EMV:ASX
Bell Potter Healthcare Conference

November 2021

ASX CODE	SHARES ON ISSUE	CASH BALANCE (30 SEPT 2021)	ASA STAGED NON-DILUTIVE GRANT	52 WEEK HIGH	SHARE PRICE	MARKET CAPITALISATION	ENTERPRISE VALUE
ASX:EMV	73.09M	$8M	$8M	$4.20	$2.68*	$196M*	$188M*

** Undiluted market cap based on closing price of $2.68 9th November 2021*

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EMVISION IS CREATING A WORLD FIRST PORTABLE BRAIN SCANNER

Neuroimaging as is accessible today

EMV 1ST Gen, Neuroimaging anywhere

Device under development and subject to clinical validation

BRINGING NEUROIMAGING TO THE PATIENT, WHEREVER THEY ARE

- FAST – 30 SECOND SCAN TIME
- SAFE – NO IONIZING RADIATION
- PORTABLE – CART ULTRASOUND SIZE
- ACCESSIBLE – EASY TO OPERATE

- AFFORDABLE – COST EFFECTIVE
- AI POWERED – DECISION SUPPORT
- BEDSIDE - MONITORING
- FIRST CLINICAL USE – STROKE CARE

1st Gen device under development and its potential clinical utility and proposed feature set is subject to successful clinical testing and validation.

BRINGING IMAGING TO WHERE STROKE OCCURS WILL SAVE LIVES

STROKE IS A GLOBAL SOCIETAL & HEALTH ECONOMIC BURDEN

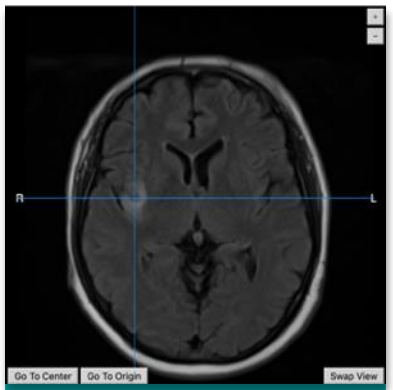
THERE ARE EFFECTIVE TREATMENTS AVAILABLE

THEY ARE TIME SENSITIVE

1ST GENERATION DEVICE
Detect clinically significant changes, at the bedside, when time matters.

2ND GENERATION DEVICE
Ultra light weight device embedded in standard road and air ambulances to deliver pre-hospital stroke diagnosis and care to patients regardless of location.

WHAT CLINICIANS NEED TO KNOW…



CLOT
(ISCHAEMIC)

BLEED
(HAEMORRHAGIC)

ACUTE ISCHAEMIC STROKE PATIENTS CAN BENEFIT FROM CLOT DISSOLVING DRUGS (tPA) IF GIVEN WITHIN HOURS, BUT THESE DRUGS WORSEN BLEEDING IF THE STROKE IS DUE TO A HAEMORRHAGE. THE ABILITY TO DISTINGUISH STROKE TYPE, SIZE, SEVERITY AND LOCATION AT THE POINT OF CARE ARE SOME OF THE POTENTIAL UTILITIES OF THE EMVISION DEVICE.

This is an artistic concept of a proposed first responder device which is subject to prototype development and clinical testing.
1st Gen device under development and its potential clinical utility is also subject to successful clinical testing and validation.

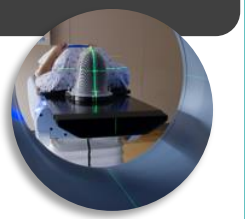
UNMET NEED FOR PRE-HOSPITAL AND BEDSIDE IMAGING WHERE THERE ARE NO ALTERNATIVE SOLUTIONS READILY ACCESSIBLE

Stroke Onset

TIME IS BRAIN

A TYPICAL PATIENT JOURNEY & TIMELINE

Pre-hospital	Hospital ED	CT Image Studies	Intervention	Bedside Monitoring	Rehabilitation
EMVISION 15 mins to 2.5 hours	< 2.5 hours	< 3 hours	EMVISION < 24 hours	EMVISION <24 hours - 3 weeks	<3 weeks - 3 years+



