

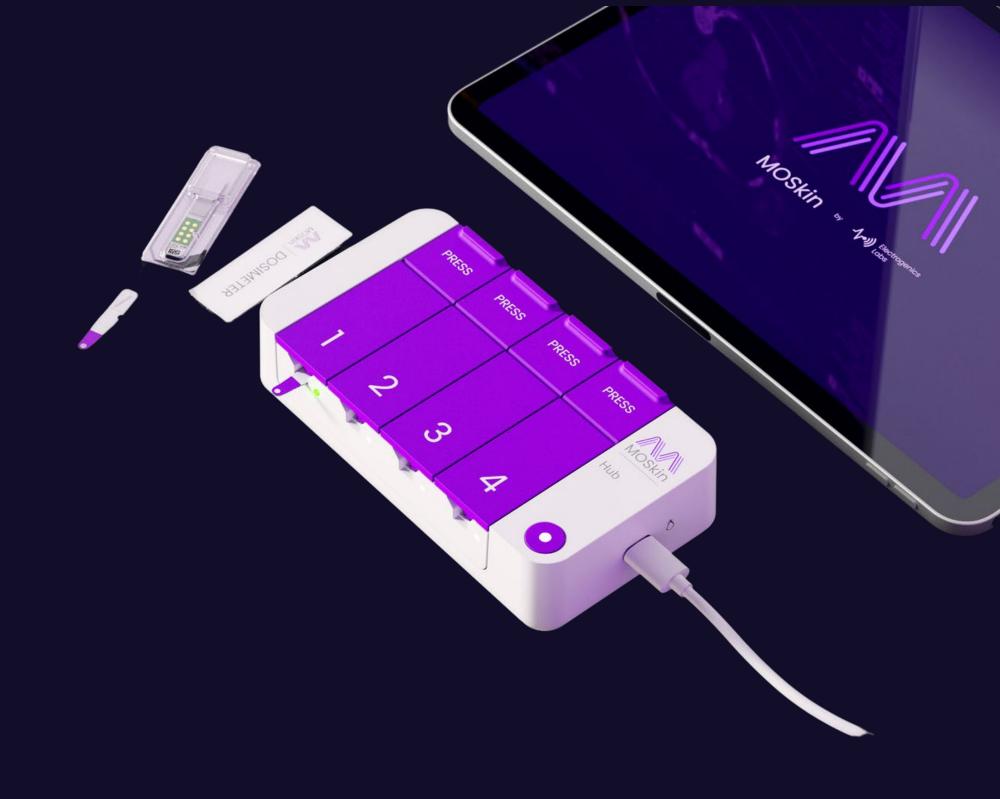
### ELECTROGENICS LABORATORIES LTD

ACN 625 525 745

Next-Generation
Radiation Dosimetry

### **Investment Overview**

Series C Round In conjunction with Raising AUD \$1.2M (Overs Considered)





December 2024

### **Opportunity Snapshot**

### **Key Definitions** (Medical Physics)

**Dosimetry:** The science of measuring radiation, calculated through magnitude and specific calculations.

Radiation Oncology: A medical specialty using high levels of radiation to treat cancer, delivered through a Linear Accelerator (LINAC).

**Interventional Radiology**: Minimally invasive procedures guided by imaging, where precise radiation measurement is critical.

### **Key Market Insights**

**Global Need:** Over 20 million new cancer cases annually, with 6 million patients treated using radiation therapy.

**Current Challenges:** Radiation dosimetry is costly, time-intensive, and lacks real-time accuracy, making it rare in mainstream use.

Significant Market Opening: MOSkin™ is as the clear option for replacement in market due to the recall of a major competitor

### MOSkin™ Solution

Innovation: ELL's MOSkin™ dosimeter is fast, low-cost, and provides real-time, accurate radiation measurement—making dosimetry viable for mainstream use.

Market Position: MOSkin™ is fully patented (80% global market coverage) with successful trials in 20+ international institutions.

Unique Advantage: Competitors face market exit due to FDA recalls, positioning MOSkin™ as the clear market leader.

### **Recent Achievements**

**Grant Funding:** Awarded a \$1.1M Industry Growth Program grant after detailed review by AusIndustry. This is 2<sup>nd</sup> federal Industry grant awarded to the Company.

