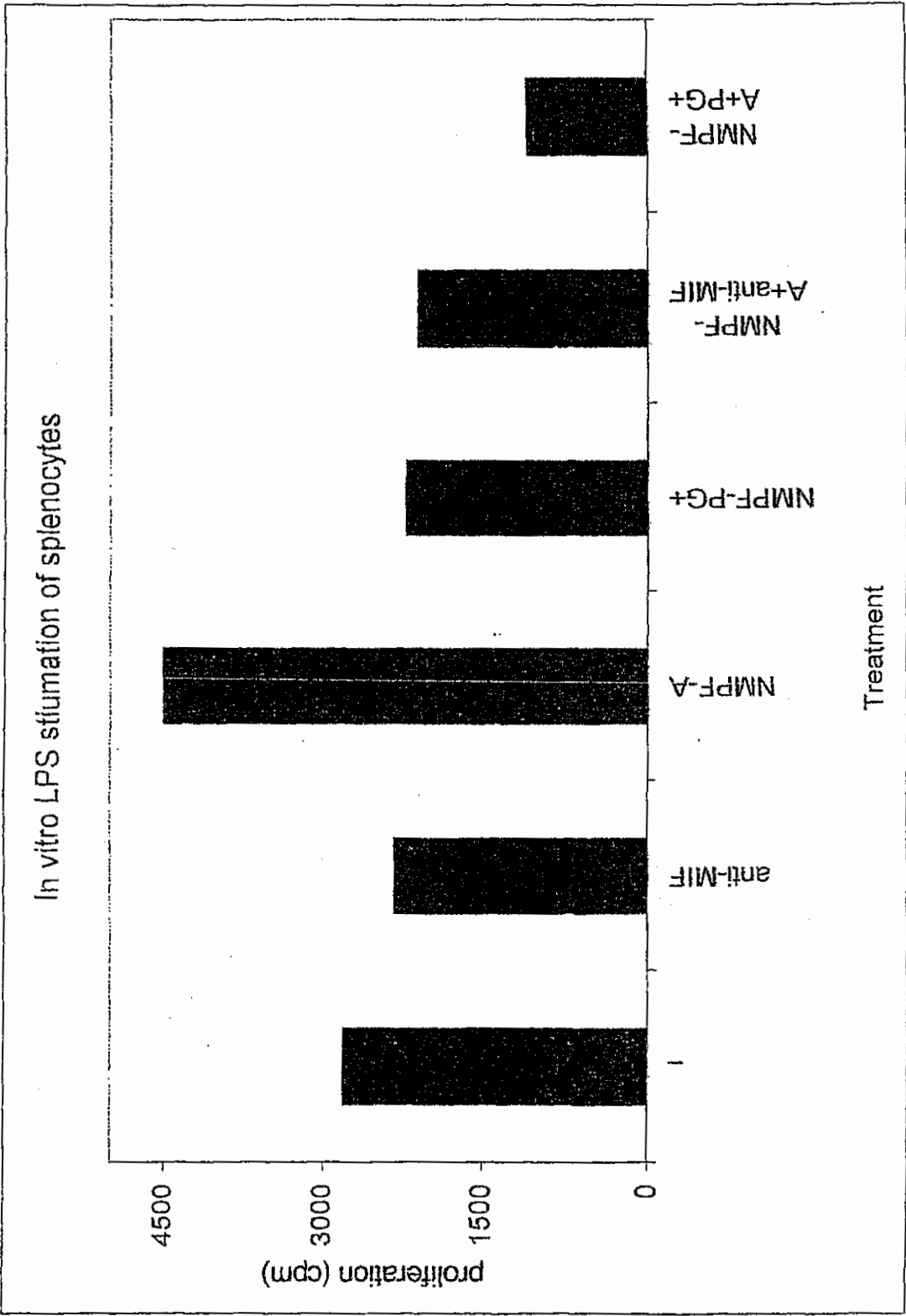


Fig. 8

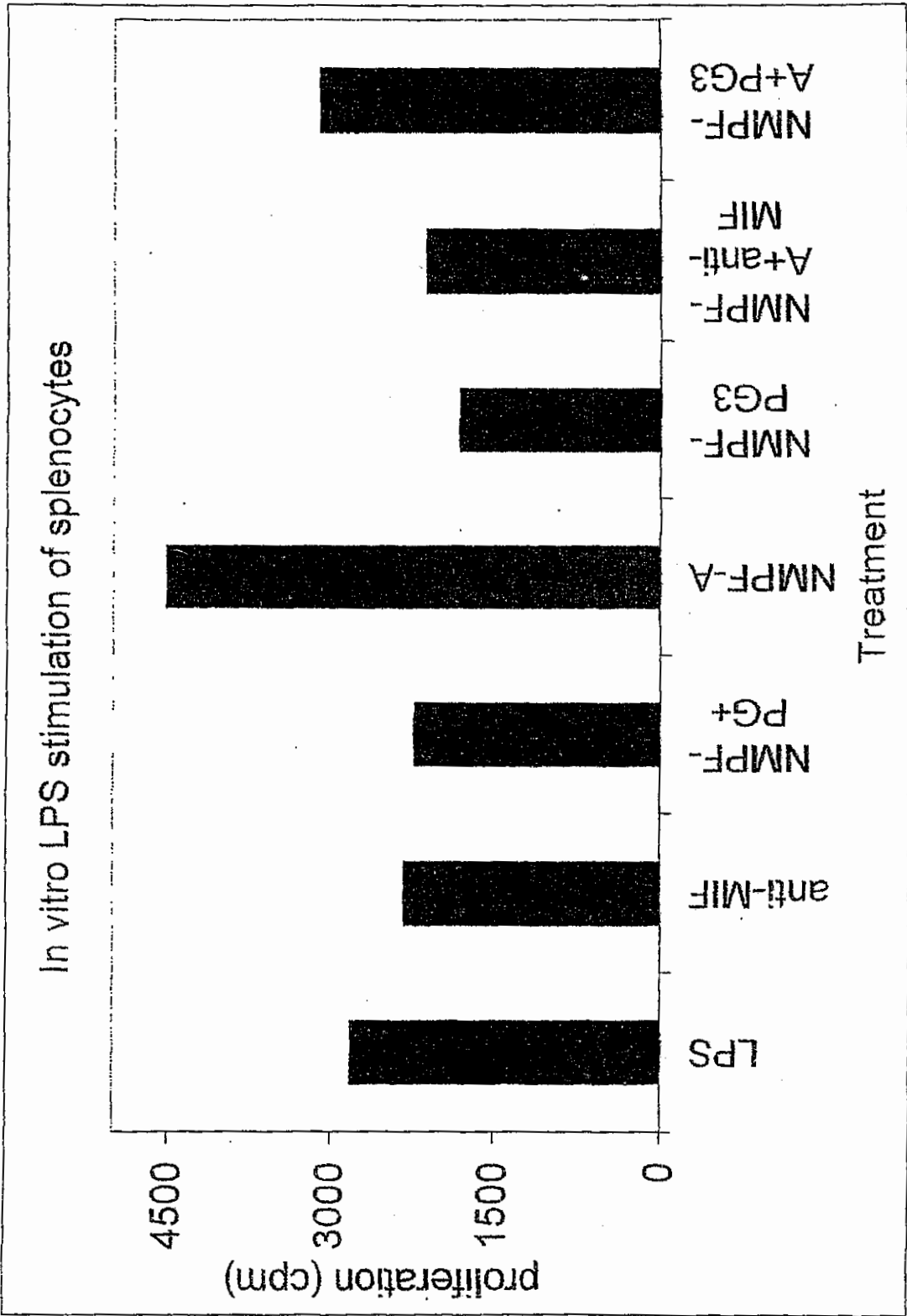


Fig. 9

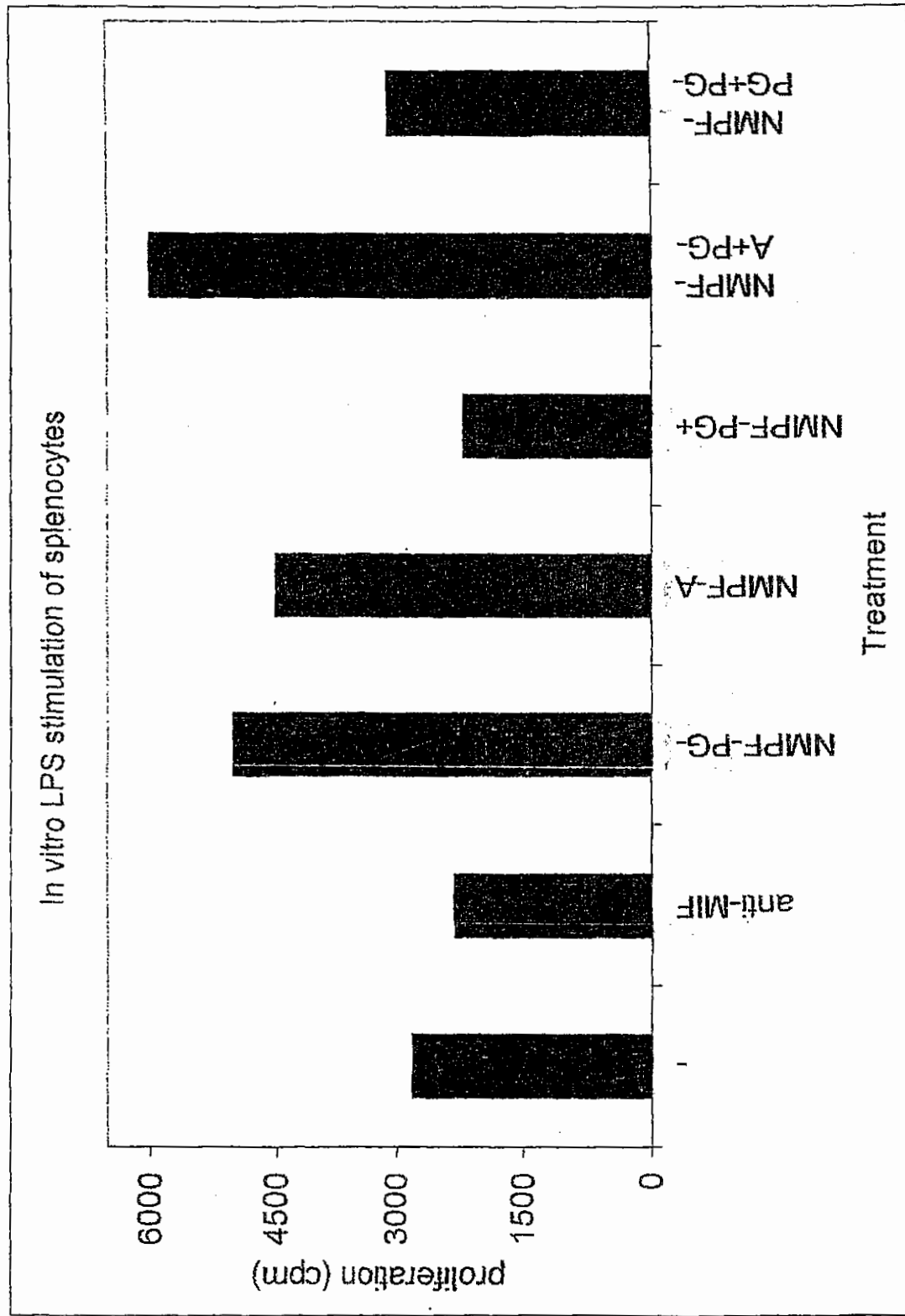


Fig. 10

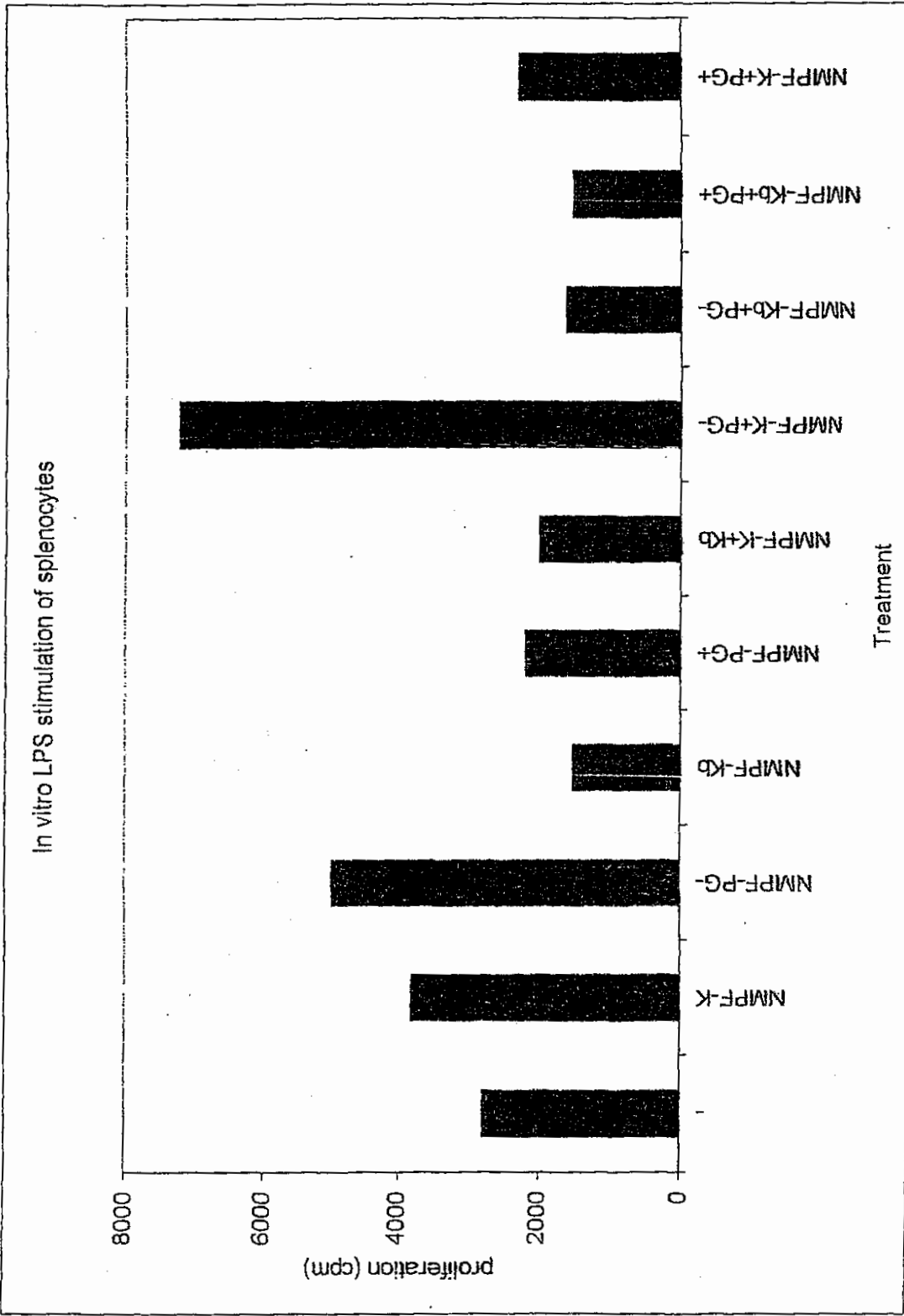


