Key Messages

Message 1: Diagnostic Gap – Detection of Asymptomatic Patients
Physicians do not have effective front-line tools for detecting heart disease, which is the number one killer of men and women in the world.

- Heart disease is called the “silent killer” because patients are often asymptomatic.
  - Most people find out they have heart disease after they experience a cardiovascular event.
  - 50% of men and 64% of women who die suddenly of a heart attack had no previous symptoms.
  - The survival rate after cardiac arrest to hospital discharge is 10.6% for adults >18 years old.
- Early detection of heart disease is crucial in reducing the risk of experiencing a cardiac event and the need to undergo costly care and treatments.
- Millions of people living with heart disease are not diagnosed, and millions of others undergo expensive testing with potential for risk when they have no significant heart health problems.
  - About 92.1 million U.S. adults are living with some form of cardiovascular disease (CVD) or the after-effects of stroke.
  - Each year, CVD accounts for more than $300 billion in direct costs and $235 billion in lost productivity in the United States, as well as nearly €111 billion in direct costs and €99 billion in lost productivity in the European Union.
    - As populations age, the economic and human costs of CVD will only continue to rise.
    - By 2035, total costs in the United States will top $1.1 trillion.

Message 2: Technology Gap
The Electrocardiograph (ECG) is the main front-line tool used by physicians to detect heart disease, yet the fundamental technology has not changed since it was invented in 1903. Healthcare is in need of modern front-line tools to improve the detection of heart disease.

- There are three main categories of heart disease: electrical, structural, and coronary artery disease (CAD). Current ECGs have limited effectiveness in detecting structural heart disease or CAD.
- Resting ECGs have limited sensitivity, meaning they accurately detect CAD <50% of the time, leaving more than half of the patient population undiagnosed.
  - As a result, many patients may undergo unnecessary expensive testing with risks due to lack of effective low-cost effective testing prior to referral.
    - No CAD was reported in 39.2% of the patients undergoing invasive catheterization.
  - In clinical trials, MyoVista technology detected cardiac dysfunction in the resting phase (diastolic phase) of the cardiac cycle with 88% sensitivity, and 87% specificity.
- There is a significant diagnostic gap, resulting in a burden on both patients and healthcare systems.
  - Patients who have heart disease may not be diagnosed.
  - Patients who are healthy may be referred unnecessarily.
- MyoVista technology may also reduce unnecessary healthcare expenditures by assisting primary-care physicians in more appropriately referring patients to specialists for more advanced and often expensive diagnostic evaluations (such as imaging stress tests, echo, and CT angiograms).

Message 3: HeartSciences Innovation
HeartSciences was formed to modernize ECG technology using advanced signal processing. HeartSciences lead innovation is the MyoVista® high sensitivity ECG (hsECG™) Cardiac Testing Device, the industry’s first electrocardiographic device that applies proprietary use of Continuous Wavelet Transform (CWT) signal processing technology.

- Advanced signal processing has revolutionized early detection in other well-known applications – like weather forecasting.

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1 Koskinas K. Appropriate use of non-invasive testing for diagnosis of stable coronary artery disease ESC e-journal APR 2014 VOL.12,N°19 - 04
Doppler signal processing has improved the descriptive accuracy and predictive validity of weather radar. Like a Doppler radar color image shows the energy in a storm, MyoVista provides physicians a detailed visual picture of the energy distribution during the cardiac cycle.

- The transformation of the ECG waveform using our proprietary advanced signal processing (Continuous Wavelet Transformation) technology provides physicians with additional informatics that assist in the detection of cardiac dysfunction related to heart disease.
  - MyoVista creates a color image of the energy during the cardiac cycle and calculates the left and right ventricular relative energy for comparison, as well as a visual indicator of the overall myocardial energy performance.
  - Asymptomatic heart disease is detected earliest as cardiac dysfunction in the diastolic phase, where the heart ventricles are relaxed and the heart fills with blood.
  - Low myocardial energy levels are directly correlated to cardiac dysfunction in the diastolic phase.

Message 4: Clinical Availability
MyoVista has received a CE Mark for commercial sale and clinical use in the European Union (EU), and is undergoing further trials to support regulatory review with the U.S. Food and Drug Administration (FDA).