Regulatory Pathway: FDA application near ready, with market entry expected shortly thereafter.

Engineering & Production Ready: Bulk samples manufactured.

USA Distributors: Identified and negotiations started.

# Current Medical Radiation Measurement Tools Are Outdated and Inefficient

Globally, there are 8,000 + Radiotherapy centres and over 15,000 Linear Accelerators, with 5,800 in the USA & China alone.



Competitor technologies have not changed in over 30 years



Expensive with large capex, servicing costs, and device disinfection



Risks patient safety with inaccurate dosage and delayed results



Completely out of touch with modern clinical pathways

## Existing Dosimeters Have Major Flaws



**Time consuming** and **difficult** to calibrate and use, 1 ~ 3 hrs.



Require post processing which delays results for hours or days and cannot provide immediate feedback of radiation dose.



Don't measure the dose at skin depth, per an internation standard.



Are **not single use**, therefore require disinfection and cleaning.

Are not Radiolucent, blocking clinician vision.

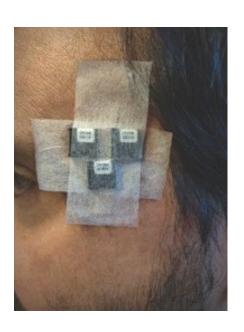


**Impedes LINAC patient throughput** and lower productivity.









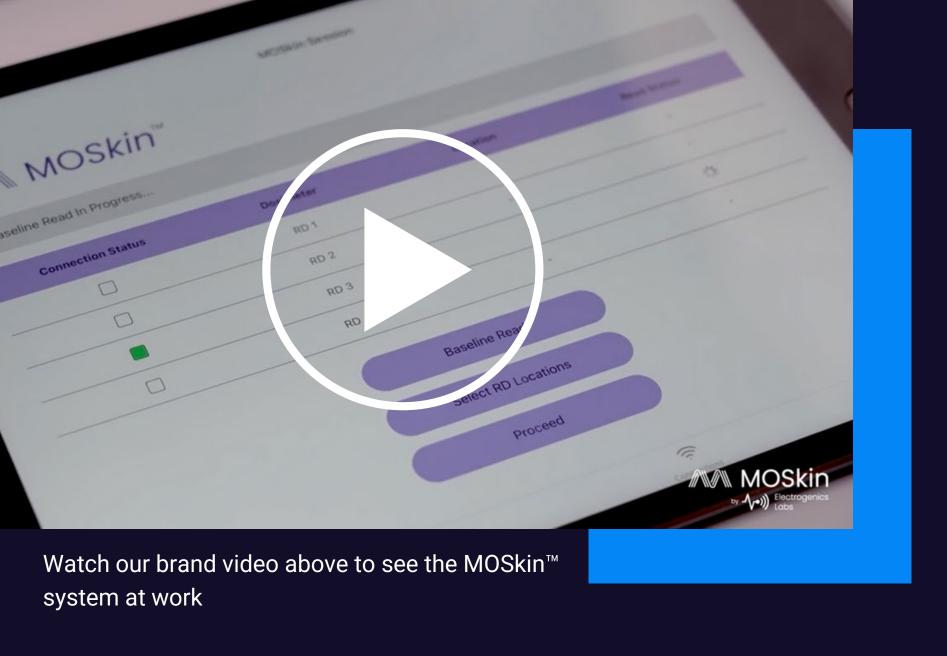
Cumbersome for routine use, needing large capital outlays and expensive radiation physicist skills.



# Introducing MOSkith Simple, Immediate, Affordable, & Accurate Radiation Dosimetry

The MOSkin system materially improves clinical pathways, making use of the medical physics laboratory, redundant.





## Materially Improves Clinical Workflow

The MOSkin™ system improves facility outcomes by delivering accurate, real-time dosimetry at point-of- care, rather than after slow laboratory-based post processing.

Affordable

Easy to Use

**•** 

Fast



### Clinical Benefits

Can be **set up in minutes** by nurses or lab technicians (no longer needing specialist staff)

Real-time radiation measurement to support clinicians.

Cost-effective, disposable, and easy to use.

Provides **instant results** directly at the treatment site.



