



INVESTOR PRESENTATION

1 FEBRUARY 2022

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COMPANY OVERVIEW

INOVIQ Ltd

- Biotechnology company focused on diagnostic and exosome-based solutions
- Proprietary biomarker isolation and detection technologies
- Multi-product pipeline for detection of breast, ovarian & other cancers targeting US\$11b global markets
- Compelling POC results for SubB2M tests for breast & ovarian cancers¹
- Strong cash position of \$18.6m to fund operations and pipeline development
- Products in-market for bladder cancer² & exosome research

Board and management

	Dr Geoff Cumming Chairman		Dr Greg Rice Chief Scientific Officer
	Max Johnston Non-Exec Director		Tony Di Pietro CFO / Company Secretary
	Philip Powell Non-Exec Director		Susan Belzer Development Director
	Prof Allan Cripps Non-Exec Director		Dr Wayne Jensen R&D Director
	Dr Leeearne Hinch Chief Executive Officer		Dr Emily Stein Technology Director (NETs)

Financial information (ASX:IIQ)

Ordinary shares	92,018,702
Share price (2/2/22)	A\$1.085
Market capitalisation	A\$99.8m
Cash position (31/12/21)	A\$18.6m
Ave monthly cash burn (Q2 FY22)	A\$611.7k
Top 20 Shareholders (28/1/21)	36.5%

Share price performance



Dx = Diagnostics; POC = Proof of Concept;; LDT = Laboratory Developed Test;

1 SubB2M proof-of-concept data using SPR; 2 Adjunct to urine cytology to assist the detection of bladder cancer

KEY ACHIEVEMENTS | DEC-21 QUARTER

Commercial

- Positive **EXO-NET RUO** product evaluations concluded with key Australian research groups and further collaboration expected
- **hTERT** revenues flat at \$221k Dec-21 YTD (c.f. \$229k Dec-20 YTD), due to ongoing COVID-19 pandemic
- Two **patents granted for BARD1 technology** in the US and China protecting a potential BARD1 autoantibody test for lung cancer diagnosis

Research & Development

- **SubB2M immunoassay** program progressed with development of proprietary CA15.3 and CA125 antibodies and data package for transfer to CRO for commercial assay development of breast and ovarian cancer tests
- **SubB2M IHC** research advanced to evaluate Neu5Gc in tissue microarrays
- **EXO-NET RUO** program focused on development of new research tools to isolate exosome subsets for use in targeted diseases
- New **multiomic exosome-liquid biopsy** project commenced to evaluate exosome-based Dx for earlier detection of breast and ovarian cancers (combines EXO-NET exosome capture, BARD1 RNA & other biomarkers)

Corporate

- **Company renamed INOVIQ (ASX:IIQ)** to reflect 'intelligent innovation' of future diagnostic and exosome-based product pipeline
- **Legal proceedings** by Walker & Irmingier against the Company continue to be defended

Financial

- **Cash balance of \$18.6m** as of 31 Dec 21 is to fund operations and pipeline development
- **10 quarters of cash** at current monthly cash burn of \$611.7k

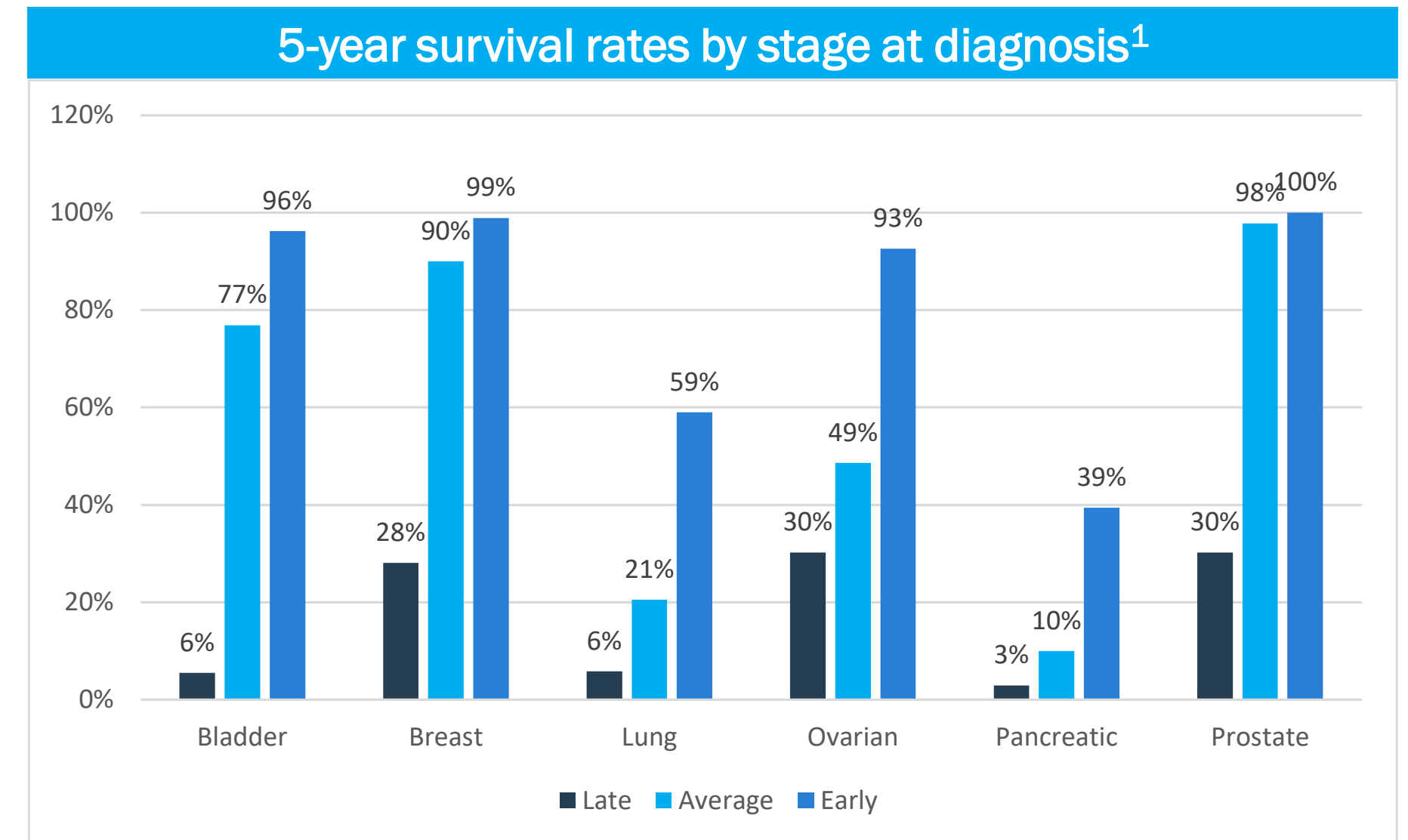
UNMET NEED FOR EARLIER CANCER DETECTION

Problem

- Cancers often diagnosed at late-stage after symptoms have appeared resulting in poor prognosis
- Detection of early-stage cancers often limited by high false-positives &/or poor sensitivity
- Current tests can have safety, cost, and convenience issues reducing test participation rates

