BELL POTTER HEALTHCARE CONFERENCE

November 2020

ASX CODE	SHARES ON ISSUE	CASH BALANCE (30TH SEPT 2020)	SHARE PRICE	MARKET CAPITALISATION	ENTERPRISE VALUE
ASX:EMV	70.2M	$12.7M	$4.00*	$280.8M*	$268.1M*

** Undiluted market cap based on closing price of $4 Friday 20th November 2020*

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TRANSFORMATIVE POINT-OF-CARE IMAGING

FAST

SAFE

PORTABLE

ACCESSIBLE

Video available on EMVision website (www.emvision.com.au)

ADDRESSING ACCESSABILITY

2/3rds of the world does not have access to diagnostic imaging.

LOW-COST HARDWARE

Energy emitted from a scan is **less than 1%** of energy emitted from a mobile phone.

PLATFORM MODALITY

Applications across the entire body, targeting time sensitive neurological disorders first.

Artistic impression of first-generation commercial device. Device under development and subject to clinical validation. Clinical prototype pictured right. Source: WHO

BRINGING IMAGING TO WHERE STROKE OCCURS WILL SAVE LIVES

STROKE IS A GLOBAL SOCIETAL & HEALTH ECONOMIC BURDEN

THERE ARE EFFECTIVE TREATMENTS AVAILBLE

THEY ARE TIME SENSITIVE

1ST GENERATION DEVICE

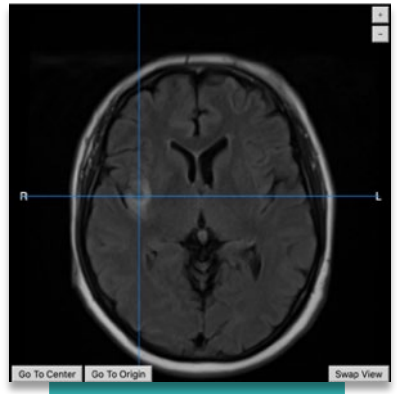
Detect clinically significant changes, at the bedside, when time matters, before clinical symptoms present.

2nd GENERATION DEVICE

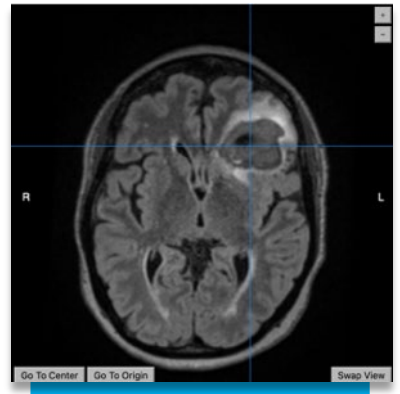
Ultra light weight device embedded in standard road and air ambulances to deliver pre-hospital stroke care to patients regardless of location.

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

WHAT CLINCIANS 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 AT THE POINT OF CARE IS ONE OF THE POTENTIAL UTILITIES OF THE EMVISION DEVICE.

BRINGING IMAGING BEDSIDE

TODAY'S CHALLENGES

Transport of patients from ICU to radiology can increase the risks of complications, with adverse events occurring in as many as 71% of in-hospital transports.

Transporting unwell patients is also associated with **complex logistical challenges** which can require multiple staff members, the transport of monitors, oxygen tanks etc., and ties up resources.

CT and MRI resources are **under intense pressure** in hospitals and in rural and remote areas access to high end imaging can be limited. In 2005, 87% of the 5.7 million stroke deaths worldwide occurred in low and middle-income countries where 80% of the population live in rural areas.

In many instances, by the time the patient is transported to the radiology department, **it may be too late** for the clinical question that needed answering

BRINGING IMAGING TO THE PATIENT

EMVision's aim is not to replace CT or MRI, but rather to function much like ultrasound does, by providing clinically valuable information to healthcare workers, wherever the patient is, to intervene earlier and make critical decisions earlier, when time matters, and where a higher resolution MRI or CT may not be accessible, practical or affordable.

Sources: Inter- and Intra-hospital Transport of the Critically Ill. Thomas C Blakeman, Richard D Branson. Challenges of delivering evidence-based stroke services for rural areas in Australia, Prior, Reeves, Campbell.

EMVISION'S PILOT CLINICAL TRIAL

STUDY DESIGN

PILOT CLINICAL TRIAL

- The single-site study, at the Princess Alexandra Hospital (PAH) in Brisbane, of patients with diagnosed ischaemic or haemorrhagic stroke, is the first clinical study for EMVision's novel imaging technology.
- Patients were scanned with EMVision's prototype device at close proximity to their standard of care imaging (CT and/or MRI).
- No intervention or modification to the standard of care of hospital-based treatment of stroke was done as part of this study.