## Important Patient Benefits



Reduces risk of overdosing – skin burns + increased risk of secondary cancers



Reduced risk of underdosing – Potential for more visits and recurrence



Much quicker set up at the LINAC, reducing patient time in treatment

## How MOSkin ™ Works

(((•))) Easy to use sensors



Immediate and accurate results



Integrates easily into existing systems

1.Initial Setup



2. Dose measured During Treatment



3. Immediate Data Transmission



4. Real-Time Results at the Bedside



## Simplified Clinical Pathway





Use of lower skilled medical staff



Faster recording and analysis of results

Register
 Dosimeter At
 Hub

2. Stick on patient

3. Dose measured at LINAC

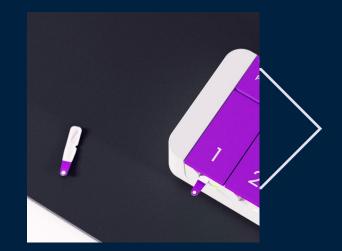
4. Dosimeter placed in hub and result wirelessly transmitted to tablet

5. Immediate results on ipad and emailed for medical records.











## Why MOSkin ™ Stands Out

- Superior to competitors in all key facets
- Largest competitor has exited the market due to an FDA recall, clearing the path for MOSkin™
- Fully patented and tested in over 20 global institutions

Feature	Old Technology	MOSkin™		
Setup Time	1-2 hours per use	3 minutes		
Results Delivery	Delayed (1.5+ hours after treatment)	Real-time, instant data during treatment		
Accuracy	Moderate (70-85%)	High (>95% accuracy)		
Usability	Requires specialist staff for calibration	Operable by nurses/technicians, minimal setup		
Patient Safety	Limited monitoring during treatment	Real-time monitoring reduces patient & facility RISK		
Cost per Use	High (due to reusable devices needing cleaning), etc	Low (single-use, disposable sensors)		
Data Transfer	Wired, often delays in analysis	Wireless, instant data transfer		



## A Large & Underserviced Global Market



20 million new cancer cases annually



\$300M-\$400M annual market potential in Radiation Oncology



\$80M-\$100M annual market potential in Interventional Radiology

## Proprietary Technology

- Patents are fully assigned to and owned by Electrogenics Laboratories Ltd.
- ◆ ELL has first rights to all new IP developed by UoW in this field.
- ◆ Further ELL IP in development
- Considerable key Trade Secrets around design & manufacturing not disclosed in the patent

Image shows patents granted in 3 regions, with international patent pending.



### The Details

- oExpected FDA approval 3-4 months (Q2 2025) following a 510(k) submission
- Access to ~8,000 radiotherapy centres globally, with LINAC installations growing at a CAGR of 6%.
- oLower cost per use vs. legacy products due to single-use design and ease of setup.

## A Lucrative & Scalable Business Model ... *Underpinned*

by Platform Technology, for Application in New Markets



**Consumables:** Single-use MOSkin<sup>™</sup> dosimeters (recurring revenue)



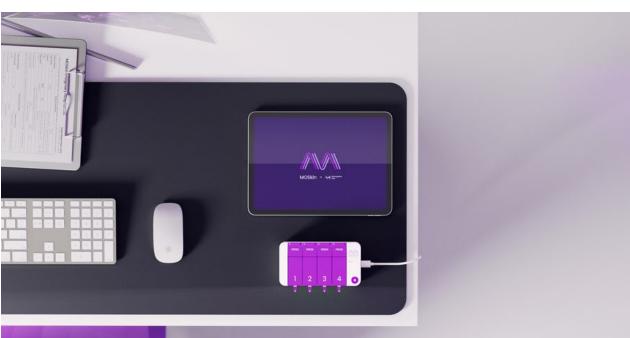
Capital Equipment: MOSkin™ Hubs (one-time purchases) + Utilising iPad



**Software:** Annual licenses (recurring revenue stream)







### Fast Path to Market Entry



Jan 2025

Filing of 510(k) submission with FDA for MOSkin™ as a Class II device.



Jan-Apr 2025

90-day review cycle as per FDA requirements for Class II devices.



**April 2025** 

FDA 510(k) clearance anticipated by April, enabling immediate US market entry.



Q1 2025

Finalise distributor relationships and prepare initial inventory for early sales.



Q2 2025

Initial sales and distribution launch following FDA approval.

