

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE**


PROOF OF CLAIM

In re: **REGEN BIOLOGICALS, INC.**

Case Number:
11-11083(PJW)

NOTE: See Reverse for List of Debtors/Case Numbers/important details. This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor and Address: the person or other entity to whom the debtor owes money or property

 27444249000176
VWR
3745 BAYSHORE BLVD
BRISBANE, CA 94605

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Check this box if you are the debtor or trustee in this case.

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.
THIS SPACE IS FOR COURT USE ONLY

Creditor Telephone Number ()

Name and address where payment should be sent (if different from above):
SAME AS ABOVE

Payment Telephone Number ()

RECEIVED
JUN 23 2011
BMC GROUP

Check this box to indicate that this claim amends a previously filed claim.
Claim Number (if known):
Filed on:

1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ **1,975.65**
If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.
If all or part of your claim is entitled to priority, complete item 5.

Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges:

2. BASIS FOR CLAIM: **GOODS SOLD** (See instructions #2 and #3a on reverse side.)

3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: **9761**
3a. Debtor may have scheduled account as:

4. SECURED CLAIM (See instruction #4 on reverse side.)
Check the appropriate box if your claim is secured by a lien on property or a right of set off and provide the requested information.
Nature of property or right of setoff:
Describe:
 Real Estate Motor Vehicle Other _____
Value of Property: \$ _____ Annual Interest Rate: % If any: \$ _____ Basis for Perfection: _____
Secured Claim Amount: \$ _____
Unsecured Claim Amount: \$ **1,975.65**
Amount of arrearage and other charges as of time case file included in secured claim. **DO NOT** include the priority portion of your claim here.

5. PRIORITY CLAIM
 Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Unsecured Priority Claim Amount: \$ _____ Include **ONLY** the priority portion of your unsecured claim here.

You MUST specify the priority of the claim:

Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).

Wages, salaries, or commissions (up to \$11,725*), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (_____).
* Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

6. CREDITS: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

7. SUPPORTING DOCUMENTS: Attach redacted copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of evidence of perfection of a security interest. (See instruction 7 and definition of "redacted" on reverse side.) If the documents are not available, please explain.


DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. **DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.**

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Eastern Time on July 1, 2011 for Non-Governmental Claimants OR on or before October 5, 2011 for Governmental Units.

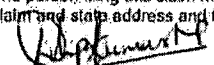
BY MAIL TO:
BMC Group, Inc.
Attn: ReGen Biologics, Inc. Claims Processing
PO Box 3020
Chanhassen, MN 55317-3020

BY HAND OR OVERNIGHT DELIVERY TO:
BMC Group, Inc.
Attn: ReGen Biologics, Inc. Claims Processing
18750 Lake Drive East
Chanhassen, MN 55317

THIS SPACE FOR COURT USE ONLY

Regen Biologics

00019

DATE June 23, 2011

SIGNATURE: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.
 **DILIP KUMAR NP, TEAM LEADER, RISK DEPARTMENT**

Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 AND 3571



P.O. Box 2078
West Chester PA, 19380

For Customer:

REGEN BIOLOGICS
411 HACKENSACK AVE
HACKENSACK, NEW JERSEY 07601

Statement of Account

Page No 1	Credit Analyst CSI
Statement Date 07/02/10	Email
Account Number 1059761	Phone Number 888-659-8096
Total Due 1,975.65	Fax Number

You can now view your invoices at www.vwr.com. Contact your credit analyst to find out how.

Transaction Number	Trans Type	Purchase Order Number	Transaction Date	Due Date	Original Amount	Remaining Amount	Days Late		
36270042	CM	4507	24-OCT-08	24-OCT-08	-132.95	-49.80	616		
14107	PMT		24-NOV-08	24-NOV-08	-107.80	-17.44	585		
39107852	INV	4795	04-AUG-09	03-SEP-09	438.16	438.16	302		
39199140	INV	4798	12-AUG-09	11-SEP-09	245.13	245.13	294		
39378941	INV	4812	28-AUG-09	27-SEP-09	487.76	487.76	278		
39405965	INV	4812	01-SEP-09	01-OCT-09	106.15	106.15	274		
39405962	INV	4812	01-SEP-09	01-OCT-09	183.80	183.80	274		
39603709	INV	4838	21-SEP-09	21-OCT-09	581.89	581.89	254		
Your 'On Account' cash is \$17.44. Please contact your credit analyst to direct us how to apply your payment.									
Overdue 1-30 days	0.00	Overdue 31-60 days	0.00	Overdue 61-90 days	0.00	Overdue 91+ days	1,975.65	Total Now Due	1,975.65

Please return this coupon with your payment and keep the top portion for your records

Please mark which invoices you are applying payment to on this remittance coupon or list the invoice numbers on your check

Bill to:

REGEN BIOLOGICS
411 HACKENSACK AVE
HACKENSACK, NEW JERSEY 07601

Remit to:

VWR INTERNATIONAL INC.
P.O. Box 640169
Pittsburgh, PA 15264-0169



Amount Paid	Total Due	Statement Date	Account Number		
	1,975.65	07/02/10	1059761		
Transaction No	Amount	X	Transaction No	Amount	X
36270042	-49.80				
14107	-17.44				
39107852	438.16				
39199140	245.13				
39378941	487.76				
39405965	106.15				
39405962	183.80				
39603709	581.89				