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## ASX Release

# AGM CHAIR'S ADDRESS & MANAGING DIRECTOR PRESENTATION

**EMVision Medical Devices Limited (ASX:EMV)** (“EMVision” or the “Company”) is pleased to provide copies of the Chair’s Address and Managing Director Presentation to be given at its Annual General Meeting held at 2.00PM (AEDT) on 11 November 2025.

### Chair’s Address – John Keep

This year has been a transformational and constructive year for EMVision as we advance our clear and urgent mission — to play a pivotal role in reducing the global burden of stroke through earlier and more accessible diagnosis.

Stroke is a condition where every minute matters, and timely access to the right information can dramatically improve outcomes for patients. Our goal is to provide healthcare professionals with portable, cost effective and easy-to-use tools that empower them to make earlier, evidence-based decisions for stroke patients, supporting faster triage, transfer and treatment where it’s needed most.

This past year we have advanced from being a research and development-focused organisation to one actively preparing for market access and commercialisation. Across both of our platforms, the emu™ bedside brain scanner and the First Responder pre-hospital device, we’ve made extraordinary progress that continues to validate our vision and strengthen our commercial pathway. We have established the foundations for success.

As part of our Pivotal (Validation) Trial for the emu™ device, designed to support regulatory submissions and commercial entry into the United States and other major markets, EMVision now has production equivalent emu™ scanners enrolling patients in 6 world-class stroke centres including Mayo Clinic, Mount Sinai, UTHealth Houston, Royal Melbourne Hospital, Liverpool Hospital, and, most recently, UCLA Health in Los Angeles.

Patient recruitment is gaining positive momentum, with additional sites at Mount Sinai West in New York and Memorial City in Houston soon to be activated, providing incremental access to high volume stroke populations.

Strategic oversight of the studies is provided by a Steering Committee chaired by Professors Geoffrey Donnan and Stephen Davis, and supported by influential neurologists from institutions such as Harvard Medical School, Mount Sinai, and the University of Calgary. The calibre of this consortium cannot be overstated. Its members have played central roles in driving forward innovation in stroke care and helping shape international stroke care guidelines.

To ensure the study meets the highest ethical and clinical study standards, our team has also established an independent Data Safety Monitoring Board.

In parallel, EMVision is running a Continuous Innovation Study recruiting at Princess Alexandra in Brisbane, John Hunter Hospital in Newcastle, and with Box Hill Hospital in Victoria to be activated shortly. This study supports ongoing algorithm and product feature development and prepares the platform for future indication expansion into traumatic brain injury.

Our second device, the First Responder, a lightweight, portable version of our technology designed for use in ambulances and aeromedical retrievals, also took major steps forward during the year.

Following the successful completion of initial aeromedical testing with the Royal Flying Doctor Service and the Australian Stroke Alliance earlier in the year, we have now secured ethics approvals and governance clearance for multiple in-field studies across road, air and mobile stroke unit ambulances. These studies mark the transition from engineering to operational field evaluation, providing real-world assessment of the device's usability, workflow, and ability to be seamlessly deployed in real-world emergency settings.

EMVision continues to benefit from exceptional government and institutional support. This year we were awarded two significant non-dilutive grants totalling \$8 million which, combined with our recent placement and share purchase plan, provides significant balance sheet capacity to deliver on our clinical and regulatory programs alongside our go-to-market preparation.

To support our transition toward commercial readiness, we expanded our Macquarie Park pilot production line, currently building the emu™, to build a pilot production line for the First Responder device. Establishing production, development, and quality systems under one roof allows faster iteration, stronger regulatory alignment, and the scalability we'll need for commercial supply.

EMVision enters FY26 in a sound position.

During the year we further strengthened our balance sheet with a successful A\$12.0m Placement plus a heavily oversubscribed SPP raising an additional A\$2.0m, which puts the Company in a strong financial position to advance through major milestones, including Pivotal Trial readout, supporting FDA submission, and initial commercialisation activities for the emu™ device, as well as advancing the First Responder program through clinical trials, production readiness and regulatory preparation.

In the year ahead, we will be running six clinical studies, including completion of recruitment for the emu™ Pivotal Trial. Each study brings us closer to realising our mission to help reduce the global burden of stroke by making earlier, accurate diagnosis accessible to more people, wherever they are.

EMVision has an experienced board, strengthened during the year by the appointment of Carmel Monaghan as non-executive director. Prior to her role as CEO of Ramsay Australia, Ms Monaghan was the Group Chief of Staff of Ramsay's global operations, gaining extensive experience and a comprehensive understanding of health care operations and strategy both in Australia and overseas.

On behalf of the Board, I want to thank my fellow Board Members, our Executive Leadership Team, and every member of our organisation for their commitment and energy. I would also like to thank our partners, collaborators, and shareholders for their continued belief in our mission.

Together, we are building the future of stroke and brain injury care, where access to rapid, accurate diagnosis is not limited by geography but defined by innovation.

Authorised for release by the Board of the Company.

**[ENDS]**

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## **About EMVision Medical Devices**

EMVision Medical Devices Limited (ASX:EMV) is an innovative Australian medical device company developing a novel approach to looking inside the human body. Our product pipeline includes portable, non-invasive, affordable and safe neuroimaging devices.

