imricor

1H 2024 Investor Presentation

August 2024

Imricor's vision is to bring iCMR to every cardiac centre in the world

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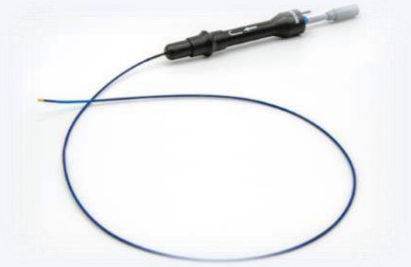
Investment Highlights

Vision-MR Ablation Catheter (Consumable Revenue)



Advantage-MR EP Recorder/Stimulator (Capital Revenue)

Over US$105m invested to date
Technology developed over 18 years

World's First & Only
MRI Compatible Ablation Catheter

Strong Competitive Position
Only MRI Compatible Device

Active or Pending in 15 Hospitals
Across 8 Countries

FDA Approval trial underway
Similar to successful European trial

Approved in Europe & ME
Launching across 30 countries

Strong Sales Pipeline
Step change post start of VT trial

Better Universal outcome
Improved outcomes for doctors, patients & hospitals

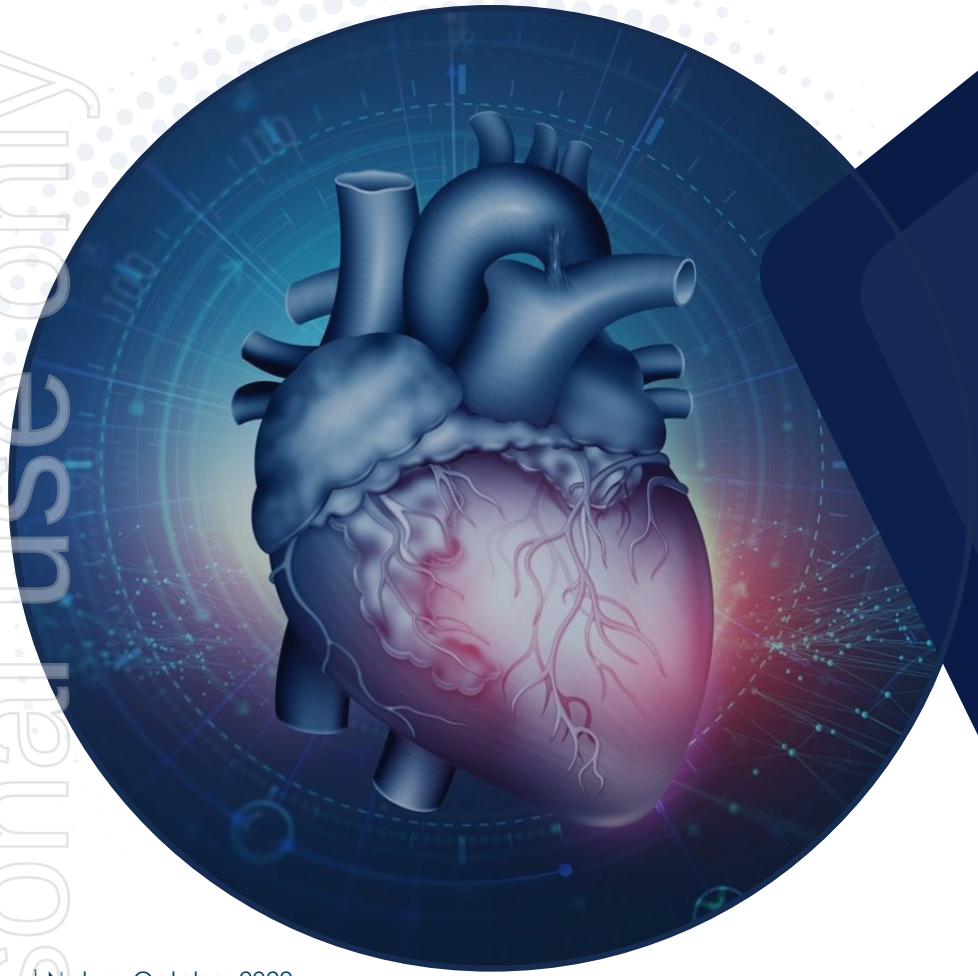
Growth in Addressable Market
Growing at 8.2% CAGR to 2029

Compelling Economics
Eventual ASP US$6000, >70% gross margins

Executive Summary

1. World's first and only MRI compatible platform of devices for cardiac ablations
2. Two global pivotal trials in Europe and the US in 2024 to open new markets and further indications
3. Hospital activation momentum re-established
4. Balance sheet well funded to deliver on major milestones ahead

Cardiac Arrhythmias – A growing problem globally



When electrical impulses that maintain a regular heart rhythm are disturbed, a patient develops an arrhythmia. They largely present as three indications, **atrial flutter (AFL)**, **atrial fibrillation (Afib)** or **ventricular tachycardia (VT)**

Arrhythmias affect an estimated 2% of the US population, ventricular arrhythmias are estimated to cause 75%-80% of cases of sudden cardiac death[1]

Incidence in the U.S has doubled from 1990 to 2019[2] and is expected to double again to 4% of the population by 2030[3]

Arrythmias are a leading cause of stroke and increase the risk of a cardiac event

[1] Nature October 2022
[2] American Heart Association Aug 2023
[3] American Heart Association Nov 2023

Treatment options

1

Ablation

- Catheter ablations have become first-line therapy for curing arrhythmias
- Ablations can permanently restore the heart to normal rhythm
- Minimally invasive surgery where a catheter is guided into the heart and energy is applied to destroy the heart cells responsible for the arrhythmia

2

Drugs

- Anti-arrhythmia medication can be used to help manage the condition, but they do not cure the arrhythmia. Side effect include thyroid issues, liver damage, lung toxicity, depression, risk of new arrhythmia

3

Implantable device

- Pacemakers and implantable cardioverter-defibrillators.
- Can cost >$42,000[1] and carry risks of complications, battery replacement, follow ups and potential medication like blood thinners to limit risk of blood clots and stroke