STUDY OBJECTIVE

PRIMARY END POINT ACHIEVED

- The primary endpoint was the collection of a dataset of stroke patients which improves the understanding of stroke on electromagnetic scattering effects in the brain. This end point has been met, producing datasets that have enabled EMVision to advance its imaging algorithm and hardware development.
- The dataset enabled an observation of the correlation of EMVision scans with patients' "ground truth" CT and/or MRI scans.
- This is a data acquisition study and not intended to be an interventional study. Hence appropriate caution should be used in extrapolating these results to those of the general population at this stage of the development.

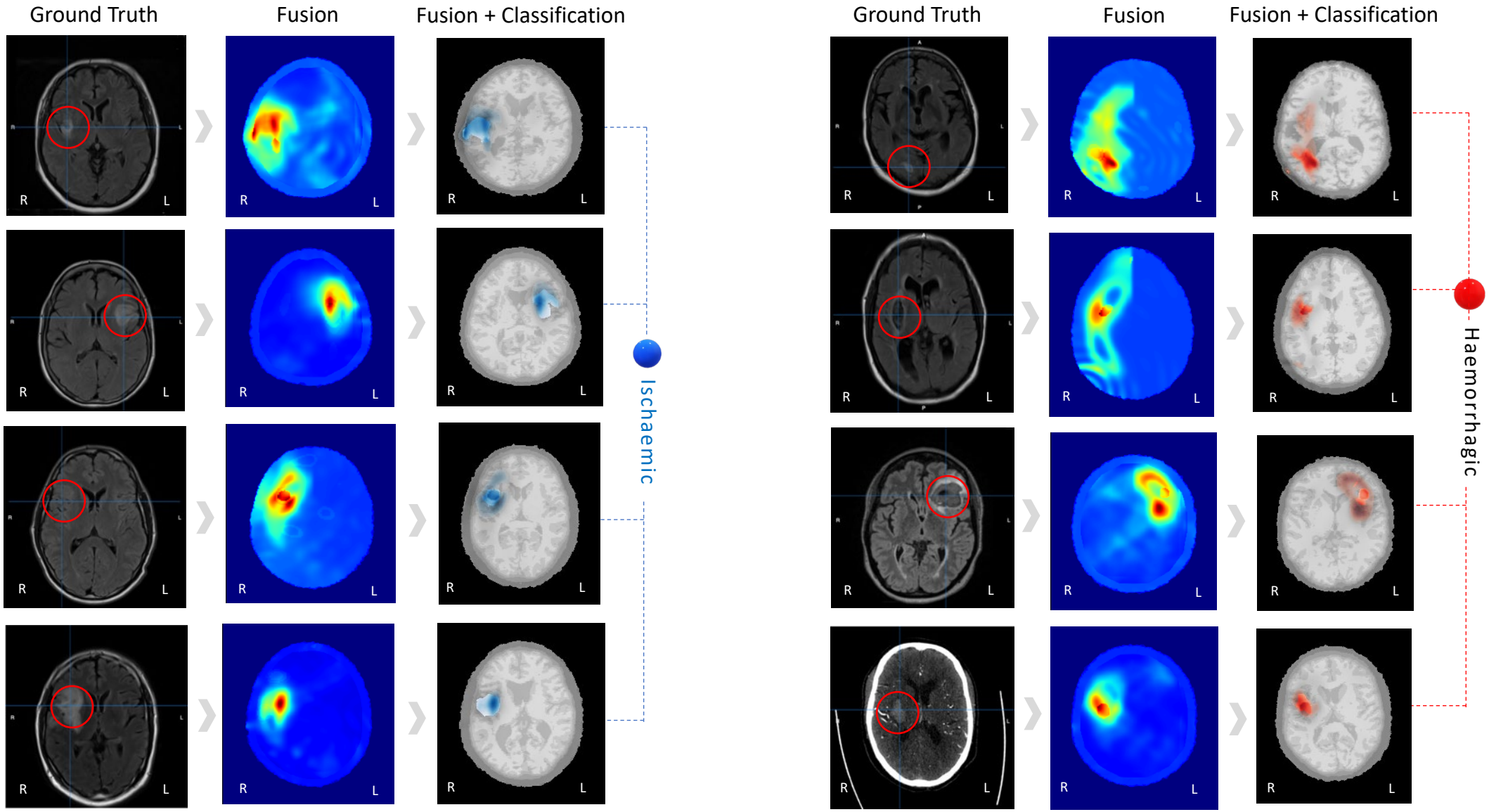
PATIENT COHORT

30 STROKE PATIENTS ENROLLED

- The study enrolled and processed datasets from **30 patients (21 ischaemic and 9 haemorrhagic)** representing the diversity of stroke in localisation, size and clinical severity.
- The mean age was 66.7
- Of the 30 patients, 19, (63.3%) had only a CT performed whereas 11, (36.7%) had CT/MRI performed.
- The mean NIHSS score was calculated as 5.2 which indicates mild severity.