### **Key Points:**

- FDA Clearance expected within 3 months
- Distributor -based model for rapid growth
- Positive Distributor negotiations started
- 1st sales in Qtr 2, 2025.

1.

4,000 LINACS at 2,700 Treatment centres

### **United States**

Primary initial target market due to high demand and straightforward regulatory pathway to FDA approval.



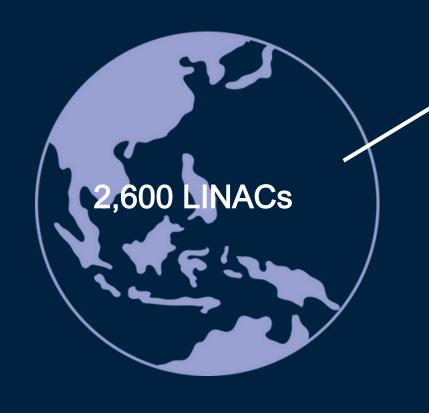
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### Europe

Strategic European countries with high LINAC installations, including UK,

Germany, France, and Italy.

### Distribution Network



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### Asia

Initial targets in Japan and China due to growing healthcare infrastructure and need for advanced dosimetry.



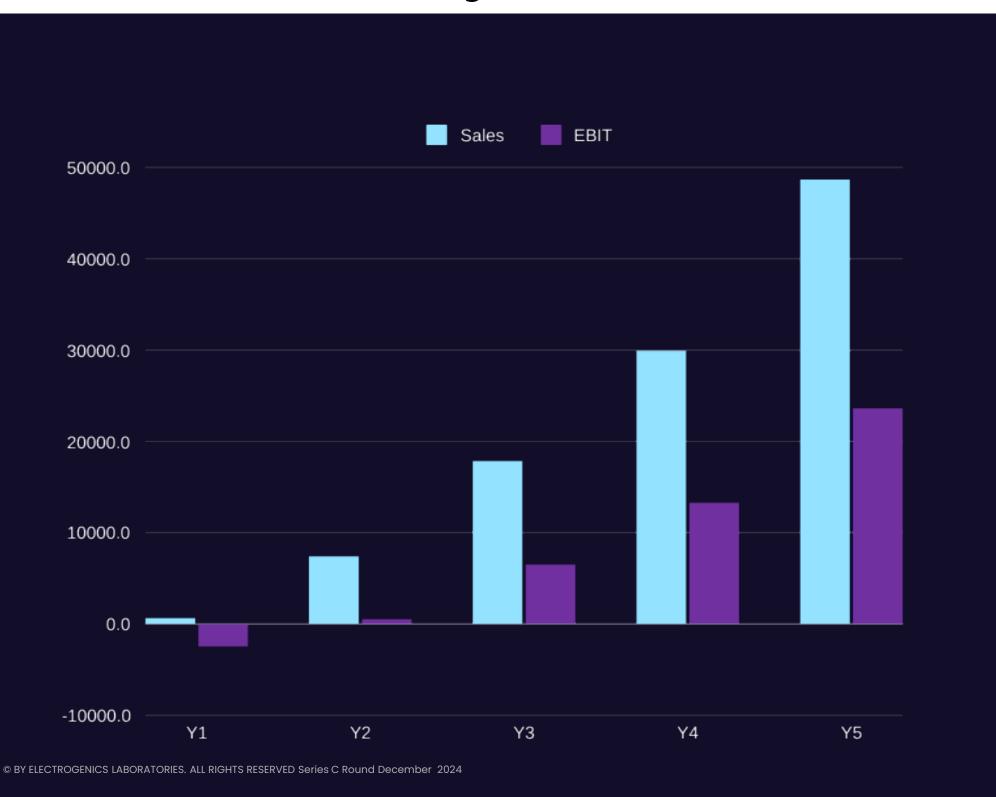
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### Australia & NZ

Existing clinical partnerships and trial locations make this a target market for expansion.

