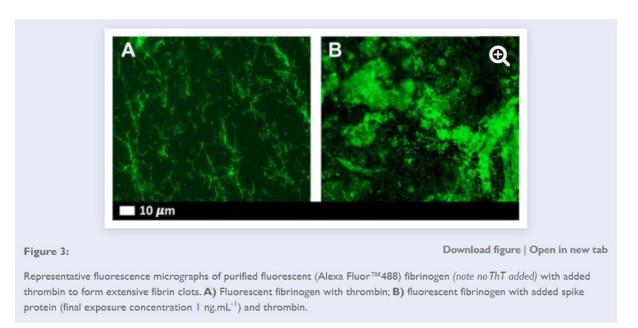
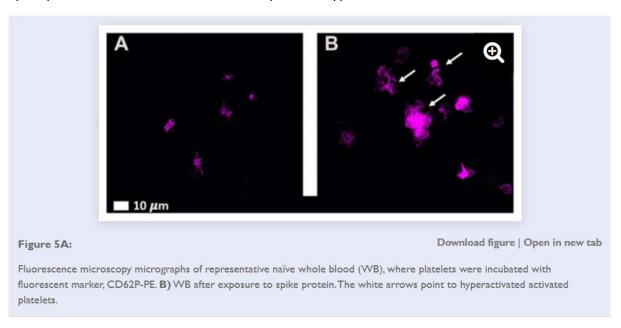
When spike protein is added to blood plasma, (with and without thrombin), a major increase in dense anomalous clotted deposits occurs.



Spike protein also caused an increase in platelet hyperactivation



**Reference:** https://www.medrxiv.org/content/10.1101/2021.03.05.21252960v1

SARS-CoV-2 spike protein S1 induces fibrin(ogen) resistant to fibrinolysis: Implications for microclot formation in COVID-19 MARCH 8th 2021 -

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When viewed in a microfluid chamber.

Samples A and B: No clots formed in the healthy plasma

**Samples E and F**: When **Spike protein added to healthy plasma**, large clots formed in the centre of the channel.

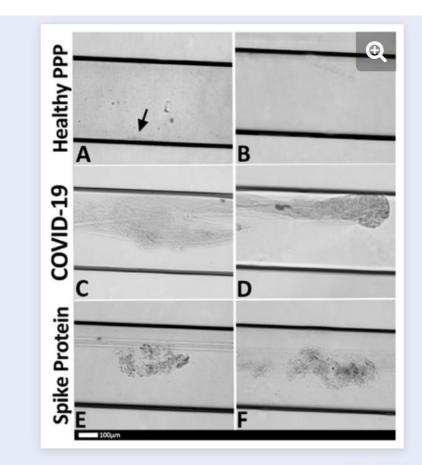


Figure 7:

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Representative micrographs of PPP clots in the microfluidic chambers (black horizontal lines are the outlines of the chambers) that were coated with thrombin. **A)** Healthy PPP clot, with small clot formation (arrow), with **B)** no clot formed in the healthy PPP sample; **C and D)** examples of clots from COVID-19 PPP samples and **E and F)** healthy PPP clot with spike protein.

## **COVID 19 Vaccinations - A Clear and Present Danger!**

- COVID 19 vaccines cause your cells to produce the COVID Spike protein.
- These experiments show that COVID Spike proteins cause clotting automatically.

Micro-clotting WILL occur in different parts of your body. It's not a question of IF. The effect of the spike is mechanistic and certain. It is only a question of HOW MUCH and WHERE.

Clotting may be experienced as pins and needles, numbness, headaches, paralysis, strokes, nerve damage, brain death, organ failure, or heart attacks – depending on where the clot forms, and its degree.

Sub-clinical levels of clotting may still reduce your health and fitness, without resulting in hospitalisation.