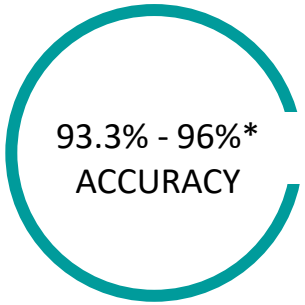
Please refer to the Company's ASX announcement titled "EMVision Reports Very Encouraging Pilot Clinical Trial Data" released on 28 October 2020 for further details

FUSION WITH CLASSIFIER - EXAMPLES



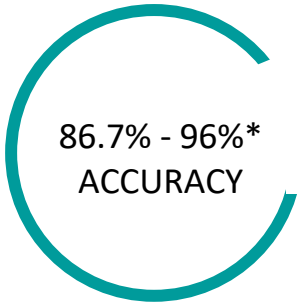
The above examples have been selected to demonstrate how the fusion methodology can be used to detect, localise, and classify stroke type and should be interpreted in light of the intent and results of this study to date.

STUDY OUTCOMES & UPCOMING MILESTONES



STROKE SUBTYPE CLASSIFICATION

Collect data from stroke patients, both ischaemic and haemorrhagic



LOCALISATION IN CORRECT QUADRANT

Compare EMVision scans with ground truth CT and MRI images

OPERATOR AND PATIENT FEEDBACK

Despite being a prototype, positive feedback on non-invasive nature of device

UPCOMING MILESTONES

CY Q4 2020

- FDA Feedback
- Outcome of Australian Stroke Alliance competitive MRFF Frontiers bid
- Further Strategic Hires

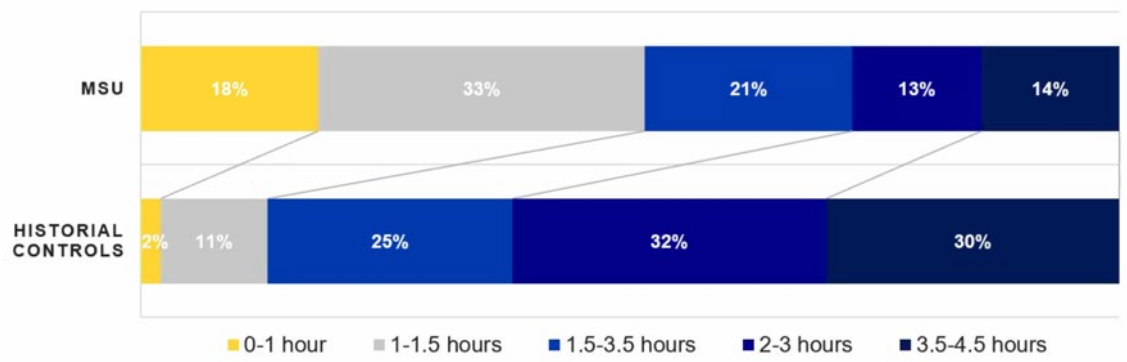
CY H1 2021

- Expanded clinical study preparation (Protocol, Site selection, Ethics)
- Next-Gen Product Development Updates
- Additional 20 patient dataset
- Commercial and Collaboration Updates
- Further FDA Engagement

A larger dataset will be required to draw conclusions on sensitivity/specificity for blood and ischemia. The algorithms may be subject to further refinement and investors should note there is no guarantee the algorithms will replicate the same level of accuracy on larger data sets without further refinement, or at all. Five datasets where pathologies were estimated to fall outside of the anticipated prototype hardware range were identified and accuracy figures presented here are with, and without, the 5 excluded datasets for completeness. The indicative milestone timetable is a guide of EMVision's intentions at the date of this presentation only.