- The CE mark in the EU will provide HeartSciences with the ability to commercialize the device in key regions outside the U.S., including the Middle East, Latin America, Asia Pacific, Canada, etc.
  - [MH/AS to provide additional detail if asked about specific markets]
- The device is not currently available for sale or use in the United States. HeartSciences expects to seek U.S. Food and Drug Administration clearance for MyoVista in 2018.

Message 5: Closing the Cardiac Diagnostic Gap
MyoVista high sensitivity ECG represents a technology breakthrough in ECG capabilities.

- MyoVista is a single test that provides healthcare practitioners with unique informatics, as well as conventional 12-lead resting ECG tracings and conventional ECG interpretive analysis. In combination, these assist identification of cardiac dysfunction related to CAD and structural disease, as well as identifying arrhythmias.
- By assisting physicians in the detection of early heart disease, MyoVista has the potential to help previously unidentified patients seek appropriate preventative treatment before it’s too late.

Spokespeople Details

Mark Hilz
CEO and President
Mark has over 30 years’ experience as a President/CEO of multiple successful start-up companies and has a successful track record with new technologies. Before joining HeartSciences, Mark served as CEO of INX a technology infrastructure consulting company that he founded as a start-up subsidiary for a public company. It grew to $400 million in revenue with 15 offices, 2,000 customers, and 500 employees. The company was a NASDAQ listed company and was successfully sold to a private equity group in December 2011. Prior to that, Mark founded, and ran as CEO, a technology logistics outsourcing firm that grew to over $160 million in revenue with 1,100 employees in an eight year span and was successful in taking the company public in an IPO as a NASDAQ listed company.

Andrew Simpson
Chairman
Andrew has extensive experience running and growing companies, as well as fundraising and M&A. Prior to joining HeartSciences, Andrew was the Group CEO of Peel Holdings, a large private company that controls over $15 billion of assets. He successfully achieved the strategic restructuring of the group by strengthening and creating new management teams; introduced key partners in several divisions involving $3 billion of investment; and successfully managed $5 billion of debt funding across multiple facilities. His tenure saw material asset growth and...
an increase in liquid assets by $1 billion. Prior to that, Andrew was Group Commercial Director and divisional CEO for a large UK listed company which grew to $500 million in revenue and saw its stock quadruple in value during his involvement. He spent eight years working as an Investment Banker with Rothschild, generally focusing on growth businesses, and qualified as a Chartered Accountant with Price Waterhouse.

### Product Launch Questions

**Q: What is the MyoVista hsECG?**

A: The MyoVista ECG hsECG is the first device that applies the use of Continuous Wavelet Transform (CWT) signal processing technology to transform conventional electrocardiography (ECG/EKG). This innovative use of CWT arms healthcare providers with unique informatics that enhances current ECG technology—an important tool in cardiac diagnostics that has had limited innovation for decades. MyoVista has the capability to transform early identification of heart disease by assisting physicians in assessment and referral of patients to cardiac specialists for improved outcomes.

**Q: What is the difference between traditional ECG and the MyoVista hsECG?**

A: MyoVista is a single test that provides healthcare practitioners with unique informatics, as well as conventional 12-lead resting ECG tracings and conventional ECG interpretive analysis. MyoVista represents a technology breakthrough in low cost cardiac testing through the patented use of advanced signal processing. MyoVista informatics provide healthcare professionals new informatics regarding cardiac dysfunction related to structural and circulatory aspects of heart health. The MyoVista hsECG high definition touch screen design includes intuitive tablet-style icons, which minimizes the training required to quickly perform high sensitivity ECGs.

**Q: Can the MyoVista hsECG save costs for healthcare systems?**

A: We believe the MyoVista hsECG can save significant costs for healthcare systems by assisting physicians in providing additional information as compared to conventional ECG testing related to cardiac dysfunction. This information can assist in the decision process for patient referrals as to which patients need additional testing as well as which patients may NOT need additional testing.

**Q: Why is the MyoVista hsECG needed?**

A: The importance of effective early cardiac screening has been widely discussed in clinical literature as a global challenge. Proper diagnosis of at-risk patients varies considerably due to the limited capabilities of front-line screening methods. The MyoVista hsECG advances ECG technology through the proprietary application of advanced signal processing. This new information can assist physicians in detecting cardiac dysfunction without adding complexity or time and at a cost comparable to traditional ECG.