OPPORTUNITY TO SOLVE UNMET CLINICAL NEEDS

Ultra light weight stand alone headset, telehealth enabled

2ND GEN

1ST GEN

Monitor progress of patients' response to therapy or surgical intervention, complications and decision support where CT or MRI are not accessible or practical

EXAMPLES OF POTENTIAL ESSENTIAL CLINICAL * **USE CASES**

Reliably segment LVOs for direct to Angio suite transport - assists decision making on whether a patient needs to be transported directly to a clot retrieval center versus their local stroke unit / nearest hospital.

Reliably distinguish between stroke or no stroke, haemorrhagic stroke versus ischaemic stroke to assist decision making. Future in-field tPA opportunity.

Post subarachnoid haemorrhage: monitoring for vasospasm induced ischaemic stroke

Detect secondary bleeding earlier
Routine brain scan to assess for **haemorrhagic** transformation of ischaemic stroke

Monitoring for post stroke oedema to allow earlier clinical detection of worsening oedema

Monitoring response to reperfusion therapy including restoration of blood flow and complications (~10% sICH) after thrombectomy

This is an artistic concept of a proposed first responder 2nd gen device which is subject to prototype development and clinical testing.
1st Gen In-ward device under development and its potential clinical utility is also subject to successful clinical testing and validation.

CHALLENGES WITH TRADITIONAL NEUROIMAGING IN HOSPITALS

GOLD STANDARD NEUROIMAGING DEVICES, CT AND MRI, PROVIDE EXCELLENT IMAGES BUT ARE FOR THE MOST PART, STATIONARY

COMPLEX INFRASTRUCTURE REQUIREMENTS; SPECIALIST OPERATORS AND HIGH-COSTS LIMITS THEIR ACCESSIBILITY

UP TO 40% ADVERSE EVENT RATE* AND LOGISTICAL CHALLENGES DURING PATIENT TRANSPORT, PARTICULARLY FROM ICU TO RADIOLOGY, FOR NEUROIMAGING

NO EASY, SIMPLE TO USE NEUROIMAGING SOLUTION AVAILABLE TODAY TO PROVIDE BEDSIDE DECISION SUPPORT & MONITORING

Source: Gimenez FMP, et al. Analysis of Adverse Events during Intrahospital Transportation of Critically Ill Patients. Crit Care Res Pract. 2017

ESTIMATED PORTABLE BRAIN SCANNER POTENTIAL FINANCIAL BENEFITS TO A PUBLIC HOSPITAL IN AUSTRALIA*

Reduction in Transportation Costs **$120,000**

More efficient CT Utilization **$150,000**

Improvement in Endovascular Clot Retrieval Resource Utilization **$90,000**

Reduction in Length of Stay **$78,000**

Estimated Annual Total Financial Benefit of one device (excluding annual cost of imaging system)

$438,000

*Mid-range budget impact estimates for an Australian Public Hospital in AUD.

Research & Modelling conducted by;

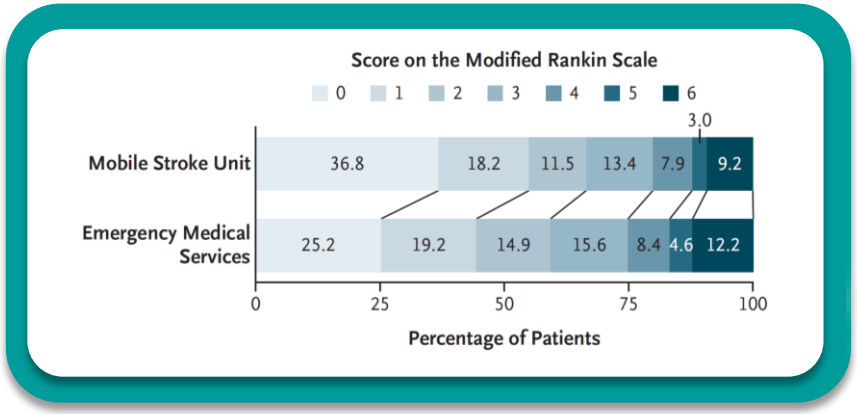
IMPACT HEALTH
ACCELERATING HEALTH INNOVATION

