

13 November 2024

Company Announcements Australian Securities Exchange 20 Bridge Street SYDNEY NSW 2000

SUSTAINABILITY REPORT 2024

Attached is a copy of Sonic Healthcare Limited's (ASX: SHL; ADR; SKHHY) (**Sonic**) 2024 Sustainability Report (**Report**). The Report will be sent today to only those shareholders who have elected to receive their Sonic company information electronically. The Report is accessible online at

sonichealthcare.com/sustainability2024.

This announcement has been authorised by Sonic's Company Secretary, whose contact details for further information are as follows:

Paul Alexander

Company Secretary Sonic Healthcare Telephone: +61 2 9855 5404 Email: paul.alexander@sonichealthcare.com.au

Sustainability Report 2024



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Acknowledgment of Country

Sonic Healthcare acknowledges the Traditional Owners of Country throughout Australia. We pay our respects to Elders past, present and emerging, and extend this recognition and respect to Indigenous peoples around the world.

About this report

Sonic Healthcare's FY2024 Sustainability Report outlines our ongoing commitment to environment, people, communities and good governance.

This Sustainability Report covers the period from 1 July 2023 to 30 June 2024, and complements our Annual Report 2024 and Modern Slavery Statement. It has been endorsed by the Chief Executive Officer of Sonic Healthcare and approved by the Sonic Healthcare Board on 11 November 2024.

Sonic Healthcare's 2024 Sustainability Report has not been independently assured; however, the information and data contained in the report have been subject to various levels of internal review and validation to ensure the disclosures are materially accurate, complete and prepared on a consistent basis.

This report has been prepared with reference to the Global Reporting Initiative (GRI) Standards and applicable Sustainability Accounting Standards Board (SASB) Health Care Delivery Disclosure Topics.

We have also provided a qualitative disclosure aligned with the principles of the Task Force on Climate-related Financial Disclosures (TCFD) and continue to reference relevant United Nations Sustainable Development Goals (UNSDGs).

Independent recognition

Sonic's standing as a socially responsible company is evidenced by the ratings we receive in various independent assessments of environmental, social and governance practices. These include:



Contact us

For further details on Sonic Healthcare's sustainability strategy, please email us at sustainability@sonichealthcare.com.

Sonic Healthcare Limited ACN 004 196 909 (Sonic) is an Australian public company listed on the Australian Securities Exchange (ASX: SHL).

Sonic's registered office is Level 22, Grosvenor Place, 225 George Street, Sydney, NSW, 2000, Australia. For a list of Sonic operating subsidiaries covered by this Report, please refer to Note 30 in Sonic's Annual Report 2024, available at www.sonichealthcare.com/annual-reports.

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Introduction

This report outlines Sonic Healthcare's performance and progress in support of our commitment to operate in a sustainable, ethical and responsible way across all facets of our operations — medical, financial, organisational, social and environmental.

CEO's Message

On behalf of the Board of Sonic Healthcare, which has approved this Statement, I am pleased to present the Sonic Healthcare Sustainability Report for 2024.

The past year has seen steady progress in key activities that support our sustainability goals and targets, including an in-depth review of the global regulatory and reporting landscape in our seven countries of operation. We have also commenced pre-assurance activities to ensure Sonic is prepared for the introduction of mandatory reporting frameworks, international reporting standards and their associated assurance requirements.

Pleasingly, we have achieved a 26.8% reduction in scope 1 and 2 (market-based) emissions, compared to our FY2021 base year. This reflects a multi-pronged strategy to decrease our reliance on fossil fuels, which includes active procurement of certificate-supported renewable energy, a significant rise in the proportion of hybrid and electric motor vehicles in our courier fleet, and a 40% increase in solar power generation capacity, thanks in large part to a broad roll-out plan in the US.

The Sonic Healthcare Foundation has continued to make a demonstrable difference around the world, helping to provide much-needed healthcare services to remote and disadvantaged communities. Construction of the Sonic Healthcare Foundation – Kworo Hospital is on track to open in 2025. Once operational, this maternal health facility will provide obstetric and other services for women in northern Uganda who would otherwise have to travel for two hours on rough roads for caesarean sections and other life-saving services.

The Sonic Healthcare Foundation – Kworo Hospital is one of many significant projects the Foundation is sponsoring in Africa, together with initiatives we are supporting in Fiji (in conjunction with Radiology Across Borders) and remote Australia (in conjunction with the Clontarf Foundation).

Internally, we have already achieved several longer-term People targets that contribute to the creation of safe, supportive and fulfilling workplaces. Almost 99% of our global workforce now has access to an employee assistance program. Additionally, we have achieved our 40:40:20 gender diversity target at senior executive level.

Sonic Healthcare is committed to maintaining our proactive role in global sustainability, reflecting our culture of Medical Leadership, the expectations of staff and other stakeholders, and our inherent desire to protect the world in which we live.



Dr Colin Goldschmidt CEO – Sonic Healthcare 11 November 2024





Our 2024 performance highlights

Environment





Reduction in scope 1 & 2 (market-based) emissions compared with FY2021 base year

40%

Additional solar power

generation capacity

added in FY2024





Hvbrid/electric motor vehicles in the fleet

Net zero

Commitment to

achieve net zero by

30 June 2050



Our people



42,000+ Total employees as at 30 June 2024²

40% Women in executive senior leadership positions¹



17.2 hours

Training per employee during FY2024



98.8% Staff with access to

EAP or comparable support program



to charitable causes

131 M

Patient

consultations

7% The percentage of total Sonic Healthcare Foundation funds under management allocated



Communities

3,200

Patient access points



\$677 M³

Taxes paid⁴

1) Includes CEO or head of each reporting business unit and their executive management teams.

2 Employee headcount and FTE values used in all other sections of this report exclude 665 staff from two Swiss acquisitions completed in late FY2024 as data required for the calculation of emissions and staff metrics was not available at the time of publication.

3 All dollar amounts in this report are in Australian dollars, unless otherwise specified.

4 Direct and indirect taxes, levies and duties, including employment-related taxes but excluding taxes paid on behalf of employees and GST/VAT.

UNSDGs

Sonic Healthcare recognises the role we play in the global effort to address worldwide sustainability challenges, especially our role as an enabler of good health and wellbeing. In support of the UN Sustainable Development Goals (UNSDGs), we have identified nine priority goals that align with our role as a global, federated healthcare provider. Throughout this report we have used the UNSDG icons to indicate where we believe our activities align with UNSDG targets. For more information, see pages 114-122.



About Sonic Healthcare

Sonic Healthcare is a leading international healthcare company with specialist operations in pathology/laboratory medicine, radiology, general practice medicine and corporate medical services.

We are committed to clinical and operational excellence in the delivery of medical services to doctors and patients alike.

Our diagnostic and clinical services are provided by more than 1,800 pathologists and radiologists, and over 17,000 medical scientists, radiographers, sonographers, technicians and nurses, all of whom are led by highly experienced medical personnel, from Board level through to the management of our local practices.

Our staff are supported by ongoing investments in state-of-the-art medical technologies and facilities, as well as secure proprietary information systems that are customised to meet the specific needs of our organisation and its stakeholders. This is backed by a firm commitment to maintaining uncompromising ethical standards in business management and medical practice.



The Sonic Difference

Sonic Healthcare is different. From the way we go the extra mile for our doctors and patients, to the care and respect with which we treat each other as colleagues, the Medical Leadership culture that makes Sonic Healthcare unique and inimitable has been nurtured over 35 years.

Sonic's culture is codified into four different elements - Medical Leadership, Core Values, Medical Leadership Principles and our Federated Model. Collectively, these are known as 'The Sonic Difference'.

Together with our passionate and committed people - who exemplify The Sonic Difference and everything that it stands for - these four elements have seeded Sonic's culture and are the foundations of our historical success, helping to solidify our well-earned reputation for medical excellence and being a highly desirable place to work.

Medical Leadership

Medical Leadership – leaders who understand and respect doctors and the medical profession – is the primary tenet of Sonic's success. It permeates our entire organisation and inspires our people to deliver superior healthcare outcomes for both doctors and patients.

Our leaders are medical doctors or experienced healthcare professionals who are passionate about healthcare and the ethical, respectful and caring approach it requires. They prioritise service, patient safety and quality and are empowered to act in the best interests of clinicians and patients. This is reinforced by strong clinical governance, which is embedded into each of our healthcare businesses.

Medical Leadership is enshrined in Sonic's corporate culture and reflects our understanding that medicine is a profession rather than a business. This ethos is embraced by Sonic people at all levels of our organisation, who understand the vital role they play in delivering our high-quality medical services.

Medical Leadership Principles

Medicine is a complex profession that requires insight, sensitivity and lifelong learning to deliver the best possible patient care and clinical outcomes.

Sonic's Medical Leadership Principles provide our people with clear guidelines on how to interact with our external stakeholders – doctors, patients, other customers and our local and global communities – to ensure we provide the highest standards of clinical and operational excellence for the doctors and patients we serve. They also reflect our deep understanding of the special complexities, obligations and privileges of medical practice.

Our Medical Leadership Principles are endorsed by the Sonic Board and provide all Sonic staff with clear guidelines about the interaction between Sonic's people and our external stakeholders – doctors, patients, other customers and our local and global communities.

Medical Leadership





Core Values

Commit to service excellence To willingly serve all those with whom we deal, with unsurpassed excellence

Treat each other with respect and honesty To grow a workplace where trust, team spirit and equity are an integral part of everything we do.

Demonstrate responsibility and accountability

To set an example, to take ownership of each situation to the best of our ability and to seek help when needed

> Be enthusiastic about continuous improvement To never be complacent, to recognise limitations and opportunities for ourselves and processes and to learn through these.

Maintain confidentiality To keep all information pertaining to patients, as well as professional and commercial issues, in strict confidence.

Our Core Values

Sonic's Core Values were developed by our staff more than 20 years ago, and act as guiding principles for how we conduct ourselves as an organisation.

Our Core Values set the standard for the collegiate and supportive way in which we behave towards one another, as well as the professionalism with which we conduct ourselves in our day-to-day duties. Individually, our Core Values articulate our commitment to medical excellence. Collectively, they empower our people to deliver exceptional medical services to doctors and patients.

Since their inception, Sonic's Core Values have been embraced by Sonic people around the world as a unifying code of conduct. They are the blueprint for our interactions with colleagues and customers, and the yardstick by which we measure the performance of our duties.

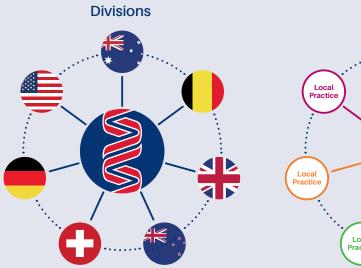
These five key principles form an integral component of our Code of Conduct and Ethics.

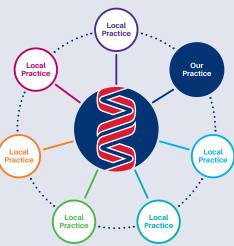
Our Federated Model

Sonic's federated management structure unites our global businesses under the shared objectives of Medical Leadership, while giving them the autonomy to meet the specific needs of their local referring doctors and patients.

This model favours retention of local management teams, with localised branding and service provision. Backed by Sonic's global resources, this approach has been integral to our ongoing success, preserving the foundation brand names of our organisations and their long-term goodwill.

Our federated structure also fosters the opportunity to share knowledge and experience, allowing us to develop synergies and establish best practices, further strengthening the foundations for Sonic's continued growth and prosperity into the future.





Practices



Sonic Healthcare provides high-quality pathology/ laboratory medicine, radiology, general practice and corporate medical services.

With almost 3,500 locations globally, we deliver accessible, affordable services to more than 130 million patients each year in a professional environment that emphasises accuracy, reliability and safety. We operate within an ethical framework that always focuses on the doctors and patients we serve.





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Pathology/ laboratory medicine

What is pathology/ laboratory medicine?

Pathology/laboratory medicine is the branch of medicine that studies samples of blood, urine, tissue and bodily fluids to identify the risk, cause and nature of disease, and to guide clinical management and monitor the effectiveness of treatment.

Medical laboratory tests provide clinicians with the information they need to manage patients in a timely and appropriate way, enabling optimal health outcomes for the individual while decreasing the burden of acute and chronic disease in the community.

Why is it important?

Pathology/laboratory medicine tests inform almost every aspect of modern medicine and are necessary in 70% of all medical diagnoses, including every cancer diagnosis. The results provide doctors with vital information about the nature and cause of illness, so they can determine the best course of treatment. This can range from understanding which type of antibiotics to prescribe for a particular infection, through to guiding the surgeon to ensure complete removal of a tumour and the required follow-up treatment.

Categories



Biochemistry

The measurement of different chemical substances in the body.

Cytopathology The study of cells and cell structure to detect cancerous and pre-cancerous changes.

Genetics



The prediction and diagnosis of genetic disorders and cancer, using cutting-edge technologies that perform DNA, RNA and chromosome testing.

Haematology

The study of blood cells, blood-producing organs and blood diseases.

Histopathology



The microscopic examination of tissue samples by anatomical pathologists to diagnose cancer and other conditions

Immunoserology



The measurement of antibody levels and other factors in the blood to assess immune status and diagnose diseases.

The study of disease-causing organisms, including bacteria and fungi.

Microbiology



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Molecular pathology

The study of DNA, RNA and proteins for diagnostic and prognostic purposes.



Prenatal testing

Screening for genetic conditions either prior to conception, or during the first and second trimesters of pregnancy.



Toxicology

The testing of bodily fluids to detect the presence of chemicals, drugs or toxins.

Ancillary functions



All technical functions are supported by dedicated staff in Collection Centres, IT, Couriers, Specimen Reception, Data Entry, Stores, Accounts, Results and Communications.

How does it contribute to the community?

Pathology/laboratory medicine is often referred to as the engine room of medicine. Without it, we would still be treating patients based on 'best guesses'. It is impossible to imagine modern medicine without the insights provided by this vital diagnostic service.

Pathology/laboratory medicine tests enable earlier and more accurate diagnosis of disease, allowing for earlier and more effective treatments.

Pathology/laboratory medicine also allows for monitoring of conditions to determine the effectiveness of treatment.

More than that, advances in molecular and genetic pathology now give targeted information about how to best treat different forms of cancer and other diseases.

By screening asymptomatic patients for unknown disease, providing earlier diagnosis in symptomatic patients, and supporting more effective, targeted treatment, pathology/ laboratory medicine plays an important role in reducing health-related social and economic impacts.

Radiology

What is radiology?

Radiology is the branch of medicine that uses noninvasive technologies to create images of the bones, tissues and organs within the human body. These images are interpreted by a radiologist or nuclear medicine physician, to identify or monitor diseases or injuries. The findings are then included in a written report to the referring doctor.

Diagnostic imaging technologies include X-rays, computed tomography (CT), magnetic resonance imaging (MRI), ultrasounds, nuclear medicine, positron emission tomography (PET) and more.

Imaging methods are also used to help radiologists perform procedures, such as biopsies, fine needle aspirations and image-guided treatments, known as interventional radiology.

Why is it important?

Radiology is central to the practice of modern medicine. It is used for the diagnosis of many serious and life-threatening conditions, including cancer, neurological disorders and orthopaedic soft tissue injuries. The information contained in the image and radiologist's report expands the referring doctor's knowledge of the disease process and guides the treatment of the patient.

Categories



Magnetic resonance imaging (MRI)

Uses a strong magnetic field and radio waves to capture detailed images of the brain, spinal cord, nerves, muscles, ligaments and tendons, and many internal organs of the body.

Computed tomography (CT)



Uses multiple X-ray images to produce detailed cross-sectional slices through the part of the body being investigated. Includes scans of the brain, chest, heart, abdomen, pelvis and spine. CT is especially useful in revealing detailed information about bone fractures in all body regions.

Ultrasound



Uses high-frequency soundwaves to create images of a range of body areas, including the abdomen, pelvis, breasts, heart and blood vessels, and muscles and tendons. Also useful in monitoring the progress of pregnancy.

X-ray

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The most common form of medical imaging. Useful for examining bones, joints, some spinal conditions, the teeth and jaws, and aids in the diagnosis of many chest and lung conditions.

Mammography



A specific type of breast imaging that uses low-dose X-rays for the early detection of cancer and other breast disease.

Nuclear medicine



Uses a small amount of radioisotope to pick up abnormalities via a special camera. Used to diagnose and treat disease, such as cancer, and can be used to assess all systems of the body.

PET CT



Combines nuclear medicine using positron emitting isotopes and CT, and is particularly useful in the diagnosis and monitoring of cancers.

Interventional procedures



Performed for various reasons, including pain management and screening for disease. Imaging equipment, such as ultrasound, CT or MRI, is used to guide these procedures.

Bone mineral densitometry (BMD)



Uses dual energy X-ray to detail bone health and density. Also used for assessing a patient's body mass index (BMI).

How does it contribute to the community?

Radiology allows many diseases and conditions to be detected at a treatable stage. For example, CT now provides data that assists in the earlier detection and treatment of colon cancer, allowing for earlier and less intensive treatment.

Radiology also helps to target treatments to where they are most needed. Additionally, radiology is used to monitor the progress of disease and delivery of treatments, and to determine whether those treatments are working effectively. If the treatment is not working as planned, it can be adjusted, changed or stopped.

Once treatment has concluded, radiology can help to monitor for any disease recurrence over the ensuing years. This results in cost savings for our health system, and helps patients return to work and family sooner.

General Practice

What is General Practice?

General Practice is the medical discipline that delivers primary healthcare in the community. General Practice is usually the first port of call for patients, and deals with everything, from colds and flu through to acute and chronic illnesses. General Practitioners also provide preventative care and health education to patients.

The holistic approach of General Practice aims to consider the biological, psychological and social factors relevant to the medical care of each patient.

The discipline is not confined to specific organs of the body and involves treating people with multiple health issues.

Why is it important?

General Practice delivers cost-effective, personalised medical care in a community setting. As the primary setting for people seeking medical advice, it also helps to take the pressure off hospital emergency departments. Patients often develop long-term, trusting relationships with their GPs, returning to them for navigation of their care.

Clinical service businesses



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IPN Medical Clinics The largest operator of medical centres across Australia, with nearly 2,000 doctors who run their own clinical practices from one or more of 150 modern, well-established, supported clinics. IPN clinics see more than 7 million patients each year.

Sonic HealthPlus

Occupational healthcare and general medical services, with clinics in metropolitan, regional and remote locations, protecting the health and wellbeing of families and workforces.



Australian Skin Cancer Clinics

Specialised clinics for the early detection, diagnosis, treatment and management of skin cancer in the primary care setting.

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Precedence Health Care

Specialised software that allows healthcare professionals to create customised care plans for patients with complex health needs, facilitating seamless, integrated and collaborative care by their entire healthcare team.

How does it contribute to the community?

General Practice is firmly embedded in the community.

It is arguably the most agile and important part of the health system, providing essential care across the complete range of illnesses, including complex chronic conditions, end- of-life care and the increasing prevalence of mental health issues in our society.

General Practice also helps to educate patients, provides vital vaccination services, and safeguards the health of entire families and communities.

Stakeholders

Sonic's operations impact, or have the potential to impact, a large number of stakeholders. Our healthcare infrastructure, clinical services, employment practices, governance, charitable works, investment in research and development, and financial success have positive impacts on most of our stakeholder groups. However, we also acknowledge the negative impacts of our activities, such as the emissions and waste we produce, natural resources we consume, and the potential impacts on human rights within our supply chain.

Stakeholder engagement is an important element of Sonic's approach to sustainability, allowing us to understand differing expectations and to remain focused on current and evolving environmental, social and governance topics that materially affect our global businesses.

This engagement enables us to respond to the expectations and needs of our stakeholders, and to ensure we meet our legal, regulatory and moral obligations.

Sonic builds stakeholder trust through transparency in our disclosures and accountability for our actions. Our staff are required to abide by our Code of Conduct and 10 REDUCED Ethics, and to engage honestly and constructively with all stakeholders, wherever they are in the world.



Stakeholders



Sonic provides a range of channels for customers (patients, healthcare professionals, hospitals, clinics, governments) to engage with us: in person, by telephone and electronically. Patient surveys are conducted periodically at patient access centres. Sonic's specialist pathologists, radiologists, GPs, scientists and managers also facilitate, present and attend professional seminars and courses that provide multiple opportunities for customer feedback.

Sonic promotes a culture of open communication and active staff feedback. This occurs in multiple ways, including local team meetings, engaging with HR and/or management directly or via email and written communications, whistleblower notifications and more. Issues raised by staff through these channels are triaged and either managed locally or, where appropriate, escalated to divisional management for a broader response.

Sonic engages with local communities on an ongoing basis to expand access to our services and improve service quality. Our involvement is particularly strong during times of crisis, when we help to provide emergency assistance, both clinical and financial. We engage directly with NGOs, local and international charities through the Sonic Heathcare Foundation to facilitate larger donations and faceto-face clinical support to charitable organisations, such as the Clontarf Foundation and HEAL Africa. During FY2023, the Sonic Healthcare Foundation Board agreed to fund the building of the Sonic Healthcare Foundation – Kworo Hospital in Uganda (see p. 66). Construction of this facility commenced during FY2024 and the hospital is expected to be operational by early-mid 2025.

Stakeholders



information on financial and operational performance are delivered by the Sonic CEO. Feedback from institutional investors, superannuation funds and individual investors - large and small - is welcomed throughout the year and facilitated by our investor relations team. Sonic's AGM also provides an avenue for shareholders to ask questions, voice their suggestions and exercise their voting rights on matters concerning the Board, remuneration, financial and operational performance.

infrastructure in the countries in which we operate. Ongoing engagement with governments, through advisory committees, professional associations, industry bodies and regulatory bodies, is necessary to ensure policies support services that are safe, properly funded and fit for purpose. Our medical professionals and executives provide advice and support to governments when health imperatives, such as the recent pandemic, require collaboration across the healthcare network.

Sonic's ability to provide services is dependent on a reliable supply chain to deliver the necessary equipment, reagents and consumables to carry out our diagnostic and clinical services. Operational and procurement teams regularly meet with suppliers to discuss product suitability, supply and pricing. Assessment of the social and environmental credentials of the supplied products is equally important, helping to ensure that any potential environmental or human rights risks to employees in the supply chain are identified and addressed.

actively collaborate with external research and academic bodies, to support tertiary education, contribute to publications and promote clinical innovation. This includes membership of professional societies, medical craft groups and advisory committees, facilitating collaboration and research. We actively encourage academic appointments and affiliations with academic institutions. This engagement allows us to remain up to date with emerging research related to our current services and future trends.

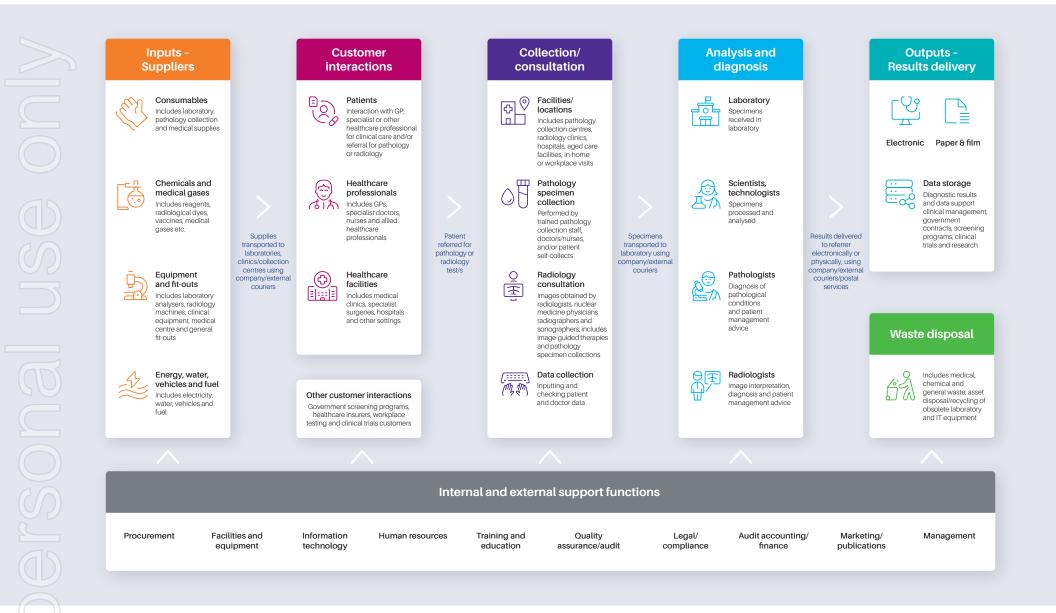
Sonic has invested significant intellectual capital and financial resources in the responsible use of digital imaging and artificial intelligence (AI). The initial results demonstrate that AI-assisted reporting has an important role to play in improving access to advanced diagnostics in both developed and resource-poor healthcare environments. Sonic recognises the planet as an important stakeholder, influenced by our actions to address emissions, waste management, biodiversity and water use. We measure and report data to track our impact in these areas and assess progress against our environmental targets.

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Our value chain

INTRODUCTION

The diagram below represents the key elements, services, stakeholders and support functions in our value chain.



Sonic Healthcare's material sustainability topics

Sonic's current list of nine material sustainability topics was derived from a series of facilitated workshops that assessed the potential impacts of our businesses on individuals, society, the environment and economy, as well as the impacts that changes in the environment, society or the economy might have on our ability to deliver our services. This review was undertaken in FY2022 by the Global Executive Team in conjunction with the Sonic Sustainability Steering Committee.

This team's broad industry experience and longstanding relationships with stakeholders allowed critical examination of the impacts of our services, recognition of risks, and identification of possible negative impacts that may occur. As an additional 'sense check', the identified topics were compared with the Health Care Delivery disclosure topics described by the Sustainability Accounting Standards Board (SASB, now part of IFRS Foundation), and a review of the sustainability risk disclosures of peer companies.

By definition, a topic identified as being material underpins Sonic's ability to create value now and in the future. Each material topic therefore has an associated level of risk.

Most of the emerging mandatory reporting requirements around the globe, including in Australia, require companies to look at materiality from a financial perspective, in line with the approach under TCFD. However, the European Corporate Sustainability Reporting Directive (CSRD) requires companies to assess materiality from both a financial and impact materiality, the so-called 'double materiality' approach. In preparation for reporting in our European jurisdictions, a double materiality assessment is being carried out by our largest European division, Germany. A range of stakeholder groups were engaged in the task and initial results of this independent assessment have identified topics that appear to be well aligned with those from our initial FY2022 global material topic assessment exercise, confirming the ongoing validity of the material topics listed on the following page.

The process of defining and periodically reviewing our material topics ensures we remain focused on what is important, practical and decision-useful to our stakeholders. We will continue to conduct targeted engagement with representative stakeholder groups, in order to verify our material topics and ensure they remain relevant.

The process of defining and periodically reviewing our material topics ensures we remain focused on what is important, practical and decision-useful to our stakeholders.



Global material topics assessment

	Material topics	Comparison with Sustainability Accounting Standard Healthcare Delivery Disclosure Topics and peer company material topics	Stakeholder groups most impacted	
NMENT	Climate change	 Climate change impacts on human health and infrastructure Energy management 		Shareholders The planet
ENVIRONMEN	Circular economy and waste	 Waste management 		Shareholders The planet
	Employee attraction, engagement and development	 Employee recruitment, development and retention 	Employees Customers	
	Workforce health, safety and wellbeing	Employee health and safety	Employees	
INITIES	Service quality and safety	 Quality of care and patient satisfaction 	Communities, NGOs and charities	Employees Suppliers Shareholders
COMMUNITIES	Access and affordability	 Access for low-income patients 	Customers Communities, NGOs and charities Governments	
	Ethics, integrity and compliance	Promotion of trust and enhancement of reputation ¹	Communities, NGOs and charities	Employees Suppliers Shareholders
GOVERNANCE	Privacy and information security	Patient privacy and electronic health records	Customers Employees Governments	
	Human rights	Identification and mitigation of human rights risks across our supply chain and philanthropic endeavours ¹	Suppliers Communities, NGOs and charities	

1 These are not Sustainability Accounting Standard Healthcare Delivery Disclosure Topics, but are considered material to our sustainability strategy.

Sustainability governance

The Sonic Board is responsible for overseeing the Group's sustainability (ESG) strategy and approving the annual Sustainability Report.

Three sub-committees support Board functions in the areas of risk management, audit and remuneration (described to the right).

Implementation and management of the sustainability strategy and relevant policies outlined throughout this report are the responsibility of the Group CEO and the Director of Sustainability, in conjunction with the Sonic Sustainability Steering Committee (SSSC), comprising Sonic's divisional CEOs, together with members of the Global Executive Team. ĒQ

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The Audit Committee

3 The Remuneration and Nomination Committee

The Risk Management Committee (RMC) assists the Board by advising on the identification, monitoring and management of material risks, including climate and other sustainability-related risks (see 'Sustainability risk management' section, p. 21).

1 Risk Management Committee

The Audit Committee is charged with responsibility for ensuring the accuracy of the company's financial reports and appropriateness of financial reporting policies and practices. The Audit Committee has been monitoring the increasing pressure to integrate sustainability and, in particular, climate-related disclosures, into future annual financial reports. The emerging mandatory sustainability reporting rules across many of our jurisdictions will also require external assurance. Much of this assurance will be undertaken by our financial auditors and, in keeping with the governance principles applied to financial assurances, will be reported through the Audit Committee to the Sonic Board.

The Remuneration and Nomination Committee oversees the competitive remuneration of Sonic's Managing Director/CEO and Finance Director/ CFO. The approach to executive remuneration includes a short-term incentive (STI) plan, of which 20% is based on qualitative strategic objectives, including progress with the company's environmental, governance and sustainability objectives. This year, as in FY2023, half of the qualitative portion of the STI is tied to achievement of specific sustainability goals (see the Annual Report 2024, p. 34).

The diagram below illustrates Sonic Healthcare's sustainability governance structure and shows the relationship between the Board, Risk Management Committee, Audit Committee, CEO, Global Sustainability Executive Team and the SSSC.