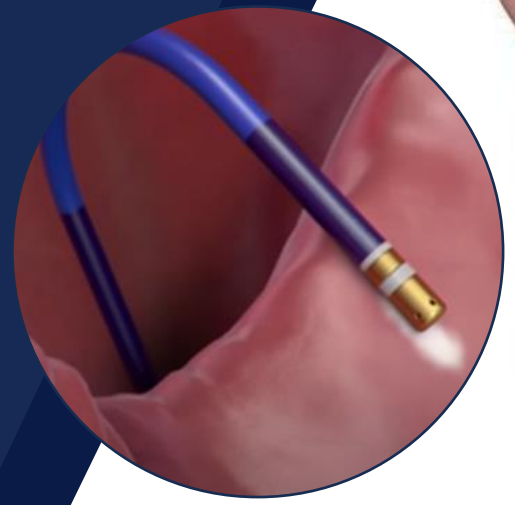
1 National Library of Medicine 2007

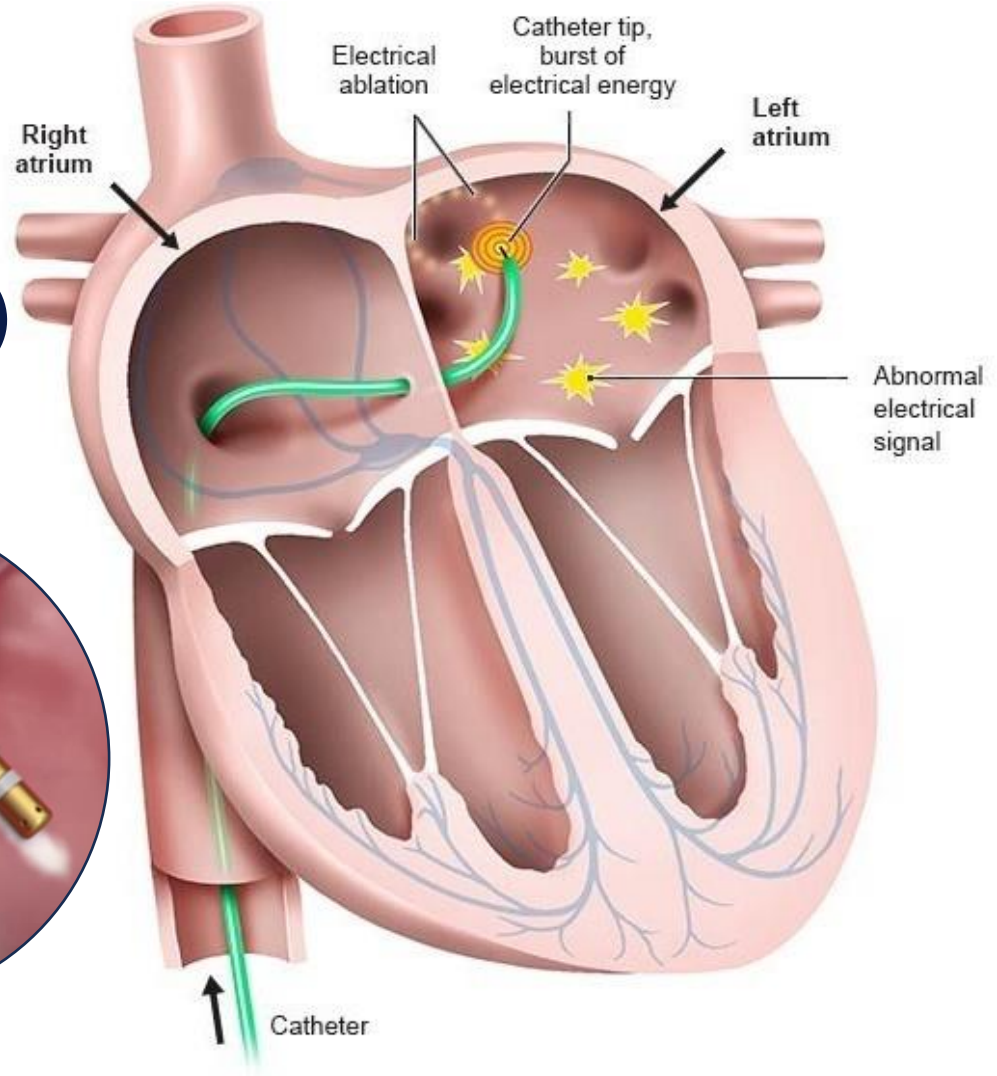
Catheter Ablation

A catheter is guided into the heart and the physician will apply energy (radiofrequency, cryo, pulse field) through the catheter with the purpose of forming scars/lesions that destroy the heart cells responsible for causing the electrical misfiring.

If the right amount of energy is applied in the right areas the arrhythmia can be terminated, and the heart is restored to normal sinus rhythm.

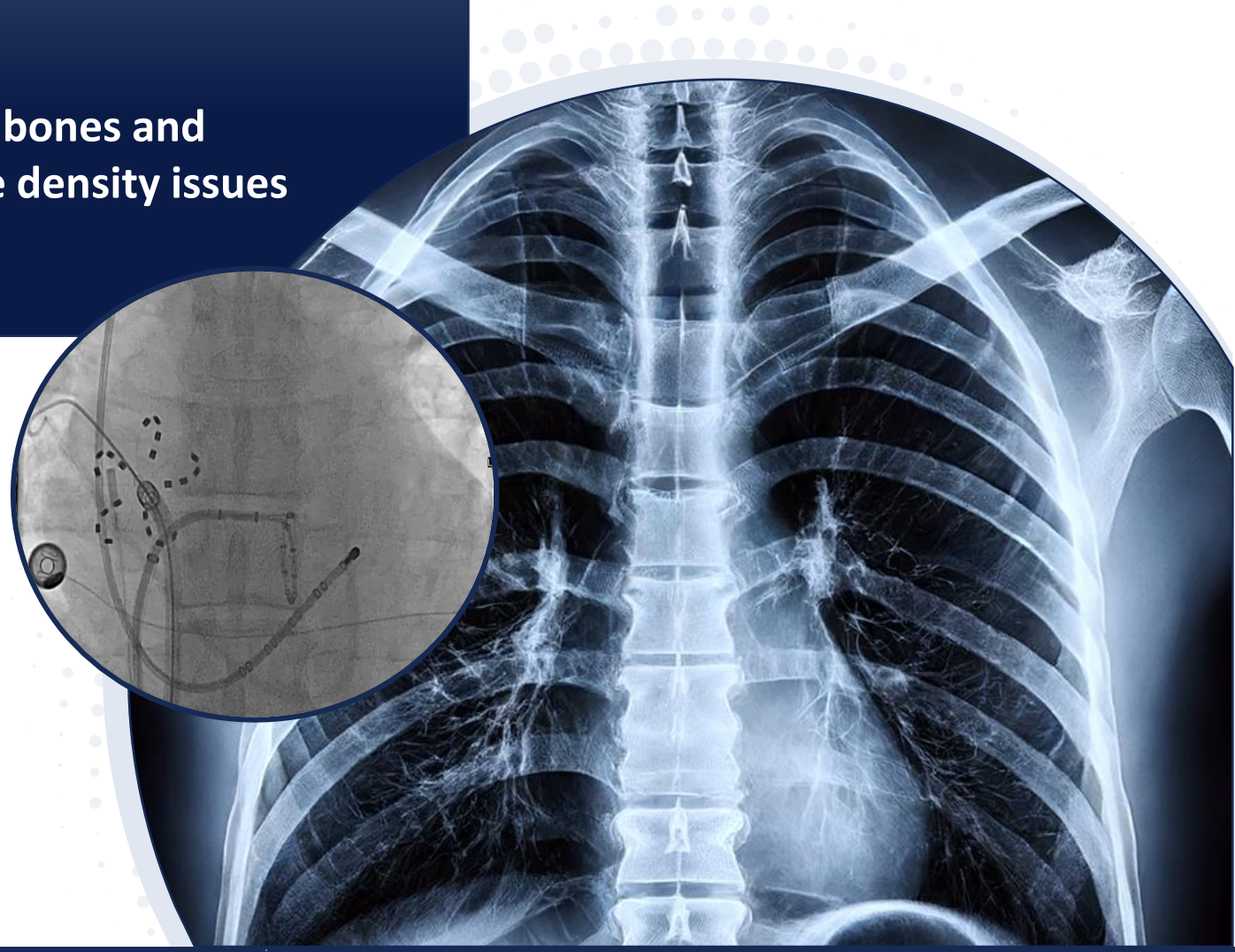
Not being able to visualize the soft tissue of the heart nor the lesions formed has been a key barrier to higher first-time success rates and faster procedures.





