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ASX Release

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EMVISION PRESENTING AT MORGANS SCONE VALUE IN THE VINES CONFERENCE

EMVision Medical Devices Limited (ASX:EMV) ("EMVision" or the "Company"), a medical device company focused on the development and commercialisation of portable medical imaging technology, is pleased to provide a presentation to be given by EMVision's CEO and Managing Director, Dr Ron Weinberger and Executive Director and Co-founder Scott Kirkland at the 6th Annual Morgans Scone Value in the Vines conference October 2021.

Authorised for release by the Board of the Company.

[ENDS]

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About EMVision Medical Devices

EMVision Medical Devices Limited is focused on the development and commercialisation of medical imaging technology. The Company is developing and seeking to commercialise a potentially cost effective, portable, medical imaging device using electromagnetic microwave imaging for diagnosis and monitoring of stroke and other medical applications. The technology is the result of over 10 years of development by researchers at the University of Queensland. The team of approximately 20 researchers is led by co-inventor Professor Amin Abbosh, who is considered a global leader in electromagnetic microwave imaging. EMVision's Chief Scientific Officer is Professor Stuart Crozier, who is a co-inventor and is globally renowned for creating technology central to most MRI machines manufactured since 1997. EMVision's CEO, Dr Ron Weinberger, is the Former Executive Director and CEO of Nanosonics' (ASX:NAN), a $2 billion market cap healthcare company. Dr Weinberger has over 25-years' experience developing and commercialising medical devices. During his time at Nanosonics, Dr Weinberger co-developed the company's platform technology and launched their breakthrough product 'Trophon' globally, which would go on to become the gold standard for infection prevention. Dr Weinberger was instrumental in transforming Nanosonics from a research and development company to one of Australia's leading medical device commercialisation success stories.

Forward-looking Statements

This release may contain certain forward-looking statements with respect to matters including but not limited to the financial condition, results of operations and business of EMVision and certain of the plans and objectives of EMVision with respect to these items. These forward-looking statements are not historical facts but rather are based on EMVision's current expectations, estimates and projections about the industry in

which EMvision operates, and its beliefs and assumptions. Words such as "anticipates," "expects," "intends," "plans," "believes," "seeks," "estimates", "guidance" and similar expressions are intended to identify forward looking statements and should be considered an at-risk statement. Such statements are subject to certain risks and uncertainties, particularly those risks or uncertainties inherent in the process of developing technology and in the endeavour of building a business around such products and services. These statements are not guarantees of future performance and are subject to known and unknown risks, uncertainties and other factors, some of which are beyond the control of EMVision, are difficult to predict and could cause actual results to differ materially from those expressed or forecasted in the forward looking statements. EMVision cautions shareholders and prospective shareholders not to place undue reliance on these forward-looking statements, which reflect the view of EMVision only as of the date of this release. The forward-looking statements made in this announcement relate only to events as of the date on which the statements are made. EMVision will not undertake any obligation to release publicly any revisions or updates to these forward-looking statements to reflect events, circumstances or unanticipated events occurring after the date of this announcement except as required by law or by any appropriate regulatory authority.

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EMV:ASX
Value in the Vines

October 2021

ASX CODE	SHARES ON ISSUE	CASH BALANCE (30 JUNE 2021)	ASA STAGED GRANT	52 WEEK HIGH	SHARE PRICE	MARKET CAPITALISATION	ENTERPRISE VALUE
ASX:EMV	73.09M	$9.7M	$8M	$4.20	$2.97*	$217M*	$207.3M*

** Undiluted market cap based on closing price of $2.97 20th October 2021*

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EMVISION IS CREATING A WORLD FIRST PORTABLE BRAIN SCANNER



Neuroimaging as is accessible today



EMV 1ST Gen, Neuroimaging anywhere

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Device under development and subject to clinical validation

BRINGING NEUROIMAGING TO THE PATIENT, WHEREVER THEY ARE

- FAST – 30 SECOND SCAN TIME
- SAFE – NO IONIZING RADIATION
- PORTABLE – CART ULTRASOUND SIZE
- ACCESSIBLE – EASY TO OPERATE



- AFFORDABLE – COST EFFECTIVE
- AI POWERED – DECISION SUPPORT
- BEDSIDE - MONITORING
- FIRST CLINICAL USE – STROKE CARE

1st Gen device under development and its potential clinical utility and proposed feature set is subject to successful clinical testing and validation.