Our vision is to help transform and improve the timely diagnosis and treatment of stroke and other time sensitive medical emergencies, at the point-of-care.

EMVision has offices in Sydney and Brisbane [www.emvisionmedical.com](http://www.emvisionmedical.com)

## **Forward-looking Statements**

This release may contain certain forward-looking statements with respect to matters including but not limited to the financial condition, results of operations and business of EMVision and certain of the plans and objectives of EMVision with respect to these items. These forward-looking statements are not historical facts but rather are based on EMVision's current expectations, estimates and projections about the industry in which EMVision operates, and its beliefs and assumptions. Words such as "anticipates," "expects," "intends," "plans," "believes," "seeks," "estimates", "guidance" and similar expressions are intended to identify forward looking statements and should be considered an at-risk statement. Such statements are subject to certain risks and uncertainties, particularly those risks or uncertainties inherent in the process of developing technology and in the endeavour of building a business around such products and services. These statements are not guarantees of future performance and are subject to known and unknown risks, uncertainties and other factors, some of which are beyond the control of EMVision, are difficult to predict and could cause actual results to differ materially from those expressed or forecasted in the forward-looking statements. EMVision cautions shareholders and prospective shareholders not to place undue reliance on these forward-looking statements, which reflect the view of EMVision only as of the date of this release. The forward-looking statements made in this announcement relate only to events as of the date on which the statements are made. EMVision will not undertake any obligation to release publicly any revisions or updates to these forward-looking statements to reflect events, circumstances or unanticipated events occurring after the date of this announcement except as required by law or by any appropriate regulatory authority.

## **Inherent risks of Investment in Medical Device development Companies**

There are a number of inherent risks associated with the development of new medical device products to a marketable stage. The clinical trial process, which is often lengthy, is designed to assess the safety and efficacy of a device prior to commercialisation and there is no guarantee of achieving the outcomes necessary to generate a viable commercial product. Other risks include uncertainty of patent protection and proprietary rights, the obtaining of necessary regulatory authority approvals and the evolving competitive landscape. Companies such as EMVision are dependent on the success of their research and development projects, product development and on the ability to attract funding to support these activities. Investment in research and development and novel product development cannot be assessed on the same fundamentals as trading and manufacturing enterprises. Therefore investment in Companies specialising in such development must be regarded as speculative. EMVision recommends that professional investment advice be sought prior to such investments and cautions investors that the risks of an investment in an entity such as EMVision is not limited to the risks disclosed in this announcement.

# EMVISION (ASX:EMV)

## CEO Presentation

2025 AGM



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# INTRODUCTION TO EMVISION

*Our mission is to reduce the global burden of stroke and traumatic brain injury through the deployment of two world-first portable brain scanning devices targeting unmet clinical needs*

## Novel technology

Over 15 years and > \$60m invested in groundbreaking research and development in novel radio frequency sensing and imaging technology, originating from the University of Queensland.

## Differentiated solution

Portable devices provide rapid neurodiagnostic capabilities across diverse settings, facilitating timely triage, transfer or treatment decisions.

## Large market opportunities

Multi-billion dollar opportunity in stroke care alone and a second planned indication in traumatic brain injury.

## Encouraging clinical data

300-patient pre-validation trial met primary endpoints, providing confidence to proceed with pivotal trial to support FDA clearance (in progress).

## Partners & key opinion leader support

Executed several leading clinical and industry collaborations, including strategic investment from Keysight Technologies (NYSE:KEYS) and commercial partner of the Australian Stroke Alliance.

## Experienced leadership

Aligned, high quality board and management team, with extensive experience across medical device innovation, commercialisation and healthcare systems.

emu™ (in-hospital)



First Responder (pre-hospital)



# MEET THE TEAM

*Significant medical device development and global commercialisation expertise*

## Executive Leadership Team



**Scott Kirkland**

**CEO, Managing Director, Co-founder**

Sales and marketing executive, former Head of Client Sales at US-venture backed global AI advertising company Quantcast.



**Prof. Stuart Crozier**

**Chief Scientific Officer, Co-inventor**

Pioneer in medical imaging innovation. Prof. Crozier's technologies are now central to 65% of all MRI machines.



**Dr Christian Wight**

**Head of Regulatory, Quality & ClinOps**

Previously Regulatory Manager at Corin. Multiple successful FDA, CE and TGA registrations



**Forough Khandan**

**Chief Technology Officer**

Over 15 years medical device development expertise. Former Head of Program Management Nanosonics (ASX:NAN), a >\$1bn medical device success story.



**Robert Tiller**

**Head of Design**

Over 25 years in medical device product design and commercialisation, previously CEO of Tiller Design.



**Adam Millhouse**

**Head of Corporate Development & Strategy**

Over 18 years capital markets experience, ex-Macquarie Group, ex-Marble Bar Asset Management.

