



# Three decades of excellence

**The story behind Gambro's creation all started with the first artificial kidney invented by Professor Nils Alwall. Just three years later, in 1964, the industrialist Holger Crafoord met the inventor at a social event and listened to his story. It was so impressive, he felt compelled to develop and market this life-saving innovation.**

Development work began in Lund, Sweden. The company adopted the name Gambro, which comes from the Swedish abbreviation for "Gamla Brogatans Sjukvårdsaffär Aktiebolag." Roughly translated, that means: "Old Bridge Street Medical Supplies Company." Mass-production of single-use artificial kidneys and dialysis machines began in 1967. The company's first plant outside Sweden was built in Hechingen, Germany in the 1970s.

During the last three decades, acquisitions have helped broaden Gambro's range of products and services. Hospal, COBE, REN and Vivra have all been added to the Gambro Group. REN and Vivra are now divested as Gambro has sold all US clinics to US dialysis company DaVita.

Indap AB, indirectly jointly-owned by EQT and Investor AB announced on April 3, 2006 a public cash offer to the shareholders of Gambro to acquire all outstanding shares in Gambro. The new ownership structure of Gambro became effective in June 2006.

Dialysis saves the lives of a growing number of patients every year. Innovation in the field of dialysis is essential and the global industry providing dialysis is becoming more consolidated.

Kidney (renal) dialysis was the world's first extracorporeal therapy, or therapy treating

organ failure outside the body. Renal dialysis remains vital to a growing number of patients around the world and the only alternative today, kidney transplantation, is precluded for most patients due to a shortage of donor organs.

Dialysis technology is also being developed for new applications such as liver dialysis and the emerging field of extracorporeal therapies being developed to remove other fluids and toxins from chronically and acutely ill patients.

The number of renal dialysis patients is growing steadily. In markets such as the US, Europe and Japan, with larger elderly populations and rising rates of wealth, and with that increased incidence of lifestyle-related conditions such as diabetes and hypertension, the number of patients is increasing by three to four per cent a year. In countries with larger populations and fast-developing economies like China and India, patient growth is increasing by eight to ten per cent a year.

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