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BRINGING IMAGING TO WHERE STROKE OCCURS WILL SAVE LIVES



STROKE IS A GLOBAL SOCIETAL & HEALTH ECONOMIC BURDEN



THERE ARE EFFECTIVE TREATMENTS AVAILABLE



THEY ARE TIME SENSITIVE

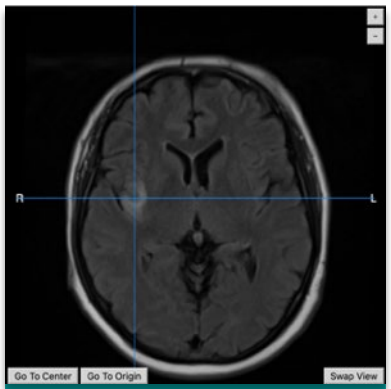


1ST GENERATION DEVICE
Detect clinically significant changes, at the bedside, when time matters.



2ND GENERATION DEVICE
Ultra light weight device embedded in standard road and air ambulances to deliver pre-hospital stroke diagnosis and care to patients regardless of location.

WHAT CLINICIANS NEED TO KNOW…



CLOT
(ISCHAEMIC)



BLEED
(HAEMORRHAGIC)

ACUTE ISCHAEMIC STROKE PATIENTS CAN BENEFIT FROM CLOT DISSOLVING DRUGS (tPA) IF GIVEN WITHIN HOURS, BUT THESE DRUGS WORSEN BLEEDING IF THE STROKE IS DUE TO A HAEMORRHAGE. THE ABILITY TO DISTINGUISH STROKE TYPE, SIZE, SEVERITY AND LOCATION AT THE POINT OF CARE ARE SOME OF THE POTENTIAL UTILITIES OF THE EMVISION DEVICE.

This is an artistic concept of a proposed first responder device which is subject to prototype development and clinical testing.
1st Gen device under development and its potential clinical utility is also subject to successful clinical testing and validation.

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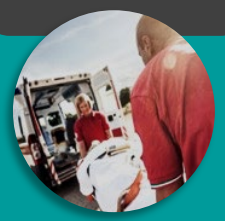
UNMET NEED FOR PRE-HOSPITAL AND BEDSIDE IMAGING WHERE THERE ARE NO ALTERNATIVE SOLUTIONS READILY ACCESSIBLE

Stroke Onset

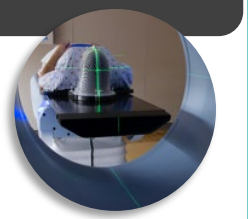
TIME IS BRAIN

A TYPICAL PATIENT JOURNEY & TIMELINE

Pre-hospital	Hospital ED	CT Image Studies	Intervention	Bedside Monitoring	Rehabilitation
EMVISION 15 mins to 2.5 hours	< 2.5 hours	< 3 hours	EMVISION < 24 hours	EMVISION <24 hours - 3 weeks	<3 weeks - 3 years+













OPPORTUNITY TO SOLVE UNMET CLINICAL NEEDS

Ultra light weight stand alone headset, telehealth enabled



2ND GEN



1ST GEN

Monitor progress of patients' response to therapy or surgical intervention, complications and decision support where CT or MRI are not accessible or practical

EXAMPLES OF POTENTIAL ESSENTIAL CLINICAL * USE CASES

Reliably segment LVOs for direct to Angio suite transport - assists decision making on whether a patient needs to be transported directly to a clot retrieval center versus their local stroke unit / nearest hospital.

Reliably distinguish between stroke or no stroke, haemorrhagic stroke versus ischaemic stroke to assist decision making. Future in-field tPA opportunity.

Post subarachnoid haemorrhage: monitoring for vasospasm induced ischaemic stroke

Detect secondary bleeding earlier
Routine brain scan to assess for **haemorrhagic** transformation of ischaemic stroke

Monitoring for post stroke oedema to allow earlier clinical detection of worsening oedema

Monitoring response to reperfusion therapy including restoration of blood flow and complications (~10% sICH) after thrombectomy

This is an artistic concept of a proposed first responder 2nd gen device which is subject to prototype development and clinical testing. 1st Gen In-ward device under development and its potential clinical utility is also subject to successful clinical testing and validation.