## Board of Directors



**John Keep**

**Independent Non-Executive Chairman**

As former CEO of Queensland Diagnostic Imaging, John grew the business to become one of the state's leading private imaging group and led the successful trade sale of the group



**Dr Philip Dubois**

**Independent Non-Executive Director**

Neuroradiologist, former CEO of Sonic Healthcare Imaging (ASX:SHL), >\$11bn market cap. Currently an A/Prof. of Radiology at the University of Queensland Medical School. Has served on numerous government and radiology group bodies.



**Tony Keane**

**Independent Non-Executive Director**

Non-executive Chairman of National Storage Holdings Ltd (ASX:NSR), >\$3bn market cap. Previously held numerous roles with a major trading bank principally in business, corporate and institutional banking.



**Carmel Monaghan**

**Independent Non-Executive Director**

Ms Monaghan is an accomplished healthcare leader being the former CEO of Ramsay Healthcare Australia (ASX:RHC). Ms Monaghan worked across hospital, corporate and global positions at Ramsay for almost three decades.



**Patryk Kania**

**Independent Non-Executive Director**

Medical device executive with over 20 years commercialisation experience across US, Europe and APAC, within sales, marketing and general management. Current CEO of Field Orthopaedics, previously held senior roles at Abbott, J&J and Roche.



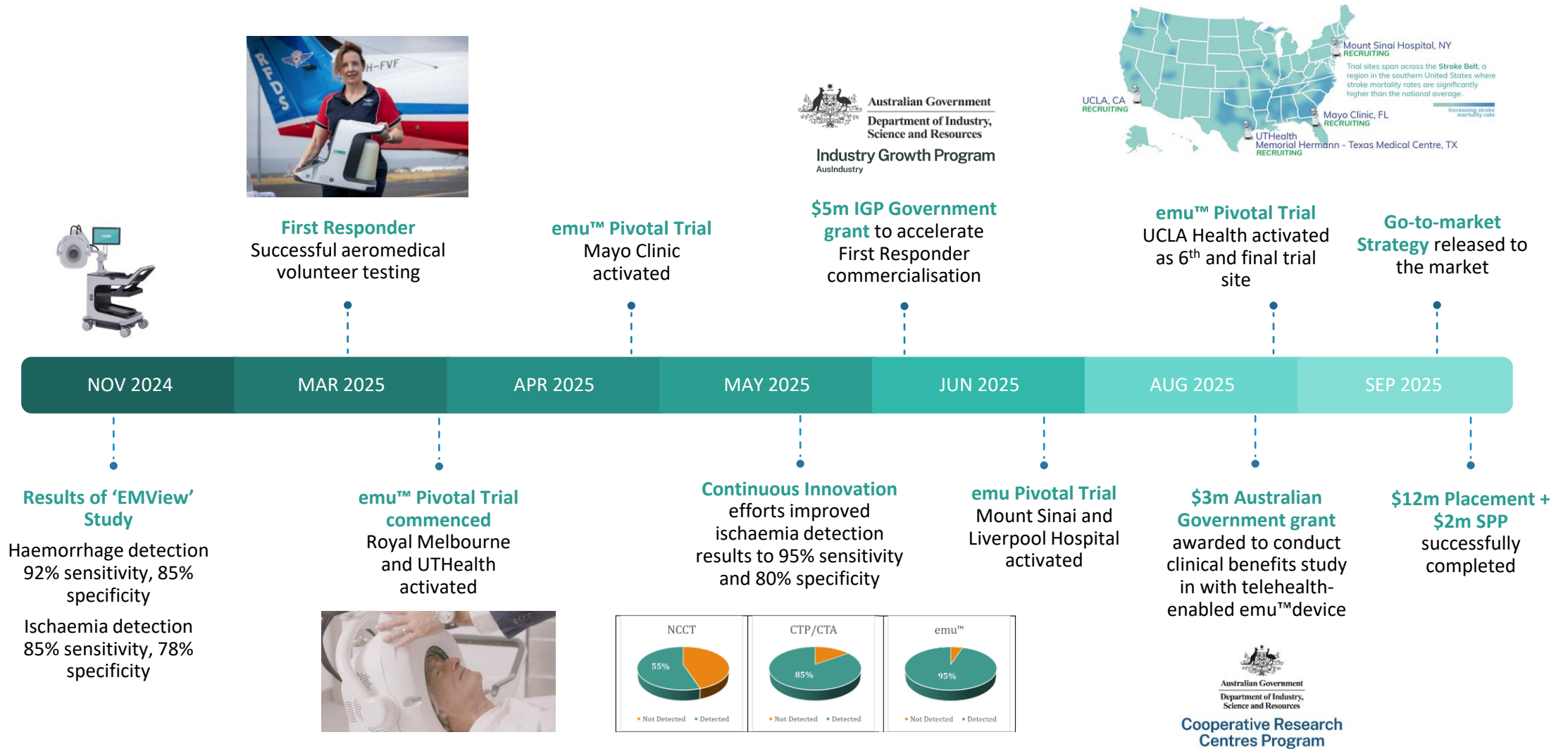
**Emma Waldon**

**Company Secretary**

Over 20 years corporate advisory, capital market and corporate governance experience in Australia and UK.

