

FORM 27
MATERIAL CHANGE REPORT UNDER
SECTION 75(2) OF THE ACT

NOTE: This form is a guideline only. A letter or other document may be used if the substantive provisions of this form are complied with.

WHERE THIS REPORT IS FILED ON A CONFIDENTIAL BASIS PUT AT THE BEGINNING OF THE REPORT IN BLOCK CAPITALS "CONFIDENTIAL - S.75"

ITEM 1 - Reporting Issuer:

State the full name and address of the principal office in Canada of the reporting issuer.

IMI International Medical Innovations Inc.
4211 Yonge Street
Suite 300
Toronto, Ontario
M2P 2A9

ITEM 2 - Date of Material Change:

October 29, 2001

ITEM 3 - Press Release:

State the date and place(s) of issuance of the press release issued pursuant to section 75(1) of the Act.

A Press Release was disseminated on October 29, 2001 through Canada NewsWire.

ITEM 4 - Summary of Material Change:

Provide a brief but accurate summary of the nature and substance of the material change.

IMI to submit a revised 510(k) to the United States Food and Drug Administration for its skin cholesterol test, Cholesterol 1, 2, 3.

ITEM 5 - Full Description of Material Change:

Supplement the summary required under Item 4 with the disclosure which should be sufficiently complete to enable a reader to appreciate the significance of the material change without reference to other material. Management is in the best position to determine what facts are significant and must disclose those facts in a meaningful manner. See also Item 7.

This description of the significant facts relating to the material change will therefore include some or all of the following: dates, parties, terms and conditions, description of any assets, liabilities or capital affected, purpose, financial or dollar values, reasons for the change, and a general comment on the probable impact on the reporting issuer or its subsidiaries. Specific financial forecasts would not normally be required to comply with this form.

The above list merely describes examples of some of the facts which may be significant. The list is not intended to be inclusive or exhaustive of the information required in any particular situation.

Please see press release dated October 29, 2001 attached hereto as Schedule "A"

ITEM 6 - Reliance on Section 75(3) of the Act:

If the report is being filed on a confidential basis in reliance on section 75(3) of the Act, state the reasons for such reliance.

INSTRUCTION:

Refer to section 75 of the Act and to the Regulation concerning continuing obligations in respect of reports filed pursuant to section 75(3) of the Act.

N/A

ITEM 7 - Omitted Information:

In certain circumstances where a material change has occurred and a material change report has been or is about to be filed but section 75(3) of the Act will no longer or will not be relied upon, a reporting issuer may nevertheless believe one or more significant facts otherwise required to be disclosed in the material change report should remain confidential and not be disclosed or not be disclosed in full detail in the material change report.

State whether any information has been omitted on this basis and provide the reasons for any such omission in sufficient detail to permit the Commission to exercise its discretion pursuant to section 140(2) of the Act.

The reasons for the omissions may be contained in a separate letter filed as provided in section 4 of the Regulation.

N/A

ITEM 8 - Senior Officers:

To facilitate any necessary follow-up by the Commission, give the name and business telephone number of a senior officer of the reporting issuer who is knowledgeable about the material change and the report or an officer through whom such senior officer may be contacted by the Commissions.

Ronald Hosking
Vice-President, Finance and Chief Financial Officer
Tel: 416.222.3449
Fax: 416.222.4533

ITEM 9 - Statement of Senior Officer:

Include a statement in the following form signed by a senior officer of the reporting issuer:

“The foregoing accurately discloses the material change referred to herein.”

DATED at Toronto, in the Province of Ontario, this 31st day of October, 2001.

“Brent Norton”

Brent Norton
President and Chief Executive Officer

SCHEDULE "A"



International
Medical
Innovations Inc.