Dr Colin Goldschmidt, Sonic CEO, Managing Director and Sonic Sustainability Steering Committee Chair, is the Board representative responsible for sustainability issues. Several Non-executive Board members have gained awareness and competence in sustainability-related issues through their involvement in external boards and board-level risk committees tasked with the assessment of sustainability risks and opportunities, such as climaterelated risks.

During FY2024, Board members attended boardroom presentations given by the Director of Sustainability and Sustainability Manager. These updates in November 2023 and April 2024 dealt specifically with Sonic's upcoming reporting and assurance obligations across all jurisdictions in which Sonic has operations. In addition, various Board members participated in externally hosted webinars and education sessions dealing with board oversight and obligations concerning climate risks, cybersecurity, the use of artificial intelligence (AI), gender equality and domestic and family violence policy considerations.

As Sonic is headquartered in Australia, Board members have also participated in sustainability-focused personal development activities, such as those facilitated by the Australian Institute of Company Directors (AICD). The AICD has provided numerous workshops, courses, briefings and articles aimed at informing directors of Australian listed companies about their obligations with respect to a variety of sustainability topics, including the new Australian Sustainability Reporting Standards (ASRSs) and assurance requirements.

The SSSC meets as required to discuss emerging sustainability issues and agree on high-level directives and targets.

This year, Sonic commissioned external consultants to prepare a comprehensive global regulatory scan to assess the timing and impact of emerging mandatory sustainability disclosure and assurance legislation in many of our operating jurisdictions. SSSC members are carefully reviewing this document to familiarise themselves with the obligations and implications of these changes for their own divisions and for Sonic globally. Following the review period, a meeting of all SSSC members will be scheduled to confirm understanding and coordinate resources to support these disclosure and assurance requirements.

Sustainability working groups are now established in each division. These groups are headed by divisional sustainability leads who have the necessary skills to drive sustainability initiatives through the entities in each country.

The divisional sustainability leads meet regularly with the Global Sustainability Executive Team, to discuss the implementation of initiatives, highlight operational issues and share expertise.

The German and USA teams have been expanded to include specialist full-time sustainability personnel who support divisional sustainability leads to drive sustainability initiatives and assist with assessment and preparation for mandatory reporting requirements specific to these countries.

A new position, Global Sustainability Reporting Manager, has also been appointed, and brings extensive experience from Sonic's business assurance, audit and financial reporting procedures to the global sustainability team.



Sustainability risk management

The four-member Sonic Risk Management Committee (RMC) comprises three Independent Directors and the Sonic CEO (who is also chair of the SSSC).

The RMC assists the Board in its oversight responsibilities concerning the management of material risks, including environmental, social and governance risks. The RMC is charged with considering whether the company's risk management framework deals adequately with contemporary and emerging risks, such as climate-related risks.

All Sonic Healthcare Directors are entitled to attend RMC meetings, which occur at least twice per year. Two RMC meetings were held in FY2024, with an update on current and emerging sustainability issues, including evolving global disclosure requirements, provided at the April 2024 meeting.

In FY2023, Sonic conducted a qualitative assessment of climate-related risks and opportunities that could be reasonably expected to impact our operations. The exercise looked at likely outcomes across two climate scenarios and three time horizons (see pp. 99-103).

To assess if any of the climate-related risks and opportunities identified in the qualitative analysis could prove financially material, Sonic has been working with our internal risk management team and external consultants to collect data to support the modelling of the financial impacts of a number of climate-related risks and opportunities using different emissions scenarios and time horizons. The results of this modelling exercise are expected to be available early in 2025 and will be presented to the RMC for consideration. Any climate-related risks that prove financially material will be added to the global risk register and managed in accordance with Sonic's established risk management framework.





Sustainability Strategy

Sonic Healthcare's sustainability strategy combines our Medical Leadership Principles, Core Values and deep company conscience, to deliver positive outcomes for the planet and its people.

	E		(GLAL)	IZI
	ENVIRONMENT	OUR PEOPLE	COMMUNITIES	GOVERNANCE
MATERIAL TOPICS	Climate change Circular economy and waste	Employee attraction, engagement and development Workforce health, safety and wellbeing	Service quality and safety Access and affordability	Ethics, integrity and compliance Privacy and information security Human rights
COMMITMENT	Minimise our impact on the environment	Create supportive and fulfilling workplaces	Improve the health of individuals and communities	Maintain confidence and trust
STRATEGY	 Reduce global greenhouse gas emissions in line with science-based targets Reduce, recycle and reuse waste Embed sustainability criteria into all procurement decisions 	 Embrace diversity and equality Attract, engage and develop new and existing staff Nurture and enrich Sonic's culture of Medical Leadership Provide healthy and safe places to work 	 Ensure the safety and quality of our services Foster medical research and technological innovation Maintain and improve access to our high-quality healthcare services Provide support to communities in need 	 Promote ethical conduct and ensure compliance Safeguard privacy and protect data Champion human rights
GOALS	 Achieve net zero greenhouse gas emissions by 30 June 2050 Reduce global scope 1 and 2 greenhouse gas emissions by 43% by 30 June 2030¹ Complete scope 3 emissions inventory by 30 June 2023 Work across our operations and supply chain to identify opportunities to increase recycling and reduce waste Include sustainability criteria in all new procurement contracts by 30 June 2023² 	 Achieve 40:40:20 gender diversity target at senior executive level by 30 June 2030 Average 10 hours' training per employee p.a. by 30 June 2025 Maintain LTIFR³ at or below the relevant industry benchmark Provide all employees with access to employee assistance or comparable support programs by 30 June 2024 	 Maintain quality accreditation at 100% of facilities Report key research and educational achievements By 30 June 2024, ensure charitable donations are equal to at least 5% of the Sonic Healthcare Foundation's annual total funds under management 	 Train all relevant staff in key policies⁴ Achieve continuous improvement in independently audited Cybersecurity Framework maturity scores (NIST) Publish an annual Modern Slavery Statement

1 Baseline year for scope 1 and 2 emissions is FY2021.

2 Procurement contracts refers to contracts administered by global or divisional procurement teams.

3 Lost time injury frequency rate.

4 Code of Conduct, Anti-bribery and Corruption Policy, Whistleblower Policy, Labour Standards and Human Rights Policy, Privacy Policy, Workplace Health and Safety Policy, Supplier Policy.

(see discussion p. 38). The footnote on page 18 of the Sustainability Report 2022 stated that this target would be reviewed once scope 3 inventory data had been collected.

⁵ The previous waste intensity target has been withdrawn following identification of limitations with the data necessary to support accurate measurement of progress

SECTION 1 Contents SECTION 2

SECTION 3 Environment SECTION 4 Our people SECTION 5 Communities SECTION 6 Governance SECTION 7 Appendices

Environment

The Sixth Assessment Report from the Intergovernmental Panel on Climate Change (IPCC) warned that 'global warming is likely to reach 1.5 °C above pre-industrial levels between 2030 and 2052 if it continues to increase at the current rate (high confidence)'. 'Climate-related risks to health, livelihoods, food security, water supply, human security and economic growth are projected to increase with global warming of 1.5 °C and increase further with 2 °C'.¹

Sonic Healthcare remains committed to playing its part in taking action.

1 <u>www.ipcc.ch/sr15/resources/headline-statements/</u> Accessed 30 September 2024.

Commitment To minimise our impact on the environment

	Material topics	Strategy	Goals	FY2024 achievements	
	Climate change	 Reduce global greenhouse gas emissions in line with 	Achieve net zero greenhouse gas emissions by 30 June 2050	© Scope 1 and 2 emissions reduced against FY2021 base year	
		science-based targets	 Convert fleet to zero-emissions vehicles by 30 June 2040 	 28.6% of Sonic's global fleet vehicles were hybrid or electric in FY2024, an increase of more than 10% compared with FY2023 	
			 Reduce global scope 1 and 2 greenhouse gas emissions by 43% by 30 June 2030¹ 	 9.3% reduction in total scope 1 and 2 (location-based) emissions in FY2024 compared to FY2021 base year (restated) 26.8% reduction in total scope 1 and 2 (market-based) emissions compared with FY2021 base year (restated) 	
			Complete scope 3 emissions inventory by 30 June 2023	Second year of global scope 3 emissions estimation completed	
	Circular economy and waste Reduce, recycle and reuse waste		 Work across our operations and in collaboration with suppliers to identify opportunities to increase recycling and reduce waste.³ Engage with key suppliers (by spend) to encourage science-based target setting 	 Meetings held with more than 10 top suppliers to establish collaborative networks, discuss supplier alignment with Sonic's net zero ambitions, and waste and emissions reduction initiatives 	
)		 Embed sustainability criteria into all procurement decisions 	 Include sustainability criteria in all new procurement contracts by 30 June 2023² 	Sustainability criteria were included in all new procurement contracts ² issued in FY2024	

Related SDGs







Take urgent action to tackle climate change and its impacts

13 CLIMATE ACTION

E.

1 Baseline year for scope 1 & 2 emissions is FY2021.

2 Procurement contracts refer to those contracts administered by global and divisional procurement teams.

3 The previous waste target has been withdrawn following the identification of limitations with data available to support accurate measurement. (See p. 38).

Climate change

Why is it important?

Healthcare activities are estimated to be responsible for 4.4% of the world's total greenhouse gas emissions.¹

Sonic Healthcare understands that our operations affect the environment through the consumption of resources, production of greenhouse gas emissions and the generation of waste.

We are also aware of the potential impact that more frequent and extreme weather events, such as storms, floods, heatwaves and bushfires, can have, on both our operations, supply chains and wider infrastructure, as well as the effects on our customers' health, medical needs and ability to access our services.

Consideration of this dual materiality strengthens the need for organisations such as Sonic to step up efforts to reduce their impact on the environment and promote environmental responsibility across their entire value chain.

1 www.arup.com/insights/healthcares-climate-footprint. Accessed 7 October 2024.

Our approach

Sonic is committed to reducing our global greenhouse gas emissions, in line with the principles of the Paris Agreement and in accordance with guidance from the Science Based Targets initiative (SBTi), which is working to limit the global temperature increase to 1.5 °C by 2050.

The Sonic Board and Risk Management Committee are responsible for overseeing the Group's climate-related risk exposure and development of mitigation strategies. Implementation of the Board-approved environmental strategy and management of environmental initiatives are the responsibility of the Group CEO and the Sustainability Director, in conjunction with the Sonic Sustainability Steering Committee (SSSC). During FY2023, all Sonic divisions participated in a gualitative analysis of Sonic's climate-related risks and opportunities, in line with the Task Force on Climate Related Financial Disclosures (TCFD) guidelines. For details of the risks and opportunities identified in this exercise, please see the TCFD section on 13 CLIMATE ACTION pages 99-103 of this report. Quantitative assessment of the potential financial materiality of prioritised climate-related Target 13.1 Target 13.3 risks is currently being conducted.



ENVIRONMENT



Achieve net zero greenhouse gas emissions (scope 1, 2 and 3)

Complete conversion of global fleet to zeroemissions vehicles

2050

Our ongoing net zero initiatives include:

- switching to certified sources of renewable energy
- investing in energy efficiency initiatives across our global operations
- optimising onsite energy generation and storage
- accelerating conversion of global fleet to hybrid and zero-emissions vehicles
- reducing, recycling and reusing waste from operations
- understanding, measuring and managing material scope 3 emissions.

All years relate to financial years

2023

Commence transition

to renewable energy

Include sustainability criteria in all new

procurement contracts

by 30 June 2023

Conduct scope 3

emissions inventory

sources

2026

.... Engage with key suppliers (80% of spend) to address waste reduction and encourage science-based target setting

> Identify and initiate opportunities to reduce scope 3 emissions

Reduce global (...) scope 1 and scope 2 (market-based) greenhouse gas emissions by 43% (compared with FY2021 baseline)

2030

80% of global energy from certified renewable sources

Scope 1 and 2 greenhouse gas emissions

Sonic has chosen FY2021 as the baseline for scope 1 and 2 greenhouse gas (GHG) emissions globally⁶. Our FY2021 (base year), FY2023 (previous year) and FY2024 (current year) scope 1 and 2 emissions data are shown below.

Scope 1 emissions

In FY2023, scope 1 data was expanded to include emissions from dry ice usage and an estimate of refrigerant gas emissions.

This year, refrigerant gas emission estimations for FY2023 and FY2021 have been restated to include improved data collected in FY2024 for HVAC systems operational between FY2021 and FY2024.

Global scope 1 greenhouse gas emission	ns (tCO ₂ -e) ^{2,4,5}				
	FY2024 (Current year)	FY2023 ³ (Previous year, restated)	FY2021 ³ (Base year, restated)	% change FY24 vs FY23	% change FY24 vs FY21
Fuel, natural gas, other gases⁴	26,813	26,892	28,686	-0.3%	-6.5%
Dry ice	1,439	1,545	1,562	-6.9%	-7.9%
Refrigerant gases ¹	7,846	8,293	8,293	-5.4%	-5.4%
Total scope 1 emissions ^{2,4,5}	36,098	36,730	38,541	-1.7%	-6.3%

Footnotes to table can be found on page 28. For some divisions, 10 months of actual data was used to estimate the full FY2024 figures used in the calculation of scope 1 and 2 emissions.

Scope 2 emissions

Scope 2 emissions for FY2024 (current year), FY2023 (previous year) and FY2021 (base year) are stated in both location-based and market-based terms to reflect the impact of contracts active In FY2023 and FY2024 that sourced certificate-supported renewable electricity of varying amounts in Australia, Germany, the UK and USA. See page 34 for more information on the sourcing of certificate-supported renewable electricity in these countries.

Global scope 2 greenhouse gas emissions (tCO ₂	- e) ^{2,4,5}				
	FY2024 (Current year)	FY2023 ³ (Previous year, restated)	FY2021 ³ (Base year, restated)	% change FY24 vs FY23	% change FY24 vs FY21
Scope 2 emissions (location-based) ^{2,4,5}	74,273	77,993	83,081	-4.8%	-10.6%
Scope 2 emissions (market-based) ^{2,4,5}	51,041	64,876	80,450	-21.3%	-36.6%

Footnotes to table can be found on page 28. For some divisions, 10 months of actual data was used to estimate the full FY2024 figures used in the calculation of scope 1 and 2 emissions.

Scope 1 and 2 emissions

Location-based emissions

The location-based method for calculating scope 2 emissions reflects the average emissions intensity of grids from which energy consumption occurs using grid average emissions factors.⁷

	Global scope 1 and 2 (location-based) greenhouse gas emissions (tCO ₂ -e) ^{2,4,5}							
		FY2024 (Current year)	FY2023 ³ (Previous year, restated)	FY2021 ³ (Base year, restated)	% change FY24 vs FY23	% change FY24 vs FY21		
	Scope 1 emissions	36,098	36,730	38,541	-1.7%	-6.3%		
Ì	Scope 2 emissions (location-based) ^{2,4,5}	74,273	77,993	83,081	-4.8%	-10.6%		
	Total scope 1 and 2 emissions (location-based)24,5	110,371	114,723	121,622	-3.8%	-9.3%		

Market-based emissions

The market-based method for calculating scope 2 emissions reflects emissions from electricity that companies have purposefully chosen and derives emissions factors from contractual instruments.⁷

Global scope 1 and 2 (market-based) greenhouse gas emissions (tCO ₂ -e) ^{2,4,5}						
	FY2024 (Current year)	FY2023 ³ (Previous year, restated)	FY2021 ³ (Base year, restated)	% change FY24 vs FY23	% change FY24 vs FY21	
Scope 1 emissions	36,098	36,730	38,541	-1.7%	-6.3%	
Scope 2 emissions (market-based) ^{2,4,5}	51,041	64,876	80,450	-21.3%	-36.6%	
Total scope 1 and 2 emissions (market-based) ^{24,5}	87,139	101,606	118,991	-14.2%	-26.8%	

1 Fugitive emissions from refrigerant gases were estimated only for sites at which Sonic is responsible for maintenance of HVAC systems.

2-Greenhouse gas (GHG) emissions have been calculated in alignment with the Greenhouse Gas Protocol: A Corporate Accounting and Reporting Standard (Revised Edition).

3 FY2021 and FY2023 data has been restated to reflect:

+ an improved estimate of refrigerant gases using expanded data collected in FY2024 on HVAC systems within operational control for all years reported

the influence of material acquisitions and divestments

the correction of errors identified in previous data sets and calculations.

4 The greenhouse gases included in the emissions calculations are carbon dioxide (CO₂), methane (CH₄), nitrous oxide (N₂O), hydrofluorocarbons (HCFs), perfluorocarbons (PCFs) and sulphur hexafluoride (SF₆).

5 Emissions factors (EFs) used in the calculations are sourced from US Environmental Protection Agency (EPA), the Australian National Greenhouse Accounts (NGA) and National Greenhouse and Energy Reporting (NGER), Department of Climate Change, Energy, the Environment and Water, EU Default Emissions Factors for the Member States, German Federal Environment Agency, German Federal Ministry of Housing, Urban Development and Planning (BMWSB), UK Government and Department for Energy Security & Net Zero (DESNZ) GHG conversion factors, Association of Issuing Bodies (AIB) 2021 and New Zealand Ministry for Environment (NZ MIE) publications. Where country-specific scope 1 EFs were not readily available, NGA EFs were applied as proxy EFs for the following reasons:

Sonic is headquartered in Australia

• Sonic's Australian GHG emissions are the most material component of the global baseline

NGA methods used at the national level are consistent with international guidelines and are subject to international expert review each year.

ê/FY2021 was chosen as the base year for emissions comparison due to the availability of global data. It may not reflect business as usual due to the influence of the COVID-19 pandemic.

7 https://ghgprotocol.org/sites/default/files/2022-12/Scope2_ExecSum_Final.pdf.

More detailed emissions data, including scope 1 and 2 emissions by country of operation, is available in the <u>Sustainability metrics</u> section pages 92-98.

Scope 1 and 2 greenhouse gas emissions intensity

Sonic uses two key business activity indicators, total patient consults and total full-time equivalent (FTE) employees, as denominators to calculate emissions intensity.

Our scope 1 and 2 emissions intensity across global operations for FY2021, FY2023 and FY2024 are shown below using both locationbased and market-based scope 2 data.

Location-based

Global scope1 and scope 2 (location-based) greenhouse gas emissions (tCO $_2$ -e) intensity measures ^{2,4,5}						
	FY2024 (Current year)	FY2023 ³ (Previous year, restated)	FY2021 ³ (Base year, restated)	% change FY24 vs FY23	% change FY24 vs FY21	
Kilograms CO ₂ -e per patient consult	0.85	0.91	0.88	-6.6%	-3.4%	
Tonnes CO ₂ -e per FTE	3.19	3.46	3.62	-7.8%	-11.9%	

Market-based

Global scope1 and scope 2 (market-based) greenhouse gas emissions (tCO $_2$ -e) intensity measures ^{2,4,5}						
	FY2024 (Current year)	FY2023 ³ (Previous year, restated)	FY2021 ³ (Base year, restated)	% change FY24 vs FY23	% change FY24 vs FY21	
Kilograms CO ₂ -e per patient consult	0.67	0.81	0.86	-17.3%	-22.1%	
Tonnes CO ₂ -e per FTE	2.52	3.06	3.54	-17.6%	-28.9%	

Scope 1 and 2 emission per patient consult (shown in kg CO_2 -e) decreased by 6.6% when compared with FY2023 and 3.4% compared to base year FY2021. Our second scope 1 and 2 emissions intensity measure of t CO_2 -e per full time equivalent (FTE) decreased by 7.8% (FY2023 vs FY2024) and 11.9% compared to base year FY2021.

Decreases are more pronounced when market-based, rather than location-based, scope 2 emissions are used in the intensity calculations with a 22.1% decrease in kg CO_2 per patient consult and a 28.9% decrease in t CO_2 -e per FTE in FY2024, compared to our FY2021 base-year.

Decreases in Sonic's intensity measures (location and market-based) reflect the impact of programs in place across the organisation to transition our fleet vehicles to hybrid and electric alternatives, take active decisions to source certificatesupported renewable electricity, reduce overall energy consumption and install more onsite solar equipment where locations are suitable.

Scope 3 greenhouse gas emissions

Scope 3 emissions include indirect emissions (other than those that are reported as scope 1 or 2) that occur in our upstream and downstream value chain. As a provider of diagnostic and clinical services, our scope 3 GHG emissions occur primarily in our upstream value chain. Our emissions boundary-setting exercise identified scope 3 categories 1 to 9 as being material to our business.

Sonic conducted our first global inventory of scope 3 emissions in FY2023 to understand the quantum and nature of our scope 3 emissions. In FY2024, we report our second year of scope 3 emissions estimates which are shown in the table on the following page, together with restated FY2023 (previous year) and FY2021 (base-year) estimates.

2

Capital

equipment

3

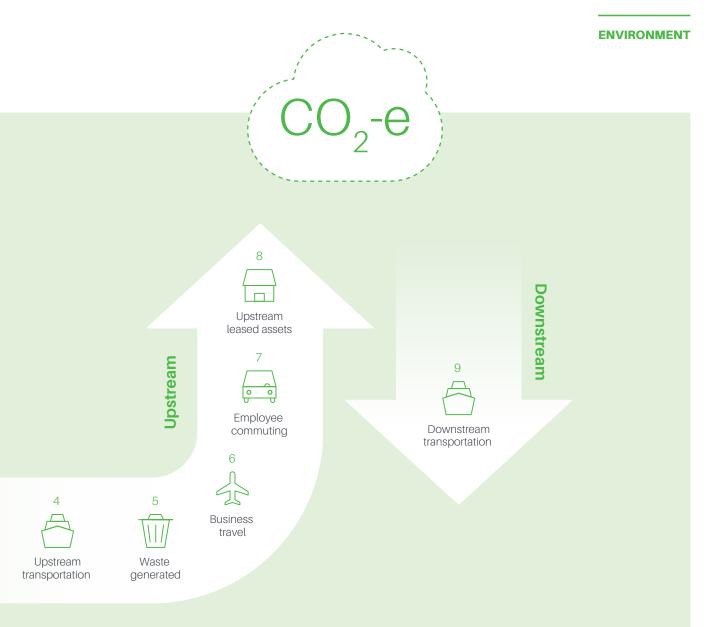
Fuel and

energy-related activities

1

Purchased goods

and services



Data table for scope 3 categories FY2021, FY2023 and FY2024

	gory G Protocol)	Source data used in estimation	FY2024 (current year)	FY2023 (previous year)	FY2021%(base year)	of FY2024 scope 3
1	Purchased goods and services	Spend data	154,455	129,887	173,854	43.19
2	Capital equipment	Spend data	62,961	50,256	41,565	17.6%
3	Fuel and energy-related activities	Scope 1 and 2 (location-based) fuel and energy data	19,092	19,331	15,104	5.39
4	Upstream transportation NB see note on category 9 Spend data		43,864	37,597	39,629	12.29
5	Waste generated	Available waste type, weight, disposal method and spend data	25,941	22,028	22,086	7.2%
6	Business travel	Available travel distance, type and spend data	4,063	4,761	1,255	1.19
7	Employee commuting	Employee numbers, regional commuting patterns and emissions factors	29,905	35,276	39,628	8.49
8	Upstream leased assets	d assets Property area, average consumption and regional electricity/gas emission factors		17,067	20,746	5.19
9	Downstream transportation	Included in category 4 as we are not able to separate spend	See category 4	4 See category 4	See category 4	
Tota	l scope 3 emissions estimate		358,463	316,203	353,867	100.0

1) Data has been calculated in alignment with the following Greenhouse Gas Protocol documents:

The Greenhouse Gas Protocol: A Corporate Accounting and Reporting Standard (Revised Edition)

• The Greenhouse Gas Protocol: Corporate Value Chain (Scope 3) Accounting and Reporting Standard

The Greenhouse Gas Protocol: Technical Guidance for Calculating Scope 3 Emissions.

2) As a provider of diagnostic and clinical services, downstream scope 3 categories 10, 11 and 12 were not considered applicable to Sonic operations when setting the scope 3 emissions boundary.

🚯 Downstream scope 3 categories 13, 14 and 15 are either not applicable or not material to Sonic's operations and were excluded when setting the scope 3 emissions boundary.

4 Notes on greenhouse gases included, emissions factors and choice of base year are as described in notes to tables p. 28. One supplier-based emissions factor was used in the calculation of scope 3 category 1 and 2 emissions and was applied to the spend with this supplier.

5 FY 2021 and FY2023 data has been restated to reflect:

• use of emissions factors with margins (where applicable)

addition of GST/VAT amounts to spend data in divisions where they were not previously included

correction of errors or missing data identified in previous calculations

enhanced methodology to estimate employee commuting in countries of operation

updated building energy consumption estimates from upstream leased assets to include natural gas in addition to electricity.

6 For some divisions, 10 months of actual data was used to estimate the full FY2024 figures used in the calculation of scope 3 emissions in categories 3, 5 and 6.

Scope 3 emissions comprise the largest source of GHG emissions for many organisations. This is the case for Sonic, with more than 75% of our total FY2024 estimated scope 1, 2 (location-based) and 3 emissions attributable to scope 3.

Emissions estimates for FY2024 again show that Sonic's most material scope 3 emissions occur in the GHG Protocol Category 1 – Purchased goods and services (43%). Category 2 – Capital equipment constitutes the next largest contribution (18%), with combined Categories 4 and 9 – Upstream and downstream transportation the third largest contributor (12%).

While the above information on the size and relative materiality of the scope 3 categories is useful for future planning, early rounds of scope 3 data calculation inherently rely on available and often limited source data, estimations and assumptions. In particular, the use of spend data tends to overestimate emissions when compared to actual emissions data for the same activity. Sonic has commenced work across our organisation, and in collaboration with our suppliers, to improve the quality and accuracy of the data that underpins these calculations. In FY2024, the first of our major suppliers provided a supplier-specific emissions factor and hopes to further develop product-based emissions factors in the future. Sonic is

emissions factors in the future. Sonic is working with other key supply partners and will incorporate more supplierspecific emissions factors in future years' calculations.



ENVIRONMENT

Scope 1 emissions-reduction initiatives

Fleet transition

The most significant contributor to Sonic's scope 1 emissions is the fuel (petrol and diesel) used for our fleet of 3,263 cars, motorbikes/scooters and other courier vehicles. These emissions account for over 60% of total scope 1 emissions measured in FY2024. We have set a target to convert our fleet to 100% zero-emissions vehicles by 30 June 2040. Our success in achieving this target will depend on emerging vehicle technology (for example, innovation in battery range extension and hydrogen engine development), together with extensive infrastructure enhancement by governments, organisations and individuals to support vehicle charging and hydrogen fuel access, as well as the availability and supply of suitable cars and other courier vehicles.

While we carefully monitor developments in electric vehicle performance and available infrastructure to support zero-emissions vehicles, we continue to successfully utilise petrol/ electric hybrid technology to decrease fuel consumption.

Sonic's fleet vehicles are typically renewed every three to five years, making hybrid vehicles an attractive interim scope 1 emissions-reduction initiative while we await further development of reliable infrastructure to support zero-emissions vehicles.

Our FY2024 global fleet includes:

- 836 hybrid vehicles (an additional 353 hybrid vehicles compared with FY2023)
- 98 electric vehicles (an additional 49 electric vehicles compared with FY2023).

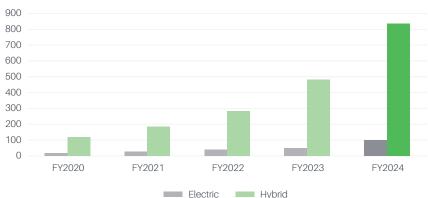
Hybrid and electric vehicles now represent 28.6 % of our total fleet, up from 17.1 % in FY2023, as shown in the graph below.

Comparisons of fuel usage by petrol-only and petrol/electric hybrid vehicles in our fleet show that hybrid vehicles use 30-50% less fuel than petrol equivalents. For example, in Australia where the percentage of hybrid vehicles rose from 22% to 37% between FY2023 and FY2024, petrol consumption fell by 7-8%.

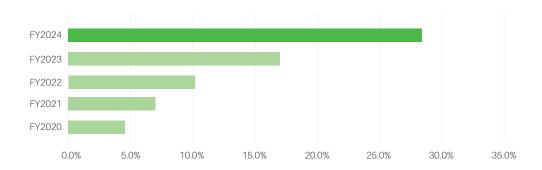








Percentage of electric or hybrid motor vehicles in the fleet



ENVIRONMENT



Sonic is working to meet our fleet transition target by incorporating more lower-emission vehicles in each of our countries of operation. Several of our larger sites continue to trial the use of fully electric vehicles (cars and motorbikes/motor scooters), and are assessing which routes are best suited to their use.

It is important to note that effective total emission reduction requires not only transition to zero-emissions vehicles but also the use of charging or fuel-production infrastructure using renewably sourced energy.

Automotive supply chain issues eased during FY2024, greatly assisting our ability to further increase the proportion of hybrid/electric vehicles in the fleet. Work will commence on individual fleet transition plans for each division in FY2025 to support our global ambition of having a zero-emissions vehicle fleet by 30 June 2040.

▲ One of the new fully electric courier vehicles leaving our largest pathology laboratory in Australia

Natural gas, dry ice and refrigerant gases

In addition to fuel, other contributors to Sonic's scope 1 emissions include dry ice (4%), refrigerant gases (22%) and natural gas (13%). Sixty per cent of Sonic's natural gas consumption occurs in Germany, where it is predominantly used for heating. The ongoing war in Ukraine has continued to impact gas supplies and pricing. Some of our sites have converted from gas to electricity, and further gas-use-reduction initiatives are currently being explored.

Dry ice, the solid form of CO_2 , is sometimes used in pathology to keep samples cold during transportation. Dry ice sublimates (changes from the solid to the gaseous state) when exposed to higher temperatures and/or lower pressure, releasing CO₂ gas back into the atmosphere. As can be seen from the disaggregated scope 1 emissions estimations (p. 27), dry ice usage has decreased slightly in FY2024 contributing approximately 4.0% of the global total scope 1 emissions compared with 4.2% in FY2023. This downward trend is expected to continue as the

USA, our largest user of dry ice, implements replacement initiatives in more sites across the country.