Out GTM strategy is indirect via in -country channel partners

## Linear Growth & Profitability



### Break even expected in Year 2

Revenue growth driven by market penetration, replacing old technologies, and competitor withdrawal

IPO or exit strategy in 12 -18 months

45% + EBIT by year 3

## The Projected Numbers

P&L Projection - Existing Market Only**						
Year (Base Year 2025)	1 - (6mo)	2	3	4	5	Total
Sales						
Sensors Sold (MOSkin™ Units)	8,848	92,516	241,916	449,394	740,271	
Software Licenses Active (Units)	71	810	2,253	4,146	6,993	
Hub Sales (New Customers)	71	739	1,443	1,893	2,847	
LINAC Population (6% CAGR) Rounded	15,000	15,900	17,000	18,100	19,200	
Market Share of LINAC machines	0.47%	5.09%	13.25%	22.91%	36.42%	
Total Sales	699,000	7,458,000	17,889,000	29,931,000	48,694,000	104,671,000
Royalty/License fees	48,000	543,000	1,244,000	2,066,000	3,298,000	
cogs	353,000	2,212,000	4,557,000	6,998,000	11,341,000	
Gross Profit	298,000	4,703,000	12,089,000	20,867,000	34,055,000	72,012,000
Gross Margin %	43%	63%	68%	70%	70%	
Other income R&D rebates etc.	319,000	224,000	215,000	269,000	438,000	
Expenses						
Sales & Marketing Expense	216,000	766,000	1,189,000	1,713,000	2,539,000	
R&D Engineering & Technical Expense	950,000	746,000	716,000	898,000	1,461,000	
Tech Support & SW Maintenance	69,000	654,000	1,456,000	2,411,000	3,615,000	
Corp Overheads	1,960,000	2,153,000	2,327,000	2,730,000	3,154,000	
Total Expenses	3,195,000	4,319,000	5,688,000	7,752,000	10,769,000	31,723,000
% of Sales	457%	58%	32%	26%	22%	
EBIT	-2,577,000	608,000	6,616,000	13,383,000	23,725,000	41,755,000
EBIT % of Sales	-369%	8%	37%	45%	49%	

## Capital Strategy & Offer Overview

Offer Details	Information			
Raise Amount (Series C Round)	A\$1.2M			
Price per Share	A\$0.065			
Issue Instrument	Ordinary Shares			
Pre-Money Valuation	A\$12M*			
Target Liquidity Event Horizon	Q4 2025			

This Round



Series C Round Initiation

USE OF FUNDS: Initial setup for US market entry pending FDA 510(k) clearance. A\$1.2M @ A\$0.065 per share

EV ~A\$12M\* A\$6.5c

Dec/ 24 Jan 25 24



#### **FDA Submission**

Planned submission in Feb 2025. Fully funded for FDA submission and regulatory readiness

Jan 25



### FDA Clearance & Market ENTRY

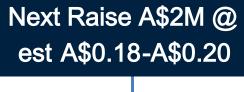
Expected FDA 510(k) clearance by April 2025. Prepare for market entry and establish early sales channels.

**April 2025** 



### Initial Sales & Distribution

Launch initial sales Q2 2025, pre-IPO if required. Supports commercial readiness.



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Po

### **Target Liquidity Event**

Planned for Q4 2025 Estimated EV: **A\$50M -plus<sup>a</sup>** based on market conditions. IPO or Trade sale

Q2 2025

5

Q4 2025

### Pro Forma Capital Structure

Pro Forma Capital Table – Post Series C Raise							
Shareholders	Shares	Holding					
University of Wollongong	11,475,000	5.66%					
Founders (3 people)	43,861,254	21.63%					
ELL Trust shares & Board & Management	30,631,811	15.1%					
Service Providers and Advisors	2,049,996	1.01%					
Other shareholders from A & B rounds (93 shareholders)	96,306,133	47.49%					
Current Round Series C @ 6.5 cents per share	18,461,538	9.10%					
TOTAL Shares	202,785,732	100.00%					

Use of Funds

## How we will spend \$1.2M

### **Primary Allocation:**

- Final touches on FDA
   Submission and review
   management
- Inventory build-up
- Sales & marketing
- Working capital



## Experienced Leadership with Proven Expertise



Geoff Neilson, CEO

Over 30 years in Medical
Devices including and senior
VP level roles at ResMed
across multiple business
functions including Product
Development, Commercial,
and Supply Chain Management
roles



Mario Pennisi AM, Non-Executive Director

Over 30 years in life sciences, experienced in commercialisation and strategic leadership. Director of several successful healthcare businesses in Australia and the USA. Foundation career in Health tech including Mayne Health.