X-Ray as an imaging modality

X-rays are particularly good for visualizing bones and detecting fractures, dislocations, and bone density issues



LIMITATIONS

Soft Tissue Visualization

X-rays are not as effective at visualizing soft tissues like muscles, ligaments, and organs.

Radiation Exposure

X-rays expose patients to ionizing radiation, which can be harmful in high doses or with repeated exposure.

X-Ray guided cardiac ablation in conventional EP Lab

In the past, doctors had to rely on X-Ray guidance as the only imaging modality available

CHALLENGES OF X-RAY

Cannot visualize soft tissue of the heart

Daily ionizing radiation exposure. Heavy lead gowns required to be worn.

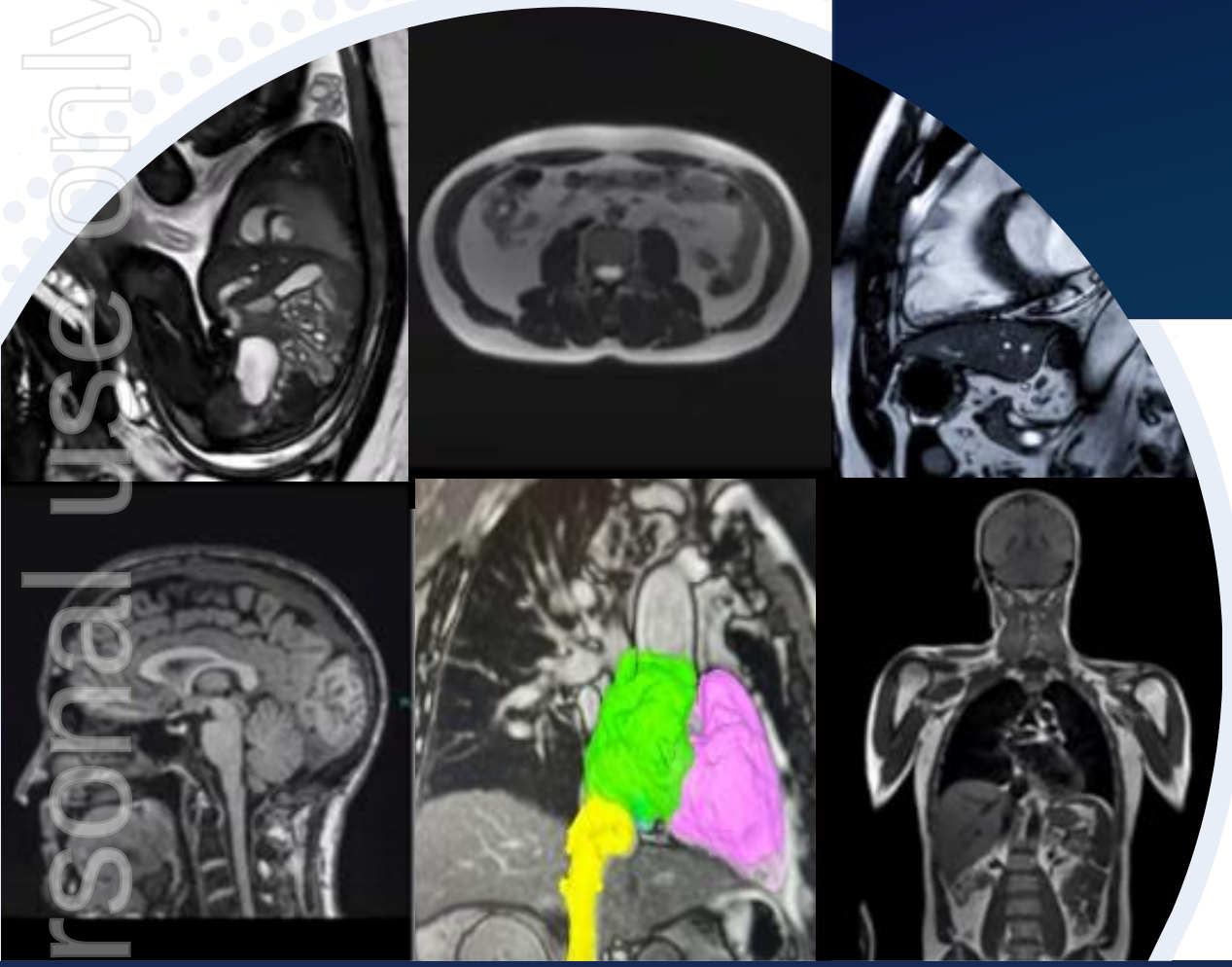
Requires time consuming electrical mapping of the heart

Cannot confirm lesions created are durable

Drives additional tool usage like ICE catheters to cross septum and mapping catheters which increases procedure time and costs for the hospital

Low first-time success rate **38%-95%** depending on the type of arrhythmia

MRI as an imaging modality



MRI is highly sensitive in detecting a variety of conditions, including tumours, brain disorders, spinal cord injuries, joint abnormalities, and vascular diseases.

Detail

MRI provides excellent contrast between different types of soft tissues, making it ideal for imaging the brain, heart, spinal cord, nerves, muscles, and ligaments.

No Radiation

MRI does not use ionizing radiation, so it is safer for repeated use and for certain populations, such as pregnant women and young children.

Bringing the superior imaging of MRI to cardiac ablations

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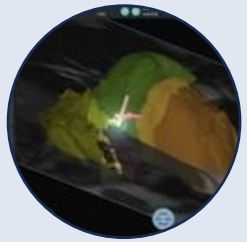
VISION-MR™ ABLATION CATHETER – GEN 2

NAVTRAC-MR™ TRANSSEPTAL KIT



NORTHSTAR™ MAPPING SYSTEM

- Higher first-time success[1]
- Faster procedures[2]
- Lower cost[3]
- Radiation free

[1] 100% effective at 3 months for Vision-MR Ablation Catheter in CE mark clinical trial compared to clinicaltrials.gov

[2] 48 minutes average procedure time for Vision-MR Ablation Catheter in CE mark clinical trial compared to 88 minutes for atrial flutter ablation with mapping

[3] Average median selling price of devices used for atrial flutter and ventricular tachycardia by sampled US sites, as reported by ECRI (ecri.org)

Imricor has pioneered this new approach over 18 years

BENEFITS OF MRI

Superior soft tissue visualization in 3D

Faster procedures, no need to map out the heart with expensive mapping catheter

Lesion verification to allow higher first-time success rates

Lower cost, no need for ICE catheter to guide septal crossing

Lower overall cost burden on health system and insurance companies

Diagnostic revenue when not in use for interventions

Zero radiation for patient and doctor

Partners, Hospitals we Provide into and KOL Validation

Our Partners

PHILIPS · SIEMENS Healthineers · GE HealthCare · OSYPKA Technology for an active life · ADIS ADVANCED INTERACTIVE SYSTEMS

Optoacoustics · MiRTLE · MIPM · NordicNeuroLab · ADAS 3D

Leading Hospitals

CHARITÉ UNIVERSITÄTSMEDIZIN BERLIN · JOHNS HOPKINS UNIVERSITY · Maastricht UMC+ Hart+Vaat Centrum · Amsterdam UMC University Medical Centers · Helios HERZZENTRUM LEIPZIG

CHUV Centre hospitalier universitaire vaudois · INSTITUT CARDIOVASCULAIRE PARIS SUD · HagaZiekenhuis · Sana Hospital Group · DUBRAVA UNIVERSITY HOSPITAL

PROF. GERHARD HINDRICKS
German Heart Center
of the Charité

"We are **extremely excited** to offer this to our patients and to lead the way forward with this new approach."

DR. MARCO GÖTTE
Amsterdam University
Medical Center

"With MRI-guided treatment of heart conditions, we are working towards fewer procedures per patient, hospital admissions, and less medication. Perhaps MRI-guided treatment of heart disease **will become the norm** and replace X-ray-driven treatments."

DR. LAURENT FIORINA
Cardiovascular Institute
of South Paris

"Performing procedures with Imricor's NorthStar 3D Mapping System **is a game changer for this field**, and it will have a transformative impact. I look forward to the continued partnership with Imricor."

PROF. PHILIPP SOMMER
Heart and Diabetes Center
North Rhine-Westphalia,
Bad Oeynhausen

"MRI is the **most powerful imaging modality** providing information on structural, anatomical and functional changes."

Key Achievements in 1H 2024

1H Highlights

- Saudi FDA Approval for Imricor Capital Equipment and Consumables
- CE Mark approval for Vision-MR Diagnostic Catheter
- Amsterdam UMC recommences commercial cases in April
- Dubrava University Hospital performs first iCMR procedures in Croatia
- Cardiovascular Institute Paris Sud commences cases for US FDA trial
- Lausanne University Hospital (CHUV) completes iCMR construction and installation

Post June 30

- Semmelweis University Hospital completes installation of iCMR equipment, first site in Hungary.
- Johns Hopkins performs first iCMR guided procedure on US soil

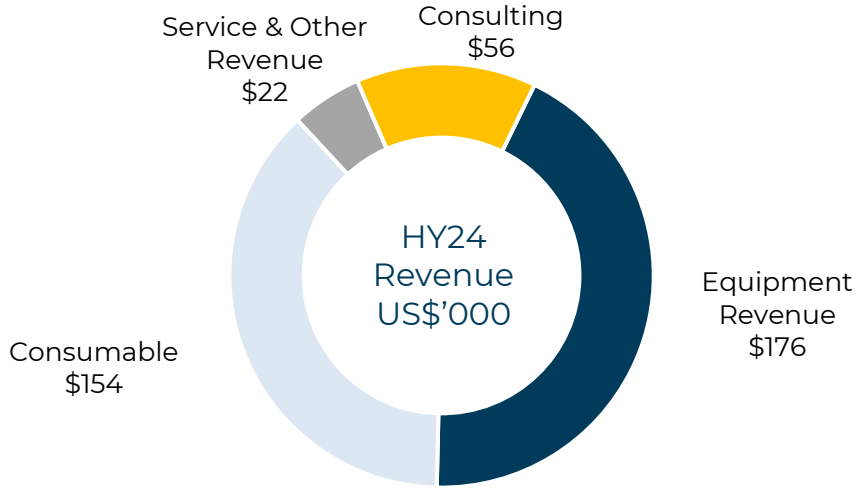
Financial Performance

Profit and loss - Costs well contained as revenue starts to grow

US$'000	HY24	HY23
Revenue	408	199
Costs and non-R&D expenses	(4,454)	(5,194)
R&D expenses	(3,645)	(3,771)
Other income (expenses), net	148	-
EBITDA	**(7,543)**	**(8,766)**
Depreciation & Amortization	(370)	(355)
EBIT	**(7,913)**	**(9,121)**
Finance income (costs), net	19	(1)
Foreign exchange gain (loss)	10	(10)
Fair value change	1,026	(88)
Net loss before tax	**(6,858)**	**(9,220)**
Income tax benefit	-	-
Net loss after tax	**(6,858)**	**(9,220)**

Commentary

- Revenue growth of 105% on pcp driven by capital sales and new site activations.
- Costs and non-R&D expenses decreased 14% primarily due to continued decreases in staffing costs ($461), D&O insurance premiums ($161), and inventory reserves ($153).
- R&D expenses decrease due to lower staffing costs ($161) and regulatory spend ($204), which were partially offset by increases in spending on prototypes/testing ($235).