Fig. 11

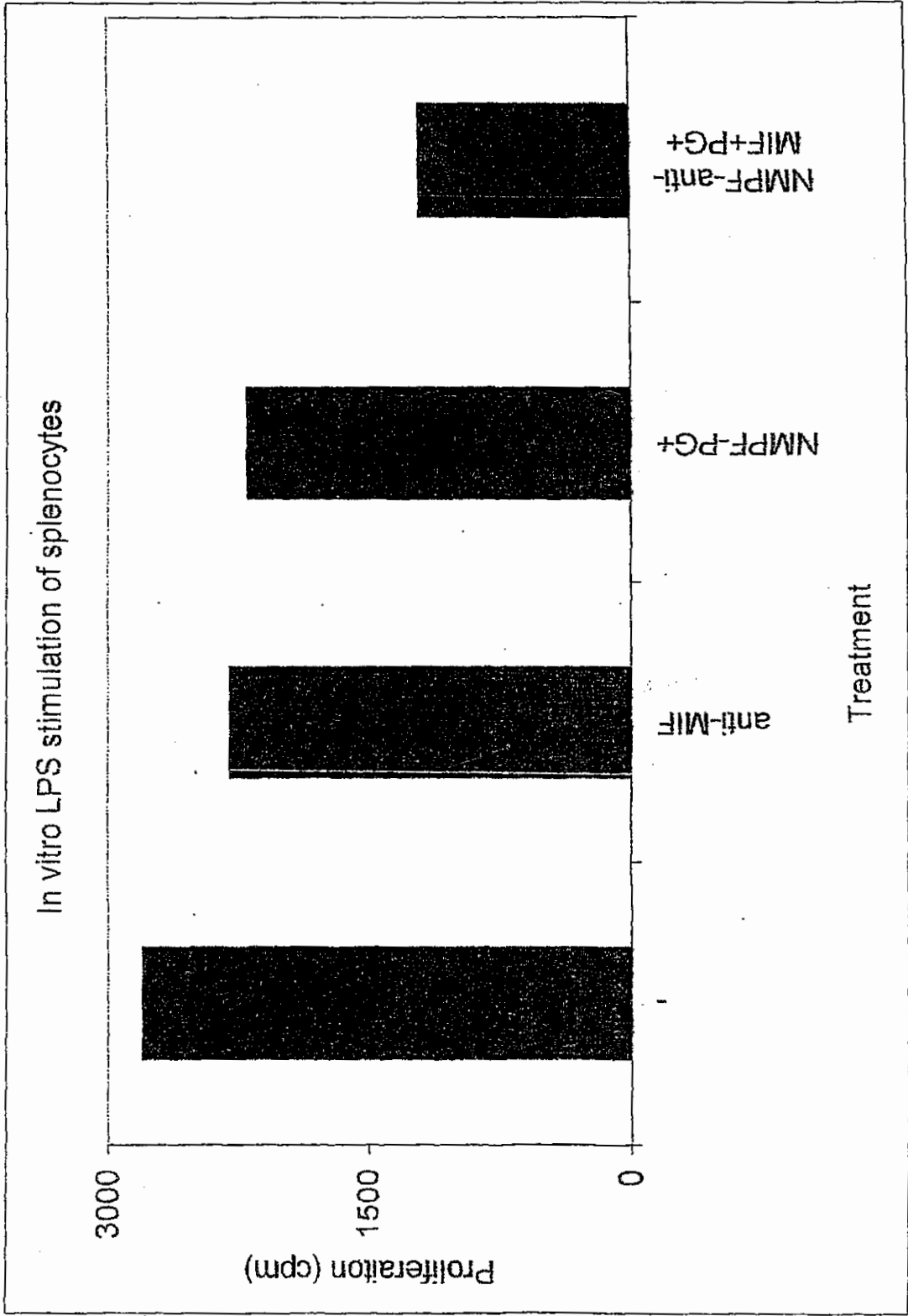


Fig. 12

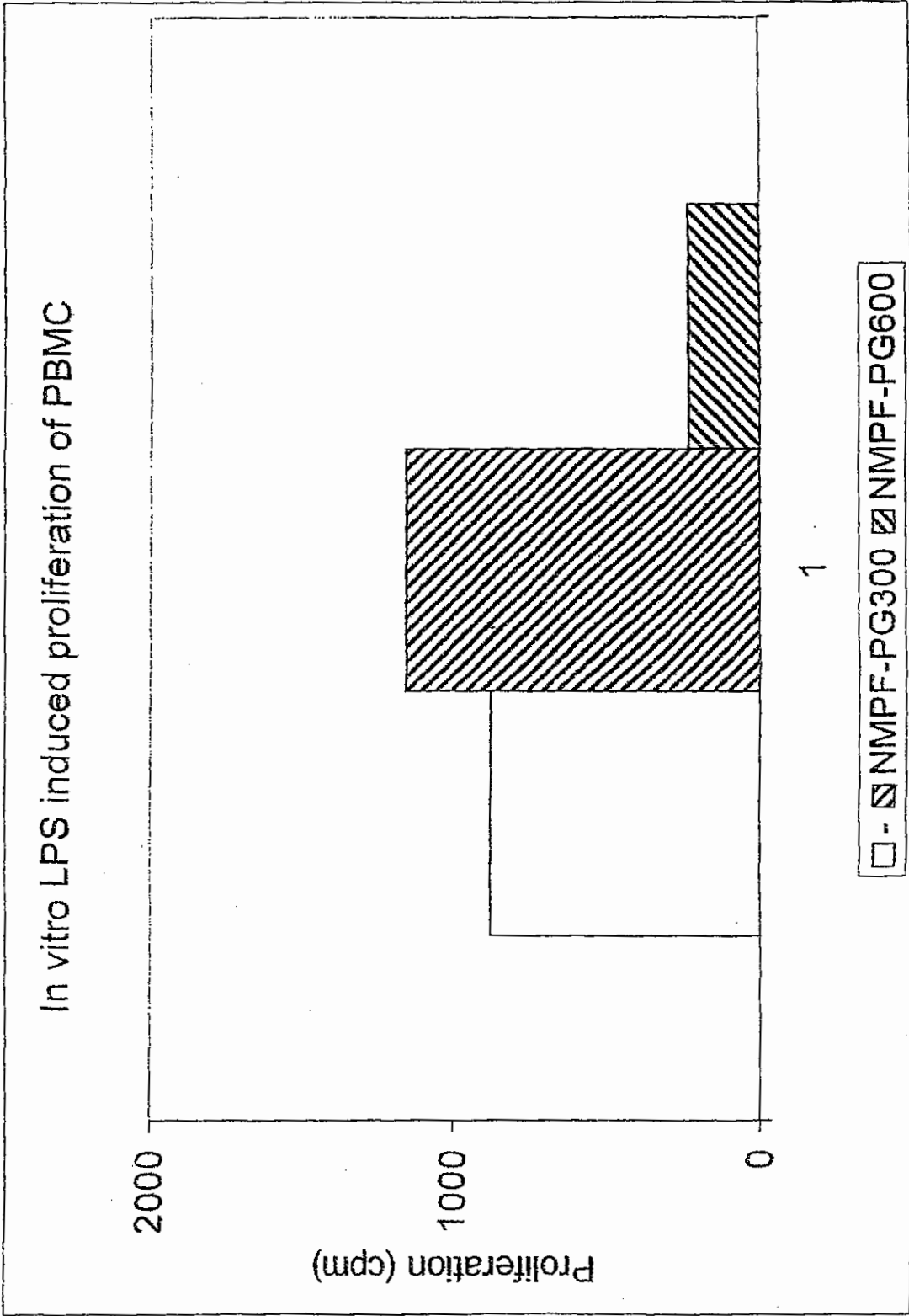


Fig. 13

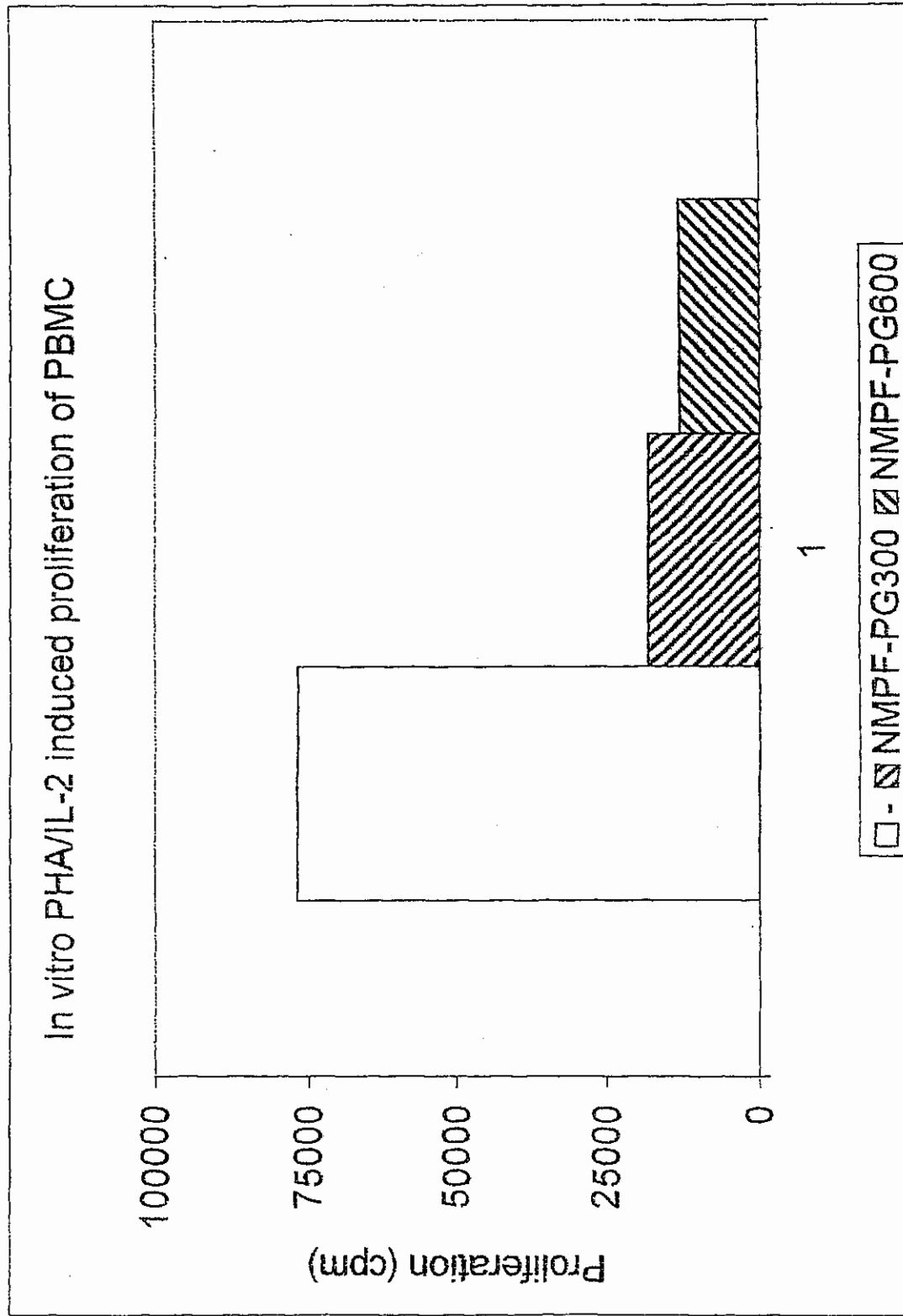


Fig. 14