The savings estimated is from an Australian public hospital budget impact perspective and does not include post discharge patient outcomes related savings. Investors are cautioned that this study summary dated August 2021 is based on a number of assumptions, which are subject to change and may cause actual results to differ materially from those forecast. Investors should not place undue reliance on these results. The study is not indicative of the proposed unit pricing of EMVision's devices.

MORE LIVES COULD BE SAVED WITH A LIGHTWEIGHT SCALABLE IMAGING SOLUTION WITH TELEMEDICINE CAPABILITIES

Mobile Stroke Unit management results in substantially less disability for stroke patients who qualify for reperfusion **treatment compared to standard management by EMS**

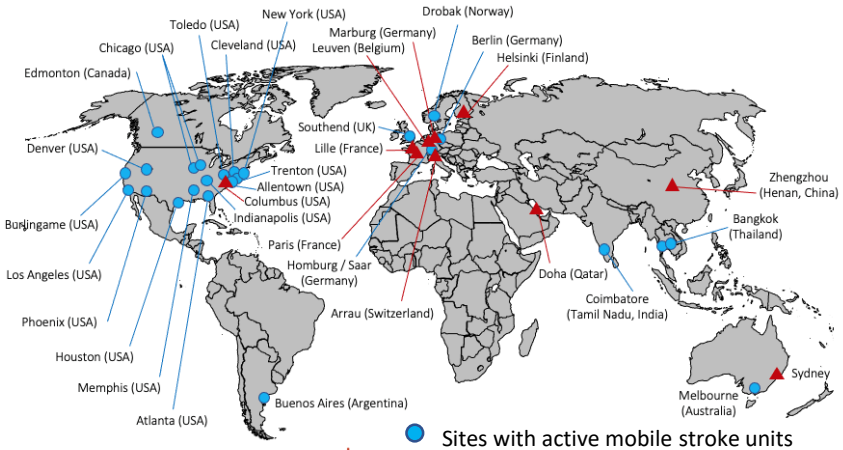
A Mobile Stroke Unit (MSU) essentially brings the stroke unit to the patient



EMV 2ND GEN SOLUTION
- Ultra light
- Cost Effective
- Operated by trained paramedics
- Telemedicine enabled

Inside a multi-million-dollar MSU today

Modified Rankin Scale: 0 = No disability 5 = Severe Disability



Australian Stroke Alliance

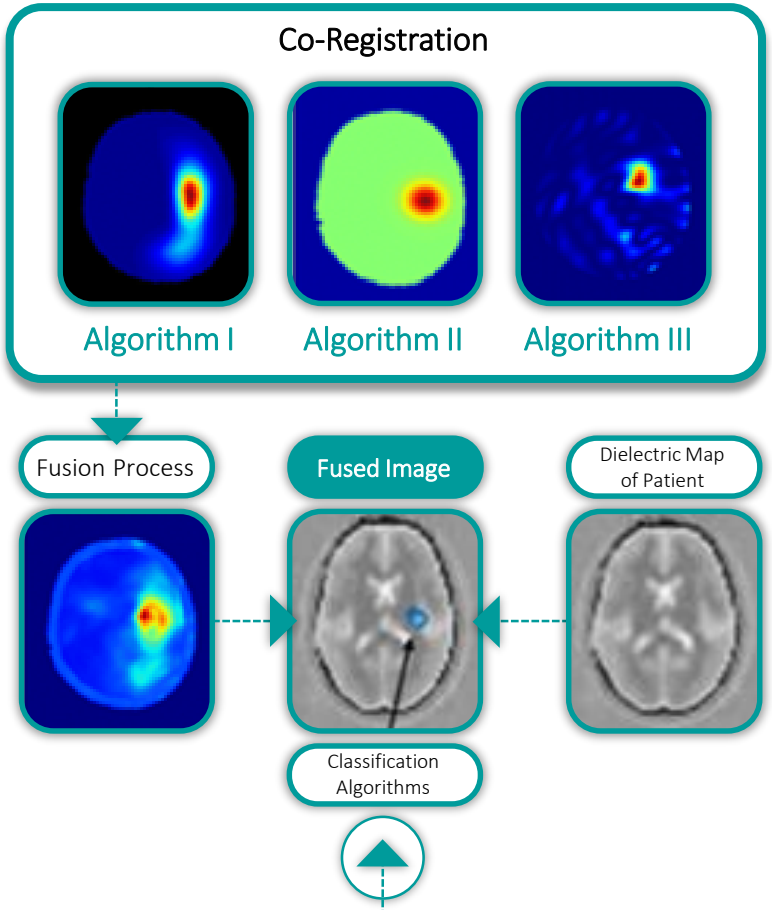
EMVision and the Australian Stroke Alliance (ASA) have partnered to transform pre-hospital stroke care. ASA are providing EMVision with clinical expertise and $8M in non-dilutive funding to support clinical validation and deployment.