Unmet need

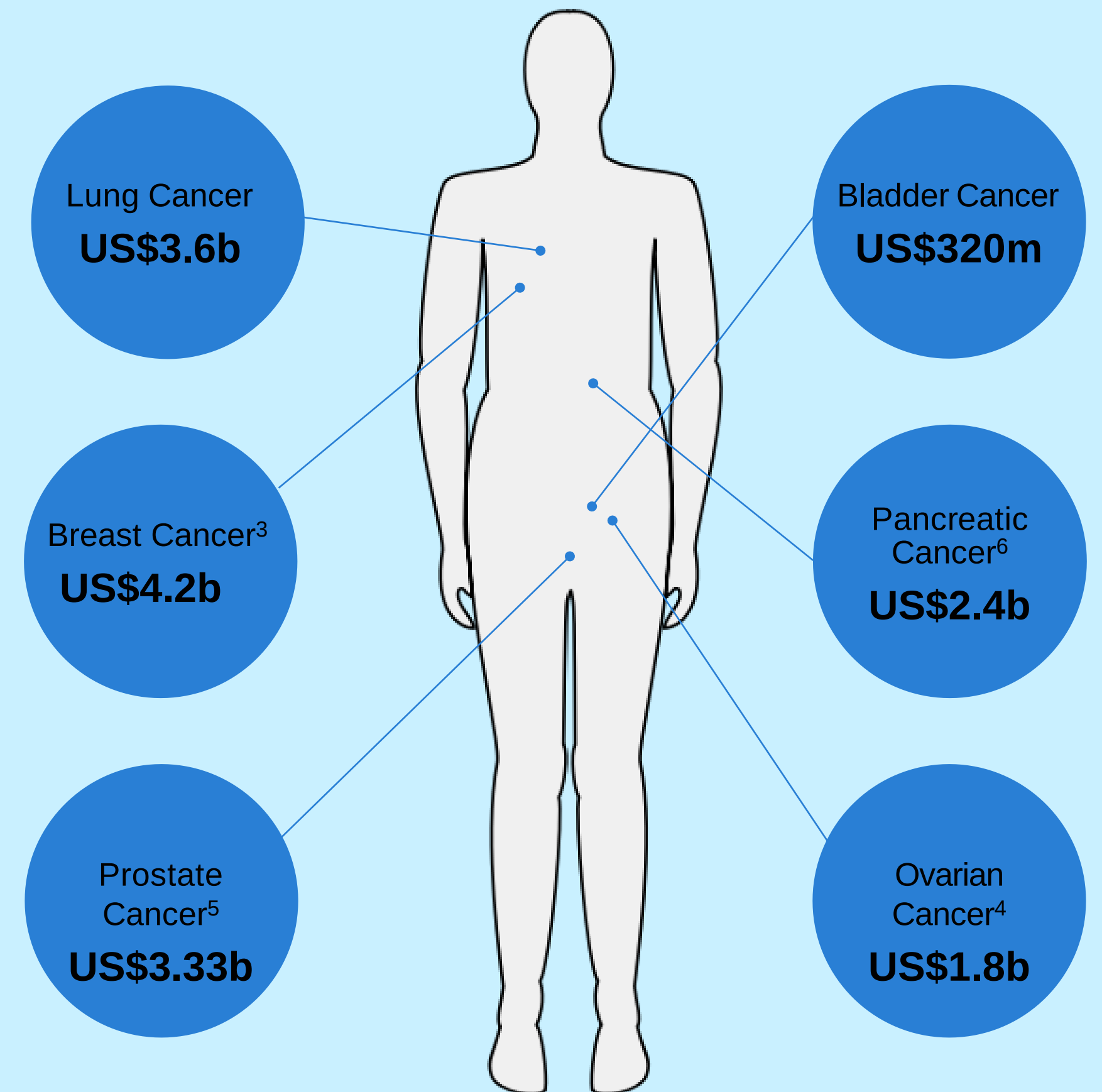
- Unmet need for non-invasive, accurate and reliable diagnostic tests for earlier cancer detection
- Earlier detection improves treatment options, patient outcomes & survival¹



GLOBAL CANCER DIAGNOSTICS MARKET

- Global cancer burden: 50.6m survivors, 19.3m new cases and 10.0m deaths p.a.¹
- Global cancer diagnostics market valued at US\$250b²
- INOVIQ is targeting markets worth over US\$11b for some of the world's most common and deadliest cancers

#	Cancer	Prevalence	Incidence	Deaths
1	Breast	7,790,717	2,261,419	684,996
3	Prostate	4,956,901	1,414,259	375,304
17	Ovarian	823,315	313,959	207,252
22	Pancreatic	379,958	495,773	466,003



BREAST CANCER | US SCREENING MARKET POTENTIAL

- World’s most common cancer: 2.3m new cases & 685k deaths pa¹
- US: 3.7m survivors, 234k new cases & 43k deaths pa^{1,2}
- Life-time risk of 12.9% , increases to 55-70% with *BRCA1* & 45-69% with *BRCA2* mutations²
- Screening using mammography recommended for average-risk women and those with a family history or genetic mutations³
- Issues with high false positives, safety and self-exclusion due to discomfort, inconvenience and cost
- CA15.3 test approved for monitoring BC: sensitivity <50-75% and specificity 85%
- Unmet need for an accurate & reliable blood test for earlier detection of Breast Cancer
- Early detection may improve QOL, treatment options & survival (from 29% at late-stage to 99%)²

Market		US Breast Cancer Market pa (USD)		
Indicative Price	Penetration	10%	20%	30%
	\$125	\$0.4 bn	\$0.8 bn	\$1.3 bn
	\$250	\$0.8 bn	\$1.7 bn	\$2.5 bn
	\$500	\$1.7 bn	\$3.3 bn	\$5.0 bn

Key Assumptions (US market):

- Target population: 60.5m women aged 45 - 74 years^{3,4}
- Screening frequency: biennial⁴
- Price: indicative pricing only⁵