Balance Sheet

US$'000	Jun-24	Dec-23
Cash and cash equivalents	1,503	832
Accounts receivable	312	393
Inventory	1,860	1,681
Other current assets	448	1,034
Total current assets	**4,123**	**3,940**
PP&E, net	2,049	2,274
Inventory, long term	363	838
Operating lease right of use assets	807	891
Other long-term assets	364	365
Total long-term assets	**3,583**	**4,368**
Total assets	**7,706**	**8,308**
Accounts payable	757	2,104
Accrued expenses	1,113	791
Financing obligation	-	423
Current portion of contract liabilities	361	583
Other current liabilities	601	667
Total current liabilities	**2,832**	**4,568**
Convertible note	7,776	8,453
Option and warrant liabilities	1,596	1,945
Long-term contract liabilities	783	795
Other long-term liabilities	1,154	1,300
Total long-term liabilities	**11,309**	**12,493**
Total liabilities	**14,141**	**17,061**
Share capital	113,010	103,834
Accumulated losses	(119,445)	(112,587)
Total equity	**(6,435)**	**(8,753)**

Commentary

- Accounts payable increase driven by 3rd party equipment inventory and regulatory compliance/submission fees.
- Contract liabilities represent deferred revenue to be recognized in future years
- Convertible note held at fair value under US GAAP; outstanding principal and interest at 30 June was $5.7 million
- Option and warrant liabilities relate to the securities issued as part of the GEM Capital Commitment Agreement and the equity placements completed in 2H 2023

Cashflow

US$'000	HY24	HY23
Net loss	**(6,858)**	**(9,220)**
Other non-cash adjustments	(685)	1,020
Change in other assets and liabilities	(473)	1,999
Operating cash flows	**(8,016)**	**(6,201)**
Investing cash flows	**(36)**	**(80)**
Proceeds from issuance of common stock (net)	9,209	(1)
Proceeds from issuance of convertible note (net)	-	2,675
Other financing activities	(489)	(565)
Financing cash flows	**8,720**	**2,109**
Net change in cash	668	(4,172)
Effect of foreign currency changes on cash	3	(7)
Cash at 30 June	**1,503**	**1,509**

Commentary

- Other non-cash adjustments were down vs. prior comparative period primarily due to decreases in the change in fair value charges and stock-based compensation expense.
- Cash burn related to other assets and liabilities was higher vs. the prior comparative period primarily due to the decrease in accounts payable.
- Proceeds from issuance of common stock:
  - 2024 proceeds reflect the Company's placements and ANREO launched in February
- Proceeds from issuance of convertible note in the prior period relate to the $2.7 million note issued in March 2023

Pro Forma Balance Sheet: Post July Capital Raising

US$'000	Jun-24	Tranche 1	Tranche 2	June Pro Forma *
Cash and cash equivalents	1,503	16,993	6,292	24,788
Accounts receivable	312	-	-	312
Inventory	1,860	-	-	1,860
Other current assets	448	-	-	448
Total current assets	**4,123**	**16,993**	**6,292**	**27,408**
PP&E, net	2,049	-	-	2,049
Inventory, long term	363	-	-	363
Operating lease right of use assets	807	-	-	807
Other long-term assets	364	-	-	364
Total long-term assets	**3,583**	**-**	**-**	**3,583**
Total assets	**7,706**	**16,993**	**6,292**	**30,991**
Accounts payable	757	-	-	757
Accrued expenses	1,113	-	-	1,113
Current portion of contract liabilities	361	-	-	361
Other current liabilities	601	-	-	601
Total current liabilities	**2,832**	-	-	**2,832**
Convertible note	7,776	-	-	7,776
Option and warrant liabilities	1,596	-	-	1,596
Long-term contract liabilities	783	-	-	783
Other long-term liabilities	1,154	-	-	1,154
Total long-term liabilities	**11,309**	-	-	**11,309**
Total liabilities	**14,141**	-	-	**14,141**
Share capital	113,010	16,993	6,292	136,295
Accumulated losses	(119,445)	-	-	(119,445)
Total equity	**(6,435)**	**16,993**	**6,292**	**16,850**

Commentary

- As announced on July 18, secured firm commitments for $35 million Australian dollars as part of a two-tranche placement.
- The first tranche settled on July 26 and resulted in gross proceeds of $17 million US dollars
- The second tranche is subject to shareholder approval to be sought at a special meeting of stockholders scheduled for August 28 at 5:00 pm US Central Daylight Time
- If tranche 2 is approved, it is expected to result in gross proceeds of $6.3 million US dollars

*Assumes Tranche 2 is approved at EGM on August 29th

Business update and Outlook

Key priorities

1. Complete VISABL-AFL trial for US FDA approval
2. Commence VISABL-VT trial at Amsterdam UMC
3. Reactivate European hospitals
4. Geographic expansion & prepare for US launch
5. Accelerate pipeline with new talent hires

FDA Trial VISABL-AFL underway

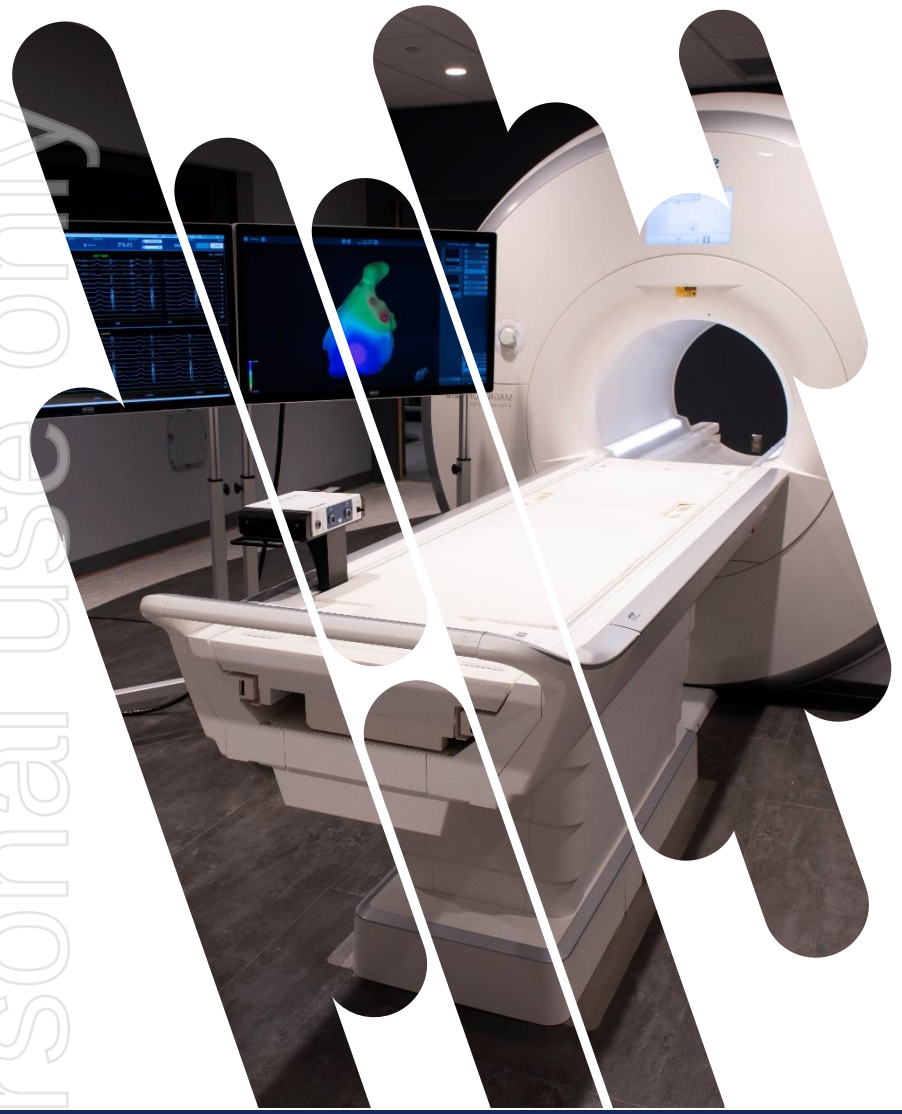
Priority – Gain FDA approval for Atrial Flutter - US launch in 2025

- Reimbursement in US is about 4x higher than in Germany
- US cardiac ablation market is approximately half of the global US$8 billion market
- * Amsterdam UMC currently focused on first VT patient before joining VISABL AFL Trial

Participating Hospital	Johns Hopkins US	Cardiovascular Institute of South Paris FR	Lausanne University Hospital CH	Amsterdam UMC * NL
Ethics Approval	✓	✓	✓	tbc
Country Approval	✓	✓	✓	✓
Installation	✓	✓	✓	✓
Patient Enrolment	✓	✓	September	tbc
First patient treated	✓	✓	September/October	tbc

Months listed are expected times

FDA Global Pivotal Trial



VISABL-AFL Trial – FDA Approval pathway

Trial details

- Treatment of type 1 atrial flutter
- Patients : 91 with possibility to end at 76 if primary endpoints are met (e.g. 80% acute success)
- Participating hospitals : 4
- Expected completion : Q4 2024
- Expected FDA approval : Mid 2025
- **Comment:** Regulatory review process already underway, review of clinical trial data is last step
- **Status –** First patients treated at ICPS and Johns Hopkins. CHUV installed and recruitment under way. Amsterdam focused on VT initially

European CE Mark trial experience

- Trial details
- Treatment of type 1 atrial flutter
- Participating hospitals : 1
- Patients : 35
- Trial outcome : **100% success at 3 months**

Scaling in the US Market with AFL Ablations

World's largest market, representing approximately 50% of global US$8bn market

Favorable reimbursement of $22,653 per procedure[1]

- Same reimbursement for AFL (fast), AF (medium), and VT (long) ablations

MRI offers less expensive, faster AFL procedures in a radiation-free environment

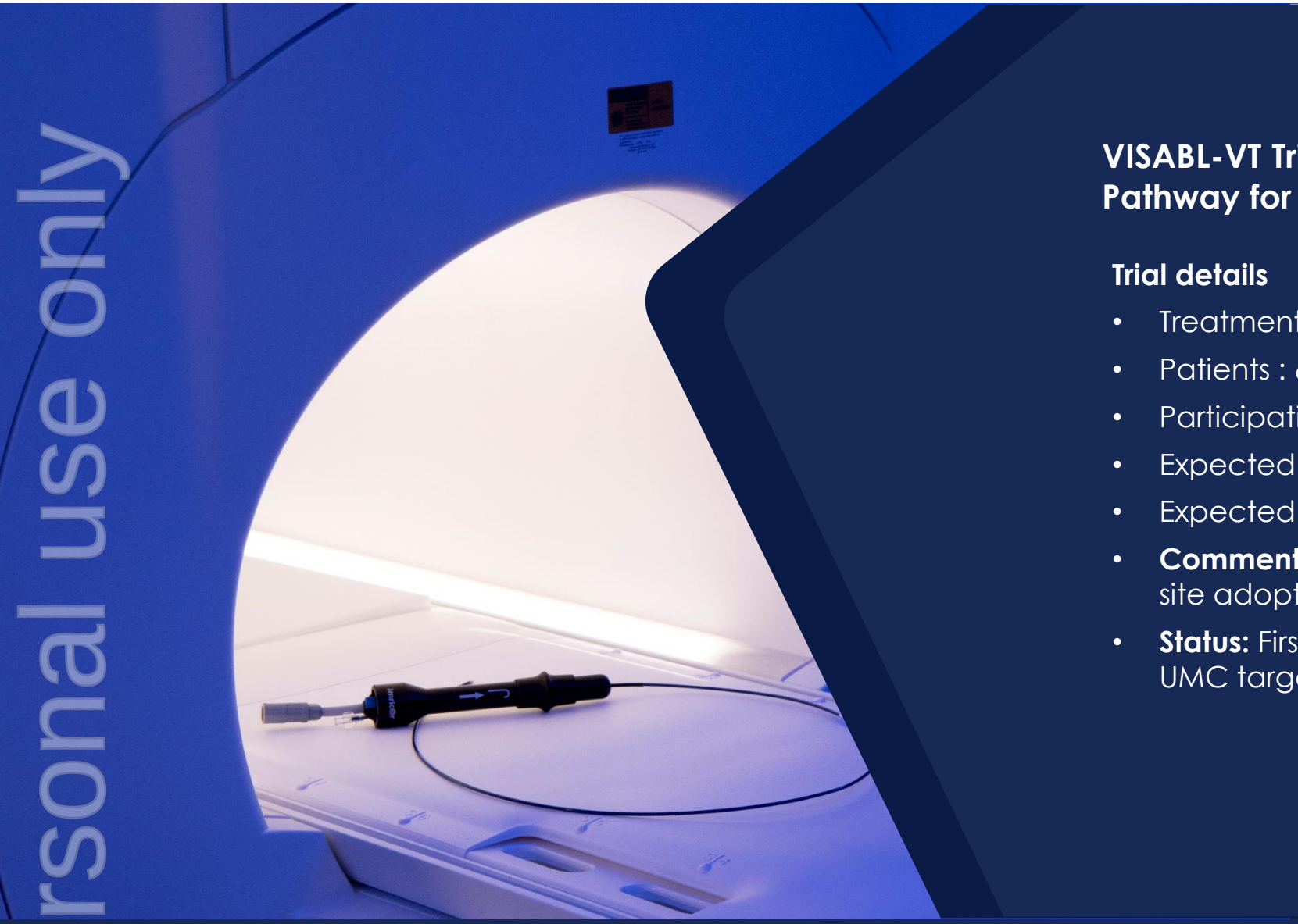
AFL Ablation Devices	X-ray Lab	iCMR Lab
Ablation Catheter	✓	✓
Diagnostic (CS) Catheter	✓	✓
Cost per procedure	**$4,443** [2]	**$4,000** [3]

AFL ablations in CE mark clinical trial were

- *Nearly twice as fast as in x-ray with mapping*
- *100% effective at 3 months*
- *100% radiation free*

[1] National Medicare Rate as reported in *Electrophysiology Coding Guide*, Abbott, January 1, 2024
[2] Average median selling price of devices used by sampled US sites, as reported by ECRI (ecri.org)
[3] Indicative target pricing

MRI guided VT ablation - the most significant event in Imricor's history



VISABL-VT Trial – CE Mark Approval Pathway for 2nd Indication

Trial details

- Treatment of Ventricular Tachycardia
- Patients : 64
- Participating hospitals : 2
- Expected completion : Q3 2025
- Expected CE Mark approval : Mid 2026
- **Comment:** Trial data expected to stimulate new site adoption in preparation for approval
- **Status:** First procedure planned at Amsterdam UMC targeting early Q4

Scaling in the US Market with VT Ablations

VT Ablation Devices	X-ray Lab	iCMR Lab
Ablation Catheter	✓	✓
Mapping Catheter	✓	
Steerable Sheath	✓	✓
Transseptal Needle	✓	✓
Intracardiac Echo Catheter (ICE)	used in ~40% of cases [4]	
Cost	**$9,618** [2]	**$6,500** [3]

VT ablations with iCMR are expected to be

- *Better (higher success)*
- *Faster (more per day)*
- *Safer (no radiation)*
- *Cost effective (less devices)*

World's largest market, representing approximately 50% of global US$8bn market

Favorable reimbursement of $22,653 per procedure[1]

- Same reimbursement for AFL (fast), Afib (medium), and VT (long) ablations

MRI eliminates the need for expensive consumable costs in VT ablations

[1] National Medicare Rate as reported in *Electrophysiology Coding Guide*, Abbott, January 1, 2024
[2] Average median selling price of devices used by sampled US sites, as reported by ECRI (ecri.org)
[3] Indicative target pricing
[4] AcuityMD, June 2024 (accuitymd.com) sample size top 50 Hospitals

Pipeline progress

Priority - Activate European sites

Hospital	Dec 30th	April 30th	June 30th	Aug 28th
Leipzig Heart Centre	Active	Active	Active	Active
Amsterdam UMC	Pending	Active	Active	Active
Dubrava University Hospital	Pending	Active	Active	Active
Cardiovascular Institute Paris Sud	Pending	Pending	Active	Active
Lausanne University Hospital	Pending	Pending	Installing	Installed
Semmelweis University Heart Centre	Pending	Pending	Awarded	Installed
Charite Hospital Berlin	Pending	Pending	Pending	Pending

Additional sales staff recruitment underway to accelerate pipeline conversion

Modern iCMR lab vendors – bringing it all together

MRI COMPATIBLE EQUIPMENT NEEDED	DEVELOPER	REVENUE TYPE
Ablation catheter	**Imricor**	**Consumable**
Diagnostic catheter	**Imricor**	**Consumable**
Transseptal puncture kit	**Imricor**	**Consumable**
Dispersive electrode	**Imricor**	**Consumable**
NorthStar 3D Mapping System	**Imricor**	**SaaS**
Ablation Generator	**Imricor**	**Capital**
MR Advantage EP Recorder/Stimulator	**Imricor**	**Capital**
Defibrillator	MIPM	Capital
MR Patient Monitor	Philips	Capital
MR Wireless Headsets	OptoAcoustics	Capital
MRI Scanner	Siemens, Philips, GE	Capital
12-lead ECG	Mirtle Medical	Capital

Imricor captures 100% of the consumable revenue for each procedure

Major milestones right ahead

2024

- Complete VISABL-AFL Trial to support FDA approval
- First in human VT ablation in the iCMR
- Middle East first sales following regulatory approval in Q1 2024
- New site activations

2025

- FDA approval and US market launch
- VISABL VT trial completion
- Pulsed Field Ablation (PFA) research
- New site activations

2026

- FDA clinical trial for VT/AF in US
- New site activations

Imricor Leadership: Management

STEVE WEDAN
President and Chief Executive Officer, and Board Chair

30 years industry experience

Designed MRI and ultrasound systems for **GE Healthcare**

United States appointed expert on MR safety and devices

Credited with establishing the 4th known hazard interaction in the MRI

JONATHON GUT
Vice President of Finance and Chief Financial Officer

15 years industry experience

Previous experience at Gail Medical and Boston Scientific driving financial performance, supporting business growth, and ensuring regulatory compliance

Expertise spans various aspects of financial management, strategic planning, and operational efficiency within the medical device industry

GREGG STENZEL
Chief Operating Officer

25 years industry experience

Led the Instrument Technical Operations division at Beckman Coulter, Inc., a leading manufacturer of In Vitro Diagnostic Systems

Seasoned operations executive with expertise in new product development, supply chain management, quality and regulatory systems, and customer support.

JENNIFER WEISZ
Vice President of Regulatory and Quality

20 years industry experience

Contributed to the continuous improvement of the quality and regulatory strategy, development, and implementation during tenure at Medtronic's Global Clinical Operations Quality division

Experienced in bringing medical devices to market and ensuring their compliance with global standards

NICK TWOHY
Vice President of Marketing and Business Development

20 years industry experience

Directed international market strategies for Medtronic's Cardiac Resynchronisation Therapies business

Led the successful US launch of the Medtronic Revo MRI pacemaker system, enhancing market.

DAN SUNNARBORG
Vice President of R&D

30 years industry experience

Proven expertise in hardware and software development, system control, image processing, user interface design, and managing outsourced partnerships

Comprehensive engineering background and strategic vision have been pivotal in the successful development and deployment of Imricor products

VIC FABANO
Vice President of Operations

25 years industry experience

Held executive positions in Operations, Quality, and Product Development throughout his tenure including VP of Operations and Quality at Osprey Medical

Expert in supply chain scaling and operations infrastructure to support rapid growth, profitability, and quality for start-up to midsize medical device firms

NICK CORKILL
Vice President Corporate Strategy

16 years industry experience

Experienced capital markets professional having spent 15 years as an equity analyst and portfolio manager at Perpetual Investments, BlackRock Inc and Lennox Capital.

Deep analytical and financial modelling skills across multiple sectors, disciplined approach to capital management.

KATE LINDBORG, PHD
Senior Director of Clinical Affairs

13 years industry experience

Managed a portfolio of clinical trials within Medtronic's Cardiac Rhythm and Heart Failure and Diagnostics Clinical division to gain and maintain market approval of novel devices

Oversaw the generation and dissemination of clinical evidence, enhancing the scientific credibility and market positioning of Medtronic's products

GREG ENGLEHARDT
Senior Director of Sales

20 years industry experience

Led global business development initiatives, identifying and capitalizing on new market opportunities to drive international sales growth at NeuroMetrix

Former combat medic in the U.S. Army

Imricor Leadership: Board of Directors

STEVE WEDAN
President and Chief Executive Officer, and Board Chair

Designed MRI and ultrasound systems for
GE Healthcare

United States appointed expert on MR safety
and devices

Credited with establishing the 4th known hazard interaction in the MRI

MARK TIBBLES
Deputy Chair and Lead Independent Director

Entrepreneur, business owner, company director and active venture investor in and advisor to technology, life science and medical device companies

Owner and managing member of STEM Fuse, LLC, one of the largest providers of digital K-12 STEM curriculum in the U.S.

Managing Director of Strategic Stage Ventures, LLC.

PETER MCGREGOR
Non-executive Director

Extensive finance management background including partner positions at Goldman Sachs JBWere, and managing director in the institutional banking & markets division of Commonwealth Bank of Australia

Currently serves as a Director of Treasury Corporation of Victoria and True Infrastructure Management Pty Ltd.

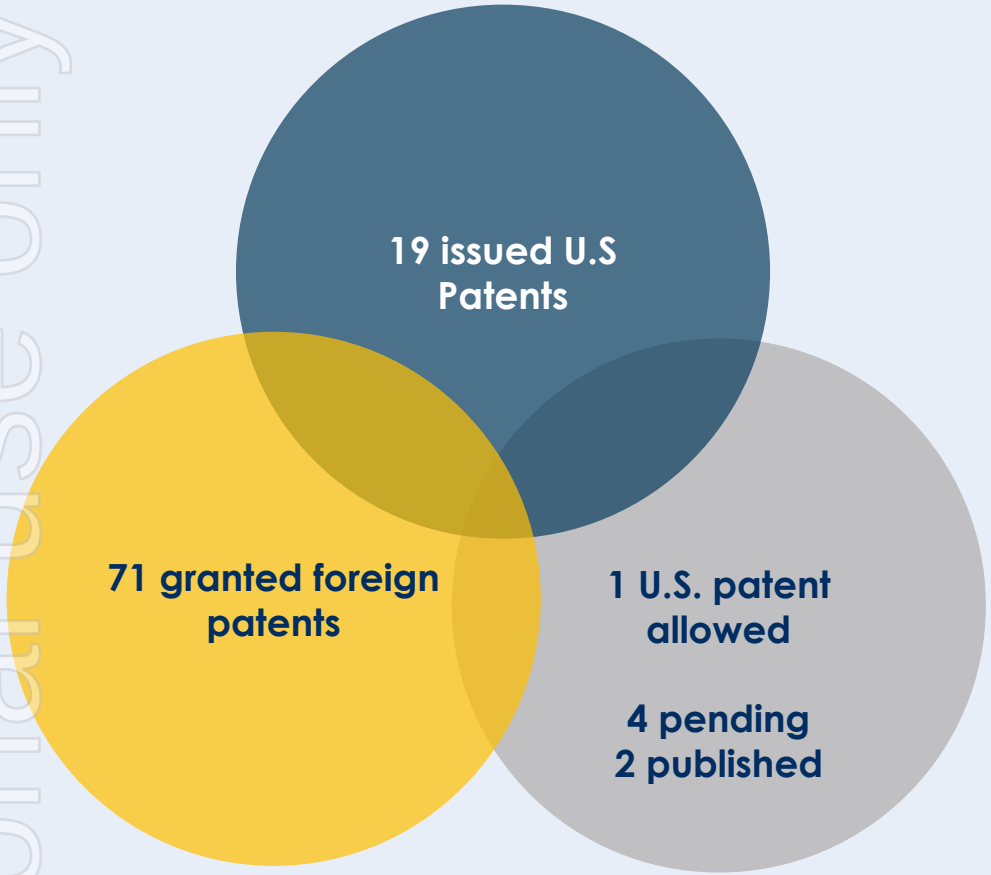
ANITA MESSAL
Non-executive Director

Comprehensive background in health care and benefits industry, including the successful integration of merged and acquired entities across all areas of the business at AccentCare

Vast background in working with both Fortune 100 and startup companies in public, private and non-profit sectors in both domestic and international markets

Appendices

A strong intellectual property portfolio



Imricor's patents protect technology that allows Imricor to manufacture medical devices that are uniquely MRI compatible.

Trade secrets, 3rd party relationships and difficult regulatory environment leave a deep moat behind Imricor.

In addition to protecting Imricor's devices and procedures, its patents provide an opportunity for the Company to license its technology to 3rd party medical device companies (particularly implant manufacturers) to help make their devices compatible with MRI

To date, Imricor has executed 3 separate agreements where it has licensed its own patents to 3rd parties for use in implantable devices under which Imricor has received over **US$12.9m of payments (revenue)** to date

Appendix 1) Three Procedures Imricor is targeting

	AFL (Atrial Flutter)	VT (Ventricular Tachycardia)	AFIB (Atrial Fibrillation)
Overview	• Atrial Flutter is a condition in which the heart's upper chambers (atria) beat too quickly • There are over 180,000 AFL procedures annually • Treatment options are ablation, drugs • The current consumable device cost for AFL ablation in US is over US$4400 • The addressable market size is over US$790m • Competitors offering medical devices for AFL procedures include Abbott, Biosense Webster, Boston Scientific, Medtronic **Demonstrated benefits from using IMR include:** • Better chance of success • Faster procedure • Lower cost • No radiation for doctors or patient	• Ventricular Tachycardia is a condition in which the lower chambers of the heart (ventricles) beat too quickly. • There are over 100,000 VT procedures annually • Treatment options are ablation, implanted defibrillator, drugs • The current consumable device cost for VT ablation in US is over US$9,500 • The addressable market size is over US$950m • Competitors offering medical devices for VT procedures include Abbott, Biosense Webster, Boston Scientific, Medtronic **Potential benefits from using IMR include:** • Better chance of success • Faster procedure • Lower cost • No radiation for doctors or patient	• Atrial Fibrillation is a condition heart's upper chambers (atria) beat out of coordination with the lower chambers (ventricles). • There are over 480,000 AFIB procedures annually • Treatment options are ablation, drugs, pacemaker • The current consumable device cost for AFIB ablation in US is over US$9,500 • The addressable market size is over US$4.5b • Competitors offering medical devices for AFIB procedures include Abbott, Biosense Webster, Boston Scientific, Medtronic **Potential benefits from using IMR include:** • Better chance of success • Faster procedure • Lower cost • No radiation for doctors or patient
Status	• Approved in Europe, Middle East • Average sale price of device US$4000, +/- 100 procedures annually, US$400k recurring revenue • FDA Trial completion expected Q4 2024 • The 2-year plan is to grow installed base,, sales	• Pending approval in Europe after clinical trial • Average sale price of device US$6500, +/- 100 procedures annually, US$650k recurring revenue • FDA Trial planned for 2026 • The 2-year plan is to gain EU approval, launch	• Approval to follow VT approval • Average sale price of device US$6500, +/- 300 procedures annually, US$1.95m recurring revenue • The 2-year plan is to perform clinical trial

Contact Information

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