Many refrigerant gases used in heating, ventilation and air conditioning (HVAC) systems have high global warming potential (GWP) compared to CO_{a} (GWP = 1). This year we continued to collect accessible data to estimate the emissions impact of refrigerant gases used in the HVAC systems within our operational control, including large walk-in cool rooms used for sample storage at our laboratories. This information is being used to support business cases for replacement of older HVAC units that contain harmful refrigerants, have high leakage rates, or use more energy to run than the more modern and environmentally friendly replacement units. For example, during FY2024, five aging HVAC units in our New York laboratory were replaced with new, more efficient systems, decreasing the leakage of high GWP refrigerant gases and reducing HVAC-related power usage for the entire laboratory by an estimated 35%.

Scope 2 emissions reduction initiatives

Renewable electricity

Sonic's FY2021 base-year emissions data showed that Australia's purchased electricity comprised nearly 70% of our global scope 2 emissions, despite Australia representing approximately 37% of the global business. Australia's disproportionate contribution reflects the country's continued reliance on coal-fired electricity and its high emissions conversion. To address this issue, Sonic negotiated a contract in FY2022 to annually increase the percentage of large generation certificate (LGC) supported renewable energy purchased for all large usage sites within operational control in Queensland, New South Wales, Victoria and South Australia, with additional renewable energy certificates being purchased for Western Australia and the remaining smaller sites within operational control. Certificatesupported renewably sourced electricity amounted to 40% of total electricity purchased in Australia in FY2024. This percentage will continue to increase by 10% per annum each year, reaching 100% in FY2030.

Sonic's German division converted approximately 80% of sites within operational control to accredited 100% renewably sourced electricity from 1 January 2023. This arrangement continued for the full FY2024 period and a number of newly acquired sites will be added to this contract during FY2026, when their current contracts expire.

In the US, renewable electricity has been contracted in Austin, Texas, the site of our largest US laboratory, making approximately 18% of our US electricity certified renewable. In the UK, a renewable energy contract for electricity supply has been active from December 2023.

Sonic reports on both location-based and market-based scope 2 emissions to reflect these renewable power purchase decisions. The impact of these contracts has seen a 36.6% reduction in market-based scope 2 emissions in FY2024 when compared with our FY2021 base year.





Solar investments in the US

Sonic has significantly expanded onsite solar power generation at three US laboratory sites: Sunrise Medical Laboratories (SML) in Hicksville, New York, Clinical Pathology Laboratories (CPL) in Austin, Texas, and American Esoteric Laboratories (AEL) in Memphis, Tennessee.

The panels in these large installations are more than 70% US-made and assembled and, once fully operational, will offset current electricity consumption at the above-named sites by 15% (SML), 17% (CPL) and 32% (AEL) respectively.

The SML and CPL sites are now complete, with the AEL site expected to be operational in early 2025. Contribution to our solar generation capacity, and resultant reduction in consumption from local grids at these sites will be reflected in data included in the FY2025 report.

 Sunrise Medical Laboratories in Hicksville, New York, USA

During FY2024, onsite energy generation using solar panels on our buildings has increased both capacity and kWhs generated.

The large increase in installed solar capacity compared with electricity generated reflects systems completed in FY2024 but not productive during that period (see US solar investment story above). Together with the sourcing of renewable electricity, this has contributed to the containment of emissions attributable to purchased electricity (scope 2).

Global electricity generated by solar installations (kWh)						
FY2024 (current year)	FY2023 (previous year)	FY2021 (base year)	% change FY24 to FY23	% change FY24 to FY21		
1,249,047	1,198,441	808,182	4.2%	54.6%		

Global installed solar panel capacity (kW)				
FY2024 (current year)	FY2023 (previous year)	FY2021 (base year)	% change FY24 to FY23	% change FY24 to FY21
1,584	1,135	912	39.6%	73.7%

Target 11.6

ENVIRONMENT

New radiology sites

Sonic has opened three new radiology sites in Queensland, Australia. Each site features LED lighting, sensor-controlled light activation, highguality insulation and automatic water shut-off in the event of a leak.

> New Queensland X-Ray site in Mt Gravatt, Queensland



QueenslandXRay



 Medizinisches Labor Nord reception area, Hamburg, Germany

New Hamburg laboratory

Sonic has opened a new state-of-the-art laboratory in Hamburg, Germany. Environmental features include energy efficient heating and cooling systems, LED lighting throughout, solar panels for onsite electricity generation and 50 electric vehicle charging stations for use by company vehicles and staff electric cars.

Energy efficiency

Increasing energy prices, together with the need to reduce carbon emissions worldwide, is driving Sonic's focus on opportunities to reduce energy consumption. This is being achieved through improved energy efficiency and education programs to encourage prudent use.



Target 11.6



Sustainable

Sustainable

production

Recycling

use

Circular economy and waste

Why is it important?

Sonic's operations generate significant amounts of waste that may contribute to climate change and air pollution, directly affecting many ecosystems and species. Landfills, considered the last resort in the waste hierarchy, release methane, a potent greenhouse gas linked to climate change.

Our approach

Implementation and management of the Board-approved environmental policies, which also address waste and the circular economy, are the responsibility of the Group CEO and the Sustainability Director, in conjunction with the Sonic Sustainability Steering Committee (SSSC).

Rø

Circular

economy

As part of our move to encourage a circular economy mindset, Sonic's procurement and operations teams continue to work with suppliers to source more environmentally friendly substitute products that:

- replace single-use plastics and polystyrene
- decrease the amount of packaging
- reduce and, where possible, recycle or reuse waste.

Separation of waste into appropriate recycling and disposable streams is key to supporting this strategy, reducing both environmental and operational costs.

Sonic undertakes an extensive supplier selection process to vet prospective waste management suppliers for relevant environmental and quality certifications. For example, in Australia these include:

- AS/NZS 4801:2001 Occupational Health and Safety Management
- ISO 14001 Environmental Management
- ISO 9001 Quality Management.



12





Waste management

The three main types of waste generated in our operations are shown below.

Clinical waste

Includes single-use items, such as needles, tubes, gloves, aprons, masks, specimen transport bags and containers that may be contaminated by blood and other human body fluids. Much of this waste must be handled by specialised, regulated waste management systems that decontaminate the waste by high-temperature autoclaving or incineration, which limits opportunities to recycle. The remainder is disposed of in landfill after decontamination.

The World Health Organisation estimates that only 15% of the waste generated by healthcare activities is, in fact, infectious, toxic or radioactive.¹ The remaining 85% is general, non-hazardous waste that may have the potential for more environmentally friendly disposal, recycling or reuse, with appropriate segregation.

General waste - landfill and/or incineration

Includes all other forms of solid waste that is not contaminated by biological substances (non-clinical), such as certain packaging, office, technical and IT supplies and disused equipment. This waste may be sent straight to landfill or incinerated, with any residual matter sent to landfill.

Recycling

E)

Some waste from operations, such as polystyrene used in packaging and the clean polypropylene we receive as trays and racks holding consumables for analysers, can be recycled. A number of recycling projects are active throughout our facilities.

Sonic continues to explore further opportunities to transition from single-use, non-recyclable products to recyclable and reusable products, where appropriate.

In FY2022, before attempting to collect global waste data as part of our scope 3 inventory, Sonic proposed a target to reduce the amount of general waste destined for landfill per patient episode by 10% by 2026, stating that this target would be reviewed once a scope 3 inventory had been conducted (see footnote on pages 18 and 20, Sustainability Report 2022).

After collecting our second year of waste data, it has become apparent that currently available data is not able to reflect actual changes in the amount of waste collected by waste providers in the categories of general waste and recycling. Clinical waste is the only waste stream where the weight of waste collected is recorded. General and recycling waste data records the number of bins and applies standard nominal bin weights, which are the same whether the bin is full, half full or nearly empty. Provision of accurate data would require significant structural changes to the waste management industry.

We will restate an appropriate waste target once we can access more accurate waste disposal data.



ww.who.int/news-room/fact-sheets/detail/health-care-waste. Accessed 18 October 2024.

Waste reduction initiative

Despite the waste measurement limitation described above, waste reduction and recycling are topics that resonate across the entire organisation. We remain focused on the importance of reducing the amount of waste sent to landfill and increasing the waste made available for recycling, and believe significant emission and cost reductions may be possible through improved segregation and consolidation of waste at our sites.

This assumption was supported by a recent external waste audit carried out across a number of laboratory departments in our large London facility. It revealed that diversion rates had the potential to substantially improve by:

- challenging longstanding waste disposal practices
- improving staff education about which materials are recyclable
- making simple changes to support easy segregation of clinical (contaminated) waste, recyclable and non-recyclable waste (landfill).

This would result in successfully redirecting waste from incineration and landfill to recycling.

Similar, less-formal waste audits at Australian facilities have yielded comparable outcomes. As a result, we will work with local sustainability teams and their waste management service providers to develop educational materials that encourage informed waste segregation and active consolidation to increase recycling rates and ensure bins are full, decreasing the number of collections and associated transport emissions.

In addition, we continue to:

- explore substitutes for single-use plastic items, such as compostable and biodegradable alternatives
- use more products with increased recycled content
- provide facilities to divert organic food waste in staff amenity areas, where possible
- use polystyrene compacting machines in some Australian businesses to compress polystyrene waste from external packaging, which is collected by a recycling company and used for the manufacture of furniture.







Reduction in paper and radiological film usage

Sonic is working to reduce our global consumption of paper by promoting digital alternatives for the provision of clinical reports and test referrals, together with the increasing use of recycled content paper and more efficient print settings (such as doublesided printing) where printing for administrative purposes cannot be avoided.

Our Australian operations set a goal to reduce overall paper consumption by 30% by 30 June 2024, compared with FY2022 usage, and have progressively increased the monitoring of printers across pathology, radiology and primary care sites to highlight high-use activities.

Several initiatives have been implemented at our largest Australian sites, such as:

- default, electronic-only report generation unless clinicians specifically requested paper copies
- working with hospital ward staff to reduce the requests for faxed results
- issuing invoices and receipts electronically
- increased use of electronic prescriptions and referrals by GPs.

FY2024 data shows a 17% reduction in total paper usage for FY2024 compared to FY2022. While this falls short of the 30% target it should be noted that the impact of some of the initiatives has been delayed due to slower than expected uptake. Comparison of FY2025 July-August data with the same period in FY2022 is demonstrating a 23% drop in usage. We will continue to monitor this data and will report ongoing progress.

Total Paper Comparison FY2022 vs FY2024



Another waste reduction target involves the electronic reporting of radiology results with a concurrent reduction in radiological film usage. The uptake of electronic reporting in radiology has led to significant reductions against the previous year over the last three years. Results are shown in the table below.



13 CUMATE ACTION Target 13.3

Australian Radiology	FY2024	FY2023	FY2022
Percentage reduction in radiological film usage	60.0%	15.7%	27.9%

Water consumption

Water and sewage services are provided to our facilities through government-run metropolitan and rural water utility services.

Water consumption is not a material topic in Sonic's environmental strategy due to our low consumption rate; however, all Sonic staff recognise the need to reduce usage, where possible, of this valuable natural resource.

Major contributors to water usage are our analytic equipment together with general use by staff and patients. Specific water volumes are often required by our analysers to support testing accuracy, reducing the opportunity to reduce the water usage on existing analysers.

Our procurement teams consider water usage data as part of the total value proposition when comparing new equipment for purchase.

Water purification systems are installed in all our large laboratories to provide purified water required by our analysers. Water discharged from our facilities is tested and meets water quality regulations in all our jurisdictions.

Our last three years' global water consumption for locations >1,000 square metres, for which we have operational control of water usage, is shown below, demonstrating that water consumption per square metre has decreased by nearly 13% over the past three years.

Water consumption			
	FY2024 (current year)	FY2023 (previous year)	FY2021 (base year)
Total water consumption kilolitres (kL)	301,201	333,582	345,409
Water consumption intensity kL per square metre	1.06	1.20	1.29

Sustainable procurement

Sonic is committed to procuring high-quality, innovative products and services that demonstrate whole-of-life value for money. Whole-of-life value considers the human, environmental and financial costs of products, from sourcing raw materials, through to manufacturing, packaging, usage and wastage, as well as disposal.

Assurance of these benefits, together with the supplier's ability to provide uninterrupted supply, are key factors in our procurement decisions. Sonic is also committed to responsible sourcing practices. When selecting a supplier, we assess both the product and/ or service's environmental impact and the prospective supplier's commitment to sustainability principles and practices. This includes reviewing the supplier's environmental, social and governance (ESG) policies and their compliance with global human rights laws.

The Sonic <u>Supplier Policy</u> explicitly outlines our expectations that suppliers conduct their business in a manner that promotes environmental sustainability, adheres to all relevant environmental laws and regulations and aims to reduce waste. Moreover, the Sonic Supplier Policy requests all major suppliers to work towards setting credible emissions reduction targets that align with the Paris Agreement to limit global warming to well below 2°C.

We also expect suppliers to work collaboratively with Sonic to support our stated sustainability goals. This is particularly relevant as we look toward setting achievable, science-based scope 3 emissions reduction targets. Compliance with the <u>Supplier</u> <u>Policy</u> is monitored through regular business review meetings. In addition, Sonic is investigating a formal supplier management system planned for implementation in FY2025.

Sonic conducted our second global scope 3 emissions inventory in FY2024, which again highlighted that emissions associated with the manufacture and transport of goods and services in our supply chain are the most material scope 3 emissions categories. Achievable supply-related targets for reduction of these scope 3 emissions will only be possible through Sonic's continued adherence to sustainable procurement practices and collaboration with suppliers aligned with our net zero commitments.

Initial meetings were held with top global suppliers in FY20204 to discuss issues such as:

- availability of supplier data for their scope 1, 2 and 3 GHG emissions
- whether suppliers had published, or were planning to publish, science-based emissions reduction and net zero targets
- end-of-life processing of capital equipment
- opportunities for collaboration to reduce transport emissions and packaging waste
- progress towards supplier and productspecific emissions calculations.

Following these interactions, Sonic was provided with the first supplier-specific emissions factor, which has been used in FY2024 scope 3 emissions calculations attributed to our spend with this supplier.





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Our people

Sonic's success as an organisation is dependent on the strength of our skilled, caring and diverse workforce. 'Respect for our people' is a key pillar of our long-enshrined Medical Leadership Principles and underpins everything we do.



Commitment To create safe, supportive and fulfilling workplaces

Material topics	Strategy	Goals	FY2024 progress
Employee attraction, engagement and development	 Embrace diversity and equality 	 Achieve 40:40:20 gender diversity target at senior executive level by 30 June 2030 	
	 Attract, engage and develop new and existing staff 	 Average 10 hours' training per employee p.a. by 30 June 2025 	In the second
	 Nurture and enrich Sonic's culture of Medical Leadership 		 50 Sonic Connect Officers appointed to promote Sonic culture across all operating jurisdictions More than 2,800 staff attended Sonic Connect workshops (see page 51)
Workforce health, safety and wellbeing	 Provide healthy and safe places to work 	 Maintain LTIFR² at or below the relevant industry benchmark 	○ Sonic's LTIFR was 4.9, which is above the blended industry benchmark rate of 4.7 ³
		 Provide all employees with access to employee assistance or comparable support programs by 30 June 2024 	98.8% of staff currently have access to employee assistance or comparable support programs
Related SDGs	A MUNICIPARITY Lives and promote wellbeing for all at all areas	equality and	An MORAMP Mode Comme sustainable economic growth, employment and decent work for all

1 Includes CEO or head of each reporting business unit and their executive management teams.

2 Lost-time injury frequency rate (LTIFR) reflects the number of injuries with more than eight hours lost time per one million hours worked.

3 Safe Work Australia LTIFR benchmarks for Pathology/Diagnostic Imaging and Medical Services were used to calculate the industry benchmark rate at proportions of 92% and 8% respectively, reflecting Sonic's component services https://data.safeworkaustralia.gov.au/interactive-data/lost-time-injury-frequency-rates.

Employee attraction, engagement and development

Why is it important?

Sonic's business involves people caring for people. Our skilled, committed staff deliver our services in urban, regional and rural locations, often 24 hours a day, seven days a week. Attracting, engaging and developing this workforce is crucial for sustaining our high levels of service and quality. Workforce diversity, work-life balance, a feeling of inclusion, individual engagement and a sense of purpose are important to our staff, and help to attract and retain the best people to provide our specialised services and uphold our quality.

Our approach

Sonic's success is built on the strength of our people. We strive to create fulfilling careers for our staff by providing professional, ethical, safe and inclusive workplaces that value diversity, individuality, reward achievement and protect labour standards.

The Sonic Healthcare Board, CEO and senior executive team are responsible for overseeing organisational compliance with the company's Labour Standards and <u>Human Rights Policy</u>, which is aligned with the principles of the Universal Declaration of Human Rights and the International Labour Organisation's (ILO) Declaration of Fundamental Principles and Rights at Work. Together with our annual <u>Modern Slavery Statement, Code of</u> <u>Conduct and Ethics and Core Values</u>, these policies clearly articulate our commitments to local employment, workforce diversity, freedom of association, collective bargaining and competitive compensation. They also explicitly prohibit any employment practices that constitute modern slavery.

Reporting suspected instances of non-compliance is encouraged and instructions on how to report are detailed in our Labour Standards and Human Rights Policy (p. 5) and <u>Code of Conduct and Ethics</u> (pp. 4–5). Our <u>Global</u> <u>Whistleblower Policy</u> provides additional reporting avenues, including how to make a disclosure through an external agency. It also details the protections afforded to those making disclosures, and confirms the ability to disclose anonymously if preferred.

Sonic's CEOs, operations executives and human resources teams are responsible for compliance with national employment regulations. They must also promote Sonic's culture, and provide competitive workplace conditions and benefits that create a harmonious and desirable workplace. Our recruitment practices seek to attract and retain clinical, scientific, professional, technical and support staff who have the appropriate qualifications and experience, together with values that align with our Core Values and culture of Medical Leadership (see pp. 8–9).

Our commitments are reinforced with ongoing training, as well as workplace policies that aim to foster an environment of professional growth and work-life balance.

The nature of our services means the majority of roles require onsite attendance.

Our workforce

The table below shows our total workforce (including all employees and contractors) by country and gender as at 30 June 2024.



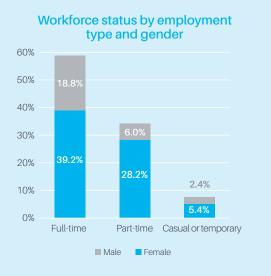
Total workforce - employees by country and gender				
	Women	Men	Total	% women
Australia	14,582	4,512	19,094	76.4%
Belgium	329	165	494	66.6%
Germany	6,486	2,702	9,188	70.6%
New Zealand	147	54	201	73.1%
Switzerland	1,533	619	2,152	71.2%
United Kingdom	1,724	1,189	2,913	59.2%
United States	5,661	2,284	7,945	71.3%
Total	30,462	11,525	41,987	72.6%

For further data on Sonic's workforce, please refer to the <u>Sustainability metrics</u> in the Appendices of this report.

Workforce status

The graph to the right shows the relative percentages of total 'on payroll' employees by employment type and gender, as at 30 June 2024.

During FY2024, Sonic employed 9,273 new people to replace vacant existing roles or to fill newly created roles. Women filled 75% of these new hires. This figure includes 17 senior management positions, of which seven or 41% were filled by women.



New hires by region

The graph to the right shows new hires by region, with Australia continuing to hire the most new employees, the majority of whom are female. This is due to the large number of phlebotomists employed in Australia to staff almost 2,000 collection centres. Phlebotomy has a historically high staff turnover rate and tends to attract many more females than males. See 'Employee retention' on page 47.





Employee diversity

Diversity in our workforce is important. A diverse workforce and an inclusive culture help to drive innovation and support better decision-making, resulting in enhanced performance and growth.

Our <u>Diversity Policy</u> outlines the principles that ensure we have a broad range of experience, talent and viewpoints in our businesses, across age, gender and ethnicity. Women comprise 72.6% of Sonic's overall workforce and 53% of senior leadership, which is defined as manager level and above, including our doctors.

The gender diversity of our workforce is detailed in the table to the right.

Gender diversity: female representation at 30 June 2024 Total workforce

	lotal workforce	% female
Board of Directors	9	44.4%
Executive senior leadership ¹	455	40.0%
Total senior leadership ²	3,551	53.0%
Science-based roles ³	19,484	73.8%
Whole of workforce	41,987	72.6%

1 Includes CEO or head of each reporting unit and their executive management teams

2 Includes executive senior leadership, other managers, pathologists, radiologist and other doctors

3 Includes doctors, scientists, technicians, radiographers, sonographers and nurses

Our gender diversity goal is to achieve and maintain at least 40% female representation at senior executive level by 30 June 2030 and at least 50% in the workforce generally. Our FY2024 figures confirm that we have already achieved this target, with females accounting for 40.0% of executive senior leadership cohort. Our 50% workforce gender target has also been exceeded, with 72.6% of our workforce being female. We will continue to monitor this data to ensure these percentages are within our targeted levels.

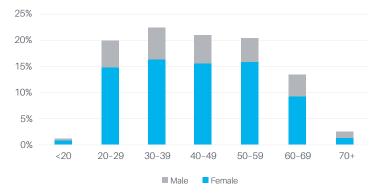
The Board gender composition remained at 44% female during FY2024, in line with the Board's specific target of no less than 40% of its directors being female.

For further data on gender diversity statistics, please refer to the <u>Sustainability metrics</u> in the Appendices of this report.

Sonic has strong age diversity within our workforce, with a reasonably equal spread across the four age brackets between 20 and 60 years. Employee numbers start to decrease in the 60 to 69 year bracket as people begin to retire.

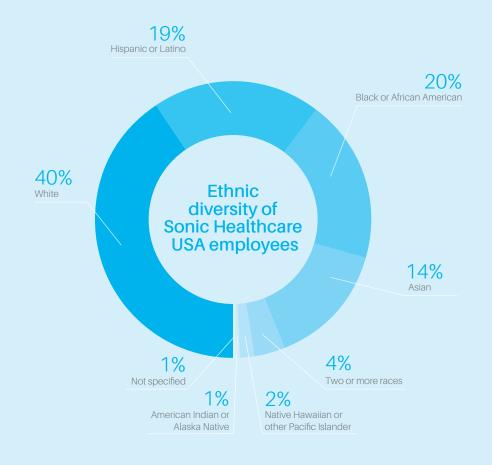


Employees by age bracket



Although we don't collect specific figures on ethnicity (other than in the USA), we value the contribution made by our ethnically diverse and harmonious workforce.

The self-reported ethnic diversity of our US workforce (on payroll), which numbers 7,698 people and represents 19% of Sonic's total global workforce, is represented in the chart below:



Percentages shown may total >100% due to rounding



Employee retention

Sonic has a global reputation for quality and professionalism and we continue to explore ways to position ourselves as an 'employer of choice' with current and prospective employees. This is particularly important in current competitive labour markets, assisting us to attract the best people and reducing the costs of recruitment and training.

Our staff retention rates reflect the respect and care we show our staff, and the rewarding nature of the meaningful work we do. This is particularly evident at senior levels of the organisation, which includes our executive managers, line managers, pathologists, radiologists and other doctors.

The FY2024 staff turnover rate of 15.6% is the lowest Sonic has recorded over the last four years. As noted previously, a significant increase in staff turnover was experienced in FY2022 when COVID-19 restrictions eased and borders opened across our operational jurisdictions, allowing people to travel more freely and take up new employment opportunities. The psychological impact of the pandemic also saw some staff reassess their career ambitions and attitudes to work, a phenomenon widely experienced in many industries.



Turnover for our global employed workforce			
	FY2024	FY2023	FY2022
Senior leadership voluntary turnover rate ¹	4.7%	3.6%	4.5%
Total employee voluntary turnover rate ²	15.6%	16.4%	20.0%

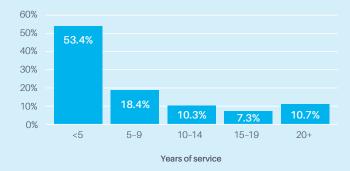
Voluntary turnover excludes leavers who retire, transfer internally, are made redundant, and/or are temporary casual relief workers.
 The total employee voluntary turnover rate for FY2023 has been restated to correct an error identified in the FY2023 New Zealand calculation.

The chart below highlights the voluntary turnover for our employed workforce by region during FY2024.

Australia/NZ and the United States collectively employ more than 95% of our global phlebotomist (pathology specimen collector) workforce. This staff group equates to 26% of our Australian/NZ workforce and 28% of our US workforce. The phlebotomist staff group has a higher turnover rate compared to other staff groups, which, in turn, drives up total turnover in these two regions.

Several initiatives to support phlebotomist workers, especially during their first 12 months of employment, were implemented in Australia during FY2023, together with attention to issues raised in exit interviews. It is likely that these programs have helped reduce Australia's overall turnover rate from 20.6% in FY2023 to 17.7% in FY2024. Data on staff retention and engagement across the Australian workforce will be further enhanced with the implementation of a new HR management system. Assessment of suitable systems is currently being undertaken.





In the US, where the turnover rate has risen from 16.4% in FY2023 to 20.4% in FY2024, a country-wide staff engagement survey will be piloted during FY2025. Insights from this survey will assist with HR strategy and the design of tailored initiatives to address any material issues. Expansion of similar surveys across other Sonic divisions will be considered in the future.

A certain level of overall staff turnover is important as it encourages new ideas, alternative thinking and innovation, which offsets the cost of recruitment and retraining. When the advantages of introducing new staff are balanced with the experience, corporate memory and efficiency of 'long stayers', organisations can maximise the benefits added by both staff groups. Sonic's FY2024 turnover rate of 15.6% was balanced by 28.3% of Sonic's employees having more than 10 years of service, as shown in the graph above.

Sonic has a long and successful history of growth through the acquisition of existing medical practice businesses. When achieving synergies from these acquisitions, our general approach is to rely on natural staff turnover to generate savings over time, rather than widescale redundancy programs. This preserves staff morale and helps to maintain the goodwill of the acquired businesses.

25%

20%

15%

10%

5%

0%

Australia/N7



Europe/UK

Female

Male

United States

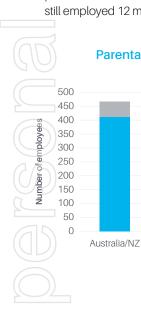
FY2024 employee turnover by region

Parental leave

Access to parental leave is an important consideration for many existing and prospective staff, with more than 43% of our total workforce aged under 40 and more than 70% female.

Parental leave is available to most employees, female and male, once they meet the eligibility criteria. This is often in the form of company or government-paid parental leave schemes. In addition, unpaid leave is offered to eligible staff. At the end of FY2024, 17,392 employees were entitled to paid company parental leave and 30,596 employees were entitled to paid government parental leave (some employees are entitled to both company- and government-paid parental leave and are counted in both numbers).

A total of 900 employees (representing 2.2% of total 'on payroll' workforce) took parental leave during the year, with 81.6% of them returning to work after their leave finished. An analysis of the employees who returned from parental leave in the prior year showed that 79.2% were still employed 12 months later.



Parental leave taken during FY2024

Europe/UK

Male Female

United States

Sonic also recognises the importance of family and that, following parental leave, staff may need to adjust their work patterns to assist them in handling their family responsibilities. Where possible, we promote flexibility in both job functionality and hours of work, to assist staff returning from parental leave.

For further data on parental leave, please refer to the Sustainability metrics in the Appendices of this report.

Supporting carers and staff in crisis

Sonic recognises the significant impact issues such as caring for vulnerable family members or dealing with domestic and family violence can have on the life and work of employees and we are committed to supporting staff who are affected by such issues.

Depending on the jurisdiction, support may include access to paid or unpaid leave to arrange care, attend medical appointments, appear in court hearings, make arrangements that ensure safety, access police assistance and seek legal advice or counselling services.

Free and confidential counselling services are also available to employees and, in some cases, their families, through our employee assistance programs.

Working with employee representatives

Sonic engages with unions and other employee representative groups in a positive manner. We support the right to freedom of association for all our employees, including their right to join trade unions and to be represented by those unions for the purpose

of collective bargaining. Sonic does not discriminate against, or deny access to, workers' representatives in the workplace, as outlined in our <u>Labour Standards and</u> Human Rights Policy.



Employee training and development

Employee training and development are an integral part of Sonic's commitment to medical excellence. This is fostered through our unique corporate culture, which develops shared meaning, pride and a sense of belonging. We also nurture staff through internal development programs designed to identify, teach and develop current and future leaders.

Sonic provides ongoing training for staff across all divisions and disciplines. In addition to procedural training of medical, scientific and technical staff, and pathology collectors, we also provide specially tailored leadership development workshops. These are delivered by Sonic Connect, our in-house global culture, learning and development department, which offers a range of courses tailored to the specific needs of healthcare workers, with a particular emphasis on emotional intelligence, resilience and leadership.

In Australia, some of our businesses are Registered Training Organisations that run programs for staff registered to certificate 3 level.

During FY2024, an estimated 17.2 hours of training per employee was provided, with more than 700,000 hours of training provided in total. The 10% increase in total training hours compared to FY2023 also reflects a more structured approach to recording training hours, as well as an increase in the overall provision of training.

Sonic businesses have always offered support to staff wishing to engage in further education to enhance technical skills and gain advanced qualifications in areas that will benefit the individual staff member and the organisation. The support we offer includes study and conference leave, allowances for education, payment of course and training fees and mentoring programs.

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Training the next generation of scientists

United Kingdom

Sonic Healthcare UK has taken an innovative approach to address the ongoing shortage of skilled scientists in the field of biomedical science with the creation of the Sonic Training Academy – a degree apprenticeship program that combines university study with a paid four-year apprenticeship.

Apprentice students spend at least 20% of their working hours completing classroom-based learning to achieve a Bachelor of Science (Hons) in Applied Biomedical Science from the University of Westminster, London. The rest of their time is spent in a laboratory developing practical skills, and applying theory learnt at university directly to their workplace.

The Academy welcomed its first cohort of 16 students in FY2023, and has the capacity to expand to more than 40 students across different disciplines and laboratory sites.





Germany

Labor Augsburg in Bavaria, Germany, has taken a similarly proactive approach to the shortage of skilled scientists, providing education and practical training to 25 graduates studying to become medical technologists. They also employ 13 apprentices who are gualifying to become laboratory medical assistants.