OVARIAN CANCER | US SCREENING MARKET POTENTIAL

- World’s deadliest gynaecological cancer: 314k new cases & 207k deaths pa¹
- US: 235k survivors, 24k new cases & 14k deaths pa^{1,2}
- Life-time risk of 1.2%, increases to 35-70% with *BRCA1* mutation ^{2,4}
- Average 5-year survival 49% due to late-stage detection after symptoms have appeared (57%)²
- Screening not recommended in average-risk women, whereas CA125 test + TVUS may be offered to high-risk women⁴
- CA125 test approved for monitoring OC: sensitivity 50-75% and specificity 80%
- Unmet need for an accurate & reliable blood test for earlier detection of OC
- Early detection may improve QOL, treatment options & survival (from 30% at late-stage to 93%)²

		US Ovarian Cancer Market pa (USD)		
Market Penetration		10%	20%	30%
Indicative Price	\$125	\$0.6 bn	\$1.3 bn	\$1.9 bn
	\$250	\$1.3 bn	\$2.5 bn	\$3.8 bn
	\$500	\$2.5 bn	\$5.1 bn	\$7.6 bn

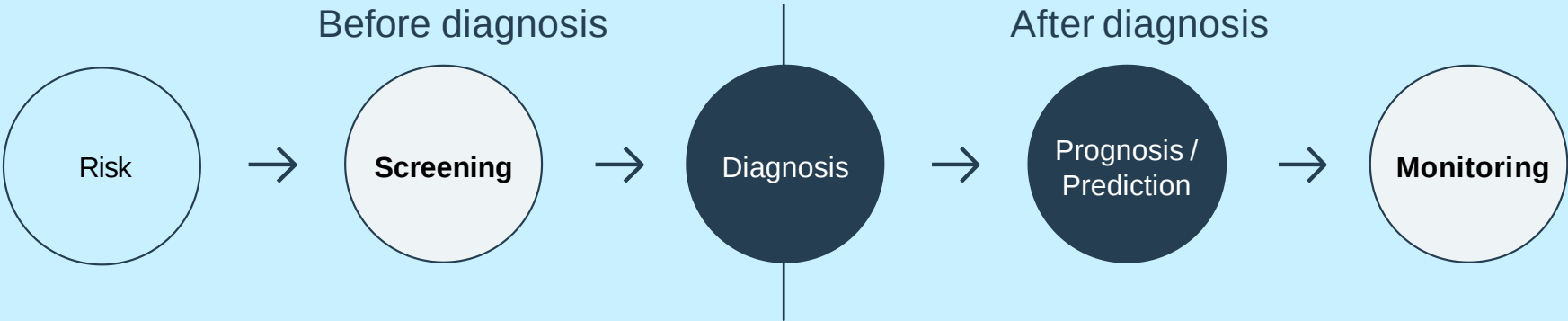
Key Assumptions (US market):

- Target population: 50.5m women aged 50 - 74 years³
- Screening frequency: annual
- Price: indicative pricing only⁵

QOL = Quality of Life; TVUS = Transvaginal Ultrasound; OC = Ovarian cancer; 1 Cancer Today 2020 data; 2 SEER 18 2011-2017 <https://seer.cancer.gov/statfacts/html/ovary.html>; 3 US Census. International Data Base (IDB). 2021. https://www.census.gov/data-tools/demo/idb/#/country?YR_ANIM=2021&FIPS_SINGLE=US&dashPages=BYAGE&ageGroup=5Y; 4 ACS 2021 <https://www.cancer.org/cancer/ovarian-cancer/detection-diagnosis-staging/detection.html>; 5 This is not a sales forecast.

PRODUCT AND PIPELINE PORTFOLIO

- Commercial products for bladder cancer¹ & exosome research
- Multi-product pipeline focused on detection & monitoring of cancer
- Lead pipeline products for monitoring breast & ovarian cancer



PRODUCT	INDICATION	PLATFORM	USE	RESEARCH	ASSAY DEVELOPMENT	CLINICAL DEVELOPMENT	REGISTRATION
hTERT	Bladder Cancer	ICC	Adjunct to cytology	→			In-market
EXO-NET-RUO	Exosome Capture		Research tool	→			In-market
SubB2M-BCM	Breast Cancer	Immunoassay	Monitoring	→			2023
SubB2M-OCM	Ovarian Cancer	Immunoassay	Monitoring	→			2023
SubB2M-PCS	Prostate Cancer	Immunoassay	Detection	→			**
SubB2M-PaCS	Pancreatic Cancer	Immunoassay	Detection	→			**
BARD1-Ovarian	Ovarian Cancer	Immunoassay	Detection	→			**
BARD1-Breast ²	Breast Cancer	Immunoassay	Detection	→			
BARD1-Lung ²	Lung Cancer	Immunoassay	Detection	→			

*RUO = Research Use Only; **Dates will be released when projects are further advanced; ICC = Immunocytochemistry;
1 Adjunct to urine cytology to assist the detection of bladder cancer; 2 Progression subject to further assay design, development & validation

COMMERCIALISATION | GOALS AND STRATEGY

GOAL is to develop and commercialise accurate and reliable blood tests for earlier cancer detection and monitoring