# RECENT HIGHLIGHTS

A landmark year across product, clinical, regulatory and corporate development





# GROWING INTERNATIONAL ENGAGEMENT AND RECOGNITION

## EXHIBITIONS



**First Responder** showcased at EMS World Expo in USA



**EMVision** showcased at Australia & New Zealand Stroke Organisation Conference



**First Responder** showcased at Council of Ambulance Authorities Congress

## CONFERENCES



**emu™ Pivotal Trial** overview presented at World Stroke Congress in Spain



**'EMView' Study** presented at European Stroke Organisation Conference in Finland



**EMVision** at Medica 2025 in Germany alongside Keysight Technologies (NYSE:KEYS)

## AWARDS



**Winner of 4 Good Design Australia** awards across emu and First Responder



**emu™ and First Responder** win Red Dot Design Award 2025



**Finalist** for Australia's Most Innovative Companies List 2025

## OTHER

### Conferences Presentations

- Mayo Clinic 17th Annual Stroke and Cerebrovascular Disease Review (USA)
- Military Health System Research Symposium (USA)
- Novel Treatments of Acute Brain Injury (USA)
- World Intracerebral Haemorrhage Conference (Australia)

### Exhibitions

- Australian Stroke Unit Heads Meeting and Australasian Stroke Academy
- NSW Commercialisation Showcase
- Society of Vascular and Interventional Neurologists Annual Meeting (USA)

### Awards

- International Design Excellence Awards
- Visionary Industry Technology Award from International Federation for Emergency Medicine

### Upcoming

- International Stroke Congress (USA, Feb 2026)
- International Conference on Emergency Medicine (Germany, Jun 2026)
- High-impact publications in progress – 'EMView' Study, Clinical and Biomedical Engineering manuscripts

# WHY ARE WE STARTING IN STROKE?

*Stroke remains a leading cause of mortality and disability globally*



**1 in 4** adults will suffer from a stroke in their lifetime.



Around **two-thirds** of survivors suffer permanent disability.



Annual stroke incidence forecast to grow by **+80%** by 2050, due to aging demographics and rising risk factors (such as obesity, diabetes).



Estimated annual direct and indirect costs of stroke expected to grow to over **US\$1.6 trillion** by 2050.

**Modern stroke treatments are highly effective, but they are time-sensitive and require determination of stroke type**

## **Challenge #1:**

Suspected stroke patients (including 'stroke mimics' that are not true strokes) present with similar symptoms

## **Challenge #2:**

Treatments must be administered as quickly as possible from symptom onset, but require stroke differentiation

# TODAY TRADITIONAL NEUROIMAGING IS REQUIRED FOR STROKE DIAGNOSIS

*Conventional CT imaging is highly important in stroke care but is not widely accessible at the point-of-care*

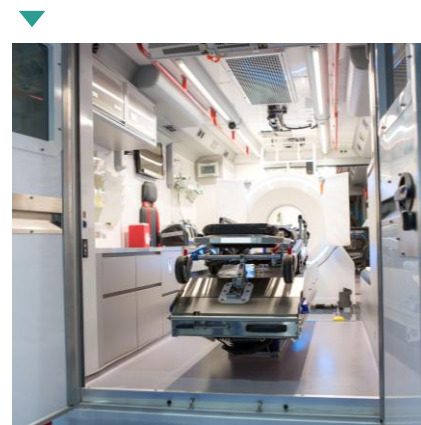
**EM** VISION



## Conventional CT

- Fixed location (hospital only)
- Heavy (1,800 – 2,700 kg)
- Ionizing radiation
- Complex to operate (radiographer & infrastructure)
- Considerable capex and opex

Mobile Stroke Units (MSUs) are custom-built ambulances fitted with a mobile CT



## Mobile CT Scanner

- Mobile (pre-hospital)
- Heavy (450 – 1,000 kg)
- Ionizing radiation
- Complex to operate (radiographer & infrastructure)
- Considerable capex and opex



## emu™

- Portable (in-hospital)
- Light (< 100 kg)
- Non-ionizing
- Easy to use (trained healthcare professional)
- Cost effective (< US\$200,000)



## First Responder

- Portable (pre-hospital)
- Light (< 12 kg)
- Non-ionizing
- Easy to use (trained healthcare professional)
- Cost effective (< US\$100,000)

**EMVision products are not designed to replace CT or MRI but to fill a gap where CT or MRI is inaccessible or unavailable**

# EMVISION IN THE STROKE CARE PATHWAY

*Our mission is to help minimize time to treatment or intervention by bringing decision making to the patient's location*

Stroke Onset / Pre-Hospital

Hospital Arrival & Triage

Monitoring & Recovery



Use Case

Infield stroke detection & categorization

Initial scan(s) in emergency departments

Routine monitoring in ICU / stroke ward



Benefit

Optimise transfer decisions to optimal hospital, initiate triage & treatment

Faster in-hospital transfer to specialist units (e.g. direct-to-angio), patient management, or inter-hospital transfers

Detection of perioperative stroke or monitoring of patients at risk of complications or deterioration

# STRONG CLINICAL DATA

Positive 'EMView' results & FDA engagement provided confidence to proceed with Pivotal (Validation) Trial

**Participants** • 307 (277 suspected stroke patients, 30 healthy patients).

**Sites** • Liverpool Hospital, Royal Melbourne Hospital and the Princess Alexandra Hospital.

**Endpoints** • Hardware verification, safety, and AI algorithm enhancements.

**Highlights**

- Diagnostic algorithms tested on unseen data demonstrated high performance.
- AI based diagnostic models demonstrated steadily improved performance as additional training data was provided.
- Case studies highlight exceptional sensing capabilities, including successful detection and classification of very small haemorrhages.