Sources: Grotta et al 2021. Presto

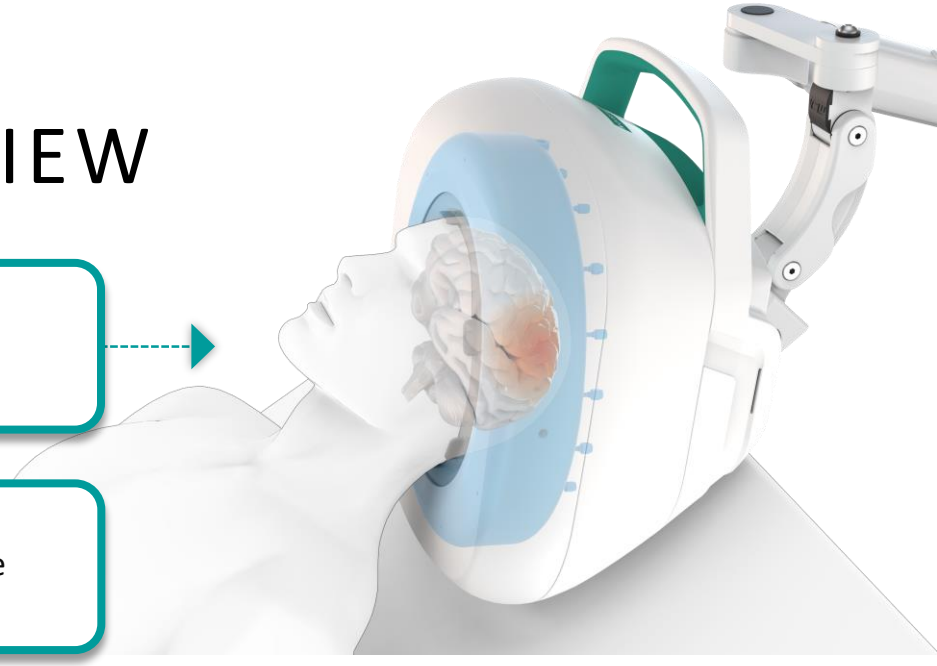
This is an artistic concept of a proposed first responder device which is subject to prototype development and clinical testing. See ASX release titled 'ASA & EMVision sign $8m project agreement' for further information on ASA partnership and conditions of staged funding

TECHNOLOGY OVERVIEW

EXAMPLE OF IMAGE PROCESSING



1. **Array of antennas** send pulses of low-power electromagnetic waves into the head
2. Waves penetrate tissue in a non-ionizing and harmless manner and get scattered based on the **electrical properties of tissue**
3. **Sensors in the helmet detect these complex interactions. Anatomical dielectric properties are mapped.**
4. A fusion of algorithms perform signal processing and reconstruct the image, localizing the pathology if present.
5. Embedded AI driven classification system (including stroke type with traffic light guidance) to assist in decision making