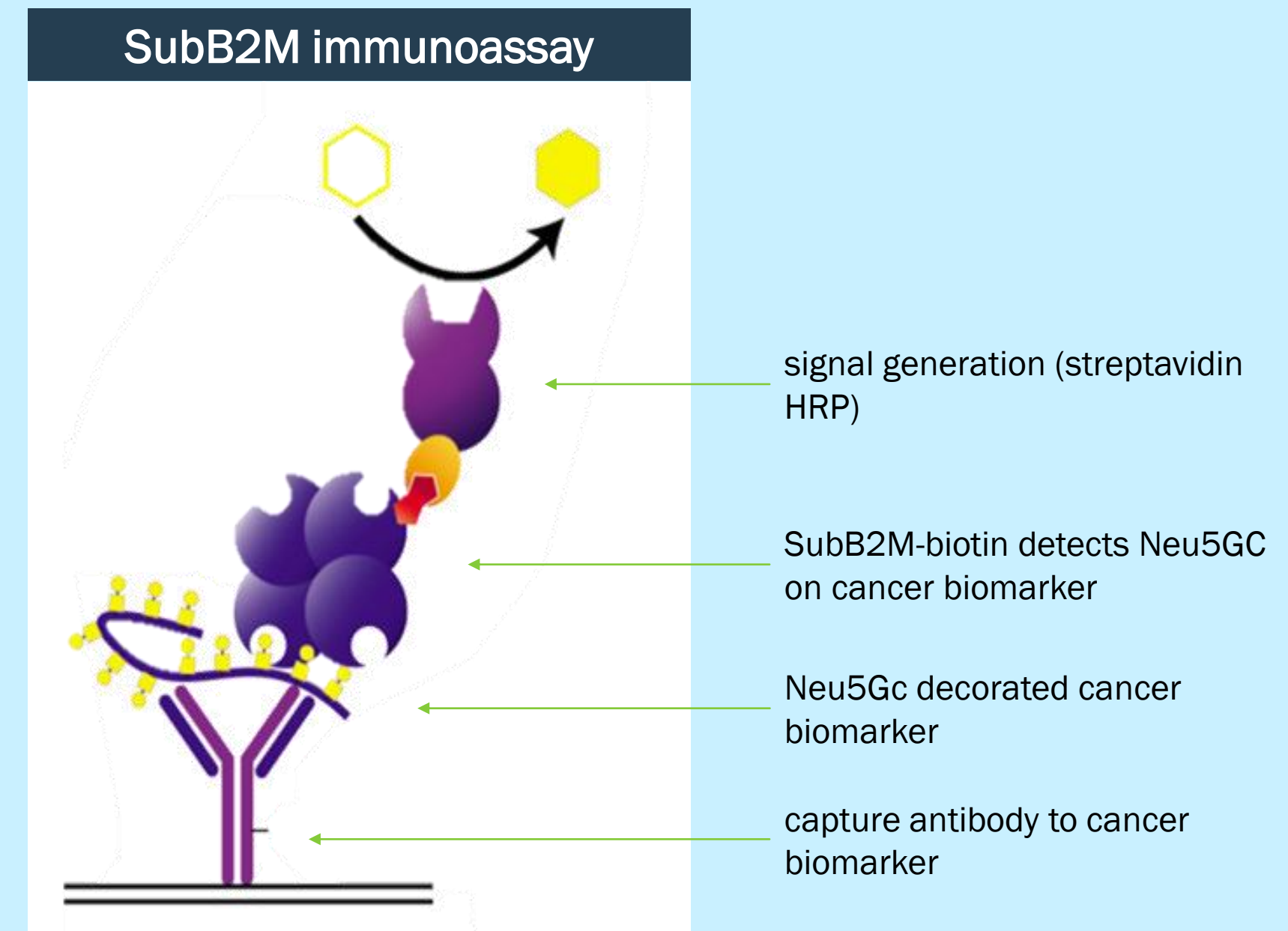
SubB2M-based tests	▪ Prioritise development of SubB2M immunoassays for monitoring breast and ovarian cancers ▪ Evaluate SubB2M SPR-based test for general health panel ▪ Evaluate SubB2M IHC for evaluation of cancer tissue biopsies
Advance Dx pipeline	▪ Assay development of Dx tests on commercial platforms ▪ Analytical validation of tests to ensure robust, reproducible and reliable ▪ Clinical validation of tests to ensure accuracy for intended use
LDT initial commercialisation	▪ Commercialise first as LDTs with CLIA certified laboratory partner/s in the US ▪ Fast-to-market pathway enabling early revenues, access to ‘real world’ data, build biobank & reimbursement case, and gain market acceptance
IVD regulatory authorisation	▪ Gain IVD regulatory clearance/approval dependant on use (510k/De Novo/PMA submission) ▪ Larger-scale, multi-site clinical studies to prove safety & efficacy in intended use population ▪ Enables improved clinical adoption, reimbursement and partnering with Dx distributors
Expand indications & markets	▪ Multiomic approaches for earlier cancer detection in asymptomatic individuals ▪ Expand cancer applications to prostate, pancreatic & other cancers ▪ Expand regulatory approvals and market entry to EU, AU & Asia

SUBB2M™ | TECHNOLOGY AND TEST METHOD

Game-changing technology for monitoring and detection of cancer



- SubB2M protein detects a unique cancer marker Neu5Gc found at elevated levels in multiple human cancers¹
- Exclusive worldwide licence to SubB2M technology for diagnostic applications²
- Applications for diagnosis of multiple cancers (breast, ovarian, prostate, pancreatic, melanoma, others)
- Potential to improve the specificity of existing cancer biomarker tests with next generation SubB2M tests for monitoring and/or detection of ovarian (CA125), breast (CA15.3), prostate (PSA) and other cancers
- Initial focus on developing SubB2M immunoassays for monitoring of breast and ovarian cancers³
- Evaluating SubB2M-based SPR test for use in a general health panel for elevated Neu5Gc concentrations
- Currently, optimising assay and data package for transfer to CRO for commercial development



¹ Neu5Gc is not normally expressed in human tissue; ² License from University of Adelaide and Griffith University; ³ Shewell et al. *N-glycolylneuraminic acid serum biomarker levels are elevated in breast cancer patients at all stages of disease*. 2021: <https://www.biorxiv.org/content/10.1101/2021.06.21.449179v2> ; HRP = Horseradish Peroxidase

SUBB2M | BREAST CANCER TEST

Monitoring and detection of breast cancer



Data

- POC study conducted by Griffith University to evaluate SubB2M SPR-based assay for **detection of Neu5Gc** in 118 samples of BC cases and controls
- >95% sensitivity and specificity for all stages of BC compared to controls^{1,2}

Next steps

- Develop and validate SubB2M-CA15.3 immunoassay for **monitoring BC**
- Evaluate SubB2M-IHC for BC (Analyte Specific Reagent)

Stage

Breast Cancer¹

n=118 (96 cancers : 22 controls)

	Sensitivity	Specificity	AUC
Stage I	95.83%	100%	0.958
Stage II	100%	100%	1.000
Stage III	100%	100%	1.000
Stage IV	100%	100%	1.000

Project plan

CY2021

CY2022

CY2023

Feasibility of SubB2M-CA15.3 immunoassay for detection of BC³

Feasibility

@Griffith⁴/INOVIQ

Optimisation & verification testing of SubB2M-CA15.3 test for BC

Assay Development

@CRO⁵

Retrospective study to establish diagnostic accuracy for stage I-IV

Clinical Study 1

@CRO

Retrospective study to establish clinical performance of test for monitoring BC compared to CA15.3

Clinical Study 2

@CRO

Validate analytical performance of in-house test in CLIA Lab

Analytical Validation

@Lab⁶

Validate clinical performance of in-house test in CLIA Lab

Clinical Validation

@Lab

Market launch by CLIA Lab partner

LDT Market Launch

POC = Proof of Concept; SPR = Surface Plasmon Resonance; BC = Breast Cancer; AUC = Receiver Operating Characteristic Area Under the Curve;

1 Pre-print manuscript <https://www.biorxiv.org/content/10.1101/2021.06.21.449179v2>; 2 Samples provided by Victorian Cancer Biobank; 3 Awarded competitive BTB funding from MTPConnect to develop tests for monitoring & detection of BC; 4 Collaborative Research Agreement with the Institute for Glycomics at Griffith University; 5 Contract Research Organisation; 6 CLIA-certified high-complexity laboratory