*"The results are very encouraging, particularly as related to detection capabilities and sensitivity to small haemorrhages. We look forward to confirmation of this impressive neurodiagnostic capability in the validation trial."*

Co-chairs of Australian Stroke Alliance, Professors Geoffrey Donnan and Stephen Davis

See May 2025 ASX Release 'Enhanced Algorithm Performance From Continuous Innovation' for further details.

'Haemorrhage or not'	Haemorrhage	Not Haemorrhage
Total Test Cases	13	55
Correctly Identified Cases	12	47
<b>Performance</b>	<b>92% Sensitivity</b>	<b>85% Specificity</b>

'Ischaemia or not'	Ischaemic	Not Ischaemic
Total Test Cases	20	50
Correctly Identified Cases	19	40
<b>Performance</b>	<b>95% Sensitivity</b>	<b>80% Specificity</b>

## Comparative Performance of Commonly Used Tools in Stroke Care

	Sensitivity	Specificity
<b>Stroke scales</b> (LAMS-4 higher likelihood LVO)	69%	81%
<b>Non-contrast CT</b> (for acute ischaemic stroke)	39% – 70%	> 90%
<b>Contrast enhanced CT</b> (for acute ischaemic stroke)	80% – 90%	> 95%
<b>Non-contrast CT</b> (for haemorrhagic stroke)	90% – 99%	> 95%

See various studies referenced in May 2025 ASX Release 'Enhanced Algorithm Performance From Continuous Innovation' for further details.

# COLLABORATIONS & GRANT SUPPORT

Established history of securing valuable industry collaborations and grants

## Industry Collaborations



### Product Collaboration, Substantial Shareholder

Strategic product collaboration and supply for bespoke measurement technology within EMVision's Brain Scanners and equity investment (Keysight (NYSE:KEYS) have invested approximately \$16.5m to date).



### Clinical Expertise, Development and Validation

A consortium of over 40 organisations that have come together to transform pre-hospital stroke care. The \$55 million program brings together novel technology (including EMVision's portable brain scanners) with workforce education and cloud-based telemedicine.



### Inception Member

NVIDIA Inception nurtures dedicated and exceptional startups who are revolutionizing industries with advances in AI and data science.

## Current Grants

### First Responder (pre-hospital)



\$4m (remaining)



\$0.4m (remaining)

### emu™ (in-hospital)



\$3m (remaining)

Regional benefits study in South Australia hospitals conducted with emu™ with telehealth integration, to demonstrate ability to provide more timely stroke diagnosis.



## Previous Grants



NSW Medical Devices Fund  
\$2.5m



Modern Manufacturing Initiative  
\$5.0m



Cooperative Research Centre Project  
\$3.5m

# MARKET OPPORTUNITY

Multi-billion dollar addressable market for emu™ and First Responder



## emu™ Addressable Market

### HOSPITALS

US



10,200

GER, FRA, UK



5,960

AUS



545

Dev. ASIA



12,850

Device: US\$150-200k  
Consumables: US\$25/scan  
Servicing: ~10% of device cost pa

### HIGH PRIORITY TARGETS



Comprehensive Stroke Centers

200 – 300



Primary Stroke Centers

1,400 – 1,700



Critical Access Hospitals

1,300 – 1,500



## First Responder Addressable Market

### ROAD & AEROMEDICAL AMBULANCES

US



60,000

GER, FRA, UK



58,000

AUS



5,200

Dev. ASIA



8,300

Device: US\$50-100k  
Consumables: US\$50/scan  
Servicing: ~10% of device cost pa

### HIGH PRIORITY TARGETS



Aeromedical Ambulances

1,500 – 1,800



Academic EMS & Specialized Units

2,000 – 4,000



Advanced Life Support Ambulances

18,000 - 20,000

EMV cautions investors that there are regulatory barriers and unique access challenges to each market and can be subject to varying rates of penetration. The High Priority Targets have been identified by the Company as part of its target addressable market, which will inform the Company's long-term development and commercialisation strategy and are not indicative of future sales. Investors are cautioned that there are no guarantees that the high priority targets will be converted into future sales.

Addressable market sources: estimates based on ABS, U.S Census Bureau, WHO, AHA, EMS data and other publicly available data. Number of devices per hospital will vary depending on clinical demand and onsite capabilities.