Dr. Arthur Brandwood, Non-Executive Director

40 years in MedTech, expert in regulatory and product commercialisation. Senior roles in the TGA and adviser to international regulators over many years.



Geoff Marshall, Non-Executive Chair

Deep experience in medical and non-medical sectors. Former big 4 Accounting Partner, investment banker, and founding MD of Nanosonics Ltd. Previous roles include COO of Mayne Health Private Hospital Group and founder of several start ups.

### Specialist Advisors, Key Team & Partners



Prof. Michael Jackson, Medical Advisor, MD

25 years in MedTech and business development, ex-VP at ResMed.



Prof. Anatoly Rozenfeld, Scientific Advisor.

Renowned leader in radiation therapy instrumentation, founder of the Centre for Medical Radiation Physics.



Matthew Harrington, Product Development & Supply

20+ years in MedTech and CleanTech, former ResMed product lead.



Brad Tvedt, Sales & Marketing

Senior sales leader, previously at ResMed and Philips Healthcare, scaled sales from start-up to multi-million revenue.



Grant Palmer, QA/RA/Clinical

30 years in regulatory affairs, clinical research, and quality assurance; experience with global market approvals.

### **GTM Partners**









### Recap



### **Strong Market Need**

- Immediate demand for accurate radiation dosimetry following regulatory induced competitor exit.
- Over 20 million new cancer cases annually; 6 million treated with radiation therapy.



### Regulatory & Market Readiness

- Minimal regulatory risk with FDA approval expected within 3 months from submission Jan 25 (Q2 2025).
- Successful trials in over 20 international institutions testing product reliability.



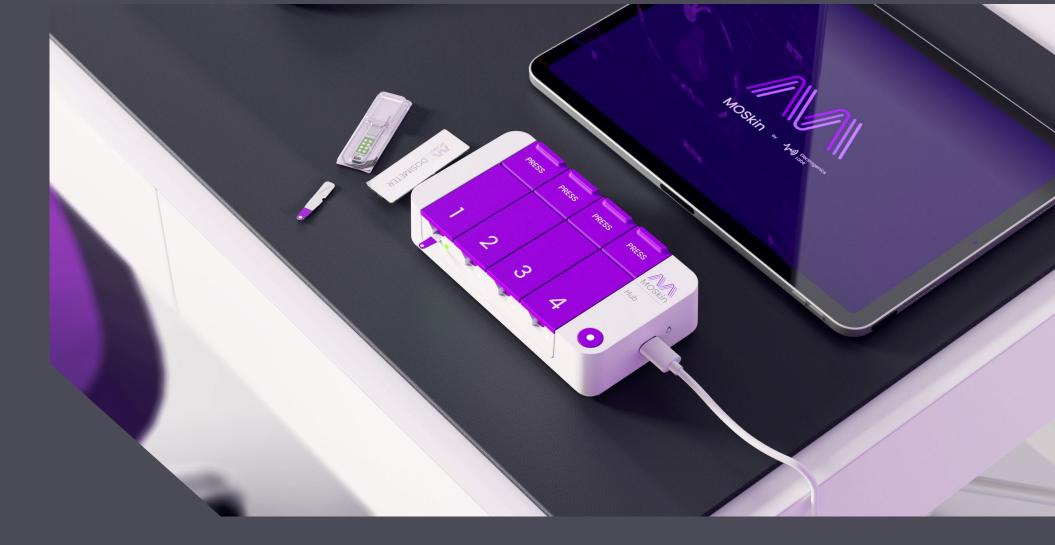
### Compelling Business Model

- Recurring revenue from single-use dosimeters and software licenses.
- Proven 'razor/razorblade' model, maximising customer lifetime value (est. \$60k-\$100k per LINAC over 10 years)



### **Experienced Leadership**

 Highly skilled team with decades of MedTech expertise and strong R&D backing from leading institutions (UoW & CMRP)





### **Attractive Investment Potential:**

- Conservative valuation with potential for 2-3x uplift post-FDA approval.
- Near-term liquidity event planned via a trade sale or IPO, anticipated within 12-18 months.



### Solid IP Portfolio

Fully owned and patented in all significant global markets.