MORE LIVES COULD BE SAVED WITH A LIGHTWEIGHT SCALABLE IMAGING SOLUTION

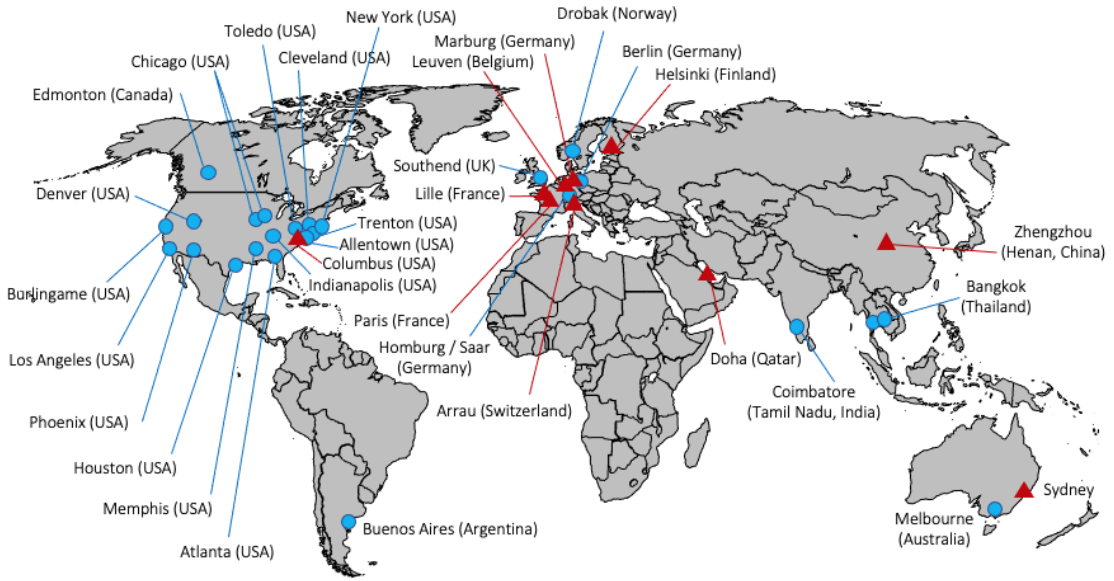
Nearly 10x more patients treated within the "golden hour" (first 60 minutes) with Melbourne Mobile Stroke Unit



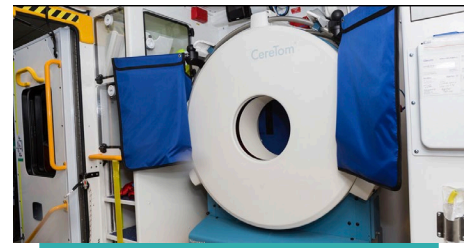
A Mobile Stroke Unit (MSU) is a custom-built specialist Ambulance vehicle that houses a ~500kg CT scanner, specialized personnel and carries stroke treatment drugs, including blood clot-dissolving medications.

PRESTO – Prehospital Stroke Treatment Organization

- Sites with active mobile stroke units
- Sites with MSU projects in planning or implementation state



Mobile Stroke Unit (MSU)



Inside an MSU today

EMV 2nd Gen

Sources: Zhao….Donnan, Davis. Stroke 2020. Presto & Lesmeister / Fassbender 2018.

This is an artistic concept of a proposed first responder device which is subject to prototype development and clinical testing

FLEXIBLE & ATTRACTIVE REVENUE MODELS

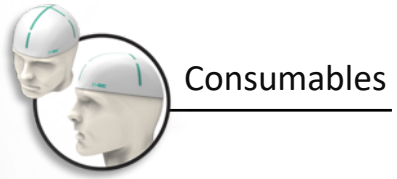
Direct or Distributor

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


Consumables


Software

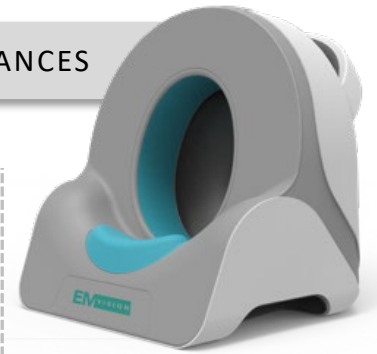

Maintenance & Service

STROKE WARDS, CRITICAL CARE UNITS & ED

US.	GER, FR, UK	AU	JAPAN
			
10,200	5,960	545	2,875

ROAD & AIR AMBULANCES

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



EMV cautions investors that there are regulatory barriers and unique access challenges to each market and can be subject to varying rates of penetration.

TEAM

Significant experience developing and commercialising medical devices

Dr Ron Weinberger
CEO & MD
Former Nanosonics MD

John Keep
Non-Executive Chairman
Former CEO Queensland Diagnostic Imaging

Scott Kirkland
Executive Director
Co-Founder EMVision

Prof Stuart Crozier
Co-inventor
2/3rd MRIs use Prof Crozier developed IP

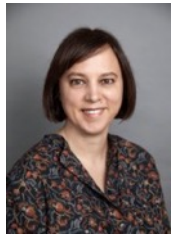
Robert Tiller
Head of Design
Founder Tiller Design

Forough Khandan
Head of Program Management
Former Nanosonics Program Manager

Geoff Pocock
Non-Executive Director
Former Hazer MD

Tony Keane
Non-Executive Director
National Storage NED

Dr Philip Dubois
Non-Executive Director
Former CEO of Sonic Healthcare - Imaging



Emma Waldon
Company Secretary
Capital markets and corporate governance expert

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

Ruth Cremin
Head of Quality & Regulatory Affairs
Former Head of Regulatory at Nanosonics

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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

KEYSIGHT TECHNOLOGIES

Product Collaboration

Australian Stroke Alliance

Clinical Development & Validation

GET IN TOUCH

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