# MARKET ACCESS ROADMAP



## Product Development + Clinical Studies

- ✓ Advanced prototype design
- ✓ Benchtop performance testing
- ✓ Healthy volunteer studies
- ✓ Production equivalent commercial device
- ✓ Data collection and pre-validation trial
  - *High sensitivity and specificity demonstrated on unseen data in 'EMView' Study*

## Pivotal (Validation) Trial

- ✓ Trial design and FDA engagement
- ✓ Site and investigator selection
- ✓ Site training and activation
- ✓ Training verification
- ✓ Sites actively recruiting
- ✓ Enrolment completion
- ✓ Analysis and readout

## Regulatory Submission + Market Entry

- ✓ Submission to FDA for De Novo clearance
- ✓ NTAP submission (reimbursement)
- ✓ FDA clearance for US market entry
- ✓ US market entry
- ✓ Submission for regulatory clearance in Europe (CE Mark) and Australia (TGA)
- ✓ Europe and Australia market entry

### Continuous Innovation Study

*Running in parallel with Pivotal Trial at separate sites to collect additional training data for algorithm development, device innovation and indication expansion*



## Product Development + Clinical Studies

- ✓ Advanced prototype design
- ✓ Benchtop performance testing
- ✓ Healthy volunteer studies
- ✓ Mobile Stroke Unit Study (in progress)
- ✓ Aeromedical (RFDS) and Road Ambulance Studies
- ✓ Production equivalent commercial device
- ✓ Data collection

## Substantial Equivalence Testing

- ✓ FDA engagement to align on substantial equivalence demonstration plan
- ✓ Side-by-side bench testing with emu™
- ✓ Abbreviated diagnostic performance study
- ✓ Analysis and reporting

## Regulatory Submission + Market Entry

- ✓ 510(k) submission to FDA for clearance
- ✓ NTAPC submission (reimbursement)
- ✓ FDA clearance for US market entry
- ✓ US market entry
- ✓ Submission for regulatory clearance in Europe (CE Mark) and Australia (TGA)
- ✓ Europe and Australia market entry



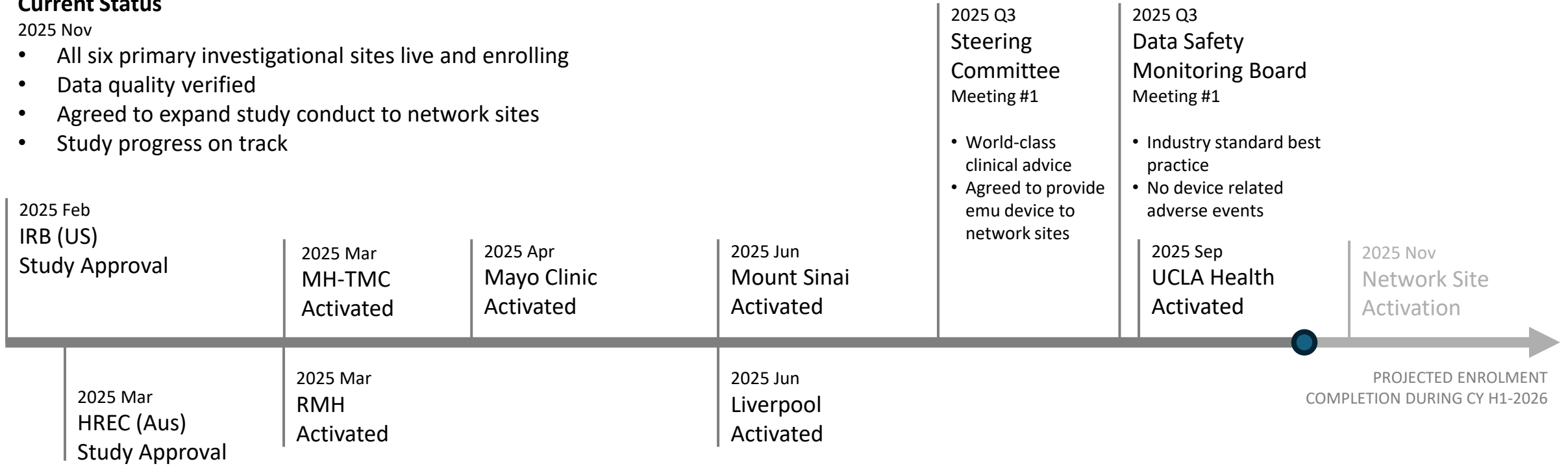


# emu™ PIVOTAL (VALIDATION) TRIAL

## Current Status

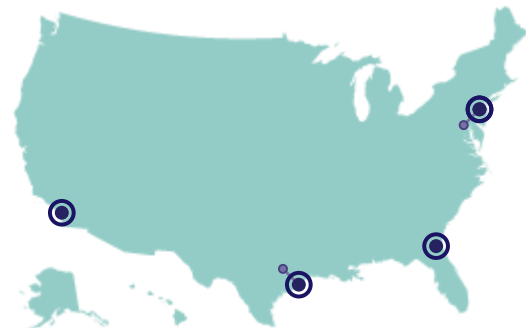
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- All six primary investigational sites live and enrolling
- Data quality verified
- Agreed to expand study conduct to network sites
- Study progress on track



- World-class clinical advice
- Agreed to provide emu device to network sites

- Industry standard best practice
- No device related adverse events



### United States Sites

- Memorial Hermann-Texas Medical Center
- Mayo Clinic Florida
- Mount Sinai Hospital
- Ronald Reagan UCLA Medical Center