SUBB2M | OVARIAN CANCER TEST

Monitoring and detection of ovarian cancer



Data

- POC study conducted by Griffith University to evaluate SubB2M SPR-based assay for **detection of Neu5Gc** in 69 samples of OC cases and controls
- 100% sensitivity and specificity for all stages of OC compared to controls^{1,2}

Next steps

- Develop and validate SubB2M-CA125 immunoassay for **monitoring OC**
 - ✓ Initial POC achieved for SubB2M-CA125 ELISA-based test
- Evaluate SubB2M-IHC for OC (ASR)

Stage

Ovarian Cancer

n=69 (47 cancers : 22 controls)

	Sensitivity	Specificity	AUC
Stage I	100%	100%	1.000
Stage II	100%	100%	1.000
Stage III	100%	100%	1.000
Stage IV	100%	100%	1.000

Project plan

CY2021

CY2022

CY2023

Feasibility of SubB2M-CA125 immunoassay for detection of OC

Feasibility

@Griffith³/INOVIQ

Optimisation & verification testing of SubB2M-CA125 for OC

Assay Development

@CRO⁴

Retrospective study to establish diagnostic accuracy for stage I-IV

Clinical Study 1

@CRO

Retrospective study to establish clinical performance of test for monitoring OC compared to CA125

Clinical Study 2

@CRO

Validate analytical performance of in-house test in CLIA Lab

Analytical Validation

@Lab⁵

Validate clinical performance of in-house test in CLIA Lab

Clinical Validation

@Lab

Market launch by CLIA Lab partner

LDT Market Launch

POC = Proof of Concept; SPR = Surface Plasmon Resonance; OC = Ovarian Cancer; AUC = Receiver Operating Characteristic Area Under the Curve;

1 Pre-print manuscript available <https://www.biorxiv.org/content/10.1101/2021.06.21.449179v2>; 2 Samples provided by Victorian Cancer Biobank; 3 Collaborative Research Agreement with the Institute for Glycomics at Griffith University; 4 Contract Research Organisation; 5 CLIA-certified high-complexity laboratory



EXO-NET | PRODUCTS & PIPELINE

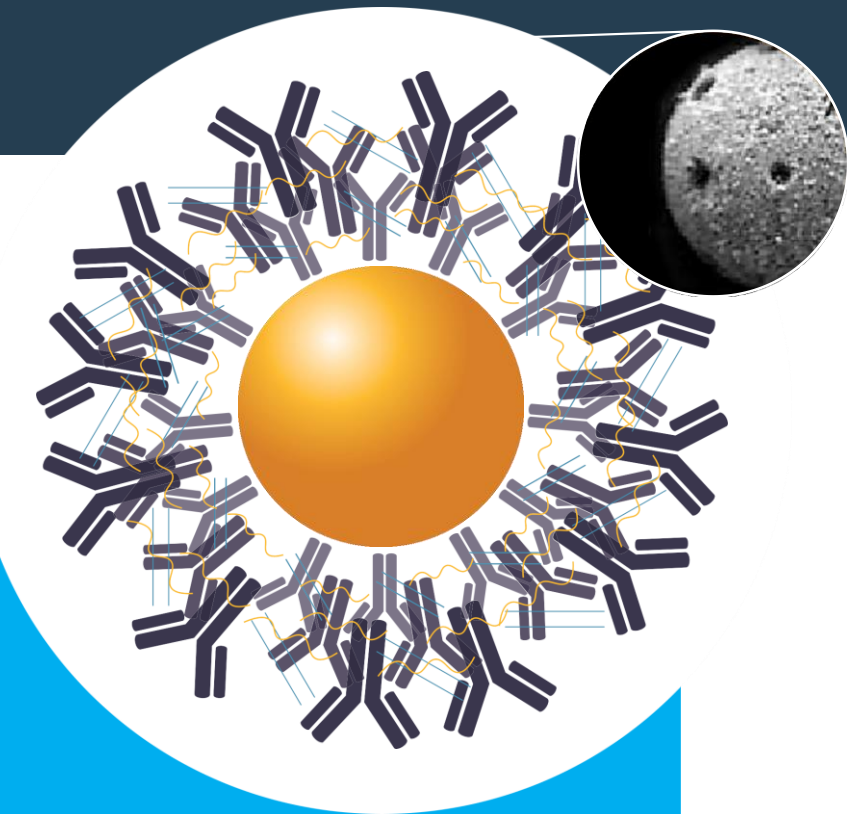
Enabling technology for exosome research, diagnostic and therapeutic applications

RUO EXO-NET[®] product



- RUO EXO-NET is a **pan-exosome capture tool** for research use
- Suitable for enrichment from **blood, urine, saliva** and **cell culture**
- Highly scalable with **speed, purity and yield** advantages
- **Commercialisation strategy** to embed EXO-NET into the discovery, research & development phases of future **exosome-based Dx and Tx**
- **Evaluations** progressing with multiple KOLs in academia & industry
- Plans to expand **collaborations** with KOLs to validate use of EXO-NET in key exosome applications
- **Presentations** of research at scientific conferences
- **Publication** of in-house and collaborator data in peer reviewed journals to build product awareness, validate technology & gain adoption
- Secure **distributor/s** for RUO EXO-NET to manage distribution & sales
- Research market estimated at **US\$100-500m** by 2026¹