German law requires medical technologists to undergo three years of training, consisting of 2,600 hours of theoretical instruction from a vocational college and 2,000 hours of practical training with a laboratory. Supervision of trainees requires laboratories to appoint 'practical instructors' - accredited and experienced technologists with formal teaching skills who complete 24 hours of vocational education training annually. To date, Augsburg laboratories have appointed 66 practical instructors. Similar programs are also being trialled in other Sonic Germany laboratories.





OUR PEOPLE

Sonic Connect

Sonic Connect, our global culture, learning and development department, works across all our divisions and countries to promote and nurture Sonic's Medical Leadership culture.

Teaching the principles of emotional intelligence as its foundation, Sonic Connect delivers tailored programs that encourage both individual self-awareness and a shared sense of purpose. These core principles are an important part of our corporate culture and underpin the teaching of effective leadership skills and better team performance.

During FY2024, more than 2,800 people attended Sonic Connect workshops around the world, covering a range of issues, including leadership development, creating a positive culture, conflict management, high performing teams and change management. Most of these sessions were attended in person with smaller numbers participating online.

In-person facilitated workshops were held in Australia, the USA and the UK and continue to be invaluable in building collegiality. Team members from across our businesses are provided with the opportunity to participate in group discussions and team-building activities that act to strengthen professional relationships and deepen participant understanding of our culture, which we describe as 'The Sonic Difference'.

This year, a team of 50 Sonic Connect Officers was enlisted across our businesses to:

- assist with the development and distribution of training content
- encourage active two-way communication about Sonic
 culture and training opportunities
- provide easy access to Sonic Connect resources.







Emotional Intelligence

Sonic Connect's flagship program, which forms the foundation of our approach to leadership, and on which all other programs are built.



Change Management

Focuses on the emotional impact that change has on ourselves and others, including how to build resilience.



High-Performing Teams

Looks at the key components of effective teamwork and how to build those through our daily behaviour.

Workforce health, safety and wellbeing

Why is it important?

The nature of Sonic's work involves exposure to physical, psychological, mechanical, biological and chemical hazards. Sonic's responsible approach to staff safety and wellbeing reflects the importance we place on employee wellness and creating a safe and productive workplace.

Sonic enforces stringent health and safety practices in all countries of operation, supported by documented procedures. We recognise that failure to do so could result in staff injury, increased insurance premiums and other costs, litigation, increased external scrutiny, accreditation withdrawal and the closure of facilities.

Our approach

Sonic promotes a positive safety culture aimed at achieving a zero-harm workplace through proactive identification and mitigation of both physical and psychological risk factors to prevent injury and illness, and to support employee wellbeing.

Assistance with Board oversight of global workforce health and safety is provided by the Risk Management Committee.

Information on the number, location, nature, trends and mitigation measures to address workplace injuries is presented annually to the Risk Management Committee who carefully consider current and emerging workplace health and safety risks, treatments and controls. Any material workplace health and safety risks are brought to the attention of the full Sonic Board.

At Sonic, work health and safety is the responsibility of every Sonic employee. It is supported by the CEOs of all Sonic entities and divisions, together with their operational and human resources teams, and is managed in alignment with the Sonic <u>Health, Safety and Wellbeing Policy</u> and <u>SonicSAFE</u> – our Occupational Health and Safety (OH&S) Management System, based on ISO 45001 global best practice.

OH&S Management Systems cover all Sonic employees and those contracted to undertake work at Sonic's instruction.

Implementation of SonicSAFE is achieved through:

- divisional implementation, management and compliance with the SonicSAFE corporate standards
- local OH&S management policies and systems that comply with nationally applicable health and safety legislation
- collaboration across local entity resources and departments to support SonicSAFE systems and strategy.

Sonic workplaces are internally audited to provide assurance that identified safety risks are being mitigated to meet SonicSAFE requirements.

The SonicSAFE OH&S framework is continually reviewed to ensure it is achieving its intended purpose. Regular worker participation, consultation and communication with respect to work health and safety policy setting, reporting and management are facilitated through a network of site-based, entity-based and divisional safety committees.

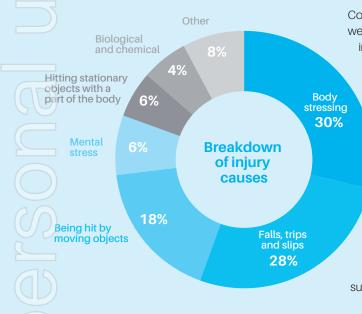
SonicSAFE also provides a corporate standard for work health and safety hazard identification, risk management, incident reporting and investigation of both routine and non-routine safety impacts. This standard aligns to the Sonic Global Risk Management Framework, prescribing risk mitigation based on the hierarchy of controls in order to effectively control or mitigate impacts identified. Centralised software-based notifications and regular reporting to Sonic divisional executive teams provide transparency in historical-incident or risk trends, to inform any changes to management systems, documentation or process.

Where a work-related injury has occurred, we ensure staff are supported in their recovery through early intervention and return-to-work programs delivered via locally engaged occupational health services.



Staff health, safety and wellbeing

No work-related fatalities occurred during the reporting period. The chart on the right displays our global lost-time injury frequency rate (LTIFR) for the last five years and shows the LTIFR in FY2024 was 4.9 per one million hours worked, an increase on last year. This rate is slightly higher than the blended industry benchmark of 4.7, derived from the latest SafeWork Australia benchmarks for pathology/ radiology (LTIFR 5.0) and other health services (LTIFR 1.5) combined in the ratios of 92% and 8% respectively, to reflect our global mix of employee roles and services. FY2024 data indicates more injuries occurred in the categories of being hit by moving objects or hitting stationary objects, body stressing and falls, slips and trips.



Further details of our injury statistics are provided in the <u>Sustainability metrics</u> section at the back of this report.

The breakdown of injury causation during FY2024 is shown in the chart below. The Risk Management Committee was presented with a comprehensive breakdown of FY2024 workplace injuries and was satisfied that the FY2024 LTIFR figure, although slightly higher than the benchmark, did not indicate a material change in workplace health and safety risk.

At an entity level, safety training is an ongoing function that is embedded into our quality assurance and health and safety programs. Additional training is also undertaken externally where the need arises.

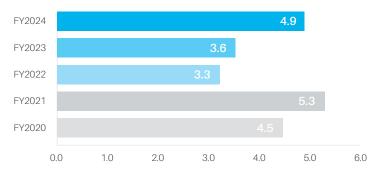


Conversations about support for mental health aspects of staff wellbeing continued in FY2024. This year, as in FY2023, we have included mental stress as a separate reporting category of injury, allowing us to monitor this important aspect of employee wellbeing as we approach 100% coverage of staff by local employee assistance programs (EAP).

> EAPs generally offer confidential counselling to support the mental health, emotional and general psychological wellbeing of staff and, often, their immediate family members.

Sonic conducts an annual global audit to determine which employees have access to employee assistance (EAP) or comparable support programs. The results of the FY2024 audit found that 98.8% of our global employed workforce have access to EAPs, with a single small European division yet to finalise the implementation of their employee support program. At 98.8% coverage we have fallen just short of

Lost time injury frequency rate (LTIFR)



our target to provide employee assistance or comparable support programs for 100% of staff by 30 June 2024 but are confident that this figure will be 100% by 30 June 2025.

Our FY2024 employee absentee rate of 3.5% was slightly lower than last year's rate of 3.7%.

Sonic continues to offer onsite vaccinations in all countries of operation to protect workers from seasonal influenza and COVID-19. A range of additional health promotion services is offered by a number of our entities to encourage healthy eating, assist with weight management, pre-diabetes, diabetes and hypertension management, smoking cessation and increased exercise through access to online workouts, discounted access to gyms, swimming pools and health studios. Some of our European sites also provide favourable leasing terms for staff bicycles and actively encourage cycling and other forms of physical exercisebased travel to and from the workplace. SECTION 1 Contents SECTION 2 Introduction SECTION 3 Environment SECTION 4 Our people SECTION 5 Communities SECTION 6 Governance SECTION 7 Appendices

Communities

As a healthcare company, helping others is an integral part of Sonic's core purpose and corporate culture.

Our diagnostic and clinical services support medical decisions that directly influence the healthcare outcomes of millions of patients every year. We recognise the responsibilities and obligations that come with medical practice and know that improving affordability and access to quality healthcare services can positively impact people's lives.



Commitment To improve the health of individuals and communities

Material topics	Strategy	Goals	FY2024 progress
Service quality and safety	Ensure the safety and quality of our services	 Maintain quality accreditation at 100% of our facilities 	 100% of our facilities remained quality-accredited in FY2024
	 Foster medical research and technological innovation 	 Report key research and educational achievements 	 227 peer-reviewed academic publications authored or co-authored by Sonic personnel, see Appendices pages 123–130
Access and affordability	 Maintain and improve access to our high-quality healthcare services 		 131 million patient consults 3,193 patient centres 3,263 vehicles that travelled a total of 119 million km
	 Provide support to communities in need 	 By 30 June 2024, ensure charitable donations are equal to at least 5% of the Sonic Healthcare Foundation's annual total funds under management 	Sonic Healthcare Foundation project funding for FY2024 amounted to 7% of total funds under management, exceeding the 30 June 2024 target of at least 5%

Related SDGs



Ensure healthy lives and promote wellbeing for all at all ages



Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all



Promote inclusive and sustainable economic growth, employment and decent work for all





Reduce inequality within and among countries

Service quality and safety

Why is it important?

In order to best address the needs of the communities we serve, Sonic has a duty of care to ensure that our healthcare services are clinically appropriate, of the highest quality, fully accredited and safe.

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Our approach

The Sonic Board is responsible for oversight of the quality and safety of our services. The Board is assisted in this function by the Risk Management Committee, which monitors and advises the Board on matters of clinical care and quality, including research.

Rigorous attention to quality assurance in our clinical and everyday work processes is a critical focus for our facility, entity, divisional and global management teams.

Accreditation of healthcare facilities and services is a mandatory requirement of our operations and assures customers that the quality management systems, policies, processes and staff training programs in place at all our facilities meet national and international standards, and are subject to continuous formal external inspections and audits.

Sonic's quality and compliance teams, comprising experienced medical, scientific, quality management and administrative staff, take an objective and uncompromising approach to auditing and continuous improvement, reflecting our abiding commitment to providing externally accredited and safe diagnostic and clinical services.

Accreditation - facilities, tests and services

All Sonic Healthcare laboratory, radiology and primary care facilities meet or exceed the requirements of the accreditation bodies in all countries in which we operate.

During FY2024, 3,779 external audits and 4,477 internal audits were conducted across Sonic sites. This represents an increase in total audits of 11%, compared with FY2023. No major adverse findings were recorded as a result of these audits.

Our global quality teams work closely with external accreditation bodies to ensure we remain informed and prepared for evolving changes in the accreditation landscape. These staff also participate in regular quality and safety training programs and process reviews that reinforce our best practice culture and help to ensure that quality and safety are front of mind for all our staff. Modules include 'Workplace health and safety risk management', 'Hazardous substances and dangerous goods' and 'Fatigue management'.

All Sonic's operating facilities maintained accreditation and operating licences during FY2024. **3,779** External audits

4,477 Internal audits

O Major adverse findings

Pathology/laboratory medicine

The information below details the accreditation requirements and Sonic accreditation status in each of the jurisdictions in which we operate. Many of our pathology laboratories are also accredited to ISO 15189 Medical Laboratories – Requirements for quality and competence. This allows us to work collaboratively with our different quality groups across the world, ensuring that procedures and processes are standardised across the Sonic network of practices, where possible.

Australia and New Zealand

Sonic's Australian laboratories are accredited to ISO 15189 by the National Association of Testing Authorities (NATA), in conjunction with the Royal College of Pathologists of Australasia (RCPA). They also comply with the National Pathology Accreditation Advisory Council (NPAAC) requirements, which are developed on behalf of the Australian Government. The NATA and NPAAC guidelines work together to set the minimum standards considered acceptable for good laboratory practice. In recent years, there has been a shift in the focus of accreditation and certification, to give additional prominence to risk management and mitigation, with direct reference to referring practitioners and patients.

In addition, some laboratories are also accredited to ISO/IEC 17025 - General requirements for the competence of testing and calibration. These laboratories provide testing facilities for food and water services or toxicology testing for drugs of abuse.

Sonic's New Zealand laboratories are accredited by International Accreditation New Zealand (IANZ). The accreditation process includes onsite peer reviews and online assessments. Laboratories are fully assessed every four years, with additional activity each year. All Sonic Healthcare New Zealand laboratories are accredited to ISO 15189.

Germany

Sonic's German laboratories fulfil the requirements of the RiliBÄK (Guideline of the German Medical Association for the Quality Assurance of Laboratory Medical Examinations), based in the Medical Devices Act. Accreditation to DIN EN ISO 15189 and DIN EN ISO/IEC 17025 is not mandatory in Germany, but all Sonic Healthcare Germany laboratories are accredited to DIN EN 15189 as medical laboratories by Deutsche Akkreditierungsstelle (DAkkS), or are working towards it. Our Bioscentia Karlsruhe laboratory holds both ISO 14001 (DIN EN 14001:2015) Environmental Management System accreditation and Eco-Management and Audit Scheme (EMAS) certification.

In addition, some laboratories have ISO/IEC 17025 accreditation as a testing laboratory for hygiene services or veterinarian medicine. One of Sonic's largest German laboratories is also accredited by the College of American Pathologists (CAP) and by Clinical Laboratory Improvement Amendments (CLIA), in order to fulfil testing and other technical requirements for US clients.

Belgium

Sonic's large central laboratory in Antwerp is ISO 15189 and ISO 17025-accredited by the Belgian Accreditation Body (BELAC), Our laboratory in Genk also holds ISO 15189 accreditation.

Switzerland

While it is not mandatory to be accredited to ISO 15189 or ISO/IEC 17025, most Sonic Swiss laboratories are either accredited to this standard by the Swiss Accreditation Service (SAS) or are working towards it. In addition, all Swiss laboratories are required to receive federal authorisation from Swissmedic if they wish to perform microbiology or genetic testing, or if they are involved in blood banking. One of our Swiss laboratories for industrial and pharmaceutical microbiology is accredited to ISO/IEC 17025, certified for Good Laboratory Practice (GLP) and is FDA-recognised. Medisupport is certified to ISO 14064 (Specification with guidance at the organisational level for quantification and reporting of greenhouse gas emissions and removals). Our Medica subsidiary also holds ISO 14001 Environmental Management System and ISO 9001 Quality Management System accreditation.

UK

Sonic Healthcare laboratories in the UK are accredited to ISO 15189:2022 by the United Kingdom Accreditation Service (UKAS), and are inspected by the Care Quality Commission (CQC). The blood transfusion departments are also inspected by the Medicines and Healthcare Products Regulatory Authority (MHRA) and comply with the Human Tissue Act (HTA) and all relevant Royal College of Pathologists (RCPath) guidelines. Sonic Healthcare UK holds further accreditation for ISO 14001:2015 Environmental Management Systems and ISO 27001:2022 Information Security Management.

USA

Sonic's US laboratories and pathology practices are all certified by Clinical Laboratory Improvement Amendments (CLIA) and many have additional accreditation by the College of American Pathologists (CAP). Sonic Reference Laboratory, located in Austin, Texas, is also accredited to ISO 15189 by CAP. All laboratories undergo a biannual accreditation process that includes an onsite inspection by CAP or CLIA.

Radiology

Every Sonic radiology practice is independently accredited with the Diagnostic Imaging Accreditation Scheme (DIAS) and guided by the Royal Australian and New Zealand College of Radiologists (RANZCR) Standards of Practice. Our practices also comply with all relevant standards regarding private health regulation and radiation safety.

General Practice

Every Sonic primary care medical centre is accredited by the Royal Australian College of General Practitioners (RACGP). The accreditation process is based on a three-year audit cycle and is conducted by an external accreditation body, GPA Accreditation Plus. This process ensures that our practices meet the requirements of the government-endorsed industry standards set by the RACGP.

Education, research and professional development

Medicine is a constantly evolving discipline. Ongoing scientific and technological breakthroughs expand the boundaries of our medical knowledge, resulting in the need for continuing education for the current and future generations of doctors.

Sonic recognises the importance of contributing to the community through the sharing of our professional and academic expertise.

We employ some of the most highly qualified professionals in their field, and share this expertise locally and globally through different teaching, training and continuing professional development opportunities in pathology/laboratory medicine, radiology, general practice medicine, management and medical administration. We actively participate in several types of medical education. For example, in Australia, we provide free, current and targeted education to support clinical care and patient management. This is presented to clinicians by acknowledged medical educators. During FY2024, this comprised 36 face-to-face meetings for more than 2,241 participants and eight webinars attended by 747 participants. E-learning is also offered via online courses, with more than 4,676 general practitioners completing modules since late 2022. In addition, 47,000 users have accessed our education website¹ with the top user countries being Australia, USA, UK and India. A number of audits are also offered to support clinician continuing education programs.





1 Continuous professional development

Sonic Healthcare supports doctors and the broader medical community with a variety of educational forums and publications, to ensure they remain up to date with relevant medical information, and to optimise the patient care they provide.

Sonic's range of educational offerings includes seminars and newsletters, surgical audits, research articles, multidisciplinary meetings and conference presentations.

> During FY2024, Sonic personnel authored or co-authored more than 220 research papers that were published in peer-reviewed medical and scientific journals. (see listing in Appendices, pp. 123–130)

2 Publications, craft groups, steering committees, boards and other professional organisations

Our medical, technical and scientific staff regularly contribute to the broader medical community via participation in medical specialty craft groups, steering committees, boards and other professional organisations. This involvement helps to promote the practice of good medicine within local communities, while also raising standards nationally and globally.

These contributions enhance professional development and help to represent the industry, shape policy at government level and share knowledge with the broader medical community. Sonic supports staff who help to provide this clinical governance by releasing them to attend forums on company time and reimbursing their expenses. This is another extension of our Medical Leadership philosophy.

Sonic's medical and scientific staff regularly publish articles in medical journals and textbooks as another way of sharing their unique knowledge and experience (see next page).

Training the next generation of medical professionals

3

As part of our commitment to medical excellence, Sonic Healthcare and our medical staff are heavily involved in graduate and postgraduate medical training in different parts of the world. This reflects the importance we place on ensuring that the next generation of doctors, scientists, radiographers, sonographers, technicians and nurses is well trained in medical diagnostics and general practice. This knowledge transfer forms an important component of the regular work for many of our medical practitioners, clinical and scientific staff. Sonic has a proud history of involvement with academic training facilities and has links with universities in all countries of operation. Many of our pathologists. radiologists and general practitioners are also university lecturers in their particular specialty or subspecialty area.

We also provide vocational training positions for pathologists, radiologists and general practitioners, ensuring the future supply of these important medical practitioners in the community.

Research and academic bodies

Sonic Healthcare provides significant and ongoing investment in external education, research and sponsorship of medical events. We also invest in our own research and development to ensure we are at the forefront of emerging trends in our various disciplines. This includes partnering with other providers and institutions to facilitate the development of new products and services.

Sonic's long-term commitment to supporting academic activities allows us to:

- increase job satisfaction
- attract and retain highly trained personnel
- ensure long-term supply of sufficient medical staff
- foster innovation, excellence and responsiveness to the needs of stakeholders
- achieve synergies through two-way sharing of technology, knowledge, research and resources
- ensure the establishment of best practices, continuous quality improvement and the development of safe, sustainable and efficient clinical services
- further enhance our reputation as a provider committed to high-quality healthcare.

1 Refers to website access since 2021

Supporting GP and specialist continuing education in Australia

2,241

Participants attended face-to-face education in Australia in FY2024

4,676 eLearning modules

completed by GPs in Australia since late 2022

47,000 People have accessed Sonic's Australian GP education website¹

Gastrointestinal pathology publication marks another milestone for Sonic Healthcare Australia Pathology

Sonic Healthcare Australia Pathology's publication, Gastrointestinal Pathology in Practice, is the latest in a series of expert publications written for GPs and specialist clinicians.

Gastrointestinal Pathology in Practice comprises 59 articles that guide readers through clinically relevant pathological aspects of gastrointestinal disease, referring to the latest advances in diagnostic testing and the multidisciplinary approach Sonic Healthcare is known for.

Sonic Healthcare Australia Pathology CEO, Dr Ian Clark, emphasised the importance of staying abreast of new developments in gastrointestinal pathology.

"As Australia's largest group of pathologists, we understand the complexity involved in keeping up with emerging trends in different subspecialties. Gastrointestinal Pathology in Practice has been written for our referring clinicians and reflects our culture of Medical Leadership and the expert knowledge of our specialist pathologists," Dr Clark said.

Gastrointestinal Pathology in Practice can be accessed across the world by downloading the Sonic Edu app or visiting <u>sonicedu.com.au</u>

> L-R: Anatomical pathologists and medical editors, Dr John Ciciulla and Dr Nick Musgrave



Articles focused on new insights and advances in the management of gastrointestinal conditions

1 Refers to website access since 2021

JIC LTH

COMMUNITIES

Access and affordability

Why is it important?

Diagnostic and preventative healthcare services can only impact individual or community health when they are easily accessed and/or when their costs facilitate appropriate levels of participation.

Government healthcare services are faced with ever-increasing demand and restricted financial resources. Our extensive network of private laboratories, radiology practices, primary healthcare sites and other services complement resource-strained public health facilities, providing critical additional healthcare infrastructure in the countries in which we operate.

personal



Our approach

Sonic focuses on providing broad access to our comprehensive range of high-quality medical services in metropolitan, regional and rural areas. Our ongoing investment in modern facilities, automation and information technology, together with the regular expansion of our operational footprint, produce efficiencies that benefit communities through improved access, faster turnaround times and lower costs for patients, insurers and the governments who often pay for our services.

We also facilitate access to an ever-expanding range of healthcare services through the introduction of new products and services that are the result of research and development activities, partnerships and strategic investments in innovative technologies. Informed financial consent and fair pricing are an integral part of our approach to optimising access and affordability, and we aim to keep our costs as low as possible.

Due to the vast differences in healthcare systems in our countries of operation, Sonic does not have formalised policies around affordability; however, our medical and executive teams work closely with governments and health insurers in each jurisdiction to provide the information required to determine service rebates. Eligible patients receive our services for the government rebate or insurersubsidised fee with no out-of-pocket expenses. Many of our laboratories and facilities also work with disadvantaged groups in their communities to provide services for people who may not be eligible for government-funded healthcare, such as those experiencing homelessness, Indigenous youth groups, asylum seekers and refugees.

Providing and enhancing access to our services

Sonic facilitates patient and clinician access through:

- 314 pathology laboratories, ranging from large centralised laboratories to small in-hospital acute care support facilities
- pathology sample collection
- in surgery, by a GP or specialist
- by trained phlebotomists at 2,842 patient service centres
- via home collection, where issues such as age and mobility may otherwise be barriers
- by our staff at nursing homes and hospitals
- via self-collection, for certain tests

126 radiology practices, with more facilities being added. Attendance by the patient is required, and extended operating hours are offered at some sites for added convenience

primary care services at 225 clinics, with in-surgery GP and telehealth consultations and nurses available for minor procedures

occupational health-related services at workplaces, including immunisation and drug testing telehealth consultations in primary care.

3 GOOD HEALTH AND WELL-BEING

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Target 3.4

Target 9.1

10 REDUCED

(=)

Target 10.2

Sonic's businesses continually enhance customer convenience by adjusting operating hours in line with demand, and improving digital options, including mobile app-based platforms for report delivery to clinicians and SMS messaging to patients, where appropriate. We also upgrade existing facilities and open new facilities on a regular basis, to increase efficiencies and expand our service offerings and physical reach.

Many of our facilities also provide wheelchair or disabled access for customers with mobility limitations.



New disability support coordination services

Sonic Healthcare Australia Clinical Services (SHACS) has launched its new disability support coordination services for the country's National Disability Insurance Scheme (NDIS)

This initiative, which operates within the IPN Medical Centre network, responds to the growing need for integrated care for the more than 4.3 million Australians living with disabilities.

The NDIS is Australia's national scheme for people with disabilities and provides funding directly to individuals to help them access the services and support they need. This includes helping approximately 80,000 children with developmental delays.

IPN's dedicated senior support coordinators work with NDIS participants, their families and their representatives to help them understand and effectively use their NDIS plans. Senior support coordinators help connect participants with doctors, nurses, allied health professionals and community groups to support greater independence and improve quality of life.

SHACS CEO, Dr Ged Foley, said, "The new IPN NDIS Service is a significant addition to our service offering and reflects our commitment to providing inclusive and comprehensive care."

The service is currently operational in two Australian states, and will be rolled out across the national network over the coming months.

Investing in innovative technology and new tests

As healthcare innovations continue to transform the medical landscape, Sonic Healthcare is partnering with, and acquiring, pioneering companies that specialise in healthcare innovation, such as Harrison.ai, Franklin.ai, PathologyWatch, Microba and others, to ensure we are at the forefront of these changes.

These relationships play an important role in Sonic's transition to digital diagnostics and AI. As one of the world's largest anatomical pathology providers, with more than 1,400 expert and well-recognised anatomical pathologists covering almost every subspecialty in medicine, use of these technologies has the potential to improve diagnostic capabilities available in areas that traditionally have limited access to such advanced diagnostic support and expertise.



Franklin.ai releases first assistive AI product

Franklin.ai – Sonic Healthcare's joint venture with leading Australian healthcare AI company Harrision.ai – has released its first assistive AI product, 'Digital Prostate'.

Founded in Sydney, Australia, in 2022, Franklin's mission is to create world-class assistive AI technologies that act as a 'second set of eyes' to streamline pathologist workflows and improve the quality of anatomical pathology reports by detecting and quantifying morphological findings and automating routine diagnostic tasks.

The combination of Sonic's deep clinical expertise with Franklin's capabilities to deliver high-performance clinical AI products has the potential for extensive positive healthcare impact, and has resulted in our first co-designed product – Franklin.ai Digital Prostate.

Sonic will commence onsite testing and begin to validate the application for clinical use in the coming months at selected locations.



Target 9.5

PathologyWatch revolutionises the reporting of skin pathology

Sonic's acquisition of PathologyWatch in Salt Lake City, Utah, USA, has added considerable expertise in digital skin pathology.

PathologyWatch is an innovative and respected medical technology practice that has developed an end-to-end digital pathology platform for skin pathology, providing referring dermatologists with real-time digital access to their patients' slides. This can assist in explaining conditions and treatment options to patients. Other platform benefits include faster interpretations, increased patient safety, improved scalability across labs and the creation of automated notifications and superior analytics.



COMMUNITIES

Improving access to healthcare in disadvantaged communities



expertise to promote the prevention and control of disease in poorer communities that have restricted access to quality healthcare. This reflects our commitment to Medical Leadership, and the accompanying principle of company conscience and the need to medically support people in need.

In FY2022 Sonic Healthcare formalised its longstanding giving program, contributing \$40 million to create the Sonic Healthcare Foundation (SHF), an independent body established to fund charitable programs that improve the health and wellbeing of those in need.

The Sonic Healthcare Foundation directly supports healthcare programs in disadvantaged communities by providing financial, technical, physical and human resources. This includes work in Africa, as well as support for Indigenous and under-represented groups in other countries, such as the association with the Clontarf Foundation in Australia.

FY2024 test numbers within our sponsored laboratories in Africa



Å 7.016

15.955 Malaria screens

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Deliveries (in hospitals and clinics with SHF supported pathology and radiology services)



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728



Surgeries to repair fistula and birthrelated defects



Plain X-ravs



40,087 8,011

Clinic visits (in clinics supported by SHF laboratories)

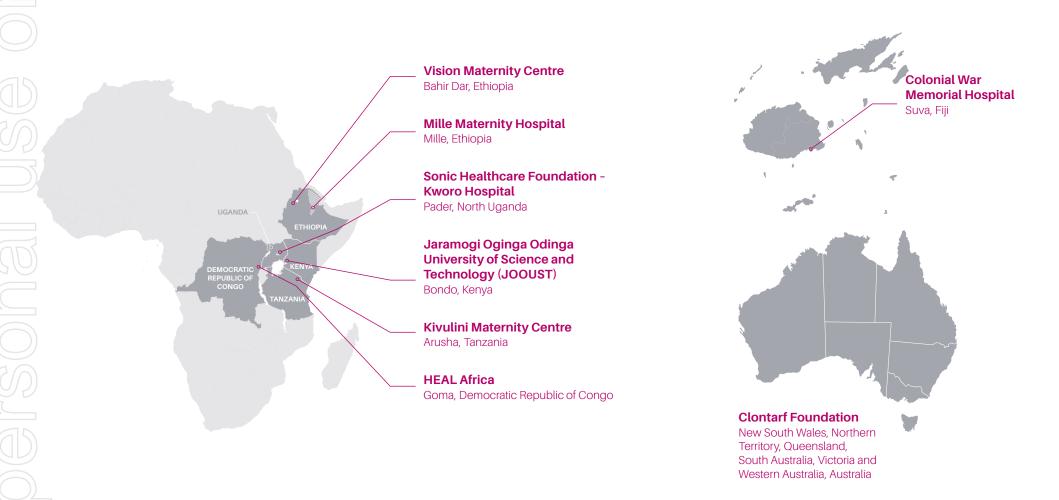
SONIC HEALTHCARE FOUNDATION





Services receiving the Sonic Healthcare Foundation support

The Foundation's support includes charitable funding, free clinical services, medical equipment and supplies, and education and training through volunteer and philanthropic activities.





Sonic Healthcare Foundation - Kworo Hospital

In conjunction with the Barbara May and Te-Kworo Foundations, the Sonic Healthcare Foundation is funding the construction, fit-out, procurement and operating costs of a 42-bed maternal health facility in the Agago District of northern Uganda.

Lack of access to birth attendants and adequate healthcare support in this area of Uganda has led to alarming maternal mortality rates of 750 deaths per 100,000 births and high incidences of preventable post-birth complications, such as obstetric fistula

Construction of the Sonic Healthcare Foundation - Kworo Hospital commenced during FY2024, and the facility is expected to be operational in early-to-mid-2025. This project will not only provide critical healthcare infrastructure and services but has also generated significant secondary benefits for the community, such as economic stimulus through the use of local suppliers and employment of local labour.