SHARED UNDERLYING PRINCIPLES

NON-DESTRUCTIVE TESTING
Microwave frequency
2 – 18 GHz

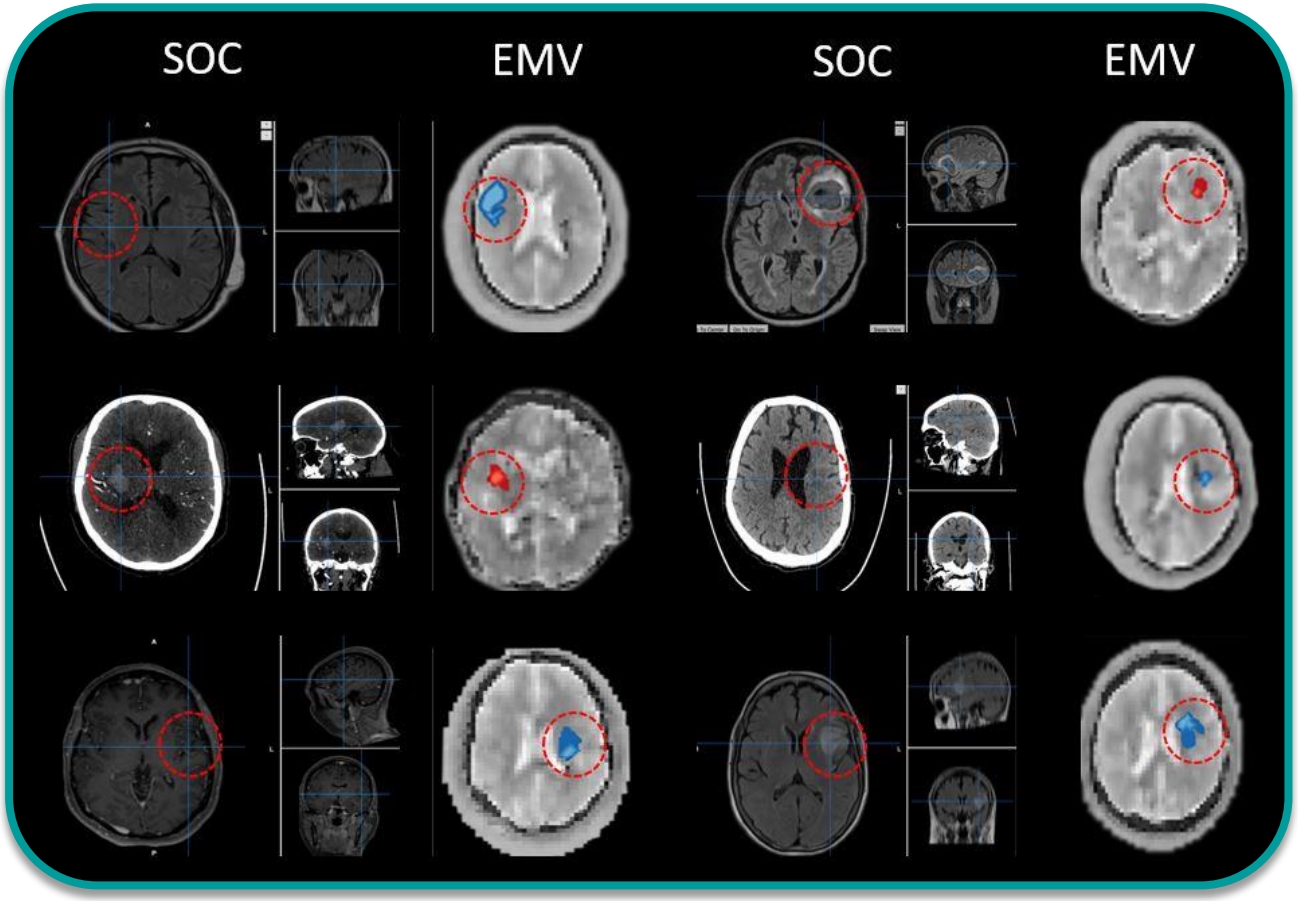
SECURITY
Millimeter frequency
10 - 80 GHz

ELECTROMAGNETIC IMAGING
Microwave frequency
500 MHz – 2 GHz

Device under development and subject to clinical validation.