### Network Sites (in progress)

- Mount Sinai West
- Memorial Hermann Memorial City Medical Center



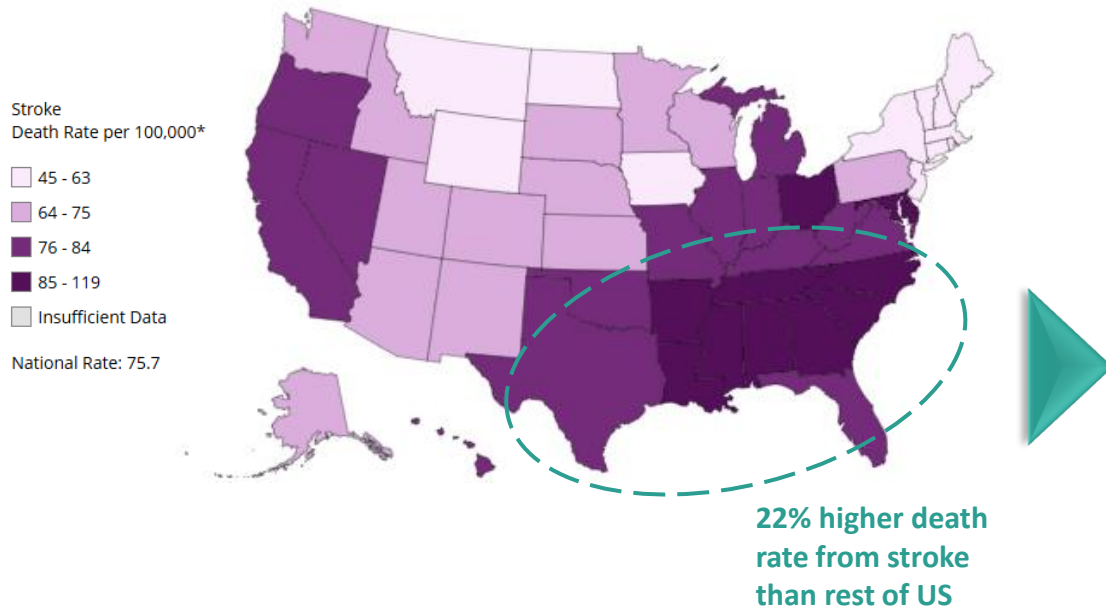
### Australian Sites

- Royal Melbourne Hospital
- Liverpool Hospital

# INITIAL COMMERCIALISATION STRATEGY

Targeted direct launch into the US expanded 'Stroke Belt'

## Market Launch



The 'Stroke Belt' is a region of 11 states (plus Texas and Florida) in the Southeastern US that has demonstrated significantly higher stroke incidence and mortality rates compared with other regions since at least 1940.

\*Note: Rates are age standardized and spatially smoothed 3-year averages (2019-2021, ages 35+).  
Source: National Center for Chronic Disease Prevention and Health Promotion, Division for Heart Disease and Stroke Prevention.

Addressable market sources: The Joint Commission, Definitive Healthcare, National Emergency Medical Services Assessment and other publicly available data.



## High Priority Stroke Belt Targets



Comprehensive Stroke Centers

70



Primary Stroke Centers

400



Critical Access Hospitals

330

Initial Reimbursement Strategy: New Technology Add-On Payment



Aeromedical Ambulances

980



Academic-affiliated EMS & Special Units

1,600



Advanced Life Support Ambulances

4,000

Initial Reimbursement Strategy: New Technology Ambulatory Payment Classifier

The High Priority Targets have been identified by the Company as part of its target addressable market, which will inform the Company's long-term development and commercialisation strategy and are not indicative of future sales. Investors are cautioned that there are no guarantees that the high priority targets will be converted into future sales.

# LONGER TERM GROWTH STRATEGY

*Initial US launch used as playbook for national scaling, geographic expansion and indication extension*



## US National Penetration

Controlled national rollout, prioritizing regions with the greatest unmet need and readiness for adoption.

Supported by dedicated commercial, clinical, and operational teams. Ability to scale salesforce directly or appoint a distributor under a hybrid model.

Strengthen clinical advocacy and data for value analysis committees (VACs) by generating post-approval data demonstrating clinical utility and economic benefit to hospitals.



## International Expansion

Establish initial European presence in the Nordics and DACH countries, capitalizing on their advanced, well funded healthcare systems and commitment to innovation, before scaling into the rest of Europe.

In Australia, leverage Australian Stroke Alliance partnership and excellent local clinical relationships, to support domestic roll-out and adoption.

Selective expansion in Asia and ROW, targeting countries with innovative health systems and clinical needs.



## New Indications

Traumatic Brain Injury (TBI) is highly prevalent globally, especially in emergency departments and pre-hospital care, adding significant new patient populations beyond stroke.

Expanding into TBI meaningfully enlarges the addressable market and consumable opportunities by accessing high-volume trauma channels.

Stroke indication regulation clearance can also be leveraged, given safety and performance precedents.