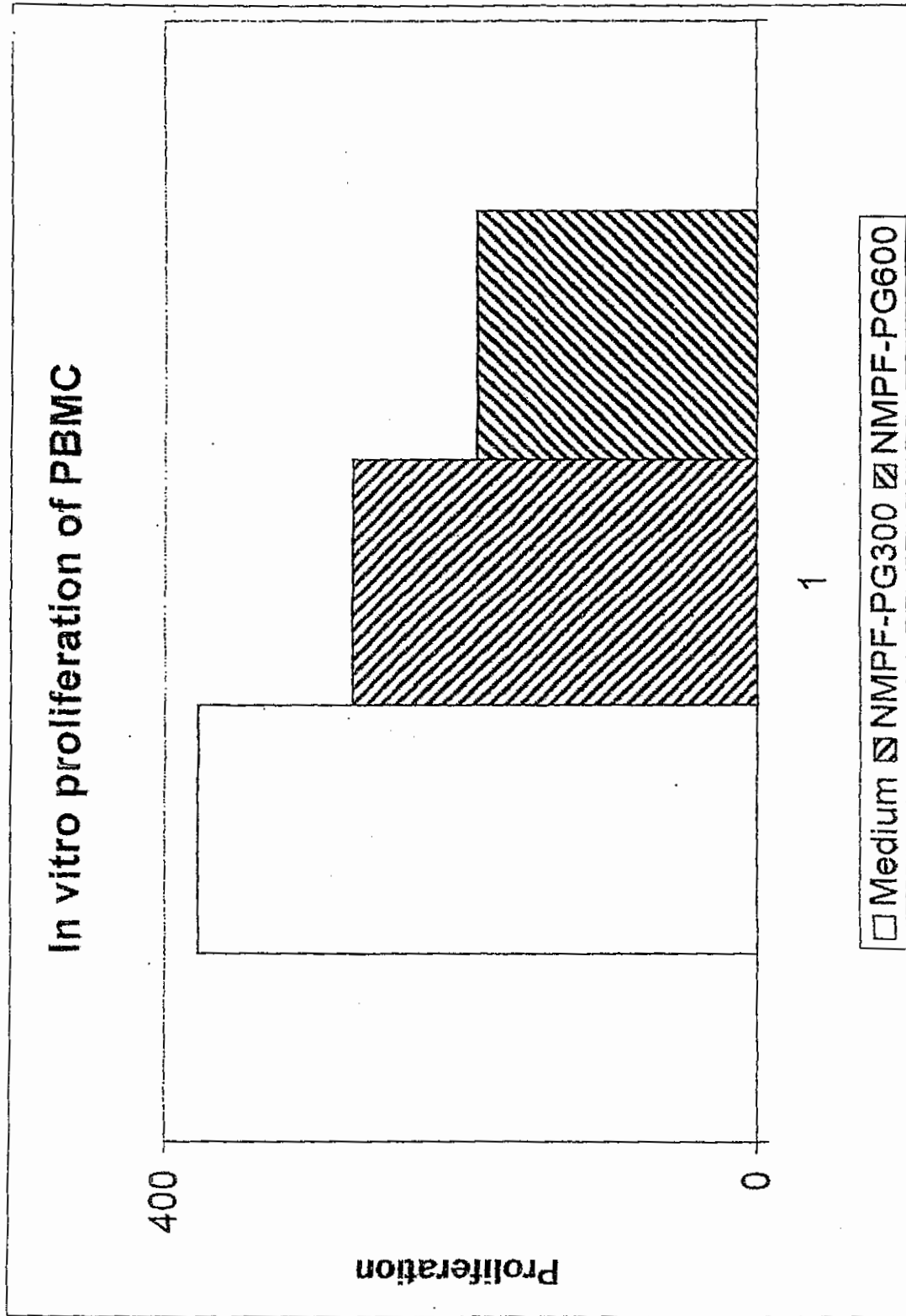


Fig. 15

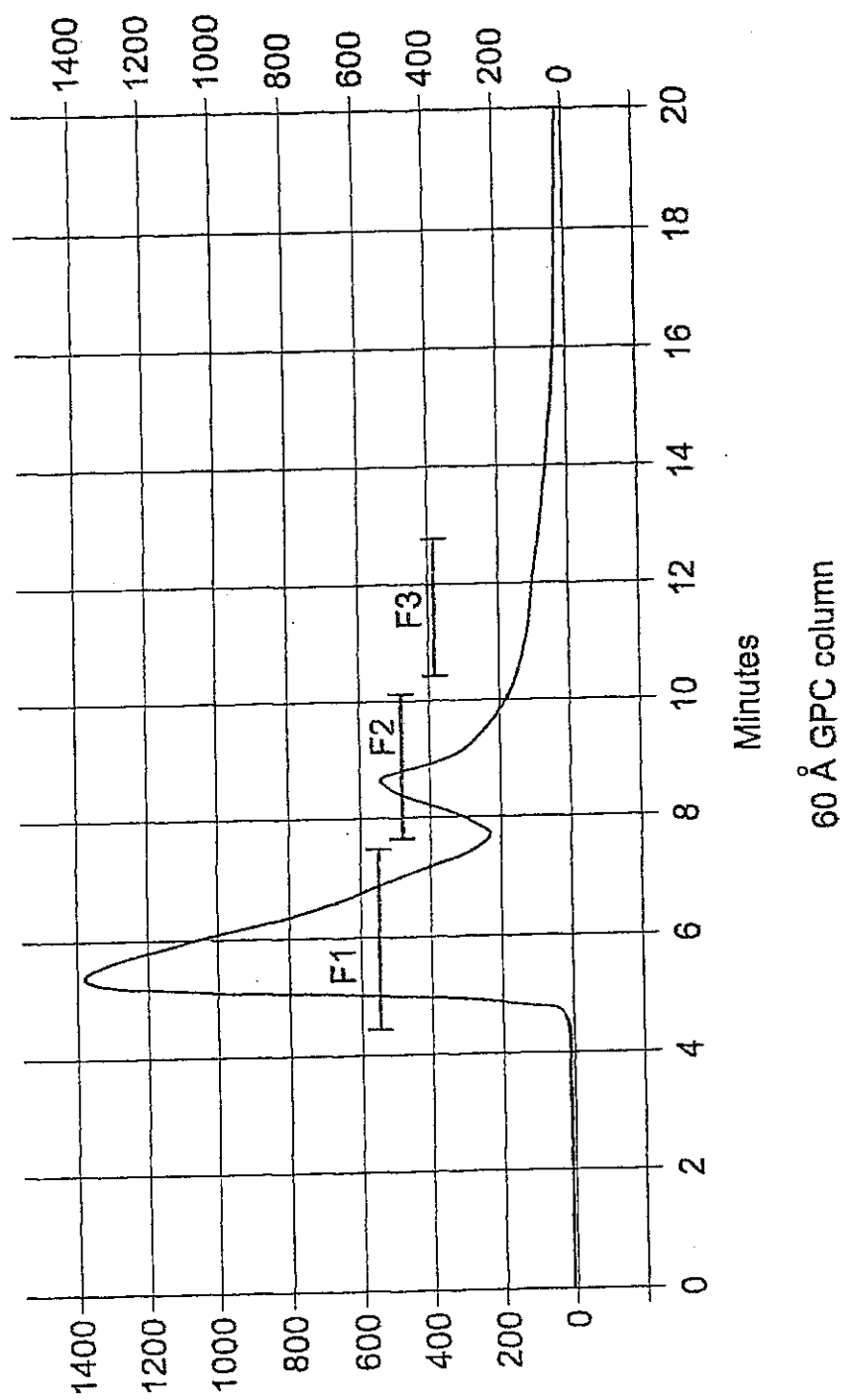
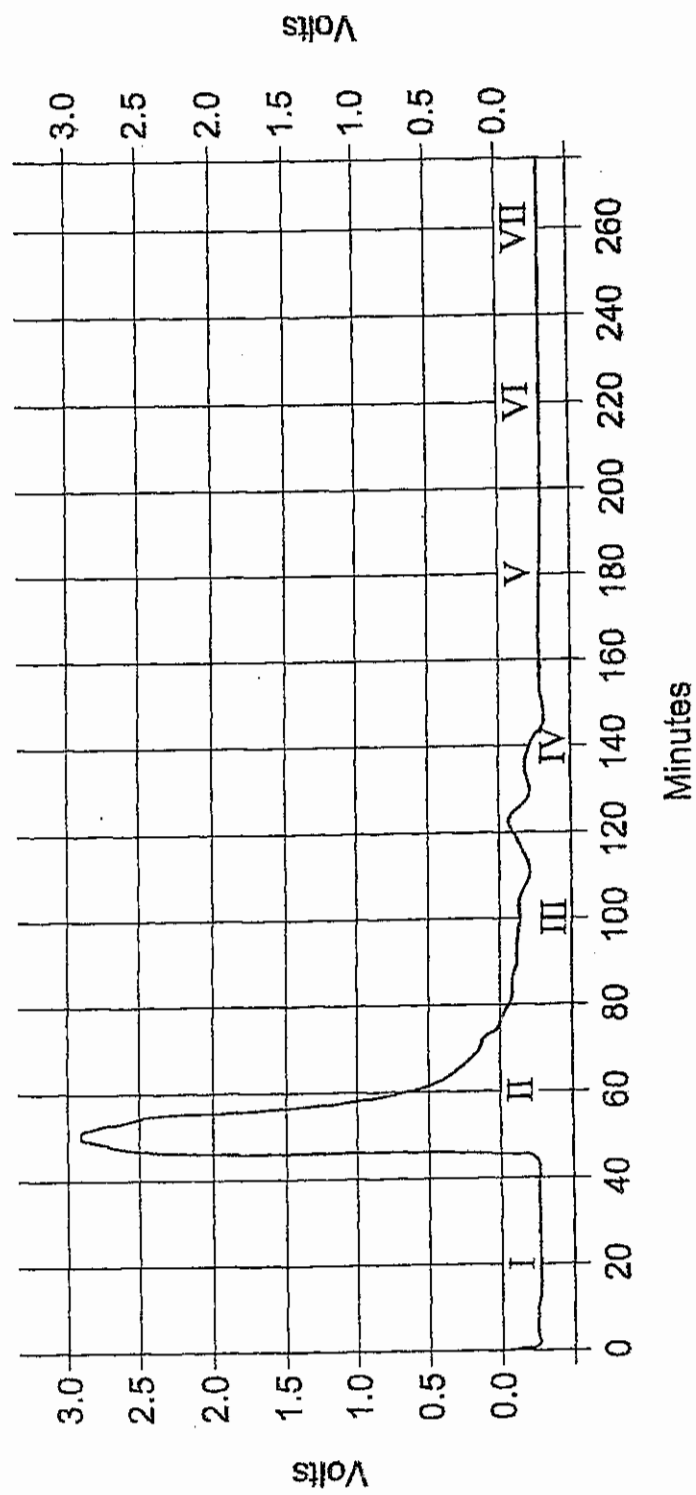
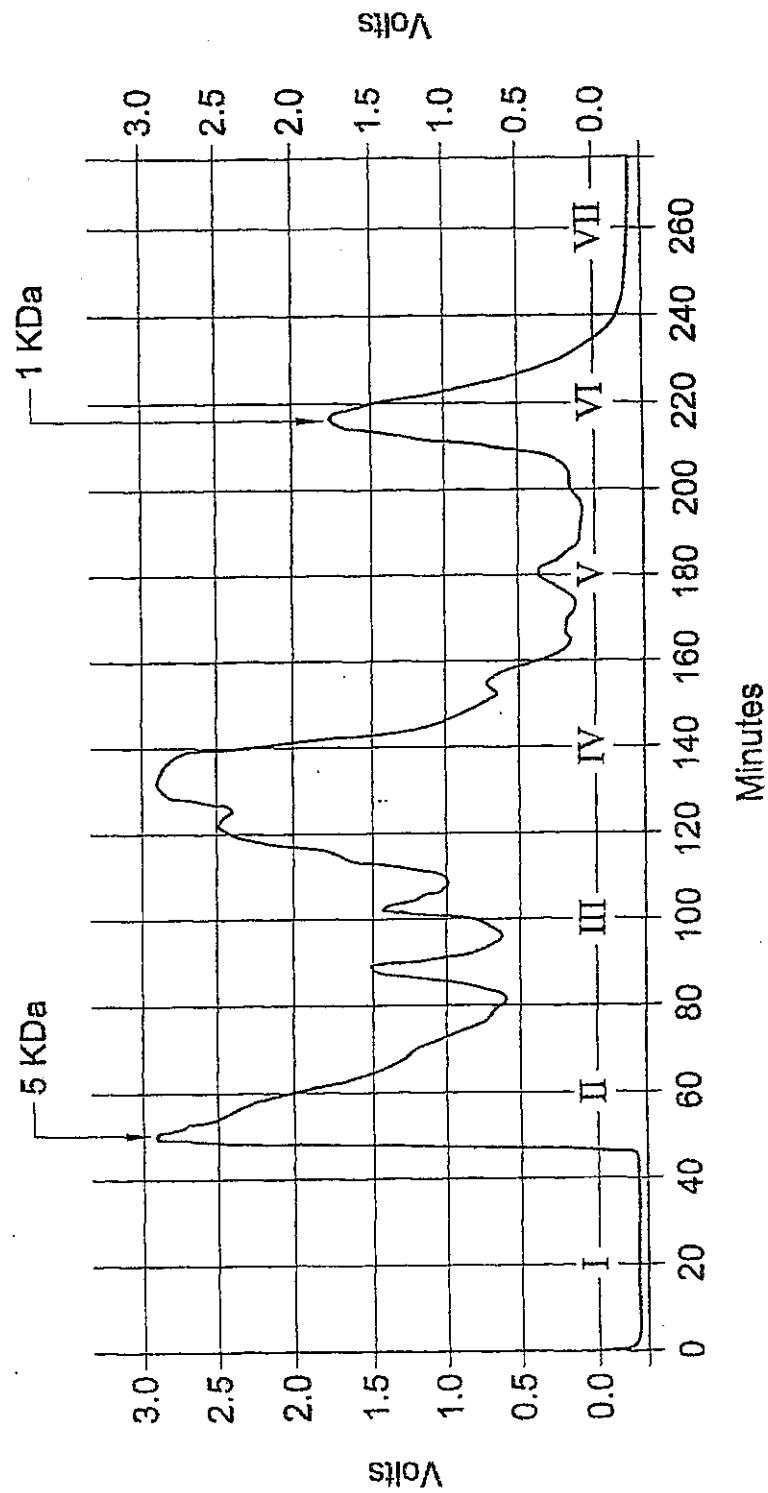