\$1.1 M **Financial support** for FY2024

support for FY2025



Hospital to be fully solar powered

The Sonic Healthcare Foundation - Kworo Hospital is set to be fully powered by the sun, thanks to newly approved plans to incorporate a renewable solar and battery system.

The approved plans feature the installation of a 103kW capacity onsite solar electricity system consisting of 188 panels with sufficient battery backup to run the hospital overnight. Mains or generator charging will only be utilised if there is insufficient sunlight to charge the system. This will provide secure and uninterrupted power supply to the hospital while delivering significant environmental impact benefits, saving an estimated 23,000 litres of diesel usage per year.

This solar electricity system will complement the hospital's already approved plans for solar water heaters and a bore-water pump that will run on its individual self-contained solar and battery system.

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HEAL Africa

HEAL Africa Hospital is a full-service tertiary hospital located in Goma, in the Democratic Republic of Congo. Staffed by a team of 420 local doctors, psychologists, counsellors, lawyers, teachers and community workers, it is one of only three referral hospitals in the war-torn country, and provides obstetrics and gynaecology (including fistula repair), general surgery, orthopaedics, paediatrics and internal medicine, pathology and radiology services. It also serves as a centre for healthcare and research, as well as training doctors and healthcare professionals.

Sonic's long-term involvement with HEAL Africa began in 2008 when we established a reliable pathology and radiology service at the hospital. This involved providing essential equipment and supplies, helped by a number of local and international suppliers to our Australian laboratories, as well as sending senior Australian staff to set up the laboratory and radiology facilities, and to train the local workers in current laboratory and radiology techniques and infection control.

HEAL Africa's fully functioning modern biochemistry, haematology, microbiology and histopathology laboratories are re-equipped and resupplied by Sonic Healthcare on a regular basis. This supports the hospital's diagnostic capabilities, and has facilitated an expansion in the available range of tests and procedures.

HEAL's radiology capabilities have also been upgraded to include digital X-ray, mammography, ultrasound and, more recently, CT scanning. The CT scanner, donated by SHF in 2023, is the only working scanner servicing a population of 2 million people and has made an enormous contribution to diagnostic capabilities and patient management, both in the hospital and the wider community it serves.

Sonic also provides personal protective equipment (PPE) and disposable medical supplies on an ongoing basis, to assist with effective infection control.

\$300,000 Financial support for FY2024

\$250,000 Projected financial support for FY2025





Jaramogi Oginga Odinga University of Science and Technology (JOOUST)

The Sonic Healthcare Foundation is sponsoring the establishment of a new laboratory at the JOOUST facility in the Lake Victoria basin of western Kenya.

The training and reference clinical, molecular and histopathology laboratory for both infectious and non-infectious diseases will be used for teaching, research and third-line diagnostic patient support.

The Sonic Healthcare Foundation has donated financial resources and expertise to establish the laboratory, purchasing suitable equipment and facilitating installation, training and ongoing service.

The laboratory will serve JOOUST undergraduate and postgraduate students and provide capacity building for university staff and the Ministry of Health. A key milestone of the project is accreditation as both a national and reference laboratory for communicable and non-communicable diseases.







Barbara May Foundation Maternity and Fistula Hospitals

The Barbara May Foundation provides free healthcare services for women in sub-Saharan Africa, with a focus on safe childbirth and fistula repair. The Sonic Healthcare Foundation provides ongoing support to this foundation through cash donations, together with laboratory and radiology service support at the Barbara May Foundation Hospitals in Tanzania and Ethiopia. The Barbara May Foundation also acts as the administrative body for the new Sonic Healthcare Foundation – Kworo Hospital currently being built in Uganda.





Update Radiology Across Borders

Radiology Across Borders (RAB) is an Australian-based not-for-profit organisation that aims to provide long-term, tangible support in radiology and healthcare to developing nations around the world.

Good radiology is critical in the diagnosis and management of patients. Unfortunately, many developing nations lack the resources and teaching required to deliver good radiological support. This leads to poor health outcomes that could be preventable with support from developed nations.

The Sonic Healthcare Foundation is one of RAB's sponsors, helping it to support a range of pro bono projects covering education, consultancy, infrastructure, collegial support and mentorship.

This includes a unique online degree in radiology, the International Certificate in Radiology Fundamentals, multi-streamed teleconference programs, an online reporting project for developing nations, a mentorship program and online library. Radiologists regularly visit sites in developing nations around the world to provide onsite teaching. Sonographers and mammographers also attend sites to provide hands-on training in obstetrics and gynaecological ultrasound, breast cancer detection and mammography, which are all essential for good maternal health. RAB also has a unique paediatrics project that

3 GOOD HEALTH _⁄n/¥ Target 3.C



RAB is one of the most recognised philanthropic radiological communities globally, with members from more than 93 nations participating in, or benefiting from, the work of the charity. A key part of its success comes from only partnering with highly regarded professional organisations.

involves teaching the fundamentals of paediatric imaging.



Ultrasound machines donated to Fiji

In conjunction with Radiology Across Borders, the Sonic Healthcare Foundation has facilitated the donation of three modern ultrasound machines to Fiji, where they are playing an important role in supporting the developing nation's medical infrastructure.

The ultrasound machines were transported to the Colonial War Memorial Hospital (CWMH), Fiji's oldest and largest hospital, and were installed in the intensive care, anaesthesiology and radiology departments.

A visiting team from the Australian Sonographers Association provided a series of training workshops to educate additional staff on the use of the ultrasound machines. Medical students from Fiji National University were also included in the workshops and seminars as part of their practical placements.

The three ultrasound machines, together with the upskilling of staff, are supporting the growth of essential medical care services in Fiji, and helping to transform the lives of people who may not have access to these facilities previously.





COMMUNITIES



 Dr Mundenga Muller (CMO at HEAL Africa Hospital) training medical interns in ultrasound scan

Training to improve health outcomes in geographically remote and resource-limited communities

In 2024, the Sonic Healthcare Foundation, in conjunction with Radiology Across Borders (RAB), enabled HEAL Africa Hospital's Dr Sosthene Tsongo, Radiologist, and Dr Mundenga Muller, Chief Medical Officer, to undertake the International Certificate in Radiology Fundamentals course offered through RAB. Both doctors embraced the opportunity to increase their knowledge and skill through this year-long internationally recognised course.

Dr Tsongo acknowledged the many benefits of participating in the course. "This is a big opportunity, which I have never experienced [before]," he said. "I'm linked to a very big scientific family! My hope is that the future will be better than yesterday or today." Since completing this course, Drs Tsongo and Muller have supported a series of training programs at HEAL Africa Hospital including:

- a one-month program for interns
- a three-to-six-month training program for general practitioners (GPs), midwives (who are trained in emergency obstetric ultrasound) and junior radiography technicians.

Training has been completed by 13 GPs, three teams of interns, 10 medical residents, 14 midwives and five junior radiography technicians.

This has contributed to significantly improved health outcomes. Trained staff can now make rapid diagnoses using fast ultrasound, conduct emergency obstetric ultrasound scans to manage labour and reduce maternal and neonatal mortality, and read brain CT scans to diagnose intracranial haemorrhage in traumatic brain injuries.

COMMUNITIES

Supporting health and employment for indigenous youth and disadvantaged groups

The Clontarf Foundation

Sonic has continued our ongoing involvement with the Clontarf Foundation, an Australian not-for-profit organisation that exists to improve the education, self-esteem and employment prospects of Aboriginal and Torres Strait Islander boys and young men. Through mentoring and participation in team sports, Clontarf provides its students with life skills to succeed and grow, which benefits the whole community, as well as the individuals involved. Clontarf operates 148 Academies in schools across Western Australia, Northern Territory, Victoria, South Australia, New South Wales and Queensland, catering for more than 12,000 boys.

Sonic Healthcare has been involved with the Clontarf Foundation since 2017, providing medical assessments to students within Clontarf's Academies, with an additional focus on their mental health and wellbeing. These health checks are provided in both populated areas, as well as some of the remotest parts of Australia, such as Jabiru, Katherine, Tennant Creek and Gunbalanya in Arnhem Land.

Our involvement includes a mobile clinical team of 16 GPs and 30 registered nurses from Sonic's general practice business, IPN, together with 16 pathology collectors and 12 support staff from Sonic's local laboratory, who work onsite with Clontarf staff to complete the health checks. Any medical issues or concerns identified during our assessments are then followed up by the local Aboriginal Medical Service. These checks help to identify medical issues at an early stage, when they are more treatable. In FY2024, we provided health checks to 2,700 Clontarf students.





Target 4.

Target 4.5



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Financial support for FY2024



Clontarf's overall achievements (reported in calendar years)	2023	2022
Number of participants who completed Year 12	836	834
Average school attendance	78%	75%
Percentage of participants with average attendance rates of 80% or above	56%	52%
Number of year 12 graduates remaining in employment or further education 12 months after graduating	86%	84%

Our remote health check program is being expanded to include young Indigenous girls, with the first boys' and girls' clinic taking place in Goondiwindi, Queensland, in October 2024. We look forward to adding more boys' and girls' clinics on future trips in remote Australian locations.



Beyond Clontarf: Providing opportunities for meaningful employment

Nineteen-year-old Clontarf Academy graduate, Nathan McGrath, has always wanted to make people's lives better, and has combined this with his passion for science to enrol in a Bachelor of Science, majoring in health, at the University of Sydney, NSW. The second-year student also works part-time at Douglass Hanly Moir's (DHM's) central laboratory in Macquarie Park, Sydney, Australia.

"I always wanted to help people, and healthcare was the way to go," Nathan said.

As a long-term supporter of the Clontarf Foundation, the Sonic Healthcare Foundation provides Clontarf students with the opportunity to explore employment pathways in science. This resulted in Nathan touring a laboratory for the first time – an experience he called "overwhelming but very cool".

After securing a short work placement at DHM, Nathan was able to explore different departments, including haematology, biochemistry and specimen collection.

But one department stood out in particular.

"I enjoyed all the departments, but I loved microbiology. Even if it's got that smell to it," Nathan admitted.

Nathan's successful placement led to his current employment in the Macquarie Park laboratory where he works two days a week. His job complements his studies and provides him with important and

diverse hands-on experience. Looking towards his future, Nathan has a one-track mind, with a very respectable Plan B.

"The goal right now is to become a doctor. If that changes, I'd be happy to be a scientist."



Target 4.4 Target 4.5

8 DECENT WORK AND

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Target 8.5



Improving participation and employment opportunities for disadvantaged groups

Sonic recognises our opportunity to positively impact community groups that may otherwise be disadvantaged. We work with several not-for-profit social enterprises to provide supported employment opportunities for people with disabilities, as well as young people from culturally diverse backgrounds. This includes:



DECENT WORK A

Target 8.5

- The Bridge Employment, a valued kit-assembly partner for our work supporting the Australian Government's National Bowel Cancer Screening Program. This mutually beneficial relationship provides employment for 15 people (equivalent to eight FTEs)
- The Endeavour Foundation in Queensland, a long-standing partner that assists Sullivan Nicolaides Pathology to package COVID-19 self-collect PCR kits, as well as faecal occult blood kits and cervical screening kits



 Bright Skies couriers in Western Australia, who transport SKG Radiology's toner cartridges for recycling.

Where possible, Sonic also seeks to source products from Indigenous suppliers. In Australia Sonic spent more than \$323,000 with <u>Supply Nation</u> across 28 Indigenous businesses during FY2024. This represents a 17% increase on our FY2023 spend. Our procurement teams continue to explore opportunities to utilise Indigenous suppliers where suitable products are available.

Other charitable donations

In addition to contributions via the Sonic Healthcare Foundation, Sonic also supports many local charities and events, and donated \$2.4 million in cash donations in FY2024. This included donations supporting research into medical treatments for many different types of cancer, as well as other medical conditions and charities. We also place particular importance on supporting children, families and population groups that find themselves in difficult circumstances. In-kind donations and sponsorships or medical bodies and events are made on top of these contributions.

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Governance

At its core, Sonic Healthcare is a medical practice led by medical professionals who understand the unique needs of doctors and their patients. We have an enviable reputation for quality and integrity, reinforced by our Medical Leadership Principles, Core Values and company policies.

Strong governance underpins the effective management of our business and is the basis on which we build trust, deliver long-term sustainable growth and create value for stakeholders. SI

Commitment To maintain confidence and trust

	mote ethical conduct and ensure npliance	 Train all relevant staff in key policies¹ 	 A review of our Code of Conduct and Ethics was conducted during FY2024 and an online training module based on the updated policy is being created for distribution to all divisions.
			This process of policy review and training will be applied to other key policies.
Privacy and information Safe security	eguard privacy and protect data	 Achieve continuous improvement in independently audited Cybersecurity Framework maturity scores (NIST) 	 A Cybersecurity Framework Maturity Score (NIST, see p. 79) assessment was completed in February 2024 by an external agency. Improvements were recorded across all areas, compared to the previous assessment in FY2022.
Human rights Cha	ampion human rights	 Publish an annual Modern Slavery Statement 	⊘ 2024 Modern Slavery Statement published

Related SDGs



8 DECENT WORK AN Promote inclusive and sustainable economic growth, employment and decent work for all



Reduce inequality within and among

1 Code of Conduct and Ethics, Anti-bribery and Corruption Policy, Global Whistleblower Policy, Labour Standards and Human Rights Policy, Privacy Policy, Workplace Health and Safety Policy, Supplier Policy.

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The Sonic Healthcare Board and Board Committees

The primary objective of Sonic Healthcare's Board is to ensure ongoing creation of stakeholder value in a sustainable manner that aligns with our culture and values. Sonic's corporate governance framework and practices provide the structure that enables this objective to be achieved.

The Board comprises a mix of medically qualified professionals and experienced business leaders who understand the current healthcare environment, together with the complex nature of emerging regulations, risks and opportunities that have the potential to impact Sonic's global operations. The Board composition seeks to balance independence, breadth of competence, executive representation and diversity.

The Board is responsible for overseeing all governance policies. Three committees assist the Board in fulfilling its duties: the Remuneration and Nomination Committee, the Audit Committee and the Risk Management Committee (see Sustainability Governance, p. 19). The terms of reference and powers of these committees are determined by the Board.

Board approval is required for the <u>Annual Report</u>, the <u>Sustainability Report</u> and the <u>Modern Slavery Statement</u>. Further information can be found in the Corporate Governance Statement of the Annual Report 2024 (pp. 53–65).

Sonic's governance framework

Sonic's governance framework supports effective management and sound decisionmaking by promoting Board oversight and management involvement in the identification of material risks and opportunities, evolution of business strategy and measurement of performance.

It also ensures Sonic's business strategies align with our unique corporate culture, supported by training and internally audited, where appropriate, by our business assurance team.

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Risk management

Our enterprise-wide risk management framework considers the risk categories relevant to Sonic's business and assesses the organisation's tolerance to each risk. Using a risk assessment matrix, risks are ranked and material risks are documented on a global risk register, together with mitigation strategies. This register is reviewed by the Risk Management Committee, which reports to the Sonic Board.

Review of climate-related and other sustainability-associated risks are included as a scheduled agenda item at Risk Management Committee meetings at least annually, or more frequently if new risks emerge, or if the materiality of the identified risks changes. Sonic's Global Human Rights Committee presents annually to the Risk Management Committee prior to the publication of the annual Modern Slavery Statement. In November 2023 and April 2024, the Risk Management Committee received an update on Sonic's progress in relation to our published sustainability goals and evolving sustainability disclosure requirements, including the quantitative assessment of climate-related risks and opportunities, which is currently being completed.

Sonic views risk management as a core management capability and fosters a risk-aware, compliance-focused culture. Divisional CEOs, key executives and senior staff from across all facets of the organisation were involved in the previous qualitative TCFD-aligned climate-related risk assessment process. These climate focused, criticalthinking skills have been applied to the development of the foundational model logic being used in the quantitative assessment of climate-related risks and opportunities.



Shaded areas indicate alignment with the four core pillars of the TCDF framework.



Business assurance

Internal assurance

Business assurance is another key element of Sonic's governance framework. Our business assurance program (BAP) team comprises experienced auditors from three countries. The Head of Business Assurance reports directly to the Audit Committee and liaises with, but is independent of, Sonic's external auditors. The Board's Audit Committee determines the business assurance program's scope of activities and monitors management responses to recommendations related to system enhancements.

The team conducts ongoing reviews and audits to independently evaluate the effectiveness of internal controls used to manage financial fraud, corruption and compliance risks (for more detail, see 'Ethics, integrity and compliance', p. 78).

In February 2024, the BAP team conducted an assessment of sustainability data collection and processes. The BAP review identified a few immaterial data errors and suggested process improvements, which have been incorporated in this year's data collection and calculation processes. The BAP team also suggested formal documentation of the sustainability data collection and reporting process. This document has now been written, approved and stored with appropriate document control.

External assurance

External auditors also provide support to the management teams across our entities to assist them in monitoring corruption risks in Sonic's operations (see 'Ethics, integrity and compliance', p. 78).

FY2024 saw the publication of the first sustainability reporting standards, developed for the International Financial Reporting Standards body (IFRS) by the International Sustainability Standards Board (ISSB). The adoption of the voluntary standards IFRS S1 and S2 has resulted in the emergence of a number of mandatory reporting regulations across the globe, most of which require a level of external assurance on sustainability-related disclosures.

In preparation for upcoming compulsory disclosure and assurance rules, Sonic engaged our external financial assurance provider to conduct an assurance readiness assessment of our FY2023 governance related disclosures and scope 1 and 2 emissions data collection, collation and calculation methods. While no material data errors were identified, recommendations were made, which included:

- documentation of a comprehensive basis of preparation, detailing data collection and calculation methodologies, together with a list of key definitions and assumptions underpinning our reporting
- process enhancements to stratify variance ranges to better demonstrate sites with a material impact on emissions
- suggestions aimed at improving governance disclosures to better meet reporting and assurance requirements.

In response to these recommendations, a basis of preparation document has been created for FY2024, stratified variance levels have been applied in the assessment of FY2024 emissions data and governance disclosures in our TCFD table have been strengthened (see TCFD qualitative disclosure, p. 99).

Taxation governance

Sonic Healthcare is committed to ensuring full compliance with all statutory taxation obligations, including our understanding of the policy intent of legislation and full disclosure to tax authorities. Our approach to taxation is described in our <u>Taxation</u> Governance document.

Sonic supports the ASX Corporate Governance Council's Corporate Governance Principles and Recommendations (4th edition) and has followed these principles during FY2024.

Further information relating to our corporate governance framework, charters, codes of practice and policies can be found in the <u>Sustainability</u> section of our website and in our Annual Report 2024.

Ethics, integrity and compliance

Why is it important?

Sonic recognises that the trust our stakeholders place in us is an extremely valuable asset, providing us with the social licence to operate, which is critical for any successful healthcare organisation.

Managing risk responsibly and acting ethically, with absolute integrity, and in compliance with all legal and regulatory obligations, allows Sonic Healthcare to fulfil the expectations of our stakeholders and demonstrate that we deserve their trust.

We remain acutely aware that any breach of trust between our organisation and our stakeholders could undermine our good reputation, give advantage to our competitors or negatively impact our enterprise value.

Our approach

In order to comply with our legal and regulatory obligations and meet the sometimes higher standards of conduct that our stakeholders expect, the Sonic Board and management team have developed a set of core policies, procedures and internal controls.

The shared values and standards of behaviour expected of all those who represent Sonic and act on our behalf are described in our <u>Code of Conduct and Ethics</u>, <u>Anti-bribery</u> and Corruption Policy and <u>Global Whistleblower Policy</u>.

Our employees play a critical role in maintaining our culture of integrity and compliance. Every person who represents Sonic is responsible for upholding the highest standards and is accountable for their behaviour. Regional management teams are responsible for training all personnel to ensure familiarity with policy expectations and breach-reporting mechanisms.

We encourage employees to notify a responsible person if they know or suspect that the conduct of others is inconsistent with our policies, applicable laws, regulations and standards. The Sonic Healthcare <u>Global Whistleblower</u> <u>Policy</u> aims to promote a workplace culture in which our people feel safe, supported and encouraged to speak up about improper conduct.

The policy describes how stakeholders can make confidential and, if necessary, anonymous notifications to senior management or to an independent third party, and details the protections afforded to those who do so. Sonic treats every report of misconduct seriously and investigates all incidents.

1 Code of Conduct and Ethics, Anti-bribery and Corruption Policy, Global Whistleblower Policy, Labour Standards and Human Rights Policy, Privacy Policy, Workplace Health and Safety Policy, Supplier Policy. We take all necessary actions to address substantiated issues, including discipline, training and implementation of enhanced policies, processes, controls and systems.

Our internal business assurance program (BAP) team and external auditors are responsible for monitoring all of Sonic's operations for risk of corruption. In addition, any material breaches of the company's <u>Anti-bribery and Corruption</u> <u>Policy or Code of Conduct and Ethics</u>, reported via the <u>Global Whistleblower Policy</u> must be reported to the Audit Committee, which answers to the Board. The Risk Management Committee also considers the implications of any material breach of Sonic policy.

No critical concerns were reported during FY2024.

In FY2022 Sonic's Board and senior management team identified ethics, integrity and compliance as a material topic and set the goal of providing formal training in each of our key policies¹ to all relevant staff. In FY2024, the first of these global policies, the <u>Code of Conduct and Ethics</u> was reviewed and updated.

Sonic Connect, our in-house training and development team, is creating an online training module to reinforce the updated policy. The training will be offered to all Sonic divisions once complete. In addition, we continue to investigate effective digital tools to monitor and report on staff participation rates in this and other training initiatives.

Animal testing

Sonic Healthcare does not undertake any testing on animals.

Privacy and information security

Why is it important?

Sonic's services rely on access to sensitive personal and medical data. Protecting data privacy while using data ethically and responsibly is fundamental to maintaining the trust of our stakeholders and growing our business.

In evaluating the opportunities afforded by artificial intelligence (AI), the digitisation of healthcare services and evolving data-driven technologies, Sonic is also mindful that any potential benefit must be considered within the context of complex international data security and privacy regulations and the increasingly hostile cyber threat landscape.

Cybersecurity is a material risk common to all organisations that need to collect personal data in order to conduct their business. Constant vigilance is required to safeguard privacy and avoid data breaches that can expose individuals to harms, such as identity theft, and the organisation to consequences, such as interruptions to business continuity, reputational damage, fines and litigation.

Our approach

Sonic Healthcare is committed to ensuring that personal information is obtained and collected lawfully, transparently and with consent.

As described in Sonic Healthcare's <u>Privacy Policy</u> and <u>Data Security Statement</u>, the Sonic Board is responsible for oversight of the Group's data protection, cybersecurity and privacy management frameworks. Management, including the Global Head of Cybersecurity and Systems Innovation and regional Chief Information Security Officers, are responsible for safeguarding privacy, assessing data security risks and maintaining information management systems.

Sonic Healthcare complies with the Australian privacy legislation, including the *Privacy Act 1988* (Cth) and Australian Privacy Principles (APP). We also comply with the applicable laws and regulations of the countries in which we operate, including HIPAA (USA), GDPR (Europe), DPA (UK), DPA and GDPR (Switzerland).

All our information security systems are based on ISO/IEC 27001 and audited to recognised jurisdictional standards, including National Institute of Standards in Technology (NIST) SP 800-53. In Australia, protected systems are audited to ISO/IEC 27001 and the Australian Government Information Security Manual (ISM-IRAP).

Sonic uses the ISO/IEC 27001 framework for our Information Security Management Systems. Independent audits of all our systems are conducted using the NIST SP 800-53 maturity framework. This cybersecurity standard and compliance framework defines standards, controls and assessments based on risk, cost-effectiveness and capabilities. The NIST framework is continuously updated and widely accepted as a measure of the maturity of an organisation's cybersecurity systems. Sonic has identified continuous improvement in our NIST framework scores as a target in our <u>Sustainability Strategy</u>. Issues identified through the most recent NIST audit are subject to quarterly management review to assess progress and implement further corrective action if required.

Sonic meets or exceeds all relevant in-country statutory requirements, and participates as a member of various health-specific cybersecurity-focused organisations, including the Health Information Sharing and Analysis Centre (H-ISAC, N-HISAC, etc). We also actively engage with key members of government cybersecurity centres in the countries in which we operate.

All users accessing our IT systems participate in information security awareness training and are only given access levels appropriate to their needs. Our well-resourced IT division maintains a specialist cybersecurity unit and personal, physical, operational and technical controls are in place to detect and prevent cybersecurity breaches and service interruptions.

For further information, please refer to our Data Security Statement on our website.

GOVERNANCE

Using security researchers to enhance Sonic's cybersecurity

Sonic Healthcare uses security researchers from around the world to ensure our products and patient information remain secure from ongoing cyber attacks. In 2021, we became one of Australia's first private healthcare companies with a public vulnerability disclosure policy (VDP), which applies to all our global companies.

A VDP encourages security researchers to identify and report potential vulnerabilities in any of our applications, services or products. Reported vulnerabilities are then investigated by the cybersecurity team, which works with the product owner within Sonic to remediate the issues. The researchers are compensated based on the severity of the vulnerability discovered and credited on the VDP webpage.

By rewarding researchers, Sonic Healthcare has earned a reputation for being an organisation that security professionals want to work with.

The importance of the VDP program was seen recently when Sonic was in the process of acquiring a new business. While auditing the aquiree's network, the cybersecurity team received a VDP report of a critically vulnerable device at that business. The device was accessible from the internet and could have given an attacker full access to the business network. The Sonic IT team acted quickly on the report and discovered that the device was no longer needed. It was removed from the network, preventing a potentially serious security incident.

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Human rights

Why is it important?

Sonic's purpose is to improve people's lives by providing access to safe, high-quality healthcare services, and to do so ethically and with integrity. As a global healthcare organisation with diverse supply chains and operations, we take seriously our responsibility to defend the human rights that support each individual's entitlement to health, education and a decent standard of living, free from oppression and all forms of modern slavery. We also acknowledge the danger of significant reputational damage if our activities are associated with human rights violations within our operations or supply chain.

personal

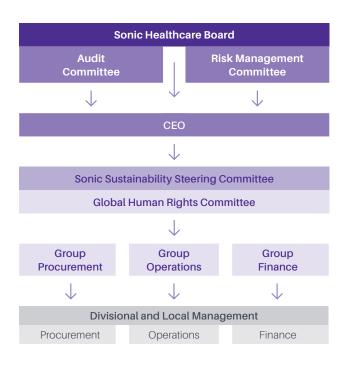
Our approach

Sonic's approach to human rights and the management of modern slavery risks are overseen by the Sonic Healthcare Board and supported by the Board's Risk Management Committee and Sonic Sustainability Steering Committee.

The Global Human Rights Committee (previously known as the Modern Slavery Working Group) reports to the Sonic Sustainability Steering Committee and includes senior group executives with representation from management, procurement, operations (including culture and communications) and finance.

The Global Human Rights Committee (GHRC) is responsible for identifying and managing modern slavery risks within our operations and supply chains, implementing mitigating actions, and affecting change where required. The diagram to the right shows the governance framework of the GHRC.

The GHRC meets at least twice per year and provides an annual presentation to the Risk Management Committee before the publication of the annual Modern Slavery Statement, which then goes to the full Board for approval. Modern slavery awareness topics are also a formal component of global meetings involving senior executives and procurement leaders.



Target 8.7





Modern slavery framework

In order to minimise the risk of modern slavery practices in our supply chain, we apply the principles shown in the graphic on this page to guide our approach.

Our supply chains provide highly technical and specialised equipment and consumables related to medical diagnostics and other healthcare services. While Sonic actively seeks opportunities to use local suppliers, our supply chains often involve global suppliers who provide products and services to Sonic's businesses across our seven countries of operation. We use a variety of information sources to highlight areas of potential concern, including:

- supplier modern slavery/human rights questionnaires
- employee and other stakeholder reports of potential or actual instances of human rights violations
- media monitoring and notices of government importation prohibitions, for example, the US Customs and Border Protection Withhold Release Order and Findings List
 periodic validation of supplier adherence to Sonic's <u>Supplier Policy</u> through annual supplier business meetings and desk-top supplier site audits.

Sonic's modern slavery framework is supported by a range of policies and charters that require staff to operate ethically, safely and legally, including our <u>Labour Standards and Human Rights Policy,</u> <u>Diversity Policy, Modern Slavery Statement 2024</u> and <u>Supplier Policy</u>. Some of these policies are specifically relevant to modern slavery, while others reference more general human rights requirements.

Principles used to guide Sonic's approach to modern slavery risks

1 Be proactive

Take a proactive approach to modern slavery prevention, which improves our chances of identifying potential modern slavery issues within our operations and supply chains.



The procurement of disposable gloves poses a relatively high risk of modern slavery in Sonic's supply chains due to the prevalence of recognised modern slavery risk factors in the industry.

During FY2024, a member of the Global Human Rights Committee conducted an in-person site inspection of one of Sonic's primary Tier 2 suppliers of disposable gloves to gain better visibility of worker conditions.

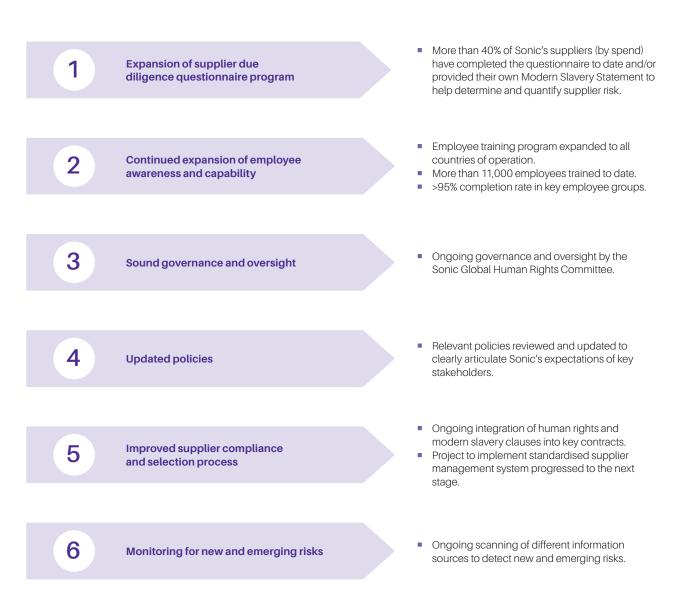
The site inspection assessed employee accommodation, working spaces, cleanliness, lighting, ventilation and access to amenities. The GHRC representative also conducted employee interviews to discuss safety, hygiene, medical care, ability to contact family and friends, access to identity documents, minimum age requirements, working hours, pay and conditions.