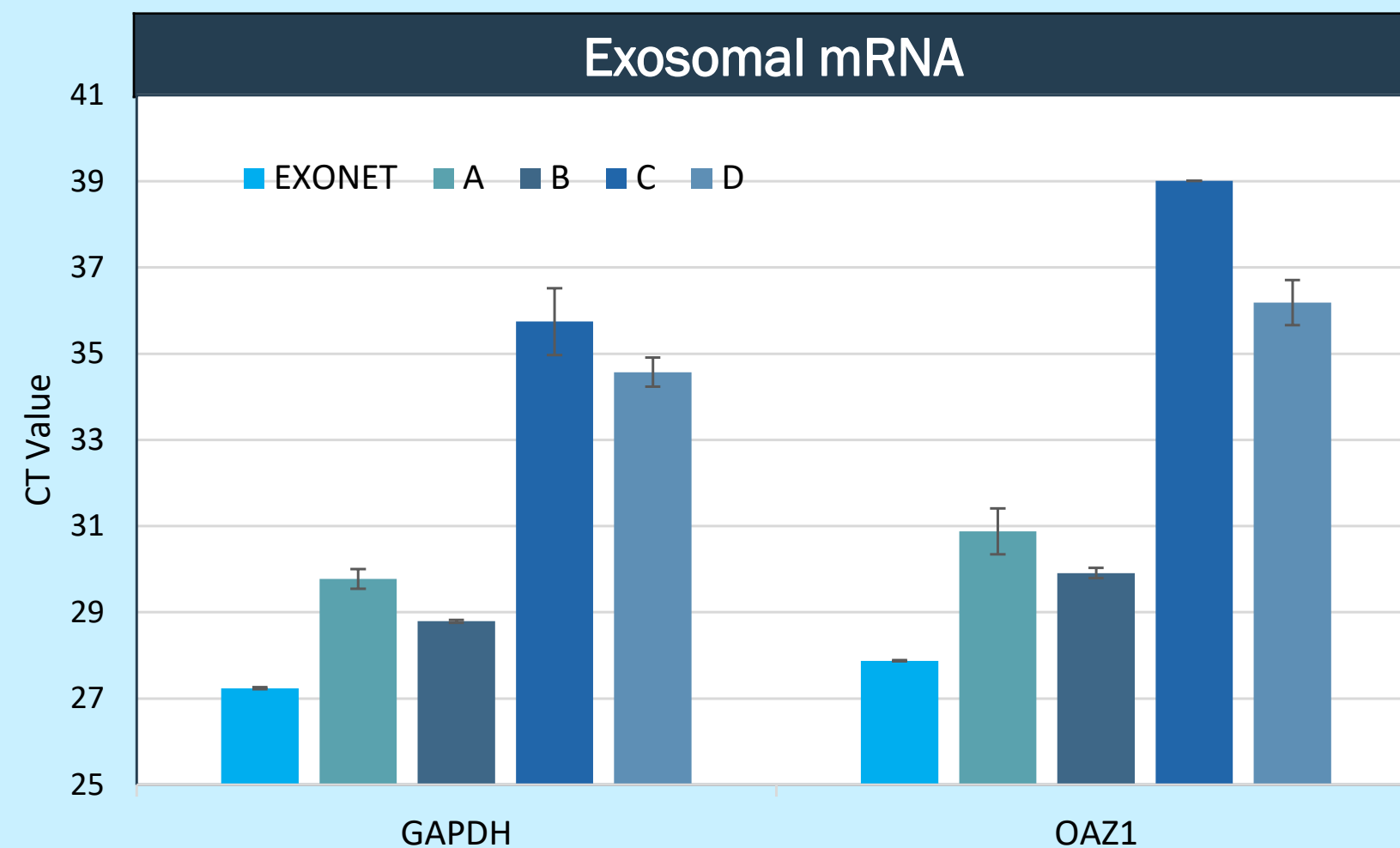
EXO-NET pipeline



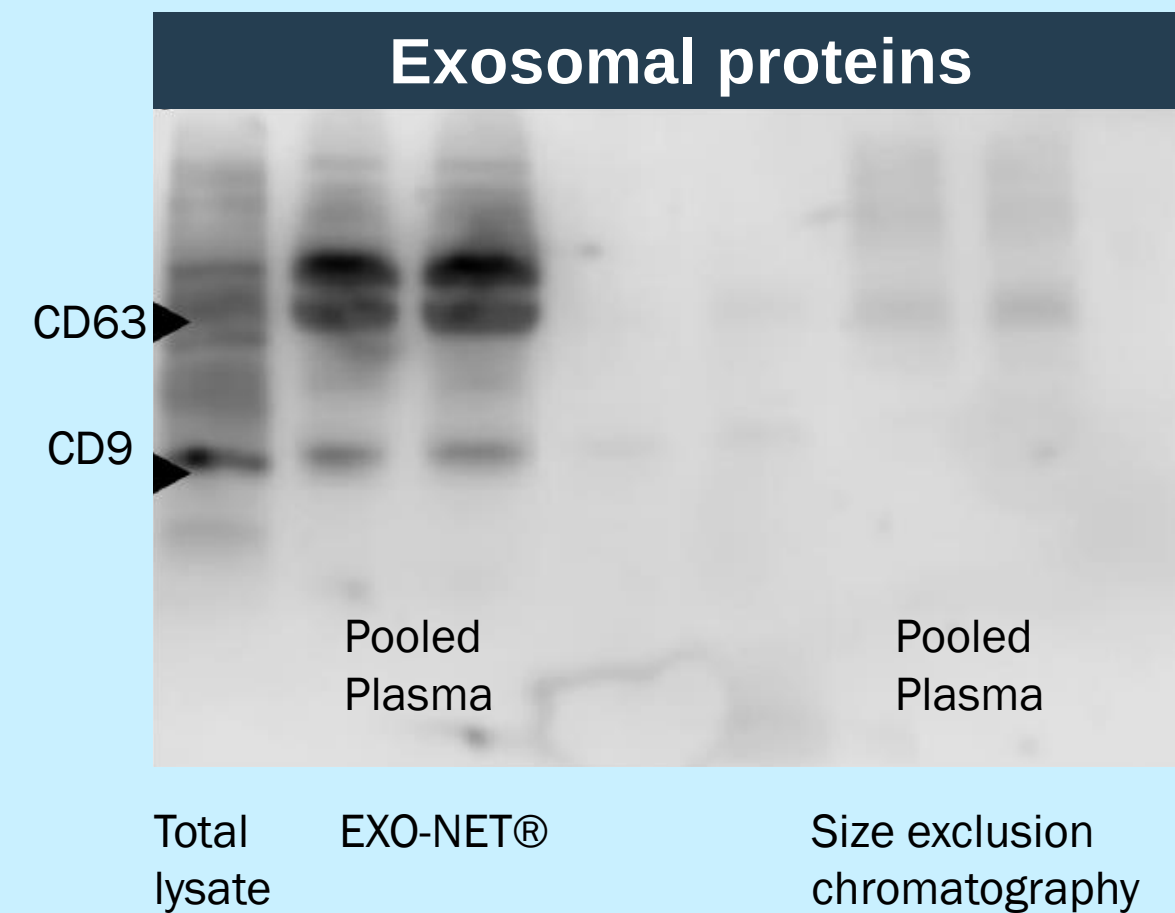
- **EXO-NET** is a proprietary multi-layered matrix of capture antibodies coated onto magnetic beads to enable efficient exosome isolation
- **Exosomes** are nano-particles (30-150nm) produced by cells containing nucleic acids, proteins & lipids that are **biomarkers** for diagnosis and treatment of multiple diseases including cancer, metabolic, neurological
- New product development opportunities:
 1. EXO-NET **medical device** for diagnostic applications
 2. **Capture and release** EXO-NET for therapeutic applications
 3. **Customised** EXO-NETs for capture of target exosomes
 4. In-house exosome-based **cancer diagnostics**¹
 5. Partnered exosome-based **companion diagnostics (CDx)**
- Potential for **contract research fees** and **license revenues** from upfront fees, development milestones & royalties
- Global exosomes market for Dx and Tx **US\$2.3b** by 2030²