Fig. 16



G25 Superdex

Fig. 17



G25 Superdex

Fig. 18

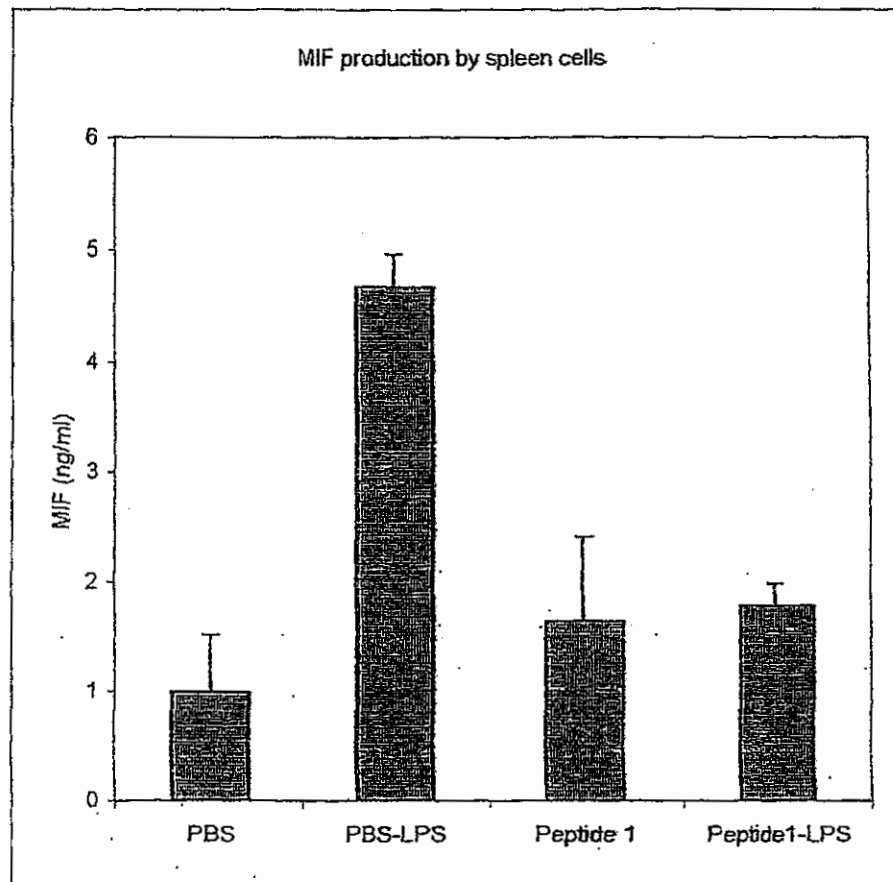


Fig. 19

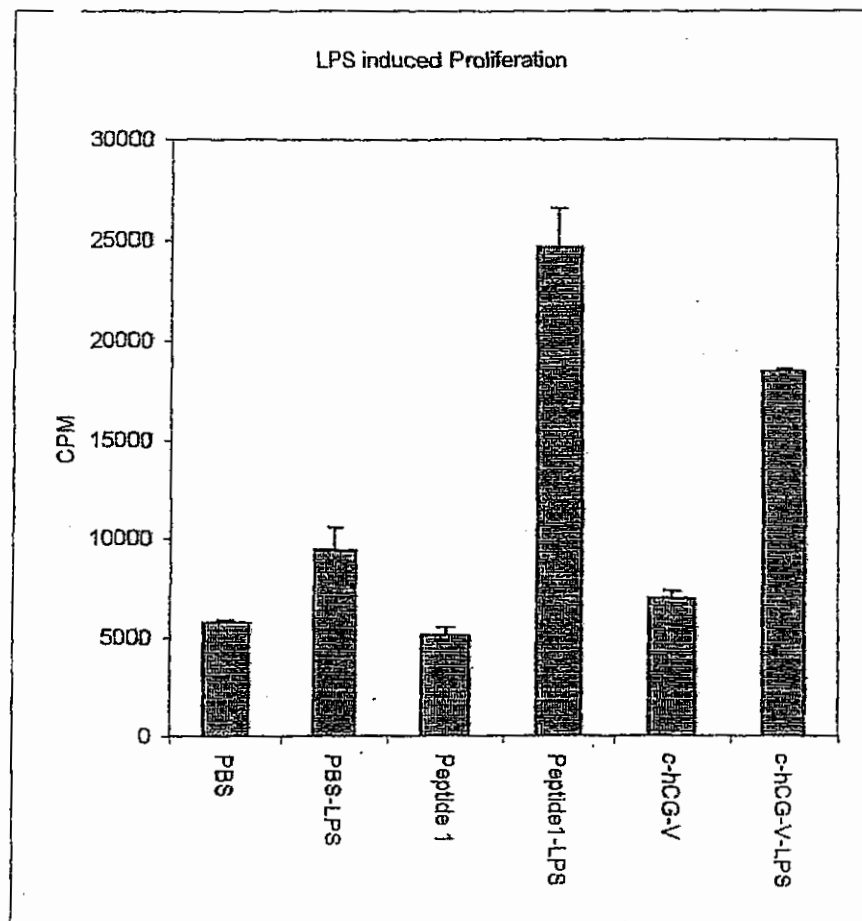


Fig. 20

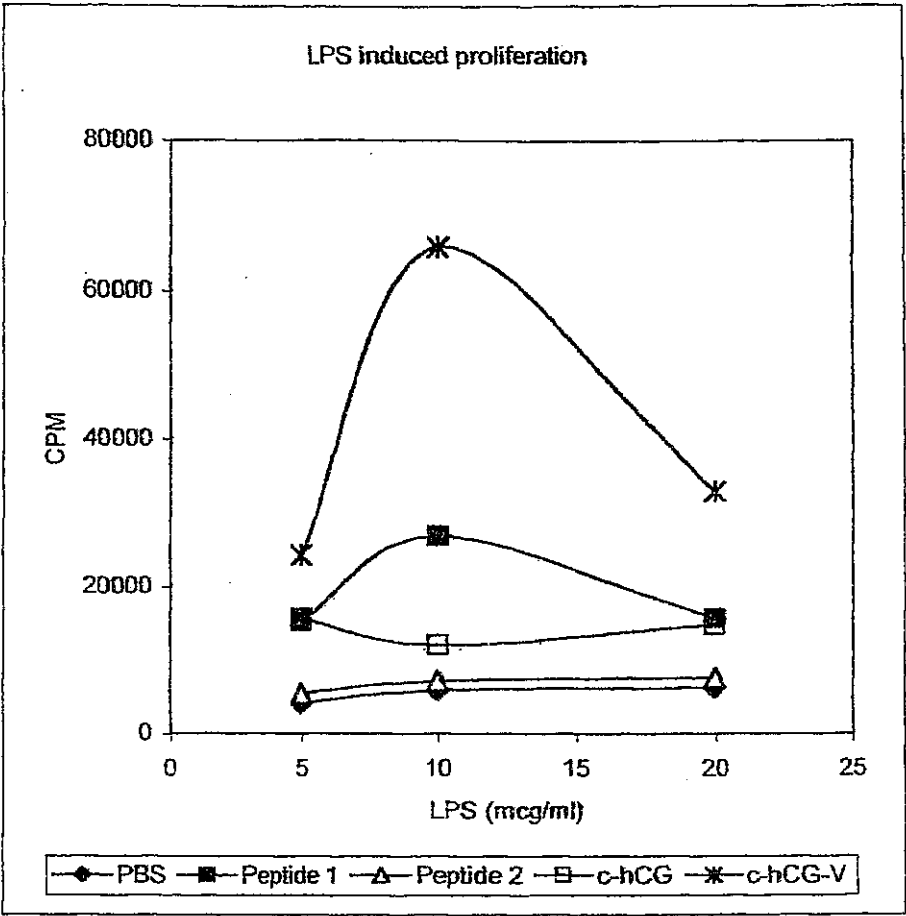


Fig. 21

Fig. 22

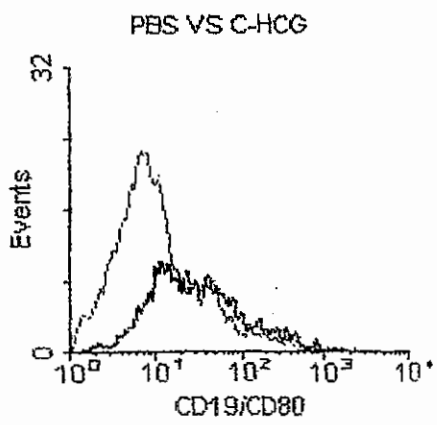
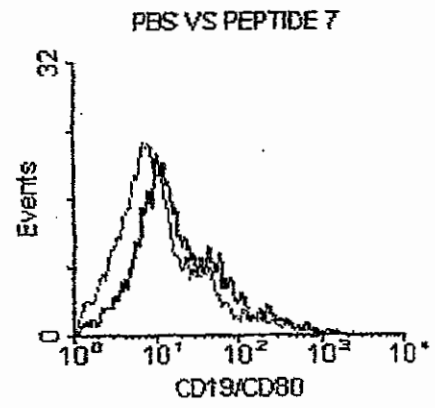
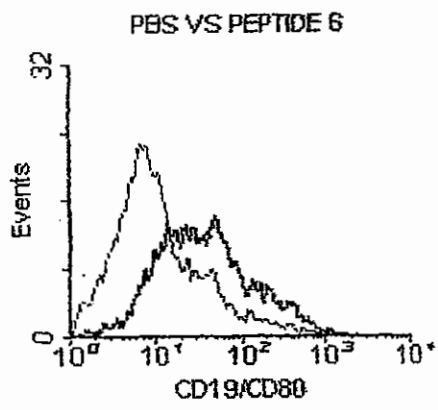
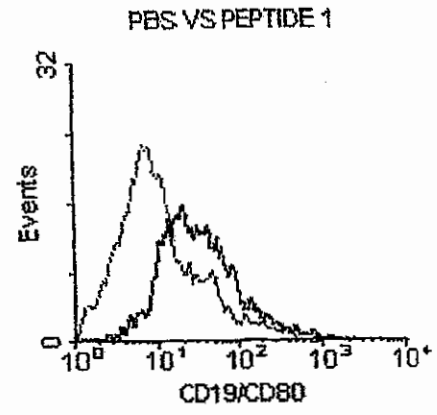
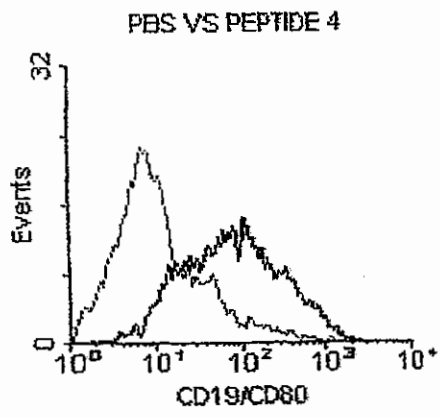


Fig. 23

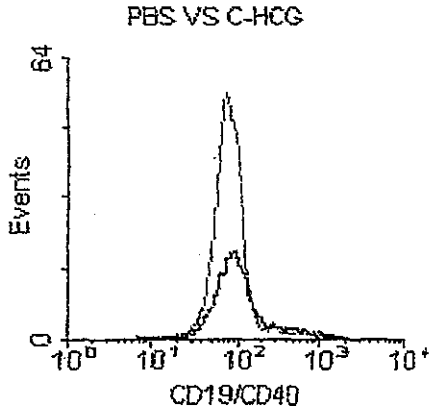
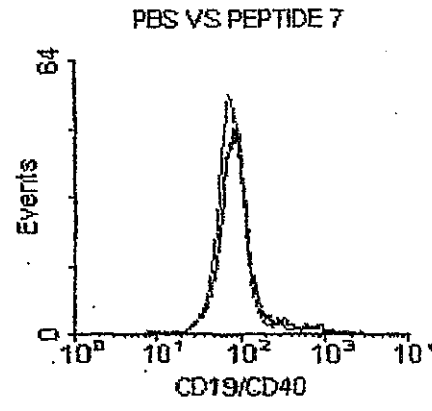