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CHALLENGES WITH TRADITIONAL NEUROIMAGING IN HOSPITALS



GOLD STANDARD NEUROIMAGING DEVICES, CT AND MRI, PROVIDE EXCELLENT IMAGES BUT ARE FOR THE MOST PART, STATIONARY

COMPLEX INFRASTRUCTURE REQUIREMENTS; SPECIALIST OPERATORS AND HIGH-COSTS LIMITS THEIR ACCESSIBILITY

UP TO 40% ADVERSE EVENT RATE* AND LOGISTICAL CHALLENGES DURING PATIENT TRANSPORT, PARTICULARLY FROM ICU TO RADIOLOGY, FOR NEUROIMAGING

NO EASY, SIMPLE TO USE NEUROIMAGING SOLUTION AVAILABLE TODAY TO PROVIDE BEDSIDE DECISION SUPPORT & MONITORING

Source: Gimenez FMP, et al. Analysis of Adverse Events during Intrahospital Transportation of Critically Ill Patients. Crit Care Res Pract. 2017

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ESTIMATED PORTABLE BRAIN SCANNER POTENTIAL FINANCIAL BENEFITS TO A PUBLIC HOSPITAL IN AUSTRALIA*



Reduction in Transportation Costs **$120,000**



More efficient CT Utilization **$150,000**



Improvement in Endovascular Clot Retrieval Resource Utilization **$90,000**



Reduction in Length of Stay **$78,000**



Estimated Annual Total Financial Benefit of one device (excluding annual cost of imaging system)

$438,000

*Mid-range budget impact estimates for an Australian Public Hospital in AUD.

Research & Modelling conducted by;

IMPACT HEALTH
ACCELERATING HEALTH INNOVATION

The savings estimated is from an Australian public hospital budget impact perspective and does not include post discharge patient outcomes related savings. Investors are cautioned that this study summary dated August 2021 is based on a number of assumptions, which are subject to change and may cause actual results to differ materially from those forecast. Investors should not place undue reliance on these results. The study is not indicative of the proposed unit pricing of EMVision's devices.

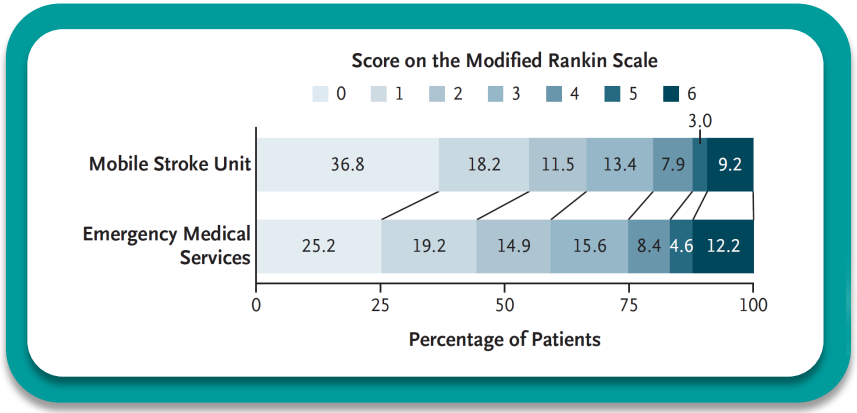
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MORE LIVES COULD BE SAVED WITH A LIGHTWEIGHT SCALABLE IMAGING SOLUTION WITH TELEMEDICINE CAPABILITIES

Mobile Stroke Unit management results in substantially less disability for stroke patients who qualify for reperfusion **treatment compared to standard management by EMS**



A Mobile Stroke Unit (MSU) essentially brings the stroke unit to the patient



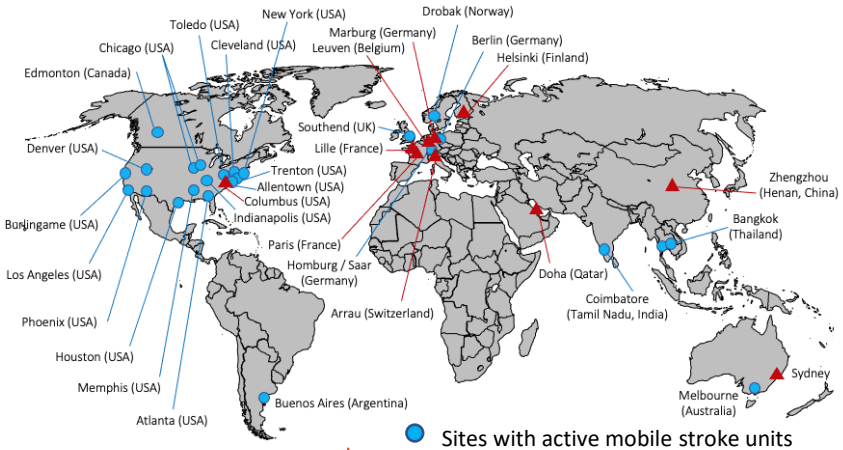


EMV 2ND GEN SOLUTION
- Ultra light
- Cost Effective
- Operated by trained paramedics
- Telemedicine enabled