VERY ENCOURAGING OUTCOMES FROM FOUNDATIONAL CLINICAL STUDY

Examples of EMVision (EMV) Brain Scanner imaging vs. Standard-of-Care (SOC) imaging in 6 Patients



Using a range of frequencies and combing information on permittivity and conductivity it is possible to contrast various tissues and classify various pathologies. In these patient examples pathologies highlighted blue are classified as ischemic stroke and those highlighted red are classified as hemorrhagic stroke.

THE EMVISION TECHNOLOGY WAS TRIALLED ON STROKE PATIENTS FOR THE FIRST TIME IN 2020 AT THE PRINCESS ALEXANDRA HOSPITAL, BRISBANE.

THE STUDY ENROLLED 30 STROKE PATIENTS (21 ISCHAEMIC AND 9 HAEMORRHAGIC) WITH A MEAN NIHSS SCORE OF 5.2.

THIS WAS AN OBSERVATIONAL, NON-INTERVENTIONAL STUDY TO COLLECT DATA TO INFORM PRODUCT DEVELOPMENT AND UNDERSTAND IMAGING CORRELATION WITH GROUND TRUTH SCANS.

PATIENTS WERE SCANNED WITH THE EMVISION DEVICE AT CLOSE PROXIMITY TO THEIR GOLD STANDARD CT AND/OR MRI IN THE PILOT STUDY.

THE EMVISION DEVICE WAS ABLE TO DIFFERENTIATIE (93-96% ACCURACY) AND LOCALISE (86-96% ACCURACY) ISCHAEMIC AND HAEMORRHAGIC STROKES. AN ADDITIONAL 20 STROKE PATIENTS HAVE SINCE BEEN ENROLLED, WITH PROCESSING AND REPORTING ON THESE DATASETS DUE IN NOVEMBER 2021.

Please refer to the Company's ASX announcement titled "EMVision Reports Very Encouraging Pilot Clinical Trial Data" released on 28th October 2020 for further details on the study.

CLINICAL INVESTIGATIONS ROADMAP

CY 22 H1 **H2**

CLINICAL INVESTIGATIONS ROADMAP

1ST GEN DEVICES UNDERGOING VERIFICATION AND VALIDATION

PRE-VALIDATION – SITE 1-2

1. Preliminary usability on 1st Gen in the clinic (ED & In-ward)
   - User rated hardware, software, accessories
   - Placement/alignment/repositioning

CENTRES: MULTI CENTRE LOCATION: EMERGENCY DEPARTMENT (ED) & WARDS
Patient total # to be enrolled TBC: Anticipated ~ 100-300

SENSITIVITY/SPECIFICITY SMALLER SCALE VALIDATION - FIRST SITES 1-2

1. Sensitivity and specificity
2. Safety
3. Usability

SENSITIVITY/SPECIFICITY LARGER SCALE VALIDATION - 1-2 ADDITIONAL SITES

1. Sensitivity and specificity
2. Safety
3. Usability

Preparation for regulatory submissions

ED validation data is anticipated to also support Gen 2 path to authorization

STUDIES DESIGNED FOR MARKETING AUTHORISATION SUBMISSIONS

The indicative timetable is a guide of EMVision's intentions at the date of this presentation only. EMVision reserves the right to vary this timetable at its discretion, and further notes the above timings are subject to change due to circumstances outside of its control.

FLEXIBLE & ATTRACTIVE REVENUE MODELS

DIRECT OR DISTRIBUTOR

MONTHLY SUBSCRIPTION MODEL

- Delivery of the unit
- Training
- Software updates
- New algorithm sequences as they come out
- Potential integration into PACS and EMR
- Access to cloud storage and viewing
- Routine maintenance included

CAPITAL EQUIPMENT & CONSUMABLES MODEL

Device Sales

Target - ~$150,000 USD

Software

Maintenance & Service

Consumables

Coupling medium

Target - ~$20 USD per disposable cap

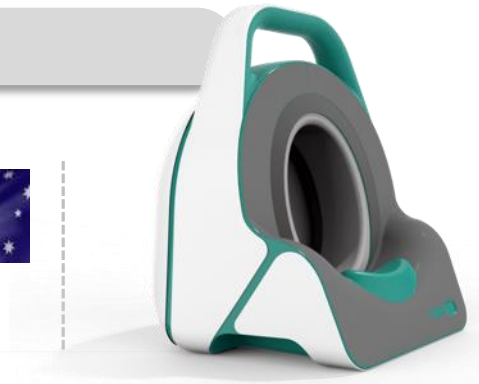
1st GEN ADDRESSABLE MARKET

US.	GER, FR, UK	AU	JAPAN
10,200	5,960	545	2,875
1,600 PSC / CSC	642 PSC / CSC	93 PSC / CSC	749 PSC / CSC

FIRST TARGETS

2nd GEN ADDRESSABLE MARKET

US.	EUROPE	AU
60,000	58,000	5,200



PSC = Primary Stroke Centre

CSC = Comprehensive Stroke Centre

EMV cautions investors that there are regulatory barriers and unique access challenges to each market and can be subject to varying rates of penetration. PSC/CSC estimates based on publicly available data.

TEAM

Significant experience developing and commercialising medical devices

Dr Ron Weinberger
CEO & MD
Former Nanosonics MD (ASX:NAN)

John Keep
Non-Executive Chairman
Former CEO Queensland Diagnostic Imaging

Scott Kirkland
Executive Director
Co-Founder EMVision

Prof Stuart Crozier
Chief Scientific Officer
2/3rd MRIs use Prof Crozier developed IP

Robert Tiller
Head of Design
Founder Tiller Design

Forough Khandan
Head of Product Development
Former Nanosonics Program Manager

Geoff Pocock
Non-Executive Director
Former Hazer MD (ASX:HZR)

Tony Keane
Non-Executive Director
National Storage NED (ASX:NSR)

Dr Philip Dubois
Non-Executive Director
Neuroradiologist, Former CEO, imaging division, Sonic Healthcare Ltd (ASX:SHL)

Emma Waldon
Company Secretary
Capital markets and corporate governance expert

Dr. Konstanty Bialkowski
Head of Tech Development
EM Imaging expert and Co-Inventor

Dr Merricc Edgar-Hughes
Head of Quality & Regulatory Affairs
Former Manager of Global Regulatory Affairs Nanosonics. Multiple successful FDA, CE, TGA registrations.