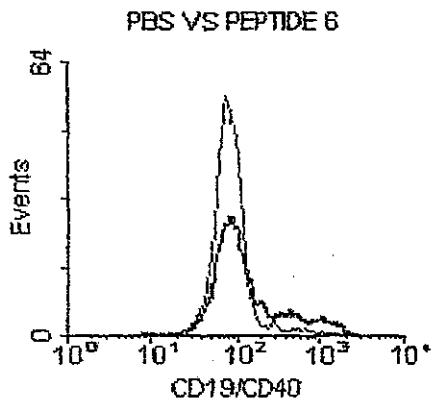
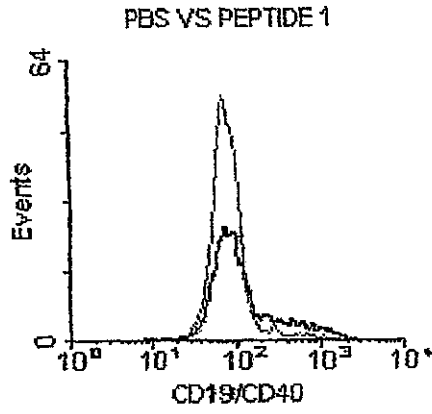
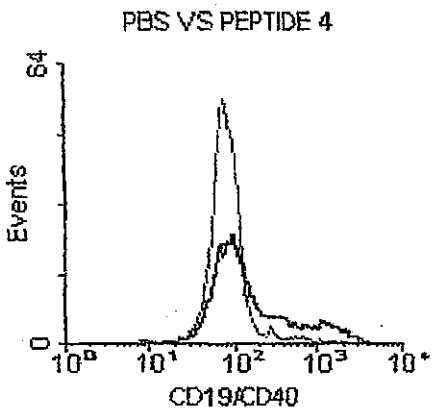


Fig. 24

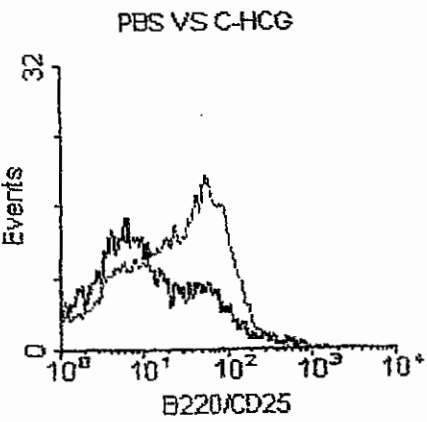
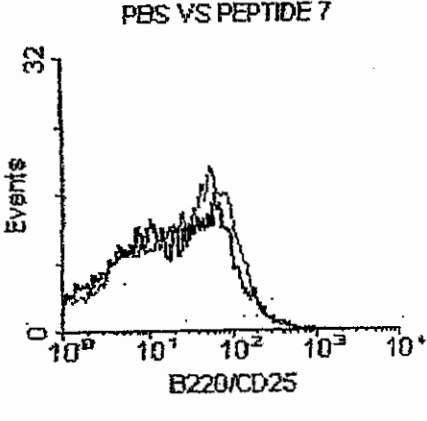
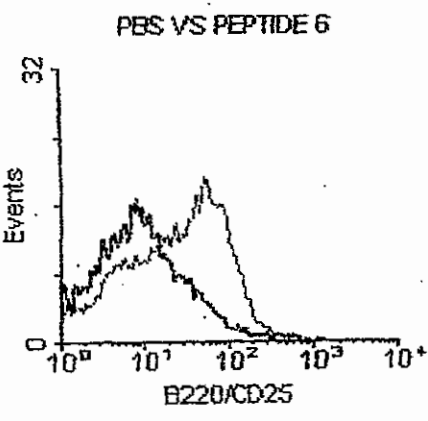
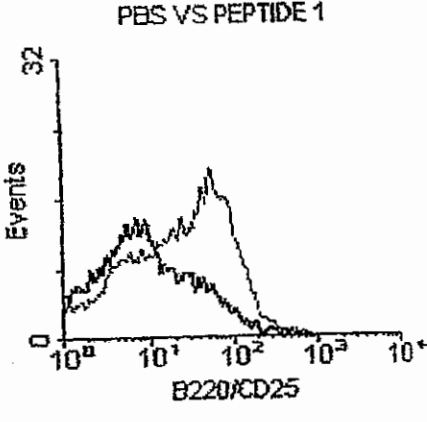
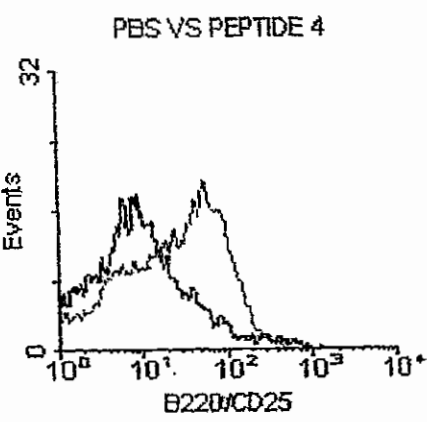


Fig. 25

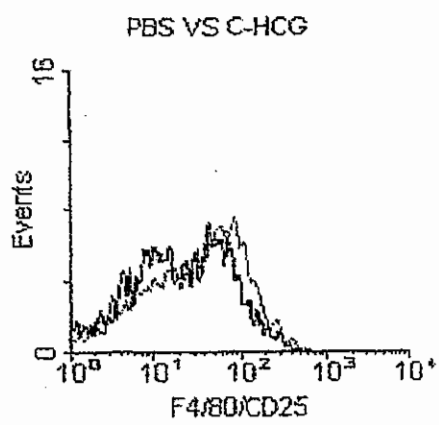
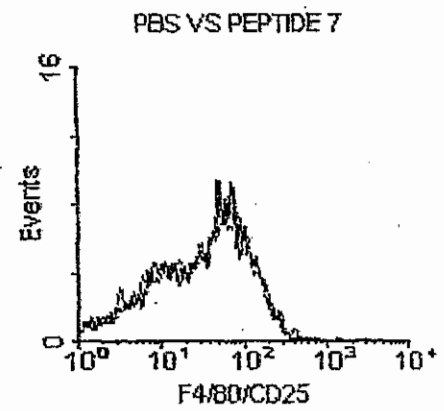
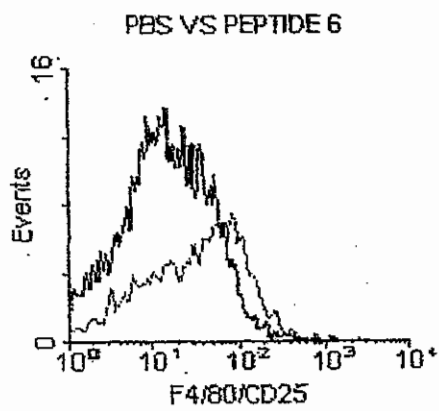
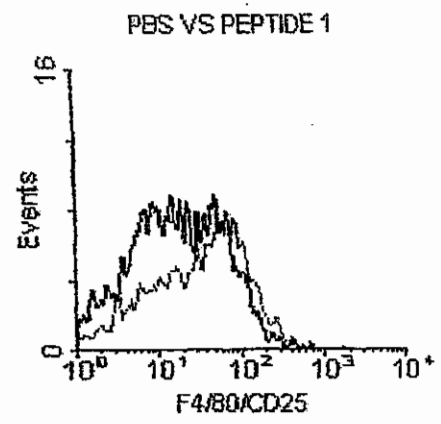
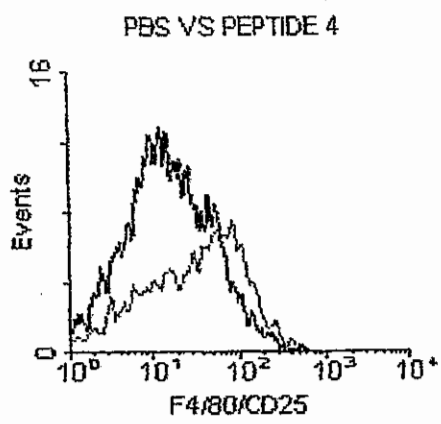