No obvious indicators of modern slavery practices were identified in this review or in our wider operations and supply chain during FY2024. However, we remain committed to vigilant monitoring for any violation of human rights through initiatives such as standardising supplier onboarding, additional supplier due diligence in high-risk geographies and industries, onsite inspection of selected Tier 1 and 2 supplier manufacturing sites and improving awareness and training throughout our organisation and in our supply chain.

Our global <u>Supplier Policy</u> makes specific reference to modern slavery risks and requires that our suppliers commit to eradicating all forms of modern slavery in their operations and supply chains. All staff involved in procurement and all suppliers are required to read and understand our <u>Supplier</u> <u>Policy</u>. Suppliers are required to agree to abide by the standards described in this policy before they enter into contracts with us.

For more information, please see Sonic Healthcare's Modern Slavery Statement 2024.

Summary of key actions for FY2024



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Appendices

Sustainability metrics

	Operations	FY2024	FY2023	FY2022	FY2021
>	Countries of operation	7	7	7	7
	Countries where we are ranked No. 1 (market share)	4	4	4	4
Ē	Patient consultations (millions)	131	126	145	138
	Number of laboratories	314	256	261	266
	Number of collection or patient services centres	2,842	2,979	3,054	3,039
	Number of radiology clinics	126	123	123	109
_	Number of medical centres	225	215	217	217
	Number of external accreditations, audits or reviews	3,779	2,704	2,644	2,641
	Number of internal operational audits or reviews	4,477	4,727	4,434	4,117
\bigcup_{r}	Operations suspended due to adverse accreditation or audit findings	Nil	Nil	Nil	Nil

Economic	FY2024	FY2023	FY2022	FY2021
Revenue (A\$M)	8,967	8,169	9,340	8,754
Net profit (A\$M)	511	685	1,461	1,315
Dividends paid to shareholders (A\$M)	508	491	475	435
Total assets (A\$M)	14,826	13,015	12,552	11,761
Debt cover (times)	1.9	0.6	0.3	0.4
Total payments to staff (A\$M) ¹	4,043	3,517	3,336	3,078
Total taxes paid (A\$M) ²	677	653	678	613
Total taxes remitted to tax authority on behalf of staff (A\$M)	917	857	832	675

1 Total remuneration including superannuation and pension contributions. 2 Direct and indirect taxes, levies and duties, including employment-related taxes but excluding taxes paid on behalf of employees and GST/VAT.

APPENDICES

Workforce	FY2024	FY2023	FY2022	FY2021
Headline numbers				
Total workforce	41,987	40,594	41,478	38,594
Women in workforce	72.6%	73.1%	73.8%	74.1%
Women in executive senior leadership roles ³⁻¹	40.0%	39.5%	38.0%	36.4%
Women in total senior leadership positions ³²	53.0%	53.3%	52.8%	52.6%
Science-based roles	46.4%	43.3%	39.7%	42.1%
Women in science-based roles	73.8%	73.2%	73.5%	73.0%
Employees engaged in part-time employment	34.2%	33.2%	33.4%	34.0%
Temporary staff and contractors engaged within total workforce	3.7%	3.7%	3.1%	2.5%
Employees with more than 10 years of service	28.3%	29.3%	28.8%	30.0%
Voluntary employee turnover⁵	15.6%	16.4%	20.0%	16.5%
Voluntary senior leadership turnover	4.7%	3.6%	4.5%	1.9%
Absenteeism	3.5%	3.7%	3.6%	3.0%
Employees with access to an employee assistance program (EAP)	98.8%	78.6%	78.5%	not available
Training courses and modules completed by staff	295,990	231,601	144,627	77,051
Training hours per employee	17.2	16.0	not available	not available
Employees who took parental leave during the year	2.2%	2.3%	2.4%	2.0%
Employees who returned after taking parental leave	81.6%	80.6%	83.2%	84.1%
Employees still employed 12 months after returning from parental leave	79.2%	78.9%	77.1%	not available
Lost time injuries per million hours worked (LTIFR) ⁴	4.9	3.6	3.3	5.3
Number of employee injuries ⁴	278	201	191	291
Total hours lost relating to the above injuries⁴	46,000	43,656	32,383	65,668
Average number of days lost per injury ⁴	20.7	27.1	21.2	28.2

3-1 Executive senior leadership group includes CEO or head of each reporting unit and their executive management teams.
3-2 Total senior leadership includes executive senior leadership group, other managers, pathologists, radiologists and other doctors.
4 A lost-time Injury is defined as an occurrence that resulted in a fatality, permanent disability or time lost from work greater than eight hours.
5 The total employee voluntary turnover rate for FY2023 has been restated to correct an error identified in the FY2023 New Zealand calculation.

APPENDICES

Workforce	FY2024	FY2023	FY2022	FY2021
Headline numbers				
Lost time hours as a percentage of total hours	0.07%	0.07%	0.05%	0.11%
Fatalities	Nil	Nil	Nil	Nil
Number of non-employee injuries ⁶	24	14	14	not available
6 Non-employees included contractors and students but excluded other third parties, such as patients.				
Headcount by country (includes all employees and contractors as at the end of FY2024)	Women	Men	Total	% women
Australia	14,582	4,512	19,094	76.4%
Belgium	329	165	494	66.6%
Germany	6,486	2,702	9,188	70.6%
New Zealand	147	54	201	73.1%
Switzerland	1,533	619	2,152	71.2%
United Kingdom	1,724	1,189	2,913	59.2%
United States	5,661	2,284	7,945	71.3%
Total	30,462	11,525	41,987	72.6%
Headcount by division (includes all employees and contractors as at the end of FY2024)	Women	Men	Total	% women
Pathology	24,824	9,872	34,696	71.5%
Radiology	2,653	914	3,567	74.4%
Clinical Services	2,831	354	3,185	88.9%
Corporate (global management and services)	154	385	539	28.6%
Total	30,462	11,525	41,987	72.6%

Headcount by role (includes all employees and contractors as at the end of FY2024)	Women	Men	Total	% women
Medical - doctors	1,141	1,168	2,309	49.4%
Scientists, technologists, nurses, etc.	13,229	3,946	17,175	77.0%
Phlebotomist	6,835	701	7,536	90.7%
Courier driver	953	2,517	3,470	27.5%
Executive senior leadership (non doctors) ⁷	144	181	325	44.3%
Other (clerical, admin support, etc.)	8,160	3,012	11,172	73.0%
Total	30,462	11,525	41,987	72.6%
Total executive senior leadership (both doctors and non doctors) ⁶	182	273	455	40.0%
CEO or head of each reporting business unit and their executive management teams.				
Headcount by employment status (includes employees only as at the end of FY2024)	Women	Men	Total	% women
Full-time	16,119	7,714	23,833	67.6%
Part-time	11,567	2,486	14,053	82.3%
Casual or temporary	2,232	982	3,214	69.4%
Total	29,918	11,182	41,100	72.8%
Headcount by age bracket (includes employees only as at the end of FY2024)	Women	Men	Total	% women
Under 20 years old	317	108	425	74.6%
20 to 29 years old	6,013	2,185	8,198	73.3%
30 to 39 years old	6,689	2,505	9,194	72.8%
40 to 49 years old	6,386	2,204	8,590	74.3%
50 to 59 years old	6,414	1,902	8,316	77.1%
60 to 69 years old	3,664	1,725	5,389	68.0%
70 years old and over	435	553	988	44.0%
Total	29,918	11,182	41,100	72.8%
- 7 7				

(7

			Voluntary turnover	
Turnover (voluntary ⁸) for the employed workforce by country for FY2024	Total employed workforce	Women	Men	Total
Australia	19,109	18.7%	14.5%	17.7%
Belgium	465	9.3%	11.1%	9.9%
Germany	9,209	9.6%	9.3%	9.5%
New Zealand	199	19.6%	17.9%	19.1%
Switzerland	2,093	10.8%	10.0%	10.6%
United Kingdom	2,555	13.6%	10.4%	12.3%
United States	7,870	21.8%	17.1%	20.4%
Total	41,500	16.6%	13.1%	15.6%

Voluntary turnover excludes leavers who retire, transfer internally, are made redundant or are temporary casual relief workers.

New hires by country for FY2024	Women	Men	Total	% women
Australia	3,412	950	4,362	78.2%
Belgium	28	25	53	52.8%
Germany	988	480	1,468	67.3%
New Zealand	35	5	40	87.5%
Switzerland	251	111	362	69.3%
United Kingdom	324	186	510	63.5%
United States	1,878	600	2,478	75.8%
Total	6,916	2,357	9,273	74.6%
Senior managers hired (included in above)	7	10	17	41.29
			SONIC HEALTHCARE S	USTAINABILITY REPORT 2

	Taken d	luring the year			
Parental leave for FY2024	Women	Men	Total	Return rate after leave ⁹	Employed 12 months after return ¹⁰
Australia	408	58	466	83.9%	79.8%
Belgium	3	2	5	100.0%	100.0%
Germany	146	32	178	74.6%	80.9%
New Zealand	4	-	4	100.0%	100.0%
Switzerland	47	15	62	91.7%	89.7%
United Kingdom	43	4	47	80.0%	79.5%
United States	93	45	138	72.2%	65.4%
Total	744	156	900	81.6%	79.2%

Reflects staff who returned to work in FY2024 at the end of their parental leave. Reflects staff who were still employed 12 months after their FY2023 return from parental leave.

LTIFR information for the last four years	LTIFR	Lost hours ¹¹	Total number of lost hours	Total number of injuries ¹²
FY2024	4.85	0.07%	46,000	278
FY2023	3.63	0.07%	43,656	201
FY2022	3.30	0.05%	32,383	191
FY2021	5.28	0.11%	65,668	291

Lost time by region for FY2024	LTIFR	Lost hours ¹¹	No. of lost hours	Total number of injuries ¹²
Australia/NZ	6.29	0.11%	32,333	156
Europe	4.51	0.04%	8,926	83
United States	2.76	0.03%	4,741	39
Total	4.85	0.07%	46,000	278
			SONIC HEALTHC.	ARE SUSTAINABILITY REPORT 2024

	Lost time by division for FY2024	LTIFR	Lost hours ¹¹	No. of lost hours	Total number of injuries ¹²
	Pathology	5.03	0.07%	37,632	242
	Radiology	6.47	0.13%	7,044	29
	Clinical Services	1.80	0.03%	1,324	7
\square	Corporate	-	0.00%	-	-
\square	Total	4.85	0.07%	46,000	278

11 As a percentage of total hours. 12 Injury that has resulted in time lost from work greater than 8 hours.

1	Community	FY2024	FY2023	FY2022	FY2021
<u>J</u>	Donations (A\$M) ¹³	2.38	3.58	3.45	2.50
	Sponsorships of medical bodies or events (A\$M)	4.68	4.20	3.58	2.87
	Scientific papers published in peer-reviewed journals	227	216	>380	not available
	External stakeholders trained ¹⁴	18,874	13,649	not available	not available

Donations excludes the A\$40M cash injection by Sonic Healthcare into the Sonic Healthcare Foundation.
 FY2023 number has been restated to reflect expanded data on external stakeholder training not previously available.

ar	Environmental	FY2024	FY2023	FY2022	FY2021
	Motor vehicles in the fleet	3,263	3,108	3,149	2,991
	Kilometres travelled by the fleet (million km)	118.7	120.9	116.8	116.4
	Electric or hybrid motor vehicles in the fleet	28.6%	17.1%	10.3%	7.1%
	Vehicles in the fleet with a four-cylinder engine or less	97.9%	97.3%	96.3%	96.0%
	Electricity generated by solar installations (kWh)	1,249,047	1,198,441	1,101,879	808,182
26	Installed solar panel capacity (kW)	1,584	1,135	1,032	912
52	Reduction in radiological film year on year	60.0%	15.7%	27.9%	18.1%
	Water consumption (kL) ¹⁵	301,201	333,582	319,892	345,409
615	Consumption (kL) per square metre	1.06	1.20	1.14	1.29
	Environmental fines or sanctions	1	1	Nil	Nil

5 Reflects the water consumption at facilities greater than 1,000 square metres in size where water is separately metered.

Energy consumption and emissions data

Notes on tables 1-12

For some divisions, 10 months of actual data was used to estimate the full FY2024 figures used in the calculation of scope 1 and 2 emissions, as well as scope 3 emissions in categories 3, 5 and 6.

Scope 1 and 2 greenhouse gas (GHG) emissions have been calculated in alignment with the Greenhouse Gas Protocol: A Corporate Accounting and Reporting Standard (Revised Edition).

Scope 3 greenhouse gas (GHG) emissions have been calculated in alignment with the following Greenhouse Gas Protocol documents:

The Greenhouse Gas Protocol: A Corporate Accounting and Reporting Standard (Revised Edition)

The Greenhouse Gas Protocol: Corporate Value Chain (Scope 3) Accounting and Reporting Standard

The Greenhouse Gas Protocol: Technical Guidance for Calculating Scope 3 Emissions

The greenhouse gases included in the emissions calculations are carbon dioxide (CO_2) , methane (CH_4) , nitrous oxide (N_2O) , hydrofluorocarbons (HCFs), perfluorocarbons (PCFs) and sulphur hexafluoride (SF_4) .

Emissions factors (EFs) used in the calculations are sourced from the US Environmental Protection Agency (EPA), the Australian National Greenhouse Accounts (NGA) and National Greenhouse and Energy Reporting (NGER), Department of Climate Change, Energy, the Environment and Water, EU Default Emissions Factors for the Member States, German Federal Environment Agency, 'German Federal Ministry of Housing, Urban Development and Planning (BMWSB), UK Government and Department for Energy Security and Net Zero (DESNZ) GHG emission factors, Association of Issuing Bodies (AIB) and New Zealand Ministry for Environment (NZ MIE) publications.

Where country-specific scope 1 EFs were not readily available, NGA EFs were applied as proxy EFs for the following reasons:

Sonic is headquartered in Australia

Sonic's Australian total GHG emissions are the most material component of the global baseline

NGA methods used at the national level are consistent with international guidelines and are subject to international expert review each year. Scope 1 and 2 GHG emissions data for FY2021 and FY2023 have been restated to reflect:

- an improved estimate of refrigerant gases using expanded data collected in FY2024 on HVAC systems within operational control for all years reported. Fugitive emissions from refrigerant gases were estimated only for sites at which Sonic is responsible for maintenance of HVAC systems.
- the correction of errors identified in previous data sets and calculations
- the influence of material acquisitions and divestments.

As a provider of diagnostic and clinical services, downstream scope 3 categories 10, 11 and 12 were not considered applicable to Sonic operations when setting the scope 3 emissions boundary.

Downstream scope 3 categories 13, 14 and 15 are either not applicable or not material to Sonic's operations and were excluded when setting the scope 3 emissions boundary.

Scope 3 FY2021 and FY2023 emissions data have been restated to reflect:

- use of emissions factors with margins (where applicable)
- addition of GST/VAT amounts to spend data in divisions where they were not previously included
- correction of errors or missing data identified in previous calculations
- enhanced methodology to estimate employee commuting in countries of operation
- updated building energy consumption estimates from upstream leased assets to include natural gas in addition to electricity.

FY2021 was chosen as the base year for emissions comparison due to the availability of global data. It may not reflect business as usual due to the influence of the COVID-19 pandemic.

	Restated FY2021 (base-year) scope 1 and scope 2 (location-based) energy consumption by country	Scope 1 (GJ)	Scope 2 (GJ)	Scope 1+2 (GJ)	% of total scope 1+2
	Australia	128,907	265,464	394,371	37.9%
	Belgium	17,681	10,986	28,667	2.8%
	Germany	105,007	109,896	214,903	20.6%
	New Zealand	1,822	2,264	4,086	0.4%
	Switzerland	43,659	20,600	64,259	6.2%
	United Kingdom	11,442	28,385	39,827	3.8%
	United States	152,932	141,821	294,753	28.3%
715	Total	461,450	579,416	1,040,866	100.0%

\geq	Restated FY2021 (base-year) scope 1 and scope 2 (location-based) GHG emissions by country	Scope 1 (tonnes CO ₂ -e)	Scope 2 (tonnes CO ₂ -e)	Scope 1+2 (tonnes CO ₂ -e)	% of total scope 1+2
	Australia	11,462	57,722	69,184	56.9%
	Belgium	1,219	604	1,823	1.5%
	Germany	8,319	10,967	19,286	15.8%
	New Zealand	127	87	214	0.2%
	Switzerland	2,968	72	3,040	2.5%
	United Kingdom	897	1,674	2,571	2.1%
	United States	13,549	11,955	25,504	21.0%
\bigcup_{i}	Total	38,541	83,081	121,622	100.0%

Restated FY2023 (previous-year) scope 1 and scope 2 (location-based) energy consumption by country	Scope 1 (GJ)	Scope 2 (GJ)	Scope 1+2 (GJ)	% of total scope 1+2
Australia	93,350	260,064	353,414	32.1%
Belgium	14,779	10,218	24,997	2.3%
Germany	98,403	184,855	283,258	25.8%
New Zealand	1,602	2,256	3,858	0.3%
Switzerland	78,356	22,827	101,183	9.2%
United Kingdom	10,974	29,452	40,426	3.7%
United States	155,919	136,931	292,850	26.6%
Total	453,683	646,603	1,099,986	100.0%
			SONIC HEALTHCARE SUS	TAINABILITY REPORT 2024

Energy consumption and GHG emissions data

TABLE 4

\geq	Restated FY2023 (previous-year) scope 1 and scope 2 (location-based) greenhouse gas emissions by country	Scope 1 (tonnes CO ₂ -e)	Scope 2 (tonnes CO ₂ -e)	Scope 1+2 (tonnes CO ₂ -e)	% of total scope 1+2
	Australia	10,601	47,906	58,507	51.0%
	Belgium	1,025	460	1,485	1.3%
	Germany	8,007	11,230	19,237	16.7%
	New Zealand	116	77	193	0.2%
	Switzerland	3,096	73	3,169	2.8%
	United Kingdom	939	1,694	2,633	2.3%
	United States	12,946	16,553	29,499	25.7%
\bigcup_{i}	Total	36,730	77,993	114,723	100.0%

FY2024 (current-year) scope 1 and scope 2 (location-based) energy consumption by country	Scope 1 (GJ)	Scope 2 (GJ)	Scope 1+2 (GJ)	% of total scope 1+2
Australia	98,856	267,992	366,848	37.5%
Belgium	14,095	10,129	24,224	2.5%
Germany	100,646	98,556	199,202	20.3%
New Zealand	1,215	3,278	4,493	0.5%
Switzerland	69,873	24,003	93,876	9.6%
United Kingdom	10,969	28,743	39,712	4.1%
United States	130,799	118,509	249,308	25.5%
Total	426,453	551,210	977,663	100.0%
			SONIC HEALTHCARE SUS	TAINABILITY REPORT 2024

Energy consumption and GHG emissions data

TABLE 6

\geq	FY2024 (current-year) scope 1 and scope 2 (location-based) greenhouse gas emissions by country	Scope 1 (tonnes CO ₂ -e)	Scope 2 (tonnes CO ₂ -e)	Scope 1+2 (tonnes CO ₂ -e)	% of total scope 1+2
	Australia	10,215	48,261	58,476	53.0%
	Belgium	995	406	1,401	1.3%
	Germany	8,199	9,907	18,106	16.4%
	New Zealand	86	74	160	0.1%
	Switzerland	3,164	77	3,241	2.9%
	United Kingdom	925	1,653	2,578	2.3%
	United States	12,514	13,895	26,409	24.0%
\bigcup_{r}	Total	36,098	74,273	110,371	100.0%

Change in scope 1 and scope 2 (location-based) greenhouse gas emissions by country between FY2024 (current year), FY2023 (previous year) and FY2021 (base year)	FY2024 (current year) Scope 1+2 (tonnes CO ₂ -e)	FY2023 (previous year) Scope 1+2 (tonnes CO ₂ -e)	FY2021 (base year) Scope 1+2 (tonnes CO ₂ -e)	% change Scope 1+2 FY2024 to FY2023 (previous year)	% change Scope 1+2 FY2024 to FY2021 (base year)
Australia	58,476	58,507	69,184	-0.1%	-15.5%
Belgium	1,401	1,485	1,823	-5.7%	-23.1%
Germany	18,106	19,237	19,286	-5.9%	-6.1%
New Zealand	160	193	214	-17.1%	-25.2%
Switzerland	3,241	3,169	3,040	2.3%	6.6%
United Kingdom	2,578	2,633	2,571	-2.1%	0.3%
United States	26,409	29,499	25,504	-10.5%	3.5%
Total	110,371	114,723	121,622	-3.8%	-9.3%
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					SUSTAINABILITY REPORT 2024

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	Change in scope 1 greenhouse gas emissions by country between FY2024 (current year), FY2023 (previous year) and FY2021 (base year)	FY2024 (current year) Scope 1 (tonnes CO ₂ -e)	FY2023 (previous year) Scope 1 (tonnes CO ₂ -e)	FY2021 (base year) Scope 1 (tonnes CO ₂ -e)	% change Scope 1 FY2024 to FY2023 (previous year)	% change Scope 1 FY2024 to FY2021 (base year)
	Australia	10,215	10,601	11,462	-3.6%	-10.9%
	Belgium	995	1,025	1,219	-2.9%	-18.4%
	Germany	8,199	8,007	8,319	2.4%	-1.4%
	New Zealand	86	116	127	-25.9%	-32.3%
15	Switzerland	3,164	3,096	2,968	2.2%	6.6%
	United Kingdom	925	939	897	-1.5%	3.1%
715	United States	12,514	12,946	13,549	-3.3%	-7.6%
	Total	36,098	36,730	38,541	-1.7%	-6.3%

0.7% -11.7% -11.8%	-16.4%
	-32.8%
-11.8%	
	-9.7%
-3.9%	-14.9%
5.5%	6.9%
-2.4%	-1.3%
-16.1%	16.2%
-4.8%	-10.6%
	-2.4% -16.1%

	Change in scope 2 (market-based) greenhouse gas emissions by country between FY2024 (current year), FY2023 (previous year) and FY2021 (base year)	FY2024 (current year) Scope 2 (market-based) (tonnes CO ₂ -e)	FY2023 (previous year) Scope 2 (market-based) (tonnes CO ₂ -e)	FY2021 (base year) Scope 2 (market-based) (tonnes CO ₂ -e)	% change Scope 2 (market-based) FY2024 to FY2023 (previous year)	% change Scope 2 (market-based) FY2024 to FY2021 (base year)
	Australia	36,081	39,446	46,196	-8.5%	-21.9%
	Belgium	406	423	455	-4.0%	-10.8%
	Germany	3,396	10,022	17,788	-66.1%	-80.9%
	New Zealand	25	25	40	0.0%	-37.5%
	Switzerland	77	120	116	-35.8%	-33.6%
	United Kingdom	1,249	2,873	2,769	-56.5%	-54.9%
J	United States	9,807	11,967	13,086	-18.0%	-25.1%
	Total	51,041	64,876	80,450	-21.3%	-36.6%

Scope 3 greenhouse gas emissions estimation (GHG protocol categories 1-9) by category for FY2021 (base year), FY2023 (previous year) and FY2024 current year	FY2024 (current year) Scope 3 (tonnes CO ₂ -e)	FY2023 (previous year) Scope 3 (tonnes CO ₂ -e)	FY21 (base year) Scope 3 (tonnes CO ₂ -e)	FY2024 Percentage of total scope 3 emissions split by category
Scope 3 Category				
1. Purchased goods and services	154,455	129,887	173,854	43.1%
2. Capital goods	62,961	50,256	41,565	17.6%
3. Fuel and energy-related activities	19,092	19,331	15,104	5.3%
4. Upstream and downstream transportation and distribution (includes category 9 estimate as unable to separate dat	a) 43,864	37,597	39,629	12.2%
5. Waste generated in operations	25,941	22,028	22,086	7.2%
6. Business travel	4,063	4,761	1,255	1.1%
7. Employee commuting	29,905	35,276	39,628	8.4%
8. Upstream leased assets	18,182	17,067	20,746	5.1%
 Total estimated scope 3 emissions	358,463	316,203	353,867	100.0%

G	clobal scope 1, 2 (location-based) and 3 emissions by scope and total	FY2024 (current year) (tonnes CO ₂ -e)	FY2023 (previous year) (tonnes CO ₂ -e)	FY2021 (base year) (tonnes CO ₂ -e)	FY2024 Percentage split by scope
E	missions				
Т	otal global Scope 1 emissions	36,098	36,730	38,541	7.7%
T	otal global Scope 2 (location-based) emissions	74,273	77,993	83,081	15.8%
Т	otal global Scope 3 (GHG protocol categories 1-9) emissions	358,463	316,203	353,867	76.5%
757	otal global scope 1, 2 & 3 emissions	468,834	430,926	475,489	100.0%

Task Force on Climate-related Financial Disclosures (TCFD) - Qualitative disclosure

ov	escribe the Board's /ersight of climate-related sks and opportunities.	The Sonic Board is responsible for overseeing the Group's sustainability strategy and approving the annual Sustainability Report. The Risk Management Committee (RMC) comprises four members: three independent members of the Board and the Sonic CEO. It is responsible for the identification and assessment of material risks. The RMC is also charged with considering whether the Company's risk management framework deals adequately with contemporary and emerging risks, such as climate-related risks. The RMC assists the Board ir its oversight responsibilities concerning the management of material risks, including climate-related risks.
		All Sonic Directors are entitled to attend RMC meetings, which occur at least twice each year. During FY2024, the RMC requested two updates specifically addressing the results and implications of the qualitative assessment of climate-related risks and opportunities. The information was delivered by the Director of Sustainability and the Sustainability Manager at the RMC meetings that took place in November 2023 and April 2024. Climate-related and other sustainability-associated risks and opportunities will continue to be included as a schedul agenda item for the RMC at least annually, or more frequently if new risks emerge or the materiality of identified risks changes.
		Sonic is currently collecting the necessary data to assess whether any of the risks or opportunities identified in the qualitative assessment meet financial materiality thresholds when considered over different time horizons and under different climate scenarios. The results of this modeling exercise are expected to be available early in 2025 and will be presented to the RMC for consideration. Any climate-related risks that prove financially material will be added to the global risk register and managed in accordance with Sonic's established risk management framework.
rol	escribe management's Ie in assessing imate-related risks and	The Sonic Sustainability Steering Committee (SSSC) established in 2022, is charged with identifying material topics, agreeing on global sustainability targets and contributing to high- level assessment of emerging transitional and physical climate-related risks and opportunities. The SSSC is chaired by the Sonic CEO and its members include CEOs from all of Sonic major divisions, together with key senior global head office executives.
) ор 2	opportunities.	The global Director of Sustainability sits on the SSSC and coordinates global discussion and agreement of climate-related issues, including target setting and identification of transitic and physical risks and opportunities. The Director of Sustainability also oversees reporting requirements and monitors the progress of the divisions toward achieving global targets.
		The global Sustainability Manager answers to the Director of Sustainability and sits on the SSSC. The Sustainability Manager coordinates the efforts of the division-based sustainabilit leads and monitors emerging mandatory and voluntary reporting trends, working with external consultants to advance the maturity of Sonic's sustainability practices, including TCFD aligned climate-related risk and opportunity assessment.
1		
Strate	egy	
		During FY2023, Sonic conducted a qualitative analysis of climate-related risks and opportunities in line with TCFD recommendations (see table of identified risks and opportunities, below
org	risks and opportunities the organisation has identified over the short, medium and	In the short term (2025), under both low- and high-emissions scenarios, acute and chronic physical risks, such as increased frequency and severity of extreme weather events and sustain higher or lower average temperatures, were rated as posing a medium risk to Sonic's operations and supply chain.
	ng term.	In the medium- (2030) to-long term (2050) these risks increase to a rating of medium-to-high in the low-emissions scenario and high-to-severe under the high-emissions scenario.
<u>)</u>		Transitional risks, such as increased regulation and consumer demand for lower environmental impact products, were also considered. In the short term, the residual risk is considered low medium for Sonic, remaining low in the medium term under a high-emissions scenario, but ranking as medium-to-high in the medium-to-long term under a low-emissions scenario.
		In the short, medium and long term, opportunities related to new products and services arising from the impacts of transitional and physical risks on Sonic's customers were assessed as having a residual opportunity rating of medium over both scenarios in the short-to-medium term, rising to a rating of high under a high-emissions scenario in the long term when health impacts are likely to be significant. The additional enhancement of ESG governance and disclosures provides little opportunity in the high-risk scenario; however, in a low-emissions scenario it becomes more important, ranking it as a medium opportunity in the short term, a high-ranked opportunity in the medium term and a significant opportunity in the long term. See the tab
		below for a full list of identified climate-related risks and opportunities.

s	trategy	
) Describe the impact of climate-related risks and opportunities on the organisation's business strategy and financial planning.	The qualitative climate-related risks identified in this exercise are being incorporated into Sonic's business planning processes guiding specific consideration of climate-related impacts in the short, medium and long term on:
<i>D</i>	Describe the resilience of the organisation's strategy, taking into consideration different climate-related scenarios, including a 2°C or lower scenario.	Under both a high- and low- (2° C or lower) emissions scenario, the highest residual risks to Sonic's operations, supply chain and staff wellbeing are acute and chronic physical risks, such as increased frequency and severity of extreme weather events and sustained higher or lower average temperatures. A significant degree of resilience against these risks is provided by the broad geographic spread of Sonic businesses globally and within each region, the diversity of suppliers we use and the existence of local disaster recovery plans. It has been our experience that even a severe weather event that impacts facilities and staff in one or more of our locations has not materially impacted Sonic's overall operations or enterprise value in the short term. The resilience to physical climate-related risks provided by geographic spread is currently being tested using data to support quantitative modelling across different time horizons and under different climate scenarios.
		The transitional risks of increased regulations and customer demand for low environmental impact products may see the need for Sonic to increase operational expenditure on waste disposal or engage with new suppliers who provide innovation in areas such as single-use items. We have commenced implementation of sustainability clauses in supplier contracts and in our supplier policy to ensure the suppliers we engage with are aligned with Sonic's sustainability expectations and those of our customers. In addition, we have increased resources to support ESG data collection and disclosure, set emissions reduction targets and enhanced ESG regulation in a low-emissions scenario. Our approach to these transitional risks will also be assessed in the quantitative modelling exercise.
		Should any climate-related risks prove financially material Sonic will review and, if necessary, augment current risk mitigation strategies.