EXO-NET | COMPARISON DATA

- Scalable exosome isolation for high throughput screening
- Speed, purity and yield advantages
- Compatible with downstream exosomal RNA & protein analyses



EXO-NET results in higher recovery of exosomal mRNA compared to 4 commercial exosome isolation kits (i.e. as indicated by lower CT values)



EXO-NET results in enrichment of exosomal proteins compared to SEC

“EXO-NET enables simple and rapid exosome capture for clinical applications.”
INOVIQ collaborator

BARD1 | TECHNOLOGY AND AUTOANTIBODY TESTS



- Splice variants of **BARD1** are associated with cancer formation, progression and poor prognosis
- **BARD1 autoantibody (AAb) tests** measure **autoantibodies** to BARD1 variants and use a weighted **algorithm** to give a cancer score
- Potential applications for **earlier cancer detection** in high-risk individuals
- **POC studies**¹ performed at UNIGE² using a research-stage multi-peptide immunoassay on MSD platform³ showed high accuracy for detection of ovarian, breast & lung cancers compared to healthy controls
- 20-peptide assay developed under contract by Thermo Fisher Scientific on Luminex platform for commercialisation (RUO BARD1 kit)
- Evaluations of BARD1 kit at UNIGE and Griffith confirmed performance of several peptides to discriminate between case and control⁴
- Further assay design, development and technical validation would be required before advancing to clinical development

Product	Study	n (cancer:normal)	AUC	Sensitivity	Specificity
BARD1 Ovarian	OC-CA125 (ave-risk)	400 (200:200)	0.95	88%	93%
	OC-R001 (high-risk)	261 (127:134)	0.97	89%	97%
BARD1 Breast	BC-001a (ave-risk)	123 (61:64)	0.86	70%	88%
	BC-001b (benign)	110 (61:49)	0.84	85%	76%
BARD1 Lung	LC-POC (ave-risk)	187 (94:93)	0.86	80%	77%

AUC is the accuracy of the test; Sensitivity is the % of people with cancer that correctly test positive; Specificity is the % people without cancer that correctly test negative.

1 POC = Proof of concept; 2 UNIGE = University of Geneva; 3 Meso Scale Discovery (MSD) immunoassay platform; 4 IIQ announcement dated 15/4/21

HTERT | ICC TEST FOR DETECTION OF HTERT

Anti-hTERT antibody



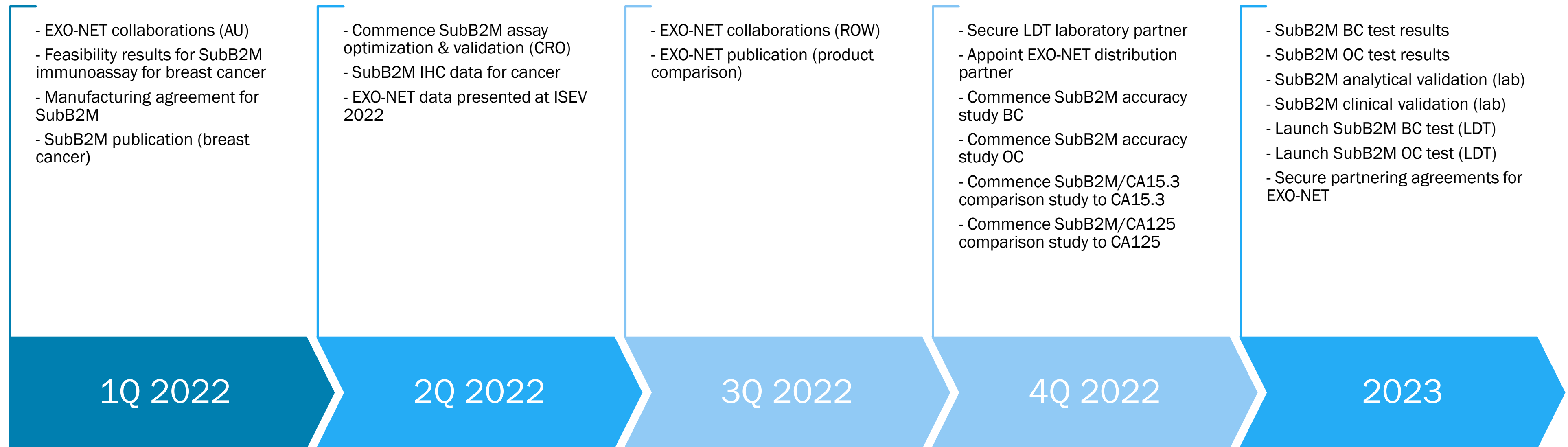
Anti-hTERT Antibody

- hTERT test is an immunocytochemistry (ICC) assay that **detects hTERT**
- **Adjunct to urine cytology** to assist bladder cancer diagnosis
- **Registered** in US (FDA Class I), Europe (CE-IVD mark), South Korea (MFDS Class II) & Australia (TGA Class II)
- **Distributors appointed** in US (StatLab), Greece (Aenoresis), Sweden (TrioLab), Israel (Zotal) & South Korea (Mirax)
- **US:** Generating ~A\$550k revenue pa & reimbursable US\$108 per test
- **ROW:** Initial commercialisation efforts focused on establishing test in Key User / reference laboratories; User pays
- **US bladder cancer market:** incidence 80,617, prevalence 269,259, **1.7m urine cytology tests pa** on new cases of haematuria (2017)^{1,2}



CATALYSTS

Expected newsflow over the next 24 months



Milestones and timelines subject to change based on results, sample access, partner/regulatory engagement; impact of COVID-19 delays, and other factors outside of management control

INVESTOR SUMMARY

Biotechnology company	• Focused on diagnostic and exosome-based solutions to improve health outcomes in cancer and other diseases
Innovative technology	• Proprietary biomarker isolation & detection technologies with multiple applications
Strong pipeline	• Multi-product pipeline for detection of common and/or deadly cancers
Compelling results	• POC results for SubB2M tests show high sensitivity & specificity for detection of breast & ovarian cancers ¹
Commercialised products	• Products in-market for bladder cancer ² and exosome research
Significant growth potential	• Targeting unmet needs for cancer diagnostics in US\$11b global markets
Experienced leadership	• Track record in healthcare leadership, Dx development and commercialisation
Strong cash position	• Cash of \$18.6m as of 31 Dec 21 to fund operations and pipeline development ³