Fig. 26

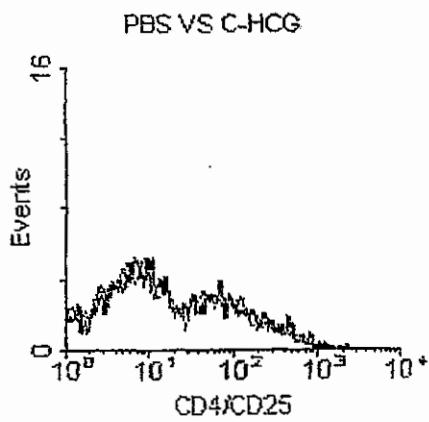
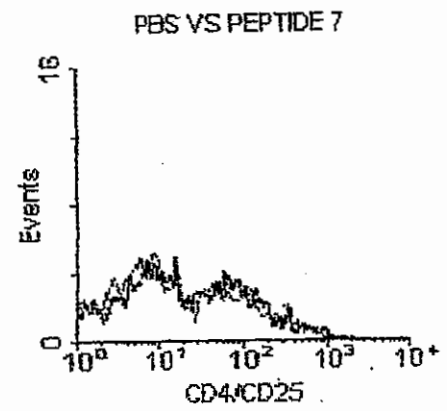
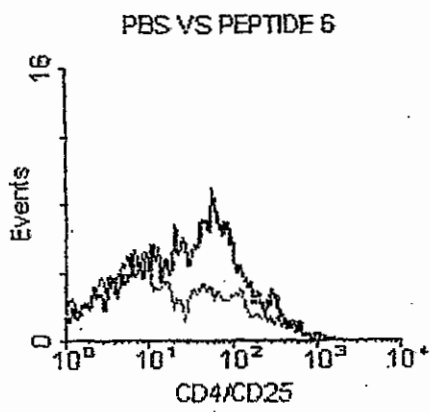
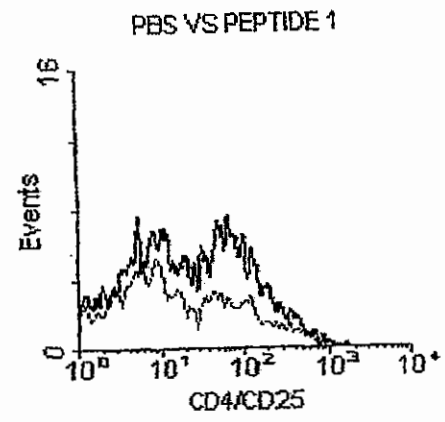
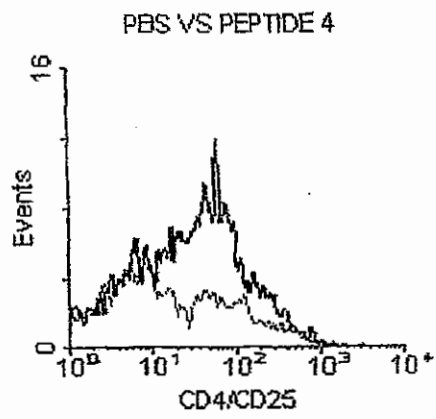


Fig. 27

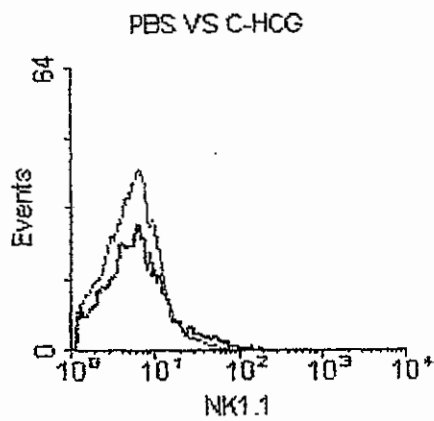
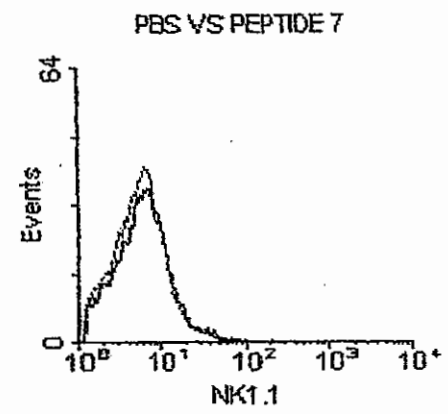
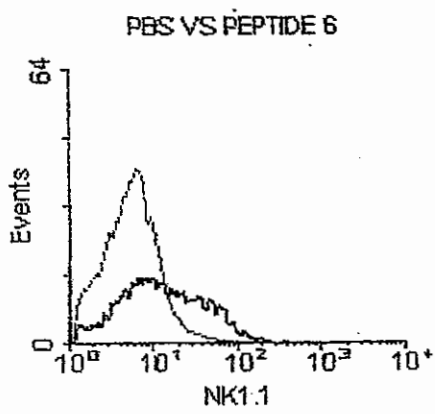
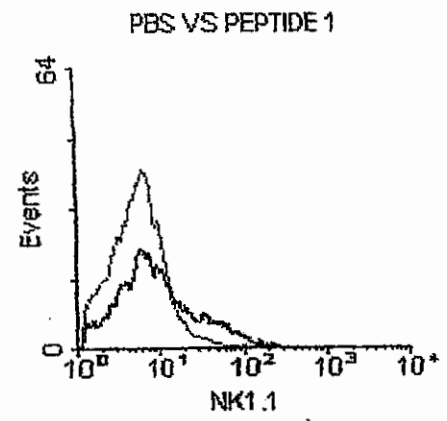
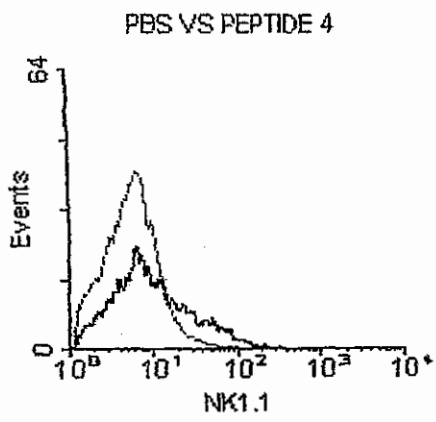
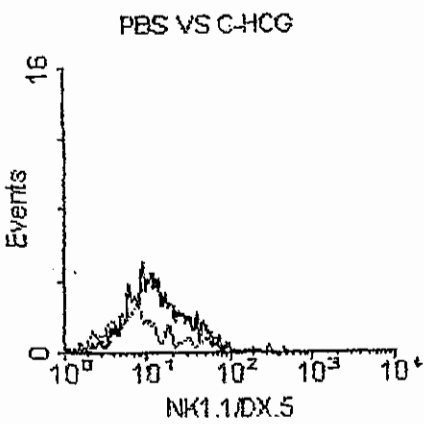
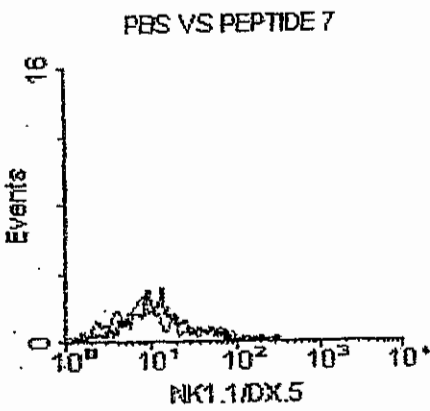
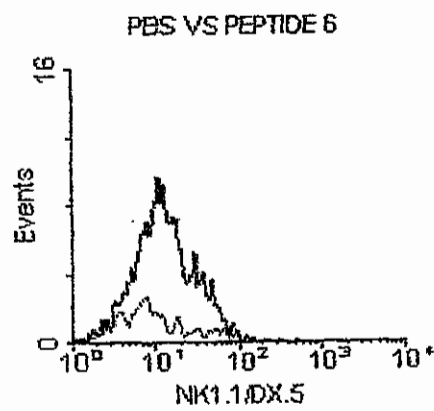
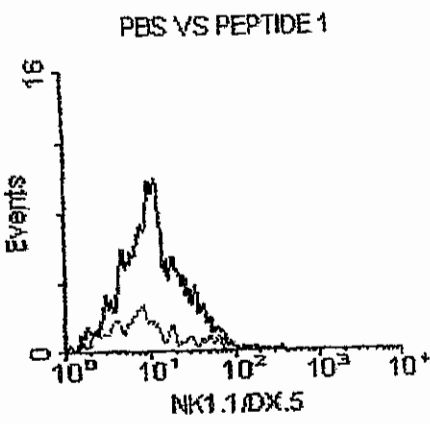
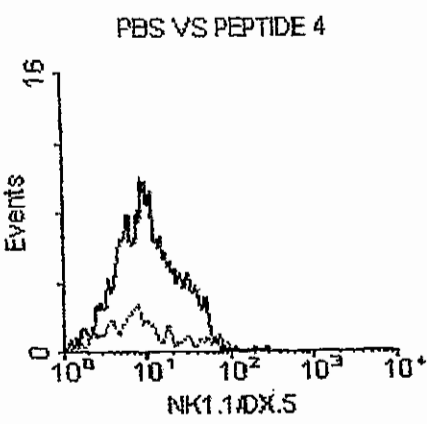


Fig. 28



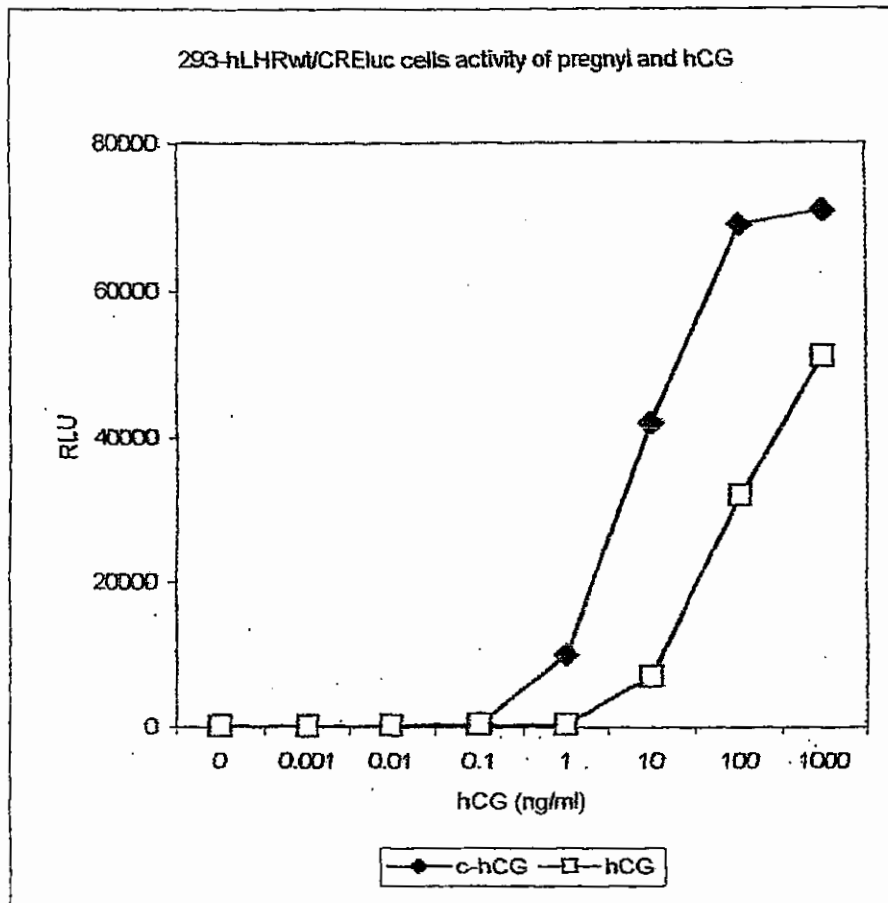


Fig. 29

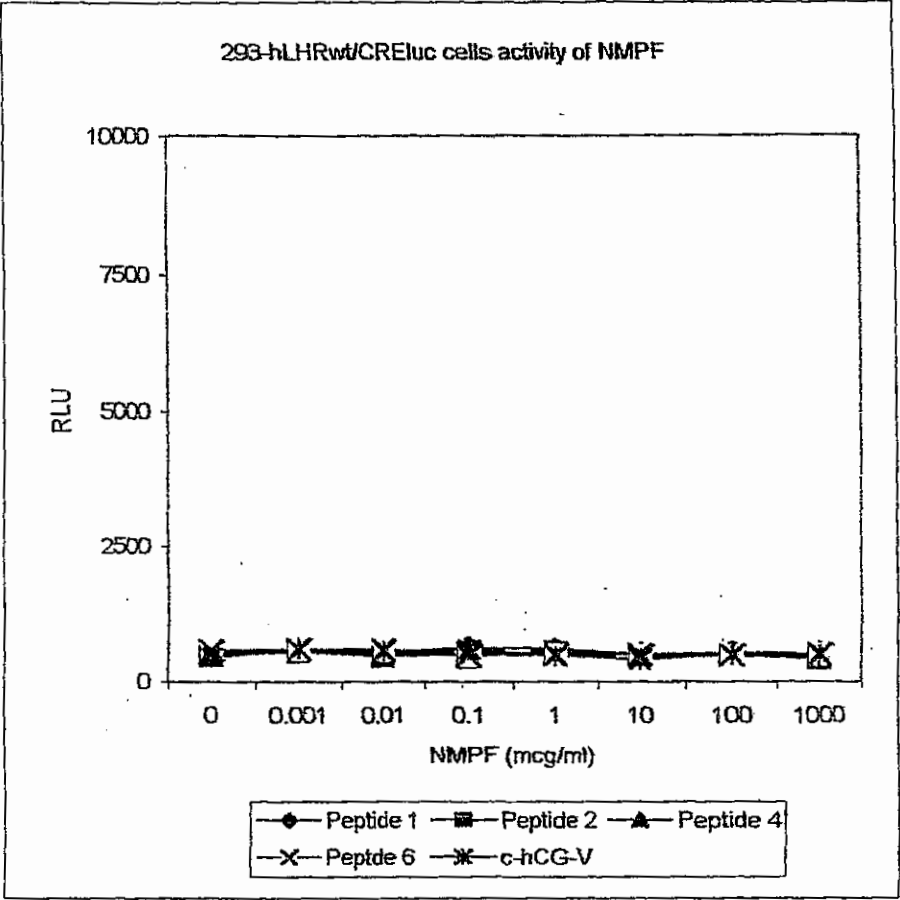


Fig. 30

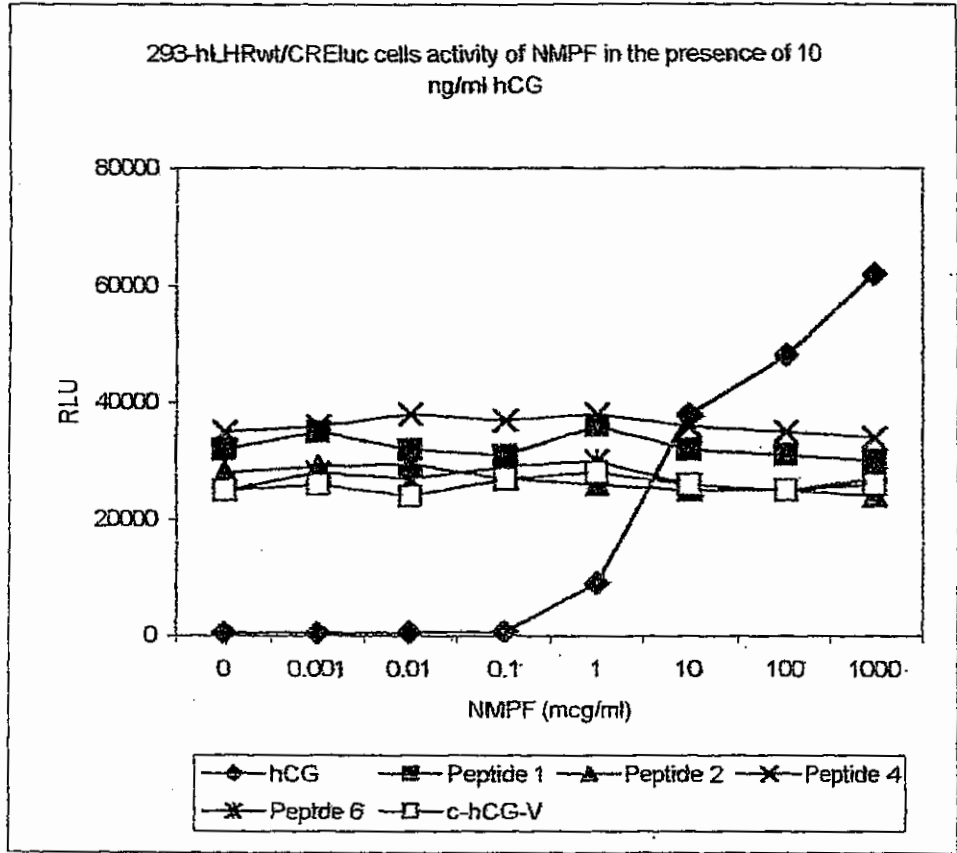


Fig. 31

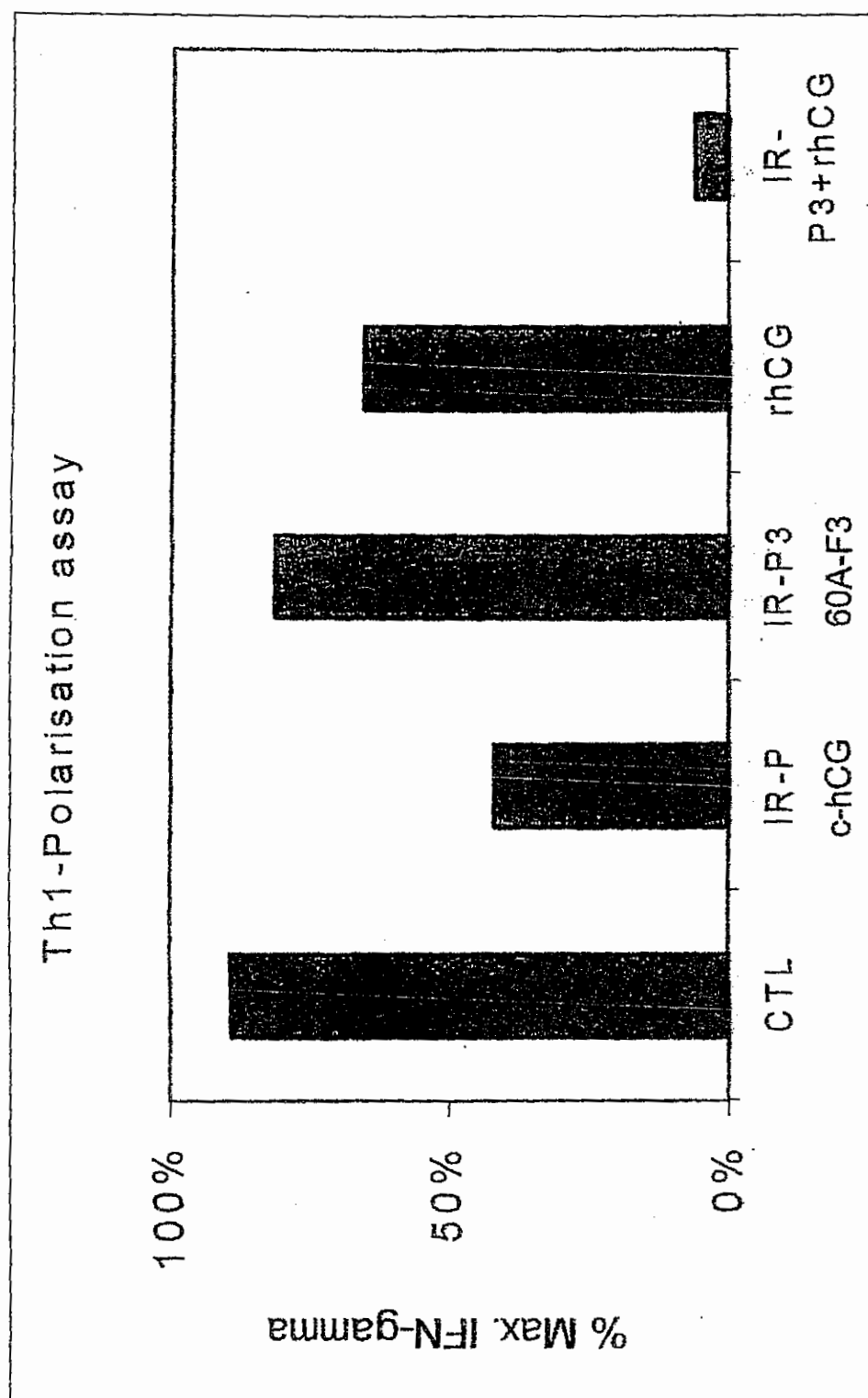


Fig. 32

NOD/LTJ INVIVO TREATMENT (ANTI-CD3 STIMULATION)