Inside a multi-million-dollar MSU today

Modified Rankin Scale: 0 = No disability 5 = Severe Disability



Australian Stroke Alliance

EMVision and the Australian Stroke Alliance (ASA) have partnered to transform pre-hospital stroke care. ASA are providing EMVision with clinical expertise and $8M in non-dilutive funding to support clinical validation and deployment.

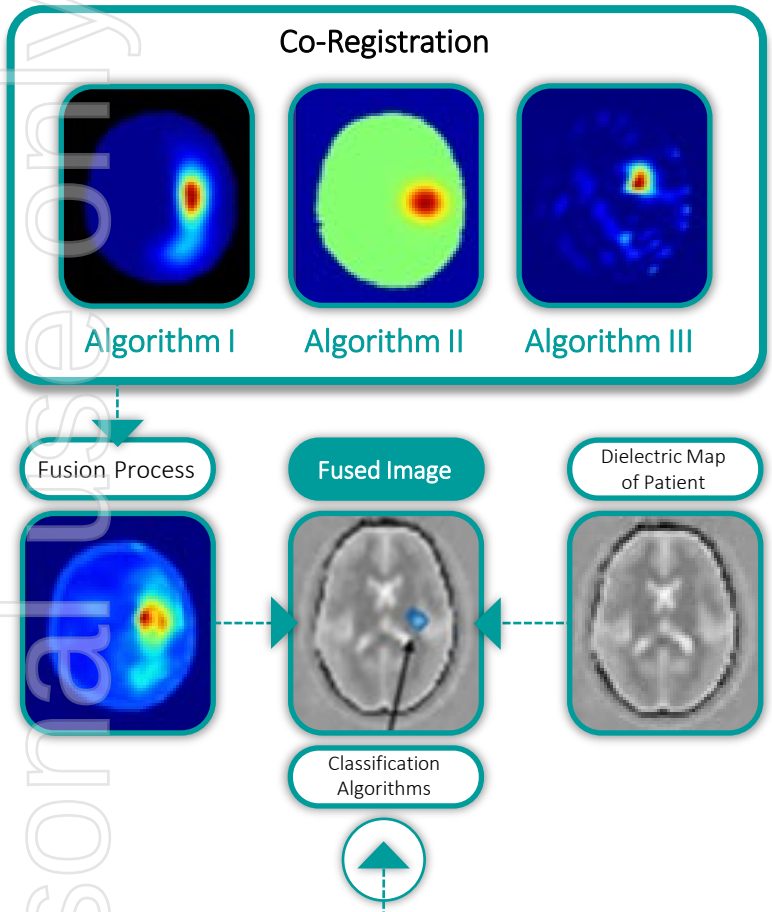
Sources: Grotta et al 2021. Presto

This is an artistic concept of a proposed first responder device which is subject to prototype development and clinical testing. See ASX release titled 'ASA & EMVision sign $8m project agreement' for further information on ASA partnership and conditions of staged funding

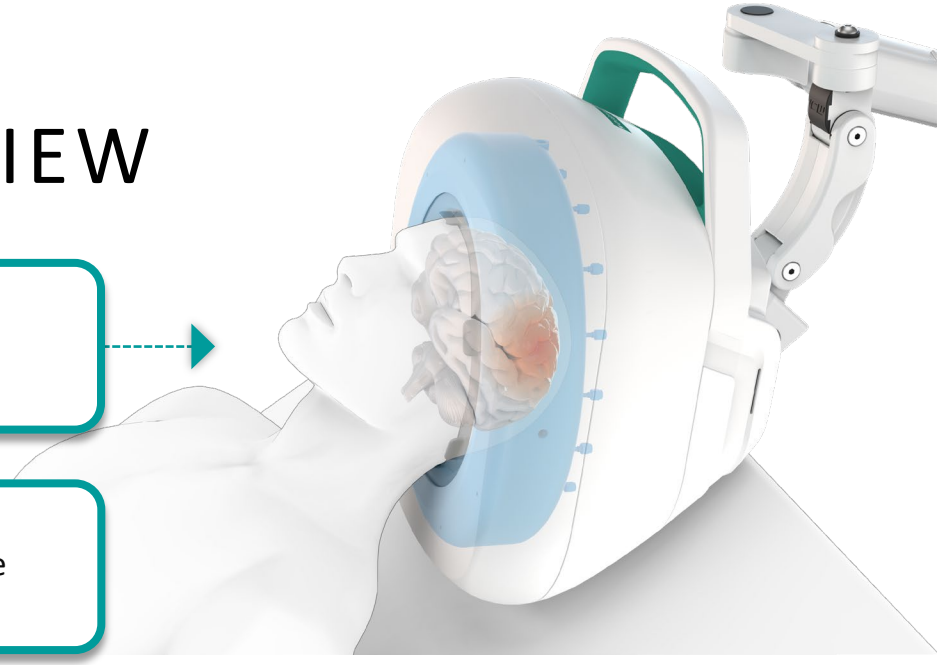
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TECHNOLOGY OVERVIEW