# JOIN US IN TRANSFORMING RADIATION DOSIMETRY

Click for More
Information Or
Apply for shares



Contact us for more information about this opportunity

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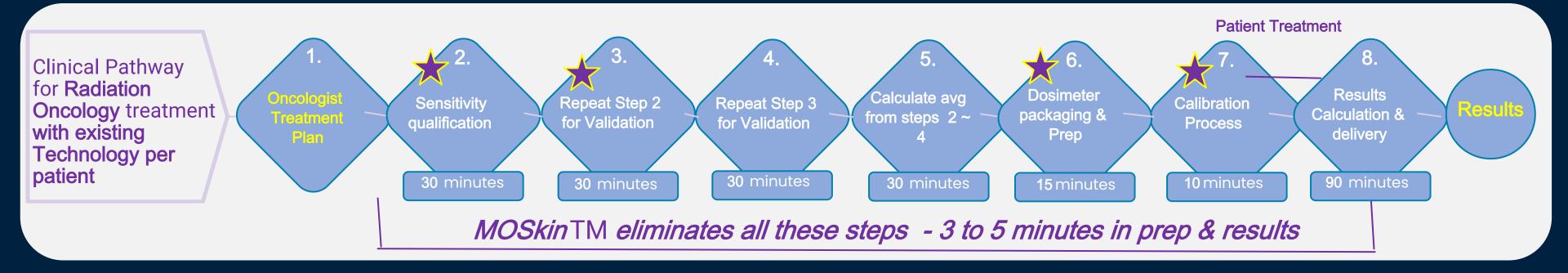
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### APPENDIX

### Detailed Clinical Pathway & Competitor Analysis





	A\$ Capital Outlay	A\$ Service cost~10yrs	A\$ Cost for Sensors^	Prep time before Dose	Time to results	Max Patients /day/ #	Typical Accuracy	Application Coverage	Realtime	WED Std
Existing Technology TLD Sensors	Ave \$60K	Ave \$350K	\$30-\$60	~2.5 hrs	>1.5 hrs	5~10	70~80%	~80%	NO	NO
Existing Technology  DIODES	Ave \$20K	Ave \$100K	\$1.5-\$2.5K	~l hr	Real Time	12~15	75~85%	~70%	YES	NO
		-				_				
MO <i>Skin</i> TM	Ave \$12K	\$50K**	\$35	~3 mins*	Real time / Instant	20~25	>95%+	99%+	YES	YES

<sup>^</sup> Per Sensor. Sensors can be used multiple fractions for same patient

<sup>\*</sup> Assumes pre-calibrated

<sup>\*\*</sup> Annual Software license over 10 yrs.

<sup># =</sup> Linear accelerator, uses electricity to generate high energy beams of electrons

### Fully Patented and Tested at 20 Clinics



- MOSkinTM has been tested and validated in Australia & internationally in >20 hospitals & clinics
- Tested on over 2,000 patients and simulations
- Over 40 published scientific papers
- A subject of 21 PhDs
- > 500 references in Google scholar
- Over \$10 million in equity, cash and grants invested to date
- oSt George Public Radiation Oncology unit has been using the Company's prototypes under ethics committee approval for over 12 months, recently expressing interest to extend the use of prototypes in preference to existing in market technology

INTERNATIONAL	AUSTRALIA			
Argon National Lab, USA	St George Cancer Care Centre, Prostate Cancer Institute, St George Hospital, Sydney			
Mass General, Boston, USA	St Vincent's Hospital, Sydney			
Wisconsin University Hospital, USA	Liverpool Hospital			
Brookhaven National Lab, USA	Calvary Mater Hospital – Newcastle, Australia			
University of Malaya Medical Centre, Kuala Lumpur, Malaysia	Royal Adelaide Hospital			
Italian National Institute of Tumours, Milan, Italy	Illawarra Cancer Care Centre			
CERN Switzerland	Perth Hospital			
KEK Japan	Prince of Wales Hospital			
Sun Yat-Sen University Cancer Centre, Guangzhou China	Mater Hospital, Newcastle			
Radiation Dosimetry Lab, Federal University of Pernambuco, Brazil	Peter MacCallum Cancer Centre			
City University Hong Kong Hospital	Geneva Hospital			

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