**Q: When will the MyoVista hsECG be available?**

A: Commercial product will be available beginning in August 2017 in Europe, Canada and parts of Asia, Latin America, and the Middle East. Additional markets will follow later in 2017 and into 2018.

**Q: How much does the MyoVista hsECG testing cost?**

A: The cost of MyoVista hsECG testing is comparable to standard 12-lead resting ECG cost.

**Q: Will insurance cover MyoVista hsECG testing? Will they pay for scans in patients who are asymptomatic?**

A: Yes, insurance will cover MyoVista hsECG testing as a standard 12-lead resting ECG test. Insurance may or may not pay for testing on asymptomatic patients if there are few risk factors for heart disease.

**Q: Does the MyoVista hsECG have a CE Mark?**

A: Yes, the MyoVista hsECG device has CE Mark #CE656481, which allows commercial sale and clinical use of the device in the European Union.
Q: Is the MyoVista hsECG approved by the FDA?
A: The device is not currently available for sale or use in the United States. HeartSciences expects to seek U.S. Food and Drug Administration clearance for MyoVista in 2018.

Product Indication Questions

Q: What types of heart disease can MyoVista hsECG devices detect?
A: The MyoVista assists physicians in detecting cardiac dysfunction related to structural and coronary arterial disease (CAD) as well as identify arrhythmia.

Q: How is a MyoVista hsECG test administered?
A: MyoVista hsECG tests are 12-lead, at-rest ECG tests that use the same protocols as traditional ECG devices on the market today. Test-run options include 20, 30, or 60 seconds. MyoVista hsECG tests require no additional steps beyond a traditional 12-lead resting ECG protocol to produce a conventional ECG trace, conventional ECG Interpretive Analysis, plus HeartSciences proprietary informatics included in a complete report of cardiac performance.

Q: Who can perform and interpret a MyoVista hsECG test?
A: The MyoVista hsECG is designed to be used in primary care facilities, wellness care, and diagnostic cardiology and in urgent care units where ECG interpretation can be performed by a licensed healthcare professional.

Q: Can the MyoVista hsECG be used to evaluate patients in urgent care environments?
A: The MyoVista hsECG device is ideal for urgent care environments since it provides all of the traditional ECG trace information as well as the new innovative informatics which enable additional clinical assessment related to cardiac dysfunction.

Q: What kind of training and on-going support is required for adoption and use of the MyoVista hsECG?
A: The MyoVista hsECG is an easy-to-adopt, touchscreen tablet device which requires about 90 minutes of training. For demonstration or individualized training, HeartSciences has partnered with leading global distributors. These distributors were selected based on their clinical and technical support teams, who can provide hands-on training and other services upon request.

Q: Can a MyoVista hsECG test aid in selecting further appropriate screening with advanced cardiac diagnostic tests (i.e., stress ECG, Echo, CT Angio, or Cardiac Cath)?
A: Proprietary MyoVista informatics are designed to provide healthcare professionals with additional information related to cardiac dysfunction. A licensed physician will determine the appropriate patient follow-up based on MyoVista informatics as well as full patient history, physical and clinical assessments.

Product Technology Questions

Q: What is signal processing?
A: Signal processing has long been used to reveal the valuable underlying information contained in complex waveforms. For example, the accuracy of weather forecasts increased dramatically when signal processing advances were used to improve the descriptive accuracy and predictive validity of Doppler radar. HeartSciences is a pioneer in harnessing the power of advanced signal processing to modernize and improve ECG technology.

Q: What is Continuous Wavelet Transform (CWT) signal processing technology?
A: CWT, a sophisticated mathematical technique similar to Fourier Transform Analysis, has been used to analyze very noisy or complex signals in fields like image processing and speech recognition. HeartSciences’ MyoVista device employs CWT to yield a detailed decomposition of the energy distribution during the cardiac cycle. Through this innovative use of unique informatics, MyoVista can provide additional information related to cardiac dysfunction caused by structural and coronary arterial heart disease. By creating a color, multidimensional color
image of energy of the heart during the cardiac cycle, MyoVista hsECG can provide a comparison between left and right ventricular relative energy, as well as a visual indicator of the overall myocardial energy performance.

Q: Are there any other ECG devices with this breakthrough technology?
A: The MyoVista is the ONLY device with this breakthrough technology that assists physicians in detecting cardiac dysfunction.

Company and Financial-Related Questions

Q: Who invented MyoVista hsECG? What is the company’s history?
A: Heart Sciences developed MyoVista. Incorporated in 2007, HeartSciences (formerly known as Heart Test Laboratories) is a privately held medical technology company based in Westlake, Texas. For a decade, HeartSciences has been dedicated to the development of modern ECG technology using advanced signal processing.

Q: Are Heart Test Labs Inc. and HeartSciences the same company?
A: Yes. Incorporated in 2007, HeartSciences (formerly known as Heart Test Laboratories) is a privately held medical technology company based in Westlake, Texas, and to date has been funded by private investors. The company name was changed to HeartSciences in 2017 to reflect the company’s focus on the science behind the detection of heart disease.

Q: What is HeartSciences’ financial position?
A: We are a privately-held company, and has raised more than $30M in private funding over the last decade to support the research, development and commercialization of MyoVista technology. MyoVista represents a significant technology breakthrough in ECG capabilities. We are confident of the success of the MyoVista and our ability to raise additional funds if and when they are needed.

Q: Is MyoVista your only product? What else is in the pipeline for HeartSciences currently?
A: MyoVista hsECG device is currently the only product. This new technology offers many opportunities for new and additional products beyond the MyoVista device.

Q: What are your current sales forecasts for MyoVista in its first year? Five years?
A: As a privately-held company, we do not disclose sales forecasts.

Q: Now that MyoVista is on the market, do you have plans to go public as a company? Are you in discussions with any pharmaceutical or other medical device companies regarding partnership opportunities?
A: HeartSciences will consider various financing options as we move forward. Not currently.

Q: Will HeartSciences be manufacturing and marketing the product on its own?
A: We have a U.S.-based company that will manage the manufacturing for HeartSciences. We will handle commercialization and marketing through partnerships with distributors in various markets around the world, including Europe, Middle East, Latin America, Asia Pacific, Canada, etc.

Q: What are your priority markets?
A: Currently our focus is on markets outside the United States, such as Europe, Middle East, Latin America, Asia Pacific, Canada, etc.

Heart Disease -Related Questions

Q: What is cardiac disease?
A: Cardiac disease refers to disorders of the heart and blood vessels, and is the leading cause of death in the world. According to the World Health Organization (WHO), it is reported an estimated 17.5 million people died from...
cardiac diseases in 2016, accounting for 31% of all global deaths. Unless new actions are taken, the number of cardiac diseases is expected to grow to more than 23.6 million by 2030.

Q: What is diastolic dysfunction (DD)?
A: DD occurs when the ventricles do not properly fill with blood due to impaired relaxation. The impaired relaxation is caused by various underlying conditions, for example, CAD heart disease, heart valve disease, poorly controlled hypertension, or cardiomyopathy. At the earliest appearance of DD, it usually causes no patient symptoms. The most opportune time to medically treat DD is during early appearance, since it’s more likely to be reversible.

Q: How can cardiac or heart diseases be prevented?
A: Heart-healthy lifestyle changes and medicine can reduce heart disease risk factors such as: stress, diabetes, high cholesterol, high blood pressure, smoking and obesity. Heart disease is known as a silent killer because most people are unaware they have it or don’t show any clinical symptoms – otherwise called being asymptomatic. Identifying asymptomatic patients with cardiac diseases is a major challenge in the field of cardiology today and front-line screening tools such as ECGs are not typically performed on asymptomatic patients.

Q: How are symptomatic heart disease patients diagnosed and can asymptomatic patients be diagnosed the same way?
A: There are a variety of effective diagnostic tests for patients who are symptomatic or identified as high-risk for an adverse cardiac event and those tests include: echocardiogram, invasive angiogram, nuclear stress tests and CT angiogram to name a few. However, as early screening tests, they are very expensive, have risks associated with them and are not used in screening patients who don’t have obvious clinical symptoms. Cardiac imaging tests also have high rates of negative outcome in asymptomatic patients, but are used in the absence of alternative testing despite cost and risk. That is why the MyoVista hsECG device may be a useful tool for assessing not just symptomatic patients, but also asymptomatic patients, filling an unmet need in cardiology that has the potential to save lives and money.

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