PARTNERS & COLLABORATORS

Australian Government
Department of Industry, Innovation and Science

The University of Queensland
AUSTRALIA

GE Healthcare

Princess Alexandra Hospital
BRISBANE • AUSTRALIA

Commonwealth CRC-P Grant Program Collaborators

Metro South Health
Queensland Government

Clinical Research

KEYSIGHT TECHNOLOGIES

Product Collaboration

Australian Stroke Alliance

Clinical Development & Validation, Non-dilutive funding

CAPITAL STRUCTURE

Headquarters:
4.01, 65 Epping Road, Macquarie Park
Sydney, Australia

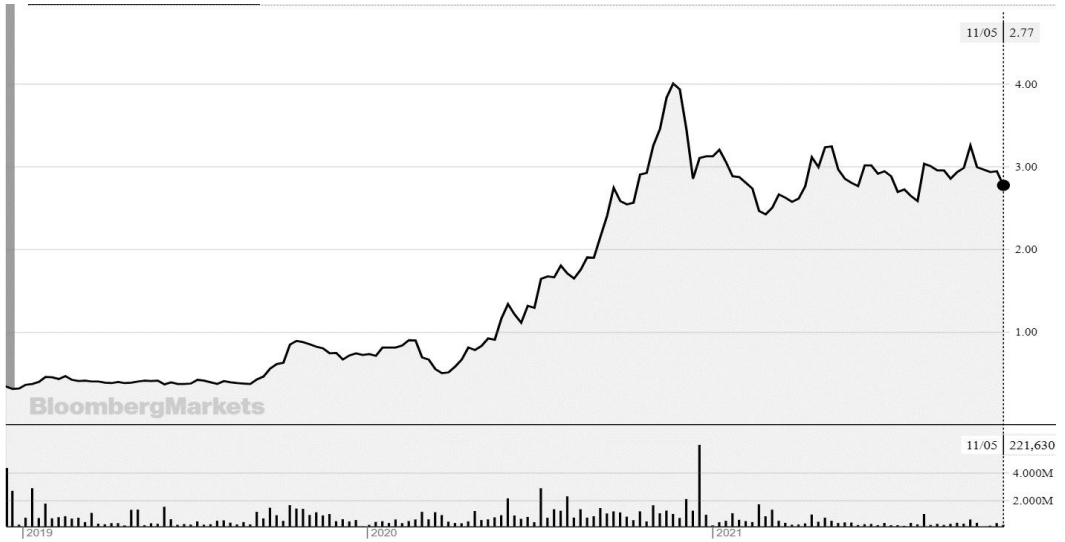
ASX TICKER: EMV

Share Price (4th November)	$2.68 (AUD)
Shares on issue	73.09m
Total Options on issue [1]	7.85m
Performance Rights[2]	6m
Cash Balance 30 Sept 21	**$8m (AUD)**
Market Capitalization	$196m (AUD)
Enterprise Value	$188m (AUD)
MRFF Non-dilutive Grant Funds[3]	**$8m (AUD)**

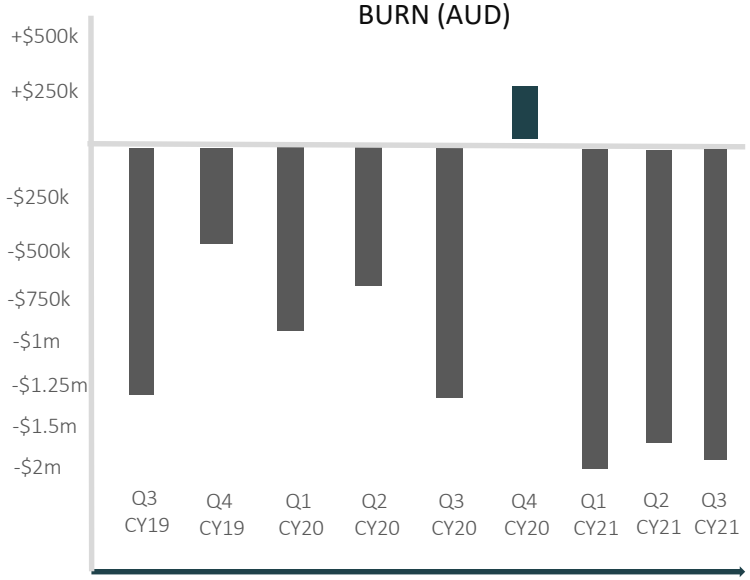
Management, Directors and Founders hold approximately 20%

Top 20 holds approximately 35%

Top 100 holds approximately 65%



SIGNIFICANT PROGRESS HAS BEEN HAVE BEEN ACHIEVED AND MILESTONES MET WITH A LOW HISTORICAL CASH BURN (AUD)



1 – See ASX release titled "Application for quotation of securities - EMV' from 1st October 2021 for further information on Options on issue 2 – All performance rights are held by UniQuest and will vest on particular milestones over time – further details in IPO prospectus | 3 – The Australian Stroke Alliance and EMVision have executed a project agreement to provide $8m staged non-dilutive cash funding towards product development and clinical validation, see ASX release titled 'ASA & EMVision sign $8m project agreement' for further information and conditions of staged funding | Closing price 4th Nov 2021