Dx = Diagnostics; 1 SubB2M proof-of-concept data; 2 Adjunct to urine cytology to assist the detection of bladder cancer; 3 As at 31 Dec 2021

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APPENDICES

ADDITIONAL INFORMATION

STRONG PATENT PORTFOLIO

- Broad patent portfolio protecting IIQ's core biomarker isolation and detection technologies, and products
- IP owned or exclusively licensed
- 38 granted patents, 19 pending and 2 new provisional patent applications (at 31/1/21)
- Covers key jurisdictions (including US, Europe, Asia & Australia)
- Trademarks for INOVIQ™ and EXO-NET®

Patent Family	Title	Granted	Pending	Expiry
SubB2M				
PCT/AU2017/051230 (WO 2018/085888)	Subtilase cytotoxin B subunit mutant		AU, BR, CA, CN, EP, IN, JP, KR, US	2037
APPA/2021901444	Methods of analysing a sample			2042
BARD1				
PCT/FR01/02731 (WO/2002/018536)	Truncated BARD1 protein, and its diagnostic and therapeutic uses	US		2024
PCT/IB2011/053635 (WO/2012/023112)	BARD1 isoforms in lung and colorectal cancer and use thereof	AU, CA, CN, CN(div), EP, HK, IL, JP, JP(div), SG, US, US(cont)	BR	2031
PCT/IB2011/054194 (WO/2012/038932)	Kits for detecting breast or ovarian cancer in a body fluid sample and use thereof	EP, US, US(cont)		2032
PCT/EP2014/073834 (WO/2015/067666)	Lung Cancer Diagnosis	AU, CN, IL, JP, SG, KR, US	CA, EP, HK	2034
EP14002398.7	Non-coding RNA as diagnostic marker and treatment target	US		2035
hTERT				
PCT/AU2015/050060 (WO2015/120523)	Method of resolving inconclusive cytology to detect cancer	AU, CN, EP, JP, IL, US	US(cont)	2035
PCT/AU2016/050764 (WO2017/027928)	Method of detecting cancer in morphologically normal cells	JP	US, EP	2036
Molecular NETs				
PCT/US2010/058086 (WO2011/066449)	Devices for detection of analytes	CN, US, US(cont1), US(cont2)	US(cont4)	2030
PCT/US2013/049779 (WO2014/011673)	Molecular Nets	EP		2033
PCT/US2014/029823 (WO2014/153262)	Molecular nets on solid phases	AU, CN	CA, CN(div)	2034
APPA/2021901358 APPA/2021901359	Methods relating to tumour-derived extracellular vesicles			2042

cont = continuation; div = divisional

HEALTHCARE EXPERIENCED BOARD



DR GEOFF CUMMING PhD

Non-Executive Chairman

Healthcare and biotechnology director with extensive diagnostics industry experience.

Previously Managing Director Roche Diagnostic Systems (Oceania), MD/CEO Biosceptre International Ltd and MD/CEO of Anteo Diagnostics Ltd.

Currently NED AnteoTech Ltd.



MAX JOHNSTON

Non-Executive Director

Healthcare industry director and international business leader with extensive experience across medtech, pharmaceuticals, consumer healthcare and consumer goods.

Previously President and CEO of Johnson & Johnson Pacific, NED of PolyNovo Ltd and CannPal Animal Therapeutics Ltd, and Chairman of AusCann Ltd.

Currently NED of Medical Developments International Ltd & Tissue Repair Ltd, and interim CEO of PolyNovo Ltd.



PHILIP POWELL

Non-Executive Director

Healthcare industry director and chartered accountant with extensive investment banking experience specialising in capital raisings, IPOs, mergers and acquisitions and other transactions across pharma, food and agriculture.

Previously at OAMPS Ltd and Arthur Andersen, and NED at Polynovo Ltd and Medical Developments International Ltd.

Currently NED RMA Global Ltd.



Prof ALLAN CRIPPS AO PhD

Non-Executive Director

Distinguished academic, clinical scientist and health services leader, having made significant contributions in immunology, diagnostics and health services.

Previously Pro Vice Chancellor (Health) at Griffith University where he was responsible for the establishment of the Health Faculty including the School of Medicine.

Currently Professor Emeritus at Griffith University and NED of Neurotech International Ltd.

MANAGEMENT



DR LEEARNE HINCH

Chief Executive Officer

Dr Leearne Hinch BSc BVMS MBA is an experienced biotechnology executive and life sciences commercialisation consultant.

Strong track record in company leadership, business strategy, operational management, fundraising, sales, business development and technology commercialisation.

Previous senior executive and consulting roles in ASX-listed biotechnology, multi-national and private companies across diagnostics, devices, therapeutics and animal health including Mars, Virbac, Chemeq, CollTech & OBJ.



DR GREG RICE PhD

Chief Scientific Officer

Dr Greg Rice BSc PhD MHA GradDipMgt is an internationally recognised scientist with over 30 years' expertise and experience in oncology, perinatology, exosome-based research, clinical translational research, IVD development and commercialisation.

Successful track record in oncology research, biomarker trials and diagnostics commercialisation.

Previous leadership roles in academia and industry including UQ, Baker Heart Inst., UoM, Monash & HealthLinx.



DR EMILY STEIN PhD

Technology Director (NETs)

Dr Emily Stein PhD is an experienced life sciences executive, scientist and inventor of the NETs technology.

Track record in creating patented technologies and translating innovations from idea to commercialised products, with expertise in microbiology, rheumatology immunology and neurology.

Previous management roles as founder and scientist in US-based life science start-ups.



DR WAYNE JENSEN PhD

R&D Director

Dr Wayne Jensen PhD is an experienced medtech executive with extensive product development experience.

Track record in product development from concept to commercialisation, having successfully brought 25 medical device & IVD products to market.

Previous senior R&D, QA and consulting roles in medtech and diagnostics at Sienna & Universal Biosensors.



SUSAN BELZER

Commercial Dev Director

Susan Belzer BSc MBA is an experienced clinical diagnostics professional with expertise across oncology, immunology & infectious diseases.

Track record in laboratory management, TQM, project management, LDT and IVD diagnostic development & commercialisation.

Previous diagnostics management roles at ViroMed-LabCorp, Exosome Diagnostics & MD Biosciences.



TONY DI PIETRO

CFO & Company Secretary

Tony Di Pietro BComm CA AGIA MAICD is a Chartered Accountant with strong corporate accounting experience, gained in Australia and the UK.

Graduate Diploma of Applied Corporate Governance from the Governance Institute of Australia and member of the Australian Institute of Company Directors.

Previous senior roles in ASX-listed biotechnology companies including Acrux Ltd.