# UPCOMING MILESTONES

Transitioning from R&D focus to preparation for market access and commercialisation

## emu™ and First Responder Clinical Programs

### H2 CY2025

#### Pivotal (Validation) Trial

Progress updates

#### Continuous Innovation Study

Progress updates

#### Aeromedical Study

Commencement, progress updates, reporting

#### Mobile Stroke Unit Study

Progress updates

#### Road Ambulance Study

Ethics

### 1H CY2026

#### Pivotal (Validation) Trial

Progress updates, reporting

#### Continuous Innovation Study

Progress updates, reporting

#### Regional Benefits Study

Preparation, commencement

#### Mobile Stroke Unit Study

Progress updates, reporting

#### Road Ambulance Study

Progress updates, reporting

#### Production Equivalent Device

Commercial production translation, progress updates

## Ongoing Value Drivers

### Podium Strategy

Conferences, journal publications, exhibitions

### Market Entry Strategy

Commercialisation and go-to-market preparation, strategic relationships

### Grant Strategy

Active pipeline of potential non-dilutive funding opportunities

### Production Strategy

Expand production capabilities including establishment of First Responder pilot production line

Regulatory Body Engagement



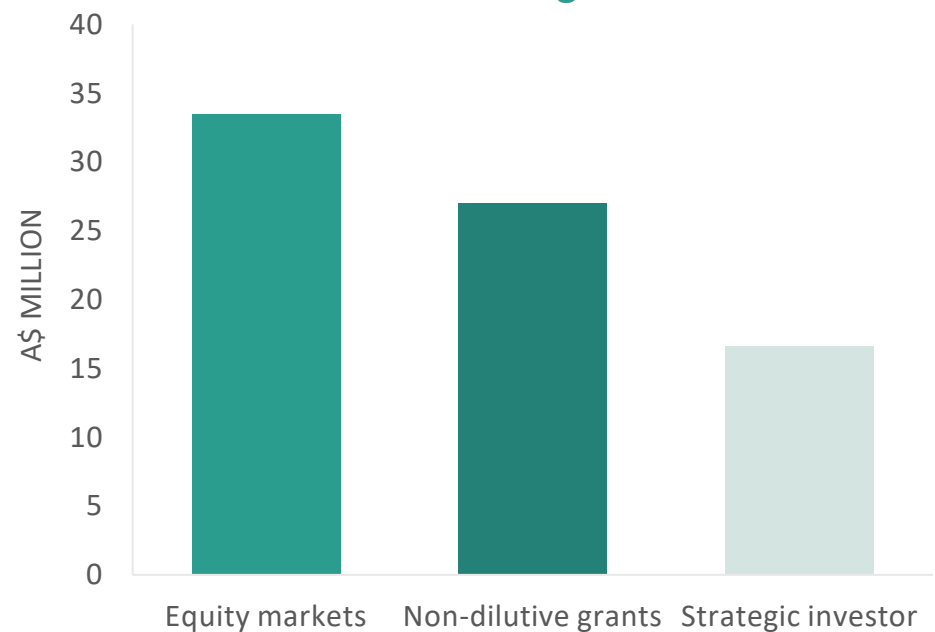
# CAPITAL STRUCTURE

## ASX Ticker: EMV

Share Price (7 November)	\$1.85
Shares on issue	92.9m
Total Options on issue	9.6m
Market Capitalization	\$171.9m
Cash balance (30 September 2025)	\$18.4m
SPP proceeds (received November 2025)	\$2.0m
Remaining non-dilutive grants	\$7.4m
Previous R&D rebate	\$2.1m
FY25 quarterly cash burn (net of non-dilutive funding)	~\$2m

## Strong Capital Management Track Record

### Historic Funding Sources



### Major Shareholders:

Keysight Technologies (NYSE:KEYS)	8.8%
Scott Kirkland (CEO/Co-founder)	4.6%

# CLINICAL FEEDBACK



## Professor Geoffrey Donnan AO

Stroke Neurologist  
Co-chair ASA, Past-President of World Stroke Organization

“It cannot be underestimated how important this cutting-edge technology could become for future stroke management.”



## Professor Stephen Davis AO

Stroke Neurologist  
Co-chair ASA, Past-President of World Stroke Organization

“The concept of bringing imaging to the patient will dramatically reduce times to administer life saving interventions such as thrombolysis and thrombectomy.”



## Dr Mardi Steere

Executive General Manager Medical and Retrieval Services, Royal Flying Doctor Service

“Equitable healthcare for patients in remote areas needs to overcome the tyranny of distance. Portable brain imaging is a crucial next step in bringing critical care to patients sooner.”



## Dr Dennis Cordato

Stroke Neurologist, Liverpool Hospital, Sydney  
Principal Investigator for ‘EMView’ Trial

“This is an exciting development in stroke and neurological care. We have found the EMVision scanner to be a very user-friendly portable imaging modality. The EMVision scanner has potential for wide application in both the prehospital and acute hospital settings.”



## Dr Reade De Leacy

Neurointerventional radiologist,  
Neuroendovascular surgeon and co-director of  
the Neuroendovascular Surgery Fellowship at  
Mount Sinai

“The pivotal trial represents a critical step in validating the diagnostic performance of EMVision's emerging modality for point-of-care stroke diagnosis. By enabling rapid differentiation of suspected stroke type at the point-of-care, the technology has the potential to significantly reduce time to treatment and intervention to improve patient outcomes in both pre-hospital and in-hospital settings.”