For immediate release:

CHOLESTEROL 1,2,3 NOW COMPARED TO HDL IN FDA SUBMISSION

**510(k) status maintained;
FDA clearance expected in first quarter 2002**

TORONTO (October 29, 2001) Predictive medicine company IMI International Medical Innovations Inc. (TSE: IMI) announced today that it is resubmitting its skin cholesterol test, Cholesterol 1,2,3™, to the U.S. Food and Drug Administration (FDA) following a dialogue with the agency. The new submission compares the performance of Cholesterol 1,2,3 to HDL (high-density lipoproteins, also known as "good cholesterol"). It also contains new data showing that people with high skin cholesterol levels are at greater risk of significant coronary artery disease, and are more likely to have had a previous bypass or heart attack.

Cholesterol 1,2,3, the world's first non-invasive cholesterol test system, takes three minutes and measures cholesterol in the skin using the palm of the hand. It was cleared for sale in Canada earlier this year.

"Following its initial review of Cholesterol 1,2,3, the FDA suggested IMI submit a revised 510(k) submission linking Cholesterol 1,2,3 to HDL instead of total cholesterol as in the initial submission. Based on data contained in the initial 510(k), the FDA recognized the strong relationship between the performance of skin cholesterol and HDL, one of the most relied-upon markers for assessing a person's risk of coronary artery disease," said Dr. Brent Norton, President and CEO of IMI. 510(k) submissions are based on demonstrating a product's substantial equivalence to a previously cleared product.

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“By showing substantial equivalence to HDL, Cholesterol 1,2,3 will now be linked with one of the best blood cholesterol markers. This link, combined with newly available data showing a correlation between Cholesterol 1,2,3 and prior heart attacks, strengthens the marketing potential of the product,” said Dr. Norton. “Cholesterol 1,2,3 remains the only non-invasive cholesterol test system in the world and continues to have tremendous potential to change the way we assess people’s risk of heart disease.”

“We are working closely with the FDA and have developed a plan that enables them to review Cholesterol 1,2,3 in the new HDL context and within the 510(k) framework. We expect to have our file resubmitted in November, 2001, at which time the FDA will continue its review. As with our earlier submission the FDA may take in the range of 100 days to complete its review, though the time may be compressed as the FDA has already reviewed the product thoroughly and is aware of our new data,” said Dr. Norton.

Sales forecast updated

Based on the new timeline for FDA clearance of Cholesterol 1,2,3, the Company is revising its estimated date of initial sales to the first quarter of fiscal 2003 (ending April 30, 2002). Beyond indicating when first sales are expected, management has not previously issued formal sales forecasts, as such forecasts will be developed jointly with IMI’s marketing partners.

“While the extension of the FDA timeline delays our previously anticipated launch dates, we do not expect the delay will have any long-term impact on the success of Cholesterol 1,2,3. As we recently announced, IMI is being advised by SG Cowen Securities in discussions with a number of companies interested in partnering with us to market Cholesterol 1,2,3 in the U.S. and other major markets. Several of these partners were aware of the new data and as such we expect this change will not affect our relationships or partnering timelines,” said Dr. Norton.

About IMI

IMI is a world leader in predictive medicine. IMI is dedicated to developing rapid, non-invasive tests for the early detection and monitoring of life-threatening diseases, particularly cardiovascular disease and cancer. IMI's lead product, Cholesterol 1,2,3™, is the first non-invasive test system for cholesterol. IMI's cancer products include ColorectAlert™, a screening test for colorectal cancer, and LungAlert™, a screening test for lung cancer. The company's head office is located in Toronto, and its research and product development facility is at McMaster University in Hamilton, Ontario. For further information, please visit the company's web site at www.imimedical.com.

This release contains forward-looking statements that reflect the company's current expectation regarding future events. The forward-looking statements involve risk and uncertainties. Actual events could differ materially from those projected herein and depend on a number of factors including, but not limited to, changing market conditions, successful and timely completion of clinical studies, uncertainties related to the regulatory approval process, establishment of corporate alliances and other risks detailed from time to time in the company's quarterly filings.

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For more information contact:

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