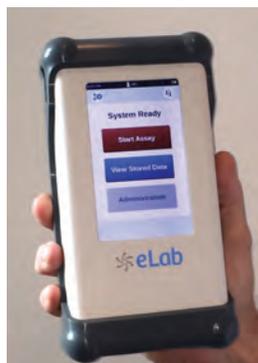




Mobile Diagnostics Without Compromise

- Central lab quality results in minutes versus hours
- Easy to use for non-technical personnel - in or outside of a lab environment
- Facilitates rapid decision making
- Mobile connectivity for convenient information dissemination, data management and EMR integration
- Measures multiple biomarkers at once from a single patient sample



Mobile Healthcare

The healthcare market is rapidly evolving to incorporate a decentralized system of care delivery. While hospital central labs currently remain the gold standard of clinical testing, mobile diagnostic platforms are beginning to enable this decentralized system. They will allow physicians and a wide array of other healthcare providers access to high quality clinical testing outside of the central laboratory: in the home, in the field, in the clinic and in the emergency department (ED) itself. This market - fueled by clinical demand and addressed by higher quality, lower cost assays - is expected to grow from \$6B currently to \$9B in 2016.

The Nanomix eLab system includes a hand-held, rechargeable battery-powered instrument and a multiplex, microfluidic test cartridge. Proprietary biosensors deliver central laboratory performance wherever the patient needs it, both inside and outside traditional hospital settings. The system operates directly from whole blood without sample preparation and provides results in 10 minutes or less.

Large Markets, Unmet Clinical Need

Nanomix targets two \$1B markets in its initial commercial development: a critical cardiac assay to diagnose heart attack and a test to screen patients for sepsis. Both indications require the central lab performance and the very rapid response the eLab system provide, and no current platform delivers both.

An initial investment and partnership with an industry-leading emergency medicine equipment company has been established for distribution to both hospital and non-hospital markets.

Advanced Solutions for Emergency Care

Increasingly, emergency healthcare is delivered in a broad spectrum of locations. The eLab system addresses the mobile nature of these evolving markets, while focusing on testing where immediate results matter. In the ED setting, where point-of-care (POC) testing has already grown rapidly, eLab will be the first platform to provide central lab performance addressing the critical care indications of cardiology and sepsis.

The superior mobility, durability and performance of the eLab system make it ideal for use in the testing environment outside the hospital. Once simply focused on "911" dispatch and transportation to the hospital, Emergency Medical System (EMS) providers have begun to expand their mandate. They now address markets that include pre-hospital home assessment, chronic medical care and post-hospital discharge disease management. Whether on the ambulance, in the home or in the clinic, the eLab system will help all mobile health providers to triage patients to a higher level of care immediately when necessary.



ED & EMS POC Testing



Results in 10 min

Critical Cardiac Test: Acute Myocardial Infarction (AMI)

Diagnosis of a heart attack (or AMI) is critically time-dependent. Current POC platforms already represent a \$1B global market, but *do not provide central lab quality cardiac biomarker results.*

The eLab Critical Cardiac Test will:

Diagnose patients **with AMI earlier**

- Guide EMS providers to appropriate triage (particularly in home/clinic visits or during long emergency transports)
- Reduce time to cardiac cath lab - improve outcomes in clinical patients
- Accelerate admissions, improve ED workflow

Facilitate earlier discharge of patients **without AMI**

- Decrease hospital cost
- Improve ED workflow
- Increase patient satisfaction

Proprietary Technology

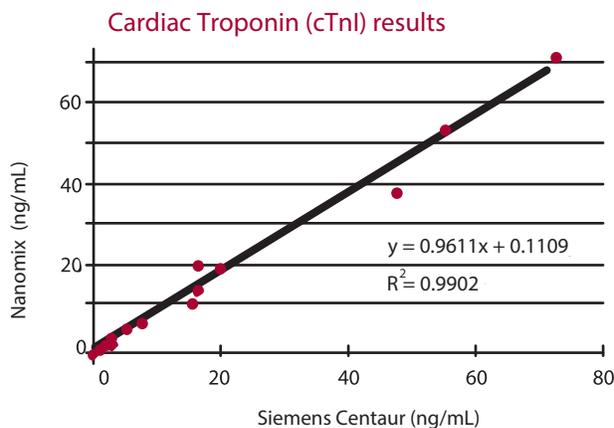
The eLab system utilizes a proprietary nano-biosensor to generate multiple electrochemical assay results from a single patient sample. Specificity is generated by functionalizing each of the electrodes on the sensor for particular biomarkers. The sensor is incorporated into a single-use consumable microfluidics cartridge that processes the biological sample and reports its results through the handheld eLab instrument. Nanomix has over 20 issued patents protecting its intellectual property.

- A wide variety of biomolecules with varying chemistries can be tested on a single device in one operation

- The electrochemical detection system eliminates the need for calibration and maintenance commonly associated with optical systems

- Wireless connectivity provides for flexible transmission of patient results

Central Laboratory Performance



The performance of the eLab system is strongly correlated with the performance of large analyzers used in central laboratories. Correlation of cTnI results from clinical samples show a high correlation of 99%.

Central laboratory assays require sample transportation, preparation and often batching, resulting in turn-around-times which average 1.5 hours. Nanomix assays can be run on whole blood at the bedside and generate results in 10 minutes.

Rapid Sepsis Screening

In the US, Sepsis is the 11th most common cause of death and accounts for 1 in every 10 ICU admissions each year. Early intervention is critical for the survival of Sepsis patients. Over the first six hours from the onset of symptoms, each hour of delay in initiation of treatment is associated with an approximate mean decrease in survival of 7%.

Sepsis screening currently includes a combination of clinical algorithms and laboratory testing. This approach insufficiently identifies patients with early sepsis and poorly differentiates patients with other disorders. Single biomarker tests often require hours for results, and a final diagnosis currently relies on blood cultures which take 24 hours or more.

The eLab's multiplex design combines three analytes (lactate, procalcitonin and c-reactive protein), enhancing the performance of initial screening versus the current approach. In addition, the mobile nature of the system allows for identification of potentially septic patients in the pre- or post- hospital setting, where such diagnoses are often delayed and lead to poor patient outcomes. With the exception of lactate alone (a very non specific test), no current POC testing is performed to screen for sepsis. The eLab system will address this large, unmet clinical need, with a global market estimated at greater than \$1B.

Ebola and Lassa Fever Rapid Testing

Clinical presentation of Ebola, Lassa Fever and other concurrent infections are very similar. Rapid testing to distinguish between pathogens is essential to the isolation and treatment of infected individuals in field clinics, hospitals and traveler screening. The eLab system has been tested in Sierra Leone and can detect either Ebola or Lassa Fever in a symptomatic patient from a whole blood sample in less than 10 minutes at the site of first patient contact. Nanomix is currently working with Government Agencies and NGOs to identify funding for completion and deployment of this critical multiplexed assay.



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