EXAMPLE OF IMAGE PROCESSING



1. **Array of antennas** send pulses of low-power electromagnetic waves into the head
2. Waves penetrate tissue in a non-ionizing and harmless manner and get scattered based on the **electrical properties of tissue**
3. **Sensors in the helmet detect these complex interactions. Anatomical dielectric properties are mapped.**
4. A fusion of algorithms perform signal processing and reconstruct the image, localizing the pathology if present.
5. Embedded AI driven classification system (including stroke type with traffic light guidance) to assist in decision making



SHARED UNDERLYING PRINCIPLES



NON-DESTRUCTIVE TESTING
Microwave frequency
2 – 18 GHz



SECURITY
Millimeter frequency
10 - 80 GHz



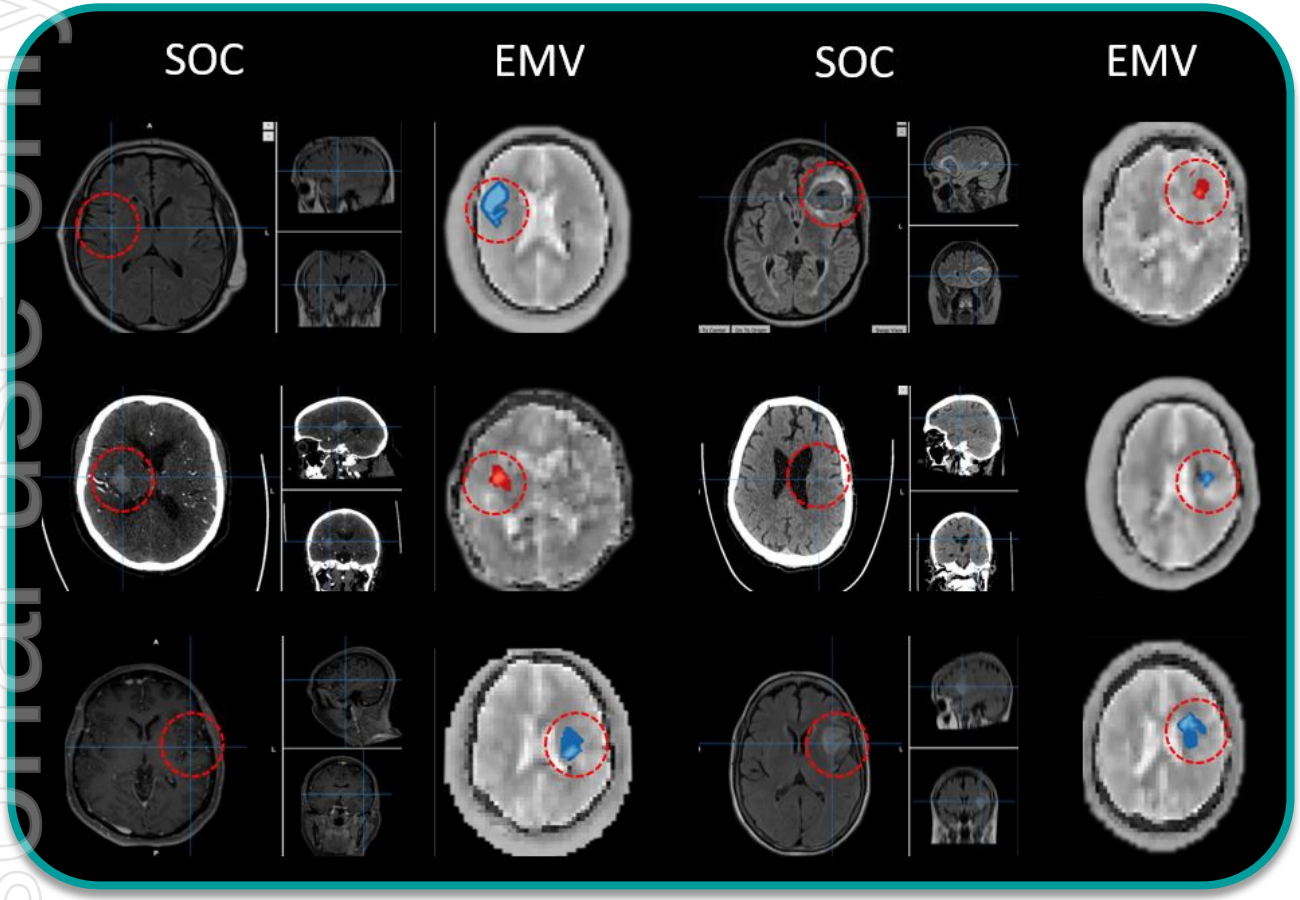
ELECTROMAGNETIC IMAGING
Microwave frequency
500 MHz – 2 GHz+1

Device under development and subject to clinical validation.

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VERY ENCOURAGING OUTCOMES FROM FOUNDATIONAL CLINICAL STUDY

Examples of EMVision (EMV) Brain Scanner imaging vs. Standard-of-Care (SOC) imaging in 6 Patients



Using a range of frequencies and combing information on permittivity and conductivity it is possible to contrast various tissues and classify various pathologies. In these patient examples pathologies highlighted blue are classified as ischemic stroke and those highlighted red are classified as hemorrhagic stroke.

THE EMVISION TECHNOLOGY WAS TRIALLED ON STROKE PATIENTS FOR THE FIRST TIME IN 2020 AT THE PRINCESS ALEXANDRA HOSPITAL, BRISBANE.

THE STUDY ENROLLED 30 STROKE PATIENTS (21 ISCHAEMIC AND 9 HAEMORRHAGIC) WITH A MEAN NIHSS SCORE OF 5.2.

THIS WAS AN OBSERVATIONAL, NON-INTERVENTIONAL STUDY TO COLLECT DATA TO INFORM PRODUCT DEVELOPMENT AND UNDERSTAND IMAGING CORRELATION WITH GROUND TRUTH SCANS.

PATIENTS WERE SCANNED WITH THE EMVISION DEVICE AT CLOSE PROXIMITY TO THEIR GOLD STANDARD CT AND/OR MRI IN THE PILOT STUDY.

THE EMVISION DEVICE WAS ABLE TO DIFFERENTIATIE (93-96% ACCURACY) AND LOCALISE (86-96% ACCURACY) ISCHAEMIC AND HAEMORRHAGIC STROKES. AN ADDITIONAL 20 STROKE PATIENTS HAVE SINCE BEEN ENROLLED, WITH PROCESSING AND REPORTING ON THESE DATASETS DUE IN CY Q4 2021.

Please refer to the Company's ASX announcement titled "EMVision Reports Very Encouraging Pilot Clinical Trial Data" released on 28th October 2020 for further details on the study.

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CLINICAL INVESTIGATIONS ROADMAP

CY 22 H1 **H2**

CLINICAL INVESTIGATIONS ROADMAP

1ST GEN DEVICES UNDERGOING VERIFICATION AND VALIDATION

PRE-VALIDATION – SITE 1-2

1. Preliminary usability on 1st Gen in the clinic (ED & In-ward)
   - User rated hardware, software, accessories
   - Placement/alignment/repositioning

CENTRES: MULTI CENTRE LOCATION: EMERGENCY DEPARTMENT (ED) & WARDS
Patient total # to be enrolled TBC: Anticipated ~ 100-300

SENSITIVITY/SPECIFICITY SMALLER SCALE VALIDATION - FIRST SITES 1-2

1. Sensitivity and specificity
2. Safety
3. Usability

SENSITIVITY/SPECIFICITY LARGER SCALE VALIDATION - 1-2 ADDITIONAL SITES

1. Sensitivity and specificity
2. Safety
3. Usability

Preparation for regulatory submissions

STUDIES DESIGNED FOR MARKETING AUTHORISATION SUBMISSIONS

The indicative timetable is a guide of EMVision's intentions at the date of this presentation only. EMVision reserves the right to vary this timetable at its discretion, and further notes the above timings are subject to change due to circumstances outside of its control.

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FLEXIBLE & ATTRACTIVE REVENUE MODELS

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MONTHLY SUBSCRIPTION MODEL

- Delivery of the unit
- Training
- Software updates
- New algorithm sequences as they come out
- Potential integration into PACS and EMR
- Access to cloud storage and viewing
- Routine maintenance included



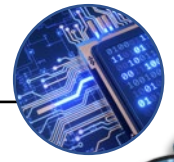
CAPITAL EQUIPMENT & CONSUMABLES MODEL

Device Sales

Target - ~$150,000 USD



Software



Maintenance & Service



Consumables





Coupling medium

Target - ~$20 USD per disposable cap



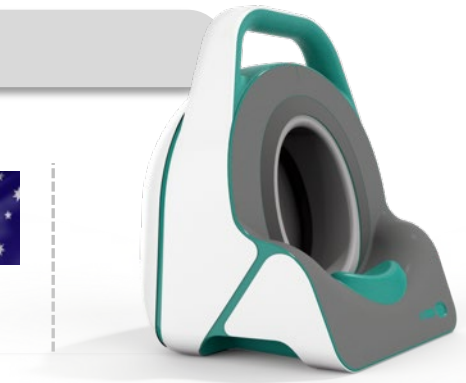
1st GEN ADDRESSABLE MARKET

US.	GER, FR, UK	AU	JAPAN
10,200	5,960	545	2,875
1,600 PSC / CSC	642 PSC / CSC	93 PSC / CSC	749 PSC / CSC

FIRST TARGETS

2nd GEN ADDRESSABLE MARKET

US.	EUROPE	AU
60,000	58,000	5,200



PSC = Primary Stroke Centre

CSC = Comprehensive Stroke Centre

EMV cautions investors that there are regulatory barriers and unique access challenges to each market and can be subject to varying rates of penetration. PSC/CSC estimates based on publicly available data.

TEAM

*Significant experience **developing and commercialising medical devices***



Dr Ron Weinberger
CEO & MD
Former Nanosonics MD (ASX:NAN)



John Keep
Non-Executive Chairman
Former CEO Queensland Diagnostic Imaging



Scott Kirkland
Executive Director
Co-Founder EMVision



Prof Stuart Crozier
Chief Scientific Officer
2/3rd MRIs use Prof Crozier developed IP



Robert Tiller
Head of Design
Founder Tiller Design



Forough Khandan
Head of Product Development
Former Nanosonics Program Manager



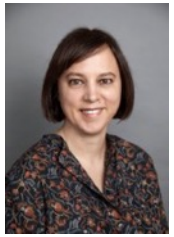
Geoff Pocock
Non-Executive Director
Former Hazer MD (ASX:HZR)



Tony Keane
Non-Executive Director
National Storage NED (ASX:NSR)



Dr Philip Dubois
Non-Executive Director
Neuroradiologist, Former CEO, imaging division, Sonic Healthcare Ltd (ASX:SHL)



Emma Waldon
Company Secretary
Capital markets and corporate governance expert



Dr. Konstanty Bialkowski
Head of Tech Development
EM Imaging expert and Co-Inventor



Dr Merricc Edgar-Hughes
Head of Quality & Regulatory Affairs
Former Manager of Global Regulatory Affairs Nanosonics. Multiple successful FDA, CE, TGA registrations.

PARTNERS & COLLABORATORS

Australian Government, Department of Industry, Innovation and Science
The University of Queensland, Australia
GE Healthcare
Princess Alexandra Hospital, Brisbane • Australia

Commonwealth CRC-P Grant Program Collaborators

Metro South Health, Queensland Government

Clinical Research

KEYSIGHT TECHNOLOGIES

Product Collaboration

Australian Stroke Alliance

Clinical Development & Validation, Non-dilutive funding

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CAPITAL STRUCTURE

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Headquarters:
4.01, 65 Epping Road, Macquarie Park
Sydney, Australia

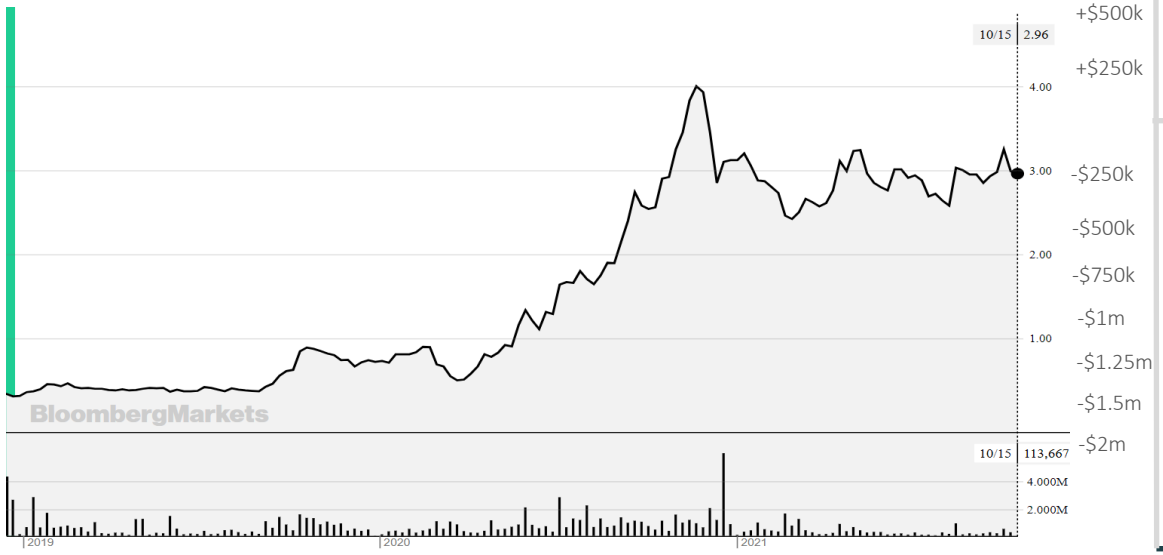
ASX TICKER: EMV

Share Price (20th October)	$2.97 (AUD)
Shares on issue	73.09m
Total Options on issue [1]	7.85m
Performance Rights[2]	6m
Cash Balance 30 June 21	**$9.7m (AUD)**
Market Capitalization	$215m (AUD)
Enterprise Value	$203.6m (AUD)
MRFF Non-dilutive Grant Funds[3]	**$8m (AUD)**

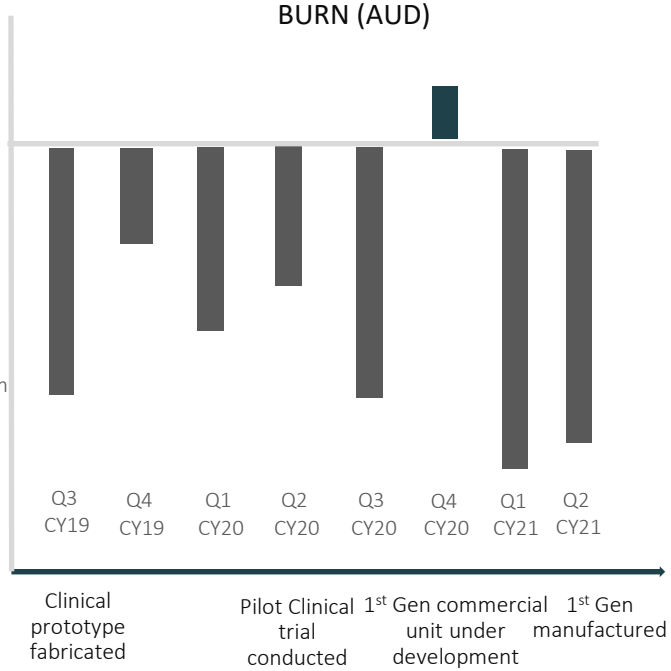
Management, Directors and Founders hold approximately 20%

Top 20 holds approximately 35%

Top 100 holds approximately 65%



SIGNIFICANT PROGRESS HAS BEEN HAVE BEEN ACHIEVED AND MILESTONES MET WITH A LOW HISTORICAL CASH BURN (AUD)



1 – See ASX release titled "Application for quotation of securities - EMV' from 1st October 2021 for further information on Options on issue 2 – All performance rights are held by UniQuest and will vest on particular milestones over time – further details in IPO prospectus | 3 – The Australian Stroke Alliance and EMVision have executed a project agreement to provide $8m staged non-dilutive cash funding towards product development and clinical validation, see ASX release titled 'ASA & EMVision sign $8m project agreement' for further information and conditions of staged funding | Closing price 20th Oct 2021