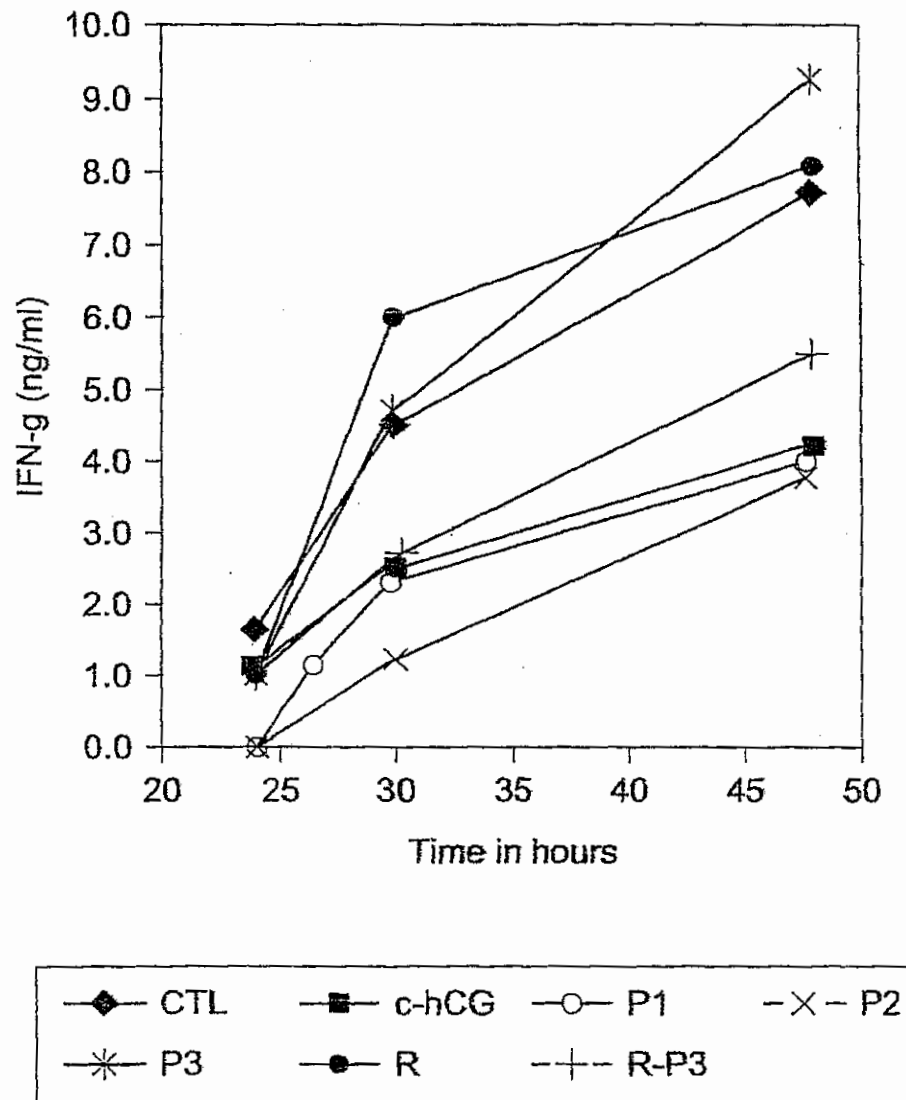


Fig. 33

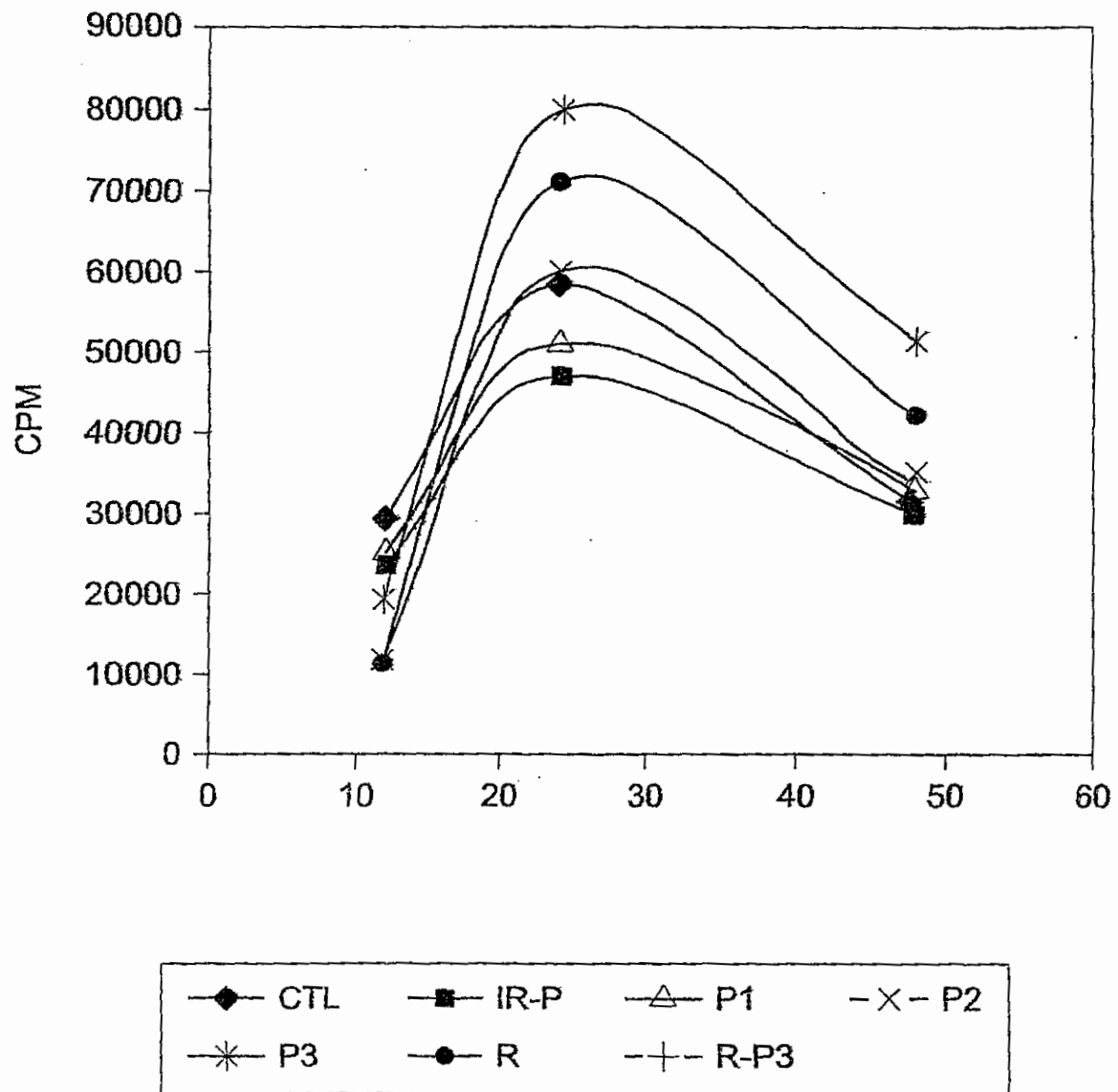


Fig. 34

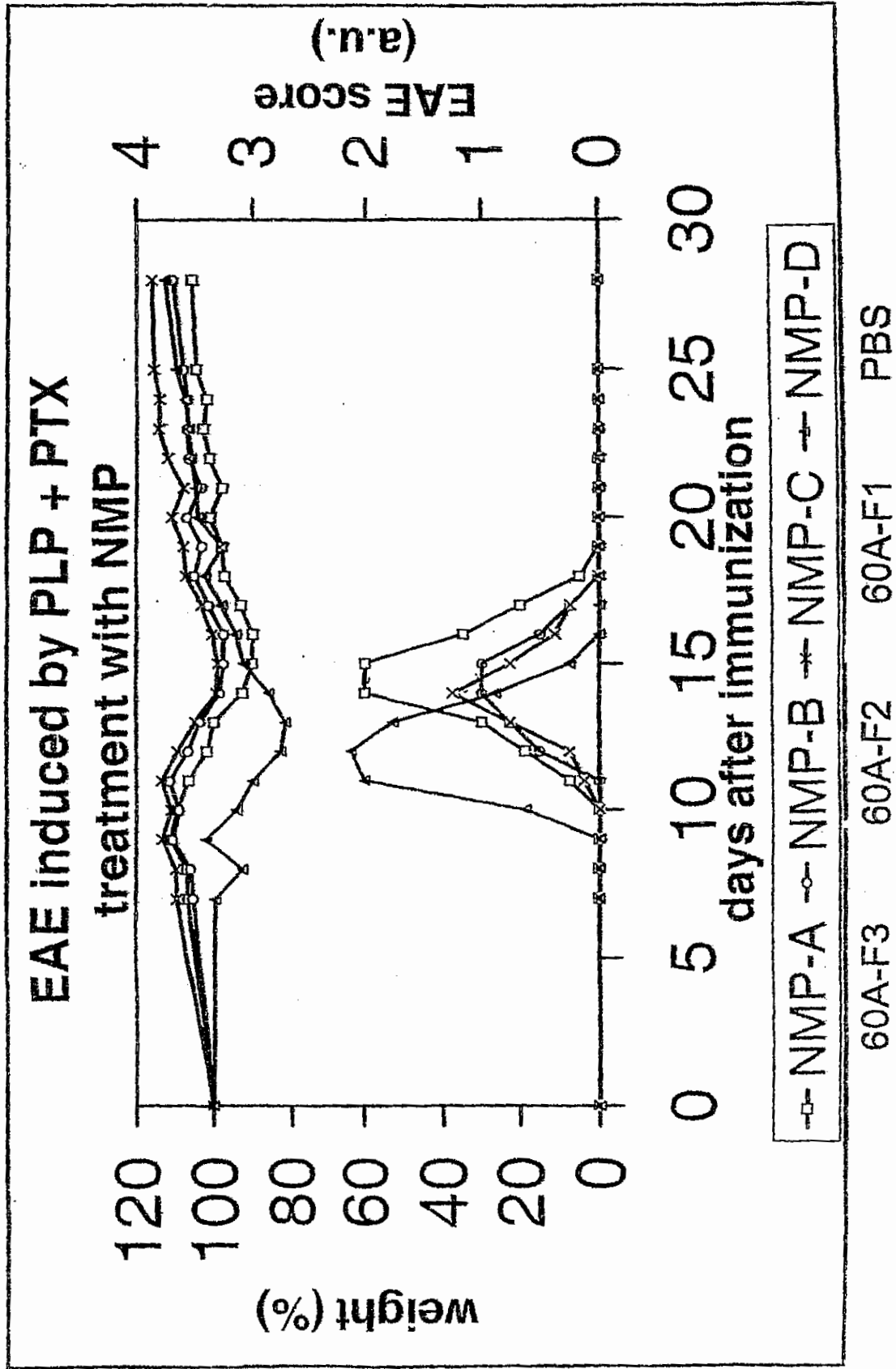


Fig. 35

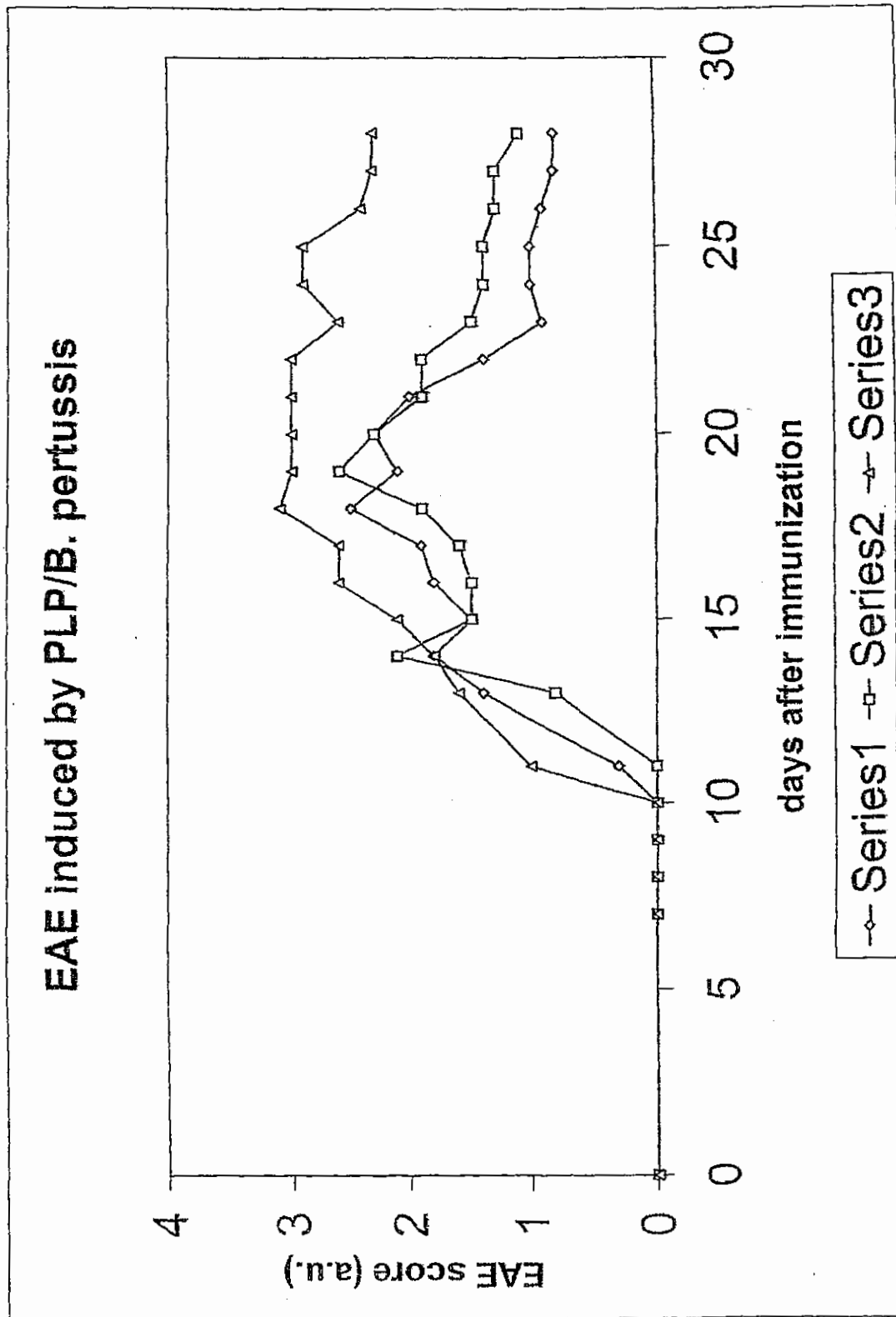


Fig. 36