Risk Management

 a) Describe the organisation's process for identifying, and assessing climate-related risks.

During FY2023, Sonic performed a qualitative assessment of climate-related risks across our global divisions. After conducting workshops with our international teams, eight climaterelated risks were identified. Sonic's existing risk matrix was used to assign residual risk ratings to these risks, resulting in the table below, which shows the risks rated across both highand low-emissions scenarios and over three time frames: short- (2025), medium-(2030) and long-term (2050).

Building on this initial qualitative assessment, the financial impacts of the identified climate-related risks are currently being assessed in order to provide a reference measurement of the financial impacts each risk may pose. This foundational work will further enhance Sonic's climate-related disclosures in preparation for mandatory reporting in line with the first jurisdictional adoptions of the International Sustainability Standards Board (ISSB) disclosure standards in Australia, Europe and the USA.

Risk Management b) Describe the organisation's In the qualitative assessment conducted last financial year, the highest-ranked physical climate-related risks over both emissions scenarios and in the short and medium term were related to the increased severity and/or frequency of extreme weather events and impact on physical assets, surrounding infrastructure, transport functions, supply chain operations and process for managing climate-related risks. employees' ability to attend the workplace. Local disaster recovery plans are in place to manage staff and service impacts at individual facilities. In the short term, the broad geographic spread of Sonic's businesses globally and within each region reduces the risk of a significant impact in a single location having a material effect on Sonic's overall operations or enterprise value. It should be noted that climate-related risks that may not be material to Sonic's overall global operations may be material at some of our geographic locations, especially those where severe weather events have become more common. Climate-related risks may therefore be rated differently on local risk registers and, accordingly, more actively managed in these divisions. The qualitative assessment also identified transitional risks, such as increased regulation and the potential for Governments to introduce carbon pricing, which will have increased impact in a low-emissions scenario. These risks are being managed through our emissions reduction program and increased investment in resources to enhance the scope and quality of our climate-related data collection and reporting capacity to support decision-making and enhanced public disclosures. The quantification of these climate-related risks will provide insight into their potential financial materiality and will aid in prioritisation of individual climate-related risks, guiding any strategic decisions associated with risk management and mitigation. c) Describe how processes for As described in the 'Governance' section above, the outcomes of the qualitative climate-related risk assessment were reviewed by the Board's Risk Management Committee at meetings in November 2023 and April 2024. The outcome of the quantitative assessment currently being undertaken will be included in the subsequent annual review and if any identifying, assessing and managing climate-related climate-related risks prove material to Sonic's global operations they will be added to the RMC global risk register and referred for inclusion in strategy and management decisions. risks are integrated into the Sonic's internal risk management policy documents the process of identification, assessment, management and monitoring of risks, including climate-related risks. organisation's overall risk management.

Metrics and Targets

a)	Disclose the metrics and targets used by the organisation to assess	Sonic's management of climate-related risks involves the reduction of GHG emissions through the sourcing of renewable power and zero-emissions fleet vehicles, together with collaboration across our operations and supply chain to explore opportunities to decrease waste from operations and packaging, consolidate deliveries and recycle/reuse equipment and components.
	and manage relevant climate-related risks and opportunities.	As shown on page 22 of this report, our Sustainability Strategy includes targets for absolute emissions reduction of 43% in scope 1 and 2 market-based emissions by 2030, the procurement of 80% of global electricity from certified renewable sources, and the achievement of a net zero position across all three GHG emission scopes by 2050. The base year for measurement is FY2021.
		Sonic measures and discloses annual emissions across scope 1, 2 and 3 and calculates emissions intensity for scope 1 and 2 emissions. The percentage of renewably sourced electricity and the proportion of hybrid and electric vehicles across our fleet are also monitored to assess progress toward reaching our published targets.
		During FY2024 we conducted our second estimate of scope 3 emissions. Critical analysis of this information will facilitate the setting of appropriate and achievable targets and metrics for future scope 3 emissions management.
		The remuneration of Sonic's Managing Director/CEO and Finance Director/CFO includes a short-term incentive (STI) plan, of which 20% is based on qualitative strategic objectives, including progress with the company's environmental, governance and sustainability objectives. In FY2024, 50% of the qualitative portion of the STI will relate to progress achieved against specific sustainability goals, including initiation of data collection and financial impact modelling of prioritised climate-related risks and opportunities to establish if any meet financial materiality thresholds (estimated 18-month project, findings to be reported in 2025) (see the <u>Annual Report 2024</u> , p. 34).
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Metrics and Targets	
b) Disclose scope 1, scope 2 and, if appropriate, scope 3 GHG emissions and related risks.	 In FY2022 Sonic disclosed global scope 1 and 2 emissions for base year FY2021 and its first reporting year, FY2022. In FY2023 we added: disaggregated scope 1 data, with a separate notation of estimated emissions from dry ice and refrigerant gas usage scope 2 market-based emissions data, reflecting the purchase of certified renewable electricity in some of our jurisdictions the first estimate of scope 3 emissions in Greenhouse Gas (GHG) Protocol categories 1–9, which fall within our established scope 3 boundary. The tables 1–12 on pages 92–98 of this report show our global scope 1, 2 (location- and market-based) and 3 emissions estimates for FY2021 (base year), FY2023 (previous year) and FY2024 (current year). Risks related to the organisation's emissions and appropriate measures to reduce them include: lower than expected availability of products and external (Government) infrastructure to support the transition to renewable energy and zero-emissions vehicles across our global operations and supply chain leading to inability to meet published targets lack of ability to significantly influence our supply chain partners to reduce emissions impacting scope 3 reduction targets and attainment of net zero position by 2050 increased demand for the types of quality-assured carbon offset products needed to offset any remaining unabatable emissions leading to decreased availability and high pricing, which may impact achievement of a net zero position by 2050 inability to meet increased consumer demand for lower environmental impact products.
c) Describe targets used by the organisation to manage climate-related risks and opportunities and performance against targets.	As described above, Sonic has set a number of targets that are referenced locally, divisionally and globally, to guide the management of climate-related risks. Performance against these targets is detailed on pages 26–40 of this report and in the appendix tables 1–12, on pages 92–98.

Identified climate-related risks and opportunities and residual risk rankings

Risk ranking											
Inconsequential	Low	Medium	High	Severe							
							н	High emissio	High emissions	High emissions L	High emissions Low emission
Risk name							2025	2025 2030	2025 2030 2050	2025 2030 2050 2025	2025 2030 2050 2025 2030
Increased severity	and/or frequency	y of extreme weathe	events impacts S	onic's operations and phys	С	al assets	al assets M	al assets M H	al assets M H S	al assets M H S M	al assets M H S M H
Increased severity	and/or frequency	y of extreme weathe	events disrupts S	Sonic's supply chain operat	or	าร	ns M	ns M M	ns M M H	ns M M H M	ns M M H M M
Increased regulat	ions and consume	er demand for lower	environmental im	pact products			L	L L	L L M	L L M M	L L M M M
0	0	temperatures and In- productivity and well	,	nd/or frequency of extreme	v	veather	veather L	veather L L	veather L L M	veather L L M L	veather L L M L L
Governments intr	oducing Carbon F	Pricing to drive emiss	ions reduction					L L			
Changes in exterr	nal and internal sta	keholder interest in	climate action				1	I L	I L L		
Geopolitical tensi	ons arising from p	hysical climate impa	ots				1		I I H	і і н і	I I H L
Enhanced ESG re	lated regulations						L	L L	L L L		

Opportunity ranking

Inconsequential	Low	Medium	High	Significant
Opportunities				
New products/se	rvices arising from tra	ansition or physica	al risk impacts on	customers
Enhancing ESG g	overnance and disc	losures		
Strategic position	of collection and op	perational centres		
Low-energy and i	resilient assets			
Partnerships with	shareholders and th	e community		
Reduction in scop	be 2 emissions			
Adoption of circul	ar economy princip	les		

Residual risk takes into account Sonic's current risk control measures
 High-emissions scenario based on IPCC SSP 5-8.5 and IEA Stated Policies Scenario (STEPS)
 Low-emissions scenario based on IPCC SSP 1-1.9 and IEA Net Zero Emissions 2050 (NZE)

GRI general disclosures

GRI disclosure	Description	Reference
2-1	Legal name of organisation, ownership, headquarters and countries of operation	Sonic Healthcare Limited (SHL) Publicly listed company limited by shares under the Australian Corporations Act 2001. Sonic Healthcare Limited shares are listed on the Australian Securities Exchange (SHL.AX).
		Level 22, Grosvenor Place, 225 George Street, Sydney New South Wales, 2000, Australia www.sonichealthcare.com
		 Sonic has operations in seven countries – Australia, New Zealand, USA, Germany, UK, Switzerland and Belgium <u>Annual Report 2024</u> (p. 11)
2-2	Entities included in sustainability reporting	Entities are the same as those listed in the <u>Annual Report 2024</u> (pp. 120–123)
2-3	Reporting period, frequency of sustainability reporting and contact	 Sustainability Reports are issued annually and cover the same period as Sonic Healthcare's financial reports, 1 July to 30 June. This report covers the period 1 July 2023 to 30 June 2024 Contact sustainability@sonichealthcare.com
2-4	Restatements, reasons and effects	Sonic Healthcare's scope 1, 2 and 3 emissions data FY2021 and FY2023 has been restated to reflect: 1) Material acquisitions and divestments 2) Correction of errors in calculation in previous years 3) Inclusion of additional sites and data 4) Application of more accurate emissions factors and 5) Uplift of spend data in some jurisdictions to include GST/VAT.
2-5	External assurance	 About this report (p. 2)
2-6	Sectors in which SHL is active	About Sonic Healthcare (p. 7)
	Activities, products, services, markets	 Our services (pp. 10-13) Our value chain (p. 16) Sustainable procurement (p. 41)
2-7	Employees by gender and region	 Our workforce (p. 44) Sustainability metrics (p. 87)
2-8	Workers who are not employees	 Our workforce (p. 45) Sustainability metrics (p. 88)

GRI 2: GENERAL	DISCLOSURES 2021	
GRI disclosure	Description	Reference
2-9	Governance structure, responsibility for overseeing impacts on economy, environment and people	 Annual Report 2024 (pp. 24-27 & 54-65) Board Charter (pp. 4-5) Sustainability governance (pp. 19-20)
2-10	Nomination and selection process for the highest governance body	Annual Report 2024 (p. 56)
2-11	Report if the chair of the highest governance body is also a senior executive	The SHL Chairman is a non-executive independent Director
2-12	Role of the highest governance body and senior executives in setting sustainability purpose, value, mission, policies and goals	 <u>Annual Report 2024</u> (pp. 54, 59) <u>Board Charter</u> (pp. 4-5) Sustainability governance (pp. 19-20)
2-13	Delegation of responsibility for managing ESG impacts	 Sustainability governance (pp. 19–20)
2-14	Responsibility for approving reported ESG information, including material topics	Sonic Healthcare's material sustainability topics and sustainability governance (pp. 17-18)
2-15	Conflicts of interest	 Board Charter (p. 6) Annual Report 2024 (p. 57)
2-16	Reporting of critical concerns to the highest governance body	 Global Whistleblower Policy No critical concerns were reported during the reporting period
2-17	Sustainability knowledge, skills and experience of the highest governance body	 During the reporting period, the Risk Management Committee and other members of the Board participated in two update sessions on ESG risks, Board responsibilities and emerging mandatory disclosure and assurance requirements in Sonic's operating jurisdictions. Sustainability governance (pp. 19-20) Composition of Board listing expertise <u>Annual Report 2024</u> (p. 55)
2-18	Evaluating the performance of the highest governance body in overseeing impacts on economy, environment and people	 Board Charter (p. 6) Annual Report 2024 (pp. 64-65)
2-19	Remuneration policies for members of the highest governance body and senior executives	 <u>Annual Report 2024</u> (pp. 31–50; p. 34 refers to ESG-related remuneration) Sustainability governance structure (p. 19)
2-20	The process to determine remuneration	 <u>Annual Report 2024</u> (pp. 31–50) The remuneration report is subject to vote by shareholders at the AGM. Results of the vote ar available on the ASX and Sonic investor websites.

GRI disclosure	Description	Reference
2-22	Statement from the highest governance body or most senior executive about the relevance of sustainable development to the organisation	 <u>Annual Report 2024</u> Chairman's Letter pp. 2-3) and CEO's Report pp. 4-6) CEO message (p. 4)
2-23	Policy commitments for responsible business conduct	 <u>Code of Conduct</u> <u>Supplier Policy</u>
	Policy commitments for respect of human rights	 Labour Standards and Human Rights Policy Modern Slavery Statement 2024 Sonic policy documents are available on the Sonic Healthcare website
	Communication of policies to workers, business partners and others	 Referenced in the Sustainability Report Discussed with employees by managers The subject of staff training modules Distributed to suppliers and referenced in contracts
2-24	Embedding policy commitments through activities and business relationships	 Supplier Policy Modern Slavery Statement 2024 (pp. 16–17)
2-25	Commitment to provide for, or cooperate in, the remediation of negative impacts	Modern Slavery Statement 2024 (p.15)
	Approach to identify and address grievances	 Global Whistleblower Policy Code of Conduct and Ethics (p. 4)
2-26	Seeking advice and raising concerns about business conduct	 Code of Conduct and Ethics (p. 4) Global Whistleblower Policy
2-27	Significant instances of non-compliance with laws and regulations	One environmental fine was incurred during the reporting period. It concerned the late submission of an energy audit by one of our newly acquired businesses, Diagnosticum Germany. A fine of \$A 39,838 was issued by the Federal Office of Economics and Expor Control (BAFA) in April 2024. No other instances were reported for which fines or non-monetary sanctions were incurred in the reporting period.
2-28	Membership of associations	 The numerous medical, industry and other association memberships are managed at er level
	Stakeholder engagement	 Stakeholders (pp. 14-15)

	GRI 2: GENERAL DISCLOSURES 2021			
	GRI disclosure	Description	Reference	
	2-30	Total employees covered by collective bargaining agreements	 Working with employee representatives (p. 49) Labour Standards and Human Rights Policy (p. 4) 	
	GRI 3: MATERIAL TOPICS 2021			
	GRI disclosure	Description	Reference	
	3-1	The process to determine material topics	Sonic Healthcare's material sustainability topics (p. 17)	
	3-2	List of material topics	Sonic Healthcare's material sustainability topics (p. 17)	
	3-3	Management of material topics	 Our approach sections for each material topic, related policies are hyperlinked Stakeholders (pp. 14–15) 	

GRI topic disclosures

GRI 201 EC	GRI 201 ECONOMIC PERFORMANCE 2016		
GRI disclos	sure Description	Reference	
201-1	Direct economic value generated	Annual Report 2024 (pp. 7 & 67)	
201-2	Financial implications, risks and opportunities due to climate change	 Task Force on Climate-related Financial Disclosures (TCFD) – Qualitative (pp. 98–103). The quantitative assessment of identified climate-related risks and opportunities is currently being conducted 	
201-3	Defined benefit plan obligations and other retirement plan liabilities	 Annual Report 2024 (p. 111) Statutory employer contributions vary in each jurisdiction 	
201-4	The total monetary value of financial assistance received from any government	No significant financial assistance was received during the reporting period from any government in any of the jurisdictions in which Sonic Healthcare has operations	
	The extent to which any government is present in the shareholding structure	No government is a substantial shareholder in Sonic Healthcare. Holdings in Sonic Healthcare are held by several sovereign wealth funds; however, they are not substantial shareholders, with each comprising less than 5% of Sonic's total shares	

GRI 203 INDIREC	T ECONOMIC IMPACTS 2016	
GRI disclosure	Description	Reference
203-1	The extent of development of significant infrastructure investments and services supported, impacts on local communities or economies	 Access and affordability (pp. 60–72)
203-2	Significant indirect economic impacts	 The Sonic Healthcare Foundation (pp. 63-72)
GRI 205 ANTI-CO	RRUPTION 2016	
GRI disclosure	Description	Reference
205-1	Assessment for risks related to corruption	 Ethics, integrity and compliance (p. 78) <u>Annual Report 2024</u> (p. 58) No significant risks related to corruption were identified in the reporting period
205-3	Number of confirmed incidents of corruption	There were no confirmed incidents of corruption during the reporting period
GRI 205 ANTI-CO	RRUPTION 2016	
GRI disclosure	Description	Reference
206-1	Anti-competitive behaviour and violations of anti-trust/monopoly legislation	There were no incidents concerning anti-competitive behaviour during the reporting period
GRI 207 TAX 2019	ə	
GRI disclosure	Description	Reference

207-1Tax strategyTax strategyTax strategy207-2Mechanisms to raise concerns about the organisation's conduct and integrity in relation to tax
assurance process for tax disclosuresGlobal Whistleblower Policy
Code of Conduct and Ethics (p. 4)
Annual Report 2024 (pp. 61-63)207-3Stakeholder engagement in relation to taxStakeholder engagement in relation to tax
any tax policy-related inquiries
Taxation Governance (p. 4) describes the relationship with tax authorities

GRI 301 MATERIA	GRI 301 MATERIALS 2016		
GRI disclosure	Description	Reference	
301-2	Recycled input materials used to manufacture primary goods and services	 Waste reduction initiatives (pp. 37-40) 	
	ENERGY 2016		
GRI disclosure	Description	Reference	
302-1	Total fuel and energy consumption from non-renewable sources in joules	 Sustainability metrics (pp. 92–94) 	
GRI 303 WATER	AND EFFLUENTS 2018		
GRI disclosure	Description	Reference	
303-1	Description of how the organisation interacts with water	 Water consumption (p. 41) 	
GRI 304 BIODIVERSITY 2016			
GRI disclosure	Description	Reference	
304-2	Significant impacts of activities, products and services on biodiversity	Circular economy and waste (p. 37)	
GRI 305 EMISSIC	DNS 2016		
GRI disclosure	Description	Reference	
305-1	Direct (scope 1) GHG emissions in t-CO $_2$ equivalents	 Sustainability metrics (pp.92-98) 	
305-2	Gross location-based energy indirect (scope 2) GHG emissions in t-CO $_{\rm 2}$ equivalents	 Sustainability metrics (pp. 92–98) 	
305-3	Gross other indirect (scope 3) GHG emissions in t-CO $_{\rm 2}$ equivalents	 Sustainability metrics (p. 97) 	
305-4	GHG emissions intensity ratio for the organisation	Scope 1 and 2 greenhouse gas intensity (p. 29)	
305-5	GHG emissions reduced as a direct result of reduction initiatives	Scope 1 and 2 greenhouse gas emissions (p. 28)	

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GRI 306 WASTE	GRI 306 WASTE 2020			
GRI disclosure	Description	Reference		
306-1	Report significant actual/potential waste-related impacts	Circular economy and waste (p. 37)		
306-2	Actions, including circularity measures, taken to prevent waste generation	 Waste reduction initiatives (pp. 39–40) 		
GRI 308 SUPPLIE	GRI 308 SUPPLIER ENVIRONMENTAL ASSESSMENT 2016			
GRI disclosure	Description	Reference		
308-2	New suppliers screened using environmental criteria	 Sustainable procurement (p. 41) <u>Supplier Policy</u> (p. 5) 		

GRI 401 EMPLOYMENT 2016				
GRI disclosure	Description	Reference		
401-1	Total number and rate of new employee hires by age, gender and region	 Our workforce (p. 45) 		
401-3	Parental leave by gender	Parental leave (pp. 49 and 90)		

	GRI 403 OCCUPA	TIONAL HEALTH AND SAFETY 2018	
	GRI disclosure	Description	Reference
	403-1	A statement as to whether an OH&S management system has been implemented and its scope	 Workforce health, safety and wellbeing (p. 52) <u>SonicSAFE</u>
	403-2	Processes to identify work-related hazards and assess risks	 Workforce health, safety and wellbeing (p. 52) <u>SonicSAFE</u>
	403-3	OH&S services	 Workforce health, safety and wellbeing (p. 52) <u>SonicSAFE</u>
	403-4	Worker participation and consultation in the development and implementation of the OH&S management system	 Workforce health, safety and wellbeing (p. 52) <u>SonicSAFE</u>
	403-5	OH&S training provided to workers	 Staff health, safety and wellbeing (p. 53) <u>SonicSAFE</u>
	403-6	Access for workers to non-occupational medical and healthcare services	 Staff health, safety and wellbeing (p. 53) Sustainability metrics (p. 86)
	403-7	Organisation's approach to preventing or mitigating significant negative OH&S impacts	 Workforce health, safety and wellbeing (p. 52)
	403-8	Workers covered by the organisation's OH&S management system	 Workforce health, safety and wellbeing (p. 52)
	403-9	Work-related injuries	 Staff health, safety and wellbeing (p. 53) Sustainability metrics (pp. 86-87) <u>SonicSAFE</u>
	GRI 404 TRAINING	G AND EDUCATION 2016	
	GRI disclosure	Description	Reference
	404-1	Average hours of training per year per employee	 Our People (p. 43) Sustainability metrics (p. 86)
	404-2	Type and scope of programs and assistance provided to upgrade employee skills	Employee development (pp. 47-51)

GRI 405 DIVERSITY AND EQUAL OPPORTUNITY 2016				
	GRI disclosure	Description	Reference	
	405-1	Diversity of governance bodies and employees	 <u>Annual Report 2024</u> (p. 60) Employee diversity (pp. 44-46) Sustainability metrics (p. 86) 	
\square	GRI 407 FREEDOM	OF ASSOCIATION AND COLLECTIVE BARGAINING 2016		
	GRI disclosure	Description	Reference	
	407-1	Operations or suppliers in which workers' right to freedom of association or collective bargaining may be at significant risk and measures taken by the organisation	 Modern Slavery Statement 2024 (pp. 15-19) Labour Standards and Human Rights Policy (p. 4) Human rights (pp. 76-79) 	
	GRI 408 CHILD LA	BOUR 2016		
	GRI disclosure	Description	Reference	
	408-1	Operations or suppliers considered to have significant risk of child labour and measures taken by the organisation	 Modern Slavery Statement 2024 (pp. 15-19) Human rights (pp. 81-83) 	
	GRI 409 FORCED /	AND COMPULSORY LABOUR 2016		
	GRI disclosure	Description	Reference	
	409-1	Operations or suppliers considered to have significant risk of forced or compulsory labour and measures taken by the organisation	 Modern Slavery Statement 2024 (pp. 15-19) Human rights (pp. 81-83) 	
	GRI 414: SUPPLIEF	R SOCIAL ASSESSMENT 2016		
	GRI disclosure	Description	Reference	
	414-1	New suppliers screened using social criteria	 Human rights (p. 83) Modern Slavery Statement 2024 (pp. 13–19) 	
	414-2	Suppliers assessed for social impacts	 Human rights (p. 83) Modern Slavery Statement 2024 (pp. 13-19) 	

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G	GRI 415: PUBLIC POLICY 2016			
G	GRI disclosure	Description	Reference	
4	115-1	Monetary value of financial and in-kind political contributions	No financial or in-kind political donations were made in FY2024	
G	GRI 416: CUSTOMI	ER HEALTH AND SAFETY 2016		
G	GRI disclosure	Description	Reference	
4	16-1	Percentage of significant product and service categories for which health and safety impacts are assessed for improvement	 Service quality and safety (p. 56) 	
4	116-2	Incidents of non-compliance with regulations and/or voluntary codes concerning the health and safety of products/services	 Service quality and safety (p. 56) Sustainability metrics (p. 85) Two minor issues of non-compliance with DIN EN 17025:2028 (General requirements for the competence of testing and calibration laboratories) were detected in a system audit at one of our newly acquired German businesses (MLD) and have been rectified 	
∫ ∩ ₀	GRI 418: CUSTOMI	ER PRIVACY 2016		
G	GRI disclosure	Description	Reference	
4	18-1	Substantiated customer complaints concerning breaches of customer privacy	 Three notifiable breaches concerning patient privacy or loss of customer data were reported by Sonic Healthcare divisions in FY2024 	

SUSTAINABLE GALS

Sonic Healthcare recognises the role we play in the global effort to address worldwide sustainability challenges, especially our role as an enabler of good health and wellbeing. In support of the UN Sustainable Development Goals (SDGs), we have identified nine priority goals that align with our role as a global, federated healthcare provider.

GOOD HEALTH A	AND WELL-BEING		
Aligned SDG	Key SDG Target	Our Impact: How we are contributing	More information
3 GOOD HEALTH AND WELLBEING	Target 3.1 Reduce global maternal mortality ratio to less than 70 per 100,000 live births	The Sonic Healthcare Foundation Direct, ongoing support of maternity hospitals and centres in Tanzania, Democratic Republic of Congo and Ethiopia, together with the building and operation of the Sonic Healthcare Foundation – Kworo Hospital in Uganda with the specific aims of:	 The Sonic Healthcare Foundation (pp. 63-72) Website: <u>The Sonic Healthcare Foundation</u>
Ensure healthy lives and promote wellbeing for all at all ages	Target 3.2 End preventable deaths of newborns and children under 5 years of age	 reducing maternal, newborn and infant deaths (more than 7,000 newborns delivered at hospitals and clinics with SHF-supported pathology and radiology services, including HEAL Africa Hospital in Goma, Barbara May Memorial Hospital, Mille, Ethiopia, Vision Maternity Hospital Bahir Dar, Ethiopia and Kivulini Maternity Centre, Arusha, Tanzania in FY2024) treating obstetric fistulas and other birth-induced injuries (728 gynaecological surgeries in FY2024) treating and addressing the physical, mental and social trauma associated with rape providing women with training, skills and materials that will allow them to reintegrate into society. 	
	Target 3.3 End the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-	 Testing and research Participation in vaccine and communicable diseases research Testing for AIDS, tuberculosis, malaria, hepatitis and other tropical and water-borne diseases Provision of education in tropical and other diseases. 	 The Sonic Healthcare Foundation (pp. 63-72) Website: <u>The Sonic Healthcare Foundation</u>
lives and promote wellbeing for all at	borne diseases and other communicable diseases	 The Sonic Healthcare Foundation Approximately 16,000 malaria tests and 5,000 HIV tests performed at our sponsored laboratories in Africa in FY2024 More than 8,000 X-rays and 7,200 ultrasounds performed during the year at our sponsored radiology department at the HEAL Africa Hospital in Goma. 	 The Sonic Healthcare Foundation (pp. 63-72) Website: <u>The Sonic Healthcare Foundation</u>

GOOD HEALTH AND WELL-BEING					
Aligned SDG	Key SDG Target	Our Impact: How we are contributing	More information		
	Target 3.4 Reduce premature mortality from non-communicable diseases through prevention and treatment, and promote mental health and wellbeing	 Medical services 131 million patient consultations (FY2024), comprising hundreds of millions of medical examinations and diagnostic tests globally Testing for, and management of, chronic disease, such as diabetes, chronic kidney disease and heart disease GP provision of mental health plans for patients Provision and encouragement of participation in screening programs for the early identification and treatment of disease, for example, bowel cancer, cervical cancer 	 Our services (pp. 10-13); Providing and enhancing access to our services (p. 61) New disability support coordination services (p. 61) 		
		 Employee assistance programs Confidential external counselling and coaching available to staff to assist with work-related or personal issues that impact their life or mental wellbeing Support of staff wellbeing and mental health 	 Staff health, safety and wellbeing (p. 53) 		
		 The Sonic Healthcare Foundation Ongoing direct support of five maternity hospitals in Tanzania, Democratic Republic of Congo and Ethiopia, with the specific aims of improving the health outcomes and longevity of children, women and men Commitment to fund the building and ongoing operation of the Sonic Healthcare Foundation - Kworo Hospital in Uganda 	 The Sonic Healthcare Foundation (pp. 63-72) Website: <u>The Sonic Healthcare Foundation</u> 		
1		Clontarf Foundation More than 2,700 free medical checks conducted through our involvement with the Clontarf Foundation, which aims to improve the health, education and employment outcomes of young Indigenous Australians 	 The Clontarf Foundation (p. 71) Website: The Clontarf Foundation 		
	Target 3.C Substantially increase health financing and the recruitment, development, training and retention of health workforce in developing countries	 The Sonic Healthcare Foundation Foundation established to facilitate ongoing access to fund healthcare training in development work in developing countries Training of local staff in modern medical methods and techniques so they can provide self-sustaining pathology, radiology and other medical services in Africa Funding the building and ongoing operation of the Sonic Healthcare Foundation – Kworo Hospital in Uganda 	 The Sonic Healthcare Foundation (pp. 63-72) Website: <u>The Sonic Healthcare Foundation</u> 		

ligned SDG	Key SDG Target	Our Impact: How we are contributing	More information
	Target 4.1 Ensure all girls and boys complete free, equitable and quality primary and secondary	 The Sonic Healthcare Foundation Provision of teacher and student learning materials in Africa Provision of teachers' wage subsidies to assist with the costs of running the HEAL Africa school 	 The Sonic Healthcare Foundation (pp. 63-72) Website: <u>The Sonic Healthcare Foundation</u>
clusive and equality	education	Clontarf Foundation Involvement with Clontarf to help improve school and work outcomes for Indigenous Australians 	 The Clontarf Foundation (p. 71) Website: <u>The Clontarf Foundation</u>
ni w ei	Target 4.4 Increase the number of youth and adults who have relevant skills for employment, decent jobs and entrepreneurship	 Training programs Provision of student and fellowship training for doctors, scientific students and others, including medical registrar, sonographer and phlebotomist training programs Sonic Training Academy degree apprenticeship program in the UK More than 231,601 training courses or modules undertaken by Sonic staff in FY2023 Provision of graduate/postgraduate and vocational training by Sonic Healthcare staff More than 2,800 staff attended emotional intelligence and other courses facilitated by Sonic Connect in FY2024 More than 18,000 external people provided with formal medical training by Sonic 	 Employee training and development (pp. 49–51); Education, research and professional development (pp. 58–59); Beyond Clontarf: Providing opportunities for meaningful employment (p. 72); Sonic Training Academy (p. 50)
	-	 The Sonic Healthcare Foundation Provision of training, conference funding and ongoing support for in-house pathologist and radiologist, as well as several scientists and radiographers, at the HEAL Africa Hospital in Goma Sponsorship of a new training laboratory at the Jaramogi Oginga Odinga University of Science and Technology (JOOUST) in western Kenya to support technical training, reference laboratory and research activities Facilitated HEAL Africa's granting of teaching hospital status by COSECSA (College of Surgeons of East, Central and Southern Africa) through Sonic's establishment of a highly functional laboratory in Goma 	 The Sonic Healthcare Foundation (pp. 63-72); Jaramogi Oginga Odinga University of Science and Technology (JOOUST) (p. 68); Radiology Across Borders (pp. 69-70) Website: <u>The Sonic Healthcare Foundation</u>
	-	 Improving access to training and employment Provision of employment pathways in science to Indigenous students in collaboration with the Clontarf program 	 Beyond Clontarf: Providing opportunities for meaningful employment (p. 72)
	-	 Tertiary education Development and delivery of medical curricula at several universities around the world by Sonic doctors and staff who hold academic teaching positions Ongoing contributions to medical publications, craft groups and professional organisations 	 Education, research and professional development (pp. 58-59) See list of articles and publications (pp. 123-130)

QUALITY EDUCATION			
Aligned SDG	Key SDG Target	Our Impact: How we are contributing	More information
	access to all levels of education and vocational training for the vulnerable, including persons with disabilities, Indigenous	 Community involvement Provision of employment opportunities for people with disabilities and for young people from marginalised backgrounds through the engagement of The Bridge, a not-for-profit social enterprise, as well as partnerships with other social enterprises Contribution to the creation of a prosperous, vibrant, sustainable Indigenous Australian business sector through membership of Supply Nation and support of Indigenous suppliers where feasible Involvement with Clontarf to help improve the school and work outcomes for Indigenous Australians and provide avenues for training and employment in Sonic businesses 	 Clontarf Foundation (p. 71); Improving participation and employment opportunities for disadvantaged groups (p. 72); Beyond Clontarf: Providing opportunities for meaningful employment (p. 72); Sonic Healthcare Foundation (p. 63-72) Website: Supply Nation Website: Clontarf Foundation Website: The Sonic Healthcare Foundation
GENDER EQUAL			More information
Aligned SDG	Key SDG Target	Our Impact: How we are contributing	
5 EEUVERY	Target 5.1 End all forms of discrimination against all women and girls everywhere	 Corporate governance Robust governance framework that strives to deliver an environment free from discrimination and harassment 	 Employee diversity (pp. 45-46) Website: Code of Conduct and Ethics Website: Labour Standards and Human Rights Policy Website: Diversity Policy
Achieve gender equality and empower all women and girls	Target 5.2 Eliminate all forms of violence against women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation	Corporate governance = Zero tolerance policy to any form of modern slavery, human trafficking or other types of exploitation = Public reporting under the Australian and UK Modern Slavery Acts	 Human rights (pp. 81-83) Website: Labour Standards and Human <u>Rights Policy</u> Website: <u>Supplier Policy</u> Website: <u>Modern Slavery Statement 2024</u>
	Target 5.3 Eliminate all harmfu practices, such as child, early and forced marriage and femal genital mutilation	Support for our partner hospitals in Africa who are providing education and support to women affected	 The Sonic Healthcare Foundation (pp. 63-72) Website: <u>The Sonic Healthcare Foundation</u>
	Target 5.5 Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making	 Corporate governance Strong representation of women at all levels of leadership within Sonic, including: 44% of Sonic's Board of Directors 53% of senior leadership positions 73% of science-based roles filled by women 	 Employee diversity (pp. 45-46) Annual Report 2024 (p. 60)

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DECENT WORK	AND ECONOMIC GROWTH		
Aligned SDG	Key SDG Target	Our Impact: How we are contributing	More information
B DECENT WORK AND ECONOMIC RROWTH Decomposition of the conversion	work of equal value	 Workforce diversity More than 42,000 people employed globally in an inclusive, racially and culturally diverse workforce Provision of employment opportunities for people with disabilities and for young people from marginalised backgrounds through the engagement of The Bridge, a not-for-profit social enterprise, as well as partnerships with other social enterprises, including The Endeavour Foundation and Bright Skies Clontarf Foundation Involvement with Clontarf to help improve the school and work outcomes for Indigenous Australians 	 Employee attraction, engagement and development (pp. 44–51); Improving participation and employment opportunities for disadvantaged groups (p. 72); Clontarf Foundation (p. 71); Beyond Clontarf: Providing opportunities for meaningful employment (p. 72) Website: <u>The Clontarf Foundation</u>
	Target 8.7 Take immediate and effective measures to eradicate forced labour, end modern slavery and human trafficking, and secure the prohibition and elimination of the worst forms of child labour	Corporate governance Zero tolerance to any form of modern slavery, human trafficking or other types of exploitation Public reporting under the Australian and UK Modern Slavery Acts 	 Human rights (pp. 81-83) Website: Labour Standards and Human Righ Policy Website: Supplier Policy Website: 2024 Modern Slavery Statement
	Target 8.8 Protect labour rights and promote safe and secure working environments for all workers	 Health and safety Rigorous OH&S policies and procedures in all workplaces, governed by industry regulations and a cultural commitment to safe working environments Continuous monitoring and reporting of any potential safety issues through the SonicSAFE Improvement Program Lost time through workplace injury represented 0.07% of total hours worked 	 Workforce health, safety and wellbeing (pp. 52-53); Employee retention (pp. 47-51); Working with employee representatives (p. 4 Website: Labour Standards and Human Righ Policy Website: Health, Safety and Wellbeing Policy Website: SonicSAFE
			SONIC HEALTHCARE SUSTAINABILITY REPORT 2

Aligned SDG	Key SDG Target	Our Impact: How we are contributing	More information
9 ROUSIRY, NNOVATION AND NYRASTRUCTURE		 Facilities and infrastructure Ongoing investment in high-quality, technically advanced and sustainable laboratories and other infrastructure Continued investment in regional infrastructure to maintain healthcare services close to local communities 	 Scope 2 emissions-reduction initiatives (pp. 34-36); Energy efficiency (p. 36); Providing and enhancing access to our services (p. 61)
Build resilient infrastructure, promote sustainable industrialisation and foster innovation		 The Sonic Healthcare Foundation Ongoing upgrades to pathology laboratories and radiology infrastructure in Africa, enabling quality medical diagnostic care to be delivered to vulnerable populations Construction of a new 42-bed maternal health facility, The Sonic Healthcare Foundation – Kworo Hospital in Uganda 	 The Sonic Healthcare Foundation (pp. 63-72) Website: <u>The Sonic Healthcare Foundation</u>
	Target 9.4 Upgrade infrastructure and retrofit industries to make them sustainable, with increased resource-use efficiency and greater adoption of clean and environmentally sound technologies and industrial processes	 Facilities and infrastructure Annual facility upgrade program to retrofit energy-efficient lighting (LED), HVAC and passive energy systems Procurement of renewable electricity and investment in onsite energy generation, such as the installation of solar panels 	 Renewable electricity (p. 34); On-site renewable energy generation (p. 35); Solar investments in the US (p. 35)
5		 The Sonic Healthcare Foundation Regular upgrading of aging equipment in our sponsored African pathology laboratories and radiology infrastructure, replacing them with more energy-efficient models Plans approved to install 103kW capacity onsite solar electricity system with battery backup to provide secure power to the Sonic Healthcare Foundation - Kworo Hospital 	 The Sonic Healthcare Foundation (pp. 63-72) Website: <u>The Sonic Healthcare Foundation</u>
Target 9.5 Enhance scientific research, upgrade the technological capabilities of industrial sectors in all countries, in particular developing countries, including encouraging innovation and substantially	 Research and development Ongoing investment in new technologies, such as AI-assisted diagnostics Development of in-house technologies Collaboration with manufacturers to assist with their product development roadmap and the continuous improvement of their existing technologies, for example, the joint venture with Harrison.ai Regular involvement by Sonic's doctors and scientific staff in thousands of research projects, papers and clinical trials for new drugs, reagents, equipment and medical procedures 	 Education research and professional development (p. 58); Investing in innovative technology and new tests – Franklin.ai releases first assistive AI product (p. 62); PathologyWatch revolutionises the reporting of skin pathology (p. 62) 	
	increasing research and development spending	 The Sonic Healthcare Foundation Regular skills transfers with doctors, scientists and radiographers in Africa, to improve their technical skills and capabilities 	 The Sonic Healthcare Foundation (pp. 63–72), Jaramogi Oginga Odinga University of Science and Technology (JOOUST) (p. 68); Update Radiology Across Borders (pp. 69–70) Website: The Sonic Healthcare Foundation

REDUCED INEQUALITIES

Aligned SDG

Key SDG Target

Our Impact: How we are contributing

10 REDUCED INEQUALITIES (= Reduce inequality within and among

countries

Target 10.2 Empower and Corporate governance promote the social, economic

- Commitment to employee diversity
- Zero tolerance to all forms of modern slavery
- Sponsorship of events to create awareness of the importance of community
- Promoting Indigenous participation in health screening
- Membership of Supply Nation to support Indigenous suppliers where possible

More information

- Employee diversity (pp. 45–46); Human rights (pp. 81-83); Stakeholders (pp. 14-15); Improving participation and employment opportunities for disadvantaged groups (p. 72); The Clontarf Foundation (p. 71-72); Providing and enhancing access to our services (p. 61)
- Website: Diversity Policy
- Website: 2024 Modern Slavery Statement
- Website: Supply Nation
- Website: The Clontarf Foundation

Target 10.3 Ensure equal opportunity and reduce inequalities, including by eliminating discriminatory laws, policies and practices, and promoting appropriate legislation, policies and action

and political inclusion of all,

economic or other status

irrespective of age, sex, disability,

race, ethnicity, origin, religion or

Community involvement

- Involvement with the Clontarf Foundation to help improve school and work outcomes for Indigenous Australians
- Provision of employment opportunities for people with disabilities and for young people from marginalised backgrounds through the engagement of The Bridge, a not-for-profit social enterprise, as well as partnerships with other social enterprises
- Clontarf Foundation (p. 71); Improving participation and employment opportunities for disadvantaged groups (p. 72)

SUSTAINABLE CITIES AND COMMUNITIES

Aligned SDG		
11 SUSTAINABLE CITIES AND COMMUNITIES		

Make cities

inclusive, safe, resilient and sustainable

Target 11.6 Reduce

Key SDG Target

the adverse per cap environmental impa cities, including by special attention to and waste manager

	Our Impact: How we are contributing	More information
ice apita pact of y paying to air quality iement	 Emissions targets Commitment to reduce scope 1 and 2 emissions by 43% by 2030 Commitment to reduce total emissions (scope 1,2 & 3) to achieve a net zero position by 2050 80% of electricity to come from renewable sources by 2030 Conversion of global fleet to zero-emissions vehicles by 2040 	 Net zero strategy (p. 26); Fleet transition (pp. 32–33); Renewable electricity (p. 34)
	 Energy efficiency Inclusion of environmental efficiency as the cornerstone of design briefs for new buildings and refurbished premises Continued upgrading of energy-efficient building fixtures for lighting (LED) and heating, ventilation and air conditioning (HVAC) facilities in existing premises Continued investment in solar (renewable) energy 	 Energy efficiency (p. 36); New radiology sites (p. 36); New Hamburg laboratory (p. 36); Onsite renewable energy generation (p. 35)
	Waste	Circular economy and waste (pp. 37-40);

Scope 3 inventory waste data collection to investigate achievable waste reduction targets and initiatives across our organisation and in collaboration with supply partners

Circular economy and waste (pp. 37–40); Scope 3 emissions (p. 31)

Target 12.2 Achieve the sustainable management and efficient use of natural resources Sustainable procurement practices Inclusion of water, fuel, energy consumption and 'whole-of-life' credentials in procurement processes and product/service selection Facilities and infrastructure Inclusion of environmental efficiencies in the design briefs for new buildings and refurbishments Continued upgrading of energy-efficiency (J. 38); New radiology sites (p. 38) Website: Supplier Policy Target 12.4 Achieve the environmentally sound management of chemicals and all wastes, in accordance with all local waste regulations Minimisation of environmental hazard risks and increase direcycling, through staff training and use of locane do companies to provide specialized waste management processes (an accreditation requirement) Compliance with all local waste regulations Target 12.5 Reduce waste generation through prevention, recycling and resustes is currently recycled across all Australian facilities Circular economy and waste (pp. 37-40) Website: Environmental Policy Compliance with all local waste regulations Compliance with all local waste regulations Circular economy and waste (pp. 37-40); waste reduction induction, recycling and resustes is currently recycled across all Australian facilities 	RESPONSIBLE CONSUMPTION AND PRODUCTION			
sustainable management in sustainable management recurs sustainable management is sources = Inclusion of writer, fuel, energy consumption and 'whole-of-life' credentials in procurement processes and and efficiency (b. 36). New Tablogy sites (b. 37-40); Energy efficiency (b. 36). New Tablogy sites (b. 37-40); Energy efficiency (b. 36). New Tablogy sites (b. 37-40); Energy efficiency (b. 36). New Tablogy sites (b. 37-40); Energy efficiency (b. 36). New Tablogy sites (b. 37-40); Energy efficiency (b. 36). New Tablogy sites (b. 37-40); Energy efficiency (b. 36). New Tablogy sites (b. 37-40); Energy efficiency (b. 36). New Tablogy sites (b. 37-40); Energy efficiency (b. 36). New Tablogy sites (b. 37-40); Energy efficiency (b. 36). New Tablogy sites (b. 37-40); Energy efficiency (b. 37-40); Energy efficiency (b. 37-40); Energy efficiency (b. 37-40); Energy efficiency (b. 36). New Tablogy sites (b. 37-40); Energy efficiency (b. 36). New Tablogy sites (b. 37-40); Energy efficiency (b. 36). New Tablogy sites (b. 37-40); Energy efficiency (b. 36). New Tablogy sites (b. 37-40); Energy efficiency (b. 36). New Tablogy sites (b. 37-40); Energy efficiency (b. 36). New Tablogy sites (b. 37-40); Energy efficiency (b. 36). New Tablogy site (b. 37-40); Energy efficiency (b. 36). New Tablogy site (b. 37-40); Energy efficiency (b. 36). New Tablogy site (b. 37-40); Energy efficiency (b. 36). New Tablogy site (b. 37-40); Energy efficiency (b. 36). New Tablogy site (b. 37-40); Energy efficiency (b. 36). New Tablogy site (b. 37-40); Energy efficiency (b. 38). Sustainable management for environmental hazard risks and increase (an accreditation requirement); Environmental Policy Circular economy and waste (p. 37-40); Environmental Policy Compliance with all local waste regulations Program to reduce non-medical waste and increase the waste-to-landfill diversion rate (33.38; of non-medical waste is currently	Aligned SDG	Key SDG Target	Our Impact: How we are contributing	More information
 environmentally sound management of chemicals and all wastes, in accordance with agreed international frameworks, and significantly reduce their release to air, water and soil in order to minimise their adverse impacts on human health and the environment Waste process review Muste process review Program to reduce non-medical waste and increase the waste-to-landfill diversion rate (33.3% of non- medical waste is currently recycled) across all Australian facilities Prolystyrene packaging compacted onsite at some facilities and sent for recycling; polypropylene consumable tray recycling active at sites in Australia and overseas Engagement with suppliers to reduce packaging Reduction of radiological film and paper through digitisation programs (radiological film sheets reduced) Website: Environmental Policy Website: Supplier Policy 	consumption and	sustainable management and efficient use of natural	 Inclusion of water, fuel, energy consumption and 'whole-of-life' credentials in procurement processes and product/service selection Facilities and infrastructure Inclusion of environmental efficiencies in the design briefs for new buildings and refurbishments Continued upgrading of energy-efficient building fixtures for lighting (LED), heating, ventilation and air conditioning (HVAC) across existing premises 	procurement (p. 41); Scope 2 emissions- reduction initiatives (pp. 34–36); Energy efficiency (p. 36); New radiology sites (p. 36) New Hamburg laboratory (p. 36)
generation through prevention, reduction, recycling and reuseProgram to reduce non-medical waste and increase the waste-to-landfill diversion rate (33.3% of non- medical waste is currently recycled) across all Australian facilitiesWaste management (p. 38); Waste reduction initiative (p. 39); Sustainable procurement (p. 41); Reduction in paper and radiological film usage (p. 40)Polystyrene packaging compacted onsite at some facilities and overseasFilm usage (p. 40)Engagement with suppliers to reduce packaging Reduction of radiological film and paper through digitisation programs (radiological film sheets reducedWebsite: Environmental PolicyWebsite: Supplier PolicyWebsite: Supplier Policy		environmentally sound management of chemicals and all wastes, in accordance with agreed international frameworks, and significantly reduce their release to air, water and soil in order to minimise their adverse impacts on human health and	 Minimisation of environmental hazard risks and increased recycling, through staff training and use of licensed companies to provide specialised waste management services Regular external reviews of waste management processes (an accreditation requirement) 	2 11 .
		generation through prevention,	 Program to reduce non-medical waste and increase the waste-to-landfill diversion rate (33.3% of non-medical waste is currently recycled) across all Australian facilities Polystyrene packaging compacted onsite at some facilities and sent for recycling; polypropylene consumable tray recycling active at sites in Australia and overseas Engagement with suppliers to reduce packaging Reduction of radiological film and paper through digitisation programs (radiological film sheets reduced 	 Waste management (p. 38); Waste reductio initiative (p. 39); Sustainable procurement (p. 41); Reduction in paper and radiological film usage (p. 40) Website: <u>Environmental Policy</u>

CLIMATE ACTIO	N		
Aligned SDG	Key SDG Target	Our Impact: How we are contributing	More information
Take urgent action to tackle climate change and its impacts	Target 13.1 Strengthen resilience and adaptive capacity to climate-related hazards and natural disasters in all countries	 Disaster recovery plans to support communities Ensuring that continuous operations are maintained within Sonic practices during times of natural disasters, for example, bushfires/wildfires, floods, cyclones/tornadoes Deployment of agile procurement operations as part of Sonic's pandemic preparedness plan, to ensure critical community health services can continue to be provided during natural disasters Climate-related risk and opportunity analysis (qualitative) conducted in FY2023. Quantitative analysis of climate-related risks currently being conducted. Results available in FY2025 	 Climate change (p. 25); Sustainability risk management (p. 21); Sustainable procurement (p. 41); Task Force on Climate-related Financial Disclosures (TCFD) – Qualitative (pp. 99–103)
	Target 13.3 Improve education, awareness-raising and human and institutional capacity on climate change mitigation, adaptation, impact reduction and early warning	 Education and policy Ongoing education and training for staff on environmental practices and policies, including reducing water use, waste and resource consumption Transitioning an increasing proportion of our fleet vehicles to more fuel-efficient electric and hybrid options, reducing CO₂ emissions Continued focus on increasing active and passive energy systems within our facilities to reduce energy, waste and water use Refer our contributions under Targets 9.1, 9.4, 11.6 and 12.5 	 Climate change (p. 25); Sustainability governance (pp. 19-21); Scope 1 emissions-reduction initiatives (pp. 32-34); Energy efficiency (p. 36); Waste reduction initiative (p. 39); Reduction in paper and radiological film usage (p. 40) Website: Environmental Policy

Publications

References

 A^{1}

Abdelmogod A, Papadopoulos L, Riordan S, Wong M, Weltman M, Lim R, et al. A Matched Molecular and Clinical Analysis of the Epithelioid Haemangioendothelioma Cohort in the Stafford Fox Rare Cancer Program and Contextual Literature Review. *Cancers (Basel)*. 2023 Sep 1;**15**(17):4378. Acosta AM, Sholl LM, Maclean F, Kao CS, Ulbright TM. Testicular Neoplasms With Sex Cord and Stromal Components

Harbor a Recurrent Pattern of Chromosomal Gains. *Mod Pathol*. 2024 Jan;**37**(1):100368. Aksoy YA, Chou A, Mahjoub M, Sheen A, Sioson L, Ahadi MS, et al. Role of pathologists in nomogram development: reply, *Pathology*. 2023 Dec;**55**(7):1049.

Aksoy YA, Xu B, Viswanathan K, Ahadi MS, Al Ghuzlan A, Alzumaili B, et al. Novel prognostic nomogram for predicting recurrence-free survival in medullary thyroid carcinoma. *Histopathology*. 2024 May;**84**(6):947-959.

Al-Abbad H, Reznik JE, Biros E, Paulik B, Will R, Gane S, et al. Evaluation of treatment parameters for focusedextracorporeal shock wave therapy in knee osteoarthritis patients with bone marrow lesions: a pilot study. *J Rehabil Med.* 2024 Mar **12**;56;jrm13207.

Albrecht S, Grässli F, Cusini A, Brucher A, Goppel S, Betschon E, et al. SARS-CoV-2 immunity and reasons for nonvaccination among healthcare workers from eastern and northern Switzerland: results from a nested multicentre crosssectional study. *Swiss Med Wkly*. 2024 Apr 13;**154**:3734.

Ålhamdan F, Greulich T, Daviaud C, Marsh LM, Pedersen F, Thölken C, et al. Identification of extracellular vesicle microRNA signatures specifically linked to inflammatory and metabolic mechanisms in obesity-associated low type-2 asthma. *Allergy*. 2023 Nov;**78**(11):2944-2958.

Alhamdan F, Potaczek DP, Greulich T, Tost J, Garn H. Reply to correspondence "Extracellular vesicle microRNA signatures as novel biomarkers in obese asthmatics". *Allergy*. 2024 May;**79**(5):1401-1402.

Ali FA, Sievert K-D, Eisenblätter M, Tietze B, Hansen T, Barth P, et al. MRI-guided targeted and systematic prostate biopsies as prognostic indicators for prostate cancer treatment decisions - PMC (nih.gov). *Cancers (Basel)*. 2023 Aug.**15**(15):3915.

Altunoglu U, Palencia-Campos A, Güneş N, Turgut GT, Nevado J, Lapunzina P, et al. Variant characterisation and clinical profile in a large cohort of patients with Ellis-van Creveld syndrome and a family with Weyers acrofacial dysostosis. *J Med Genet.* 2024 Jun 20;**61**(7):633-644.

Aoki J, Kaya C, Khalid O, Kothari T, Silberman MA, Skordis C, et al. CKD Progression Prediction in a Diverse US Population: A Machine-Learning Model. *Kidney Med.* 2023 Jun 24;**5**(9):100692.

Aoki J, Khalid O, Kaya C, Nagymanyoki Z, Hussong J, Salama ME. Progression from Prediabetes to Diabetes in a Diverse U.S. Population: A Machine Learning Model. *Diabetes Technol Ther.* 2024 Oct;**26**(10):748-753.

Arora P, Nair MK, Liang H, Patel PB, Wright JM, Tahmasbi-Arashlow M. Ectopic teeth with disparate migration: A literature review and new case series. *Imaging Sci Dent.* 2023 Sep;**53**(3):229-238.

Arzivian A, Jones B, Joshua F, Paul M, Lynch T, Brown M, et al. Fever and Increased Gastrointestinal Uptake on Positron Emission Tomography after Anti-Tumour Necrosis Factor Therapy: A Case Report of Whipple's Disease. *Case Rep Gastroenterol.* 2024 Apr 20;**18**(1):221-230.

В

Badgery HE, Muhlen-Schulte T, Zalcberg JR, D'souza B, Gerstenmaier JF; Pancreatic Cancer Image Biobank Authorship Group, et al. Determination of "borderline resectable" pancreatic cancer - A global assessment of 30 shades of grey. *HPB* (*Oxford*). 2023 Nov;**25**(11):1393-1401.

Badolato R, Alsina L, Azar A, Bertrand Y, Bolyard AA, Dale D, et al. A phase 3 randomized trial of mavorixafor, a CXCR4 antagonist, for WHIM syndrome. *Blood*. 2024 Jul 4;**144**(1):35-45.

Badrick TC, Meumann EM, Shirley K, Simos P, May ML, Quagliotto G, et al. Paracoccidioidomycosis: an Australian case. *Med J Aust.* 2024 Jun 3;**220**(10):505-506.

Bagguley D, Harewood L, McKenzie D, Ptasznik G, Ong S, Chengodu T, et al. The CONFIRM trial protocol: the utility of prostate-specific membrane antigen positron emission tomography/computed tomography in active surveillance for prostate cancer. *BJU Int.* 2024 Apr; **133 Suppl 4**:27-36.

Balachandran V, Young V, Baillie T, James A. Primary left ventricular leiomyosarcoma: a case report. *J Cardiothorac Surg.* 2024 Apr 2; **19**(1):168.

Balakirski G, Becker SL, Hartmann D, Kofler L, Kunte C, Müller CSL, et al. Perioperative Antibiotikaprophylaxe in der Dermatochirurgie - Positionspapier der Arbeitsgruppe Antibiotic Stewardship der Deutschen Gesellschaft für Dermatochirurgie (DGDC), Teil 2: Spezielle Indikationen und Situationen. *J Dtsch Dermatol Ges.* 2023 Oct;**21**(10):1109-1119. German.

Bauer C, Hirzmann J, Petzold J, Henrich M, Wagner H, Dyachenko V, et al. First detection of autochthonous Lamanema chavezi infections in llamas (Lama glama) in Europe. *Vet Parasitol Reg Stud Reports*. 2024 Jan;47:100948.

Bell JM, Fajardo Lubian A, Partridge SR, Gottlieb T, Robson J, Iredell JR, et al. Australian Group on Antimicrobial Resistance (AGAR) Australian Gram-negative Surveillance Outcome Program (GnSOP) Bloodstream Infection Annual Report 2022. *Commun Dis Intell (2018).* 2023 Nov 16;47.

Benvenga V, Cuénod A, Purushothaman S, Dasen G, Weisser M, Bassetti S, et al. Historic methicillin-resistant Staphylococcus aureus: expanding current knowledge using molecular epidemiological characterization of a Swiss legacy collection. *Genome Med.* 2024 Feb 5;**16**(1):23.

Berezowska S, Cathomas G, Grobholz R, Henkel M, Jochum W, Koelzer VH, et al. Digital image analysis and artificial intelligence in pathology diagnostics-the Swiss view. *Pathologie (Heidelb)*. 2023 Dec;44(Suppl 3):222-224.

Berndt SI, Vijai J, Benavente Y, Camp NJ, Nieters A, Wang Z, et al. Correction: Distinct germline genetic susceptibility profiles identified for common non-Hodgkin lymphoma subtypes. *Leukemia*. 2023 Oct;**37**(10):2142.

Botha JC, Byott M, Spyer MJ, Grant PR, Gärtner K, Chen WX, et al. Sensitive HIV-1 DNA Pol Next-Generation Sequencing for the Characterisation of Archived Antiretroviral Drug Resistance. *Viruses*. 2023 Aug 25; **15**(9):1811.

Brangsch H, Horstkotte MA, Melzer F. Genotypic peculiarities of a human brucellosis case caused by Brucella suis biovar 5. *Sci Rep.* 2023 Oct 3;**13**(1):16586.

Braun V, Ceglarek U, Gaudl A, Gawinecka J, Müller D, Rauh M, et al. Evaluation of five multisteroid LC–MS/MS methods used for routine clinical analysis: comparable performance was obtained for nine analytes. *Clin Chem Lab Med.* 2023 Dec 4;**62**(5):900-910.

C

Breitwieser GE, Cippitelli A, Wang Y, Pelletier O, Dershem R, Wei J, et al. Rare GPR37L1 Variants Reveal Potential Association between GPR37L1 and Disorders of Anxiety and Migraine. *J Neurosci.* 2024 May 8;**44**(19):e1226232024.

Brenes D, Kortum A, Coole J, Carns J, Schwarz R, Vohra I, et al. Deployment and assessment of a deep learning model for real-time detection of anal precancer with high frame rate high-resolution microendoscopy. *Sci Rep.* 2023 Dec 14;**13**(1):22267.

Bridge JA, Halling KC, Moncur JT, Souers RJ, Hameed MR, Fernandes H, et al. RNA Sequencing for Solid Tumor Fusion Gene Detection: Proficiency Testing Practice and Performance Comparison. *Arch Pathol Lab Med.* 2024 May 1;**148**(5):538-544.

Carletti M, Nguyen DA, Malouf P, Ingersoll Z, Hosler GA, Weis SE. Pleomorphic Dermal Sarcoma: A Clinical and Histopathologic Emulator of Atypical Fibroxanthoma, but Different Biologic Behavior. *HCA Healthc J Med.* 2022 Oct 31;**3**(5):299-304.

Charles JEM, Weis SE, Hosler GA. Acyclovir-Resistant Anogenital Herpes Simplex Virus in an HIV Patient With Pseudoepitheliomatous Hyperplasia Resembling Squamous Cell Carcinoma. *HCA Healthc J Med*. 2022 Aug 29;**3**(4):247-252.

Cheah AL, Brown W, Bonar SF. Pathology of intra-articular tumours and tumour-like lesions: pearls, pitfalls and rarities from a general surgical pathology practice. *Skeletal Radiol.* 2024 Sep;**53**(9):1909-1924.

Chey SY, O'Sullivan NA, Beer T, Leong WK, Kermode AG. Cutaneous presentation of cryptococcal infection with subclinical central nervous system involvement secondary to fingolimod therapy. *Mult Scler J Exp Transl Clin.* 2023 Sep 3;9(3):20552173231197132.

Chong SKT, Liu F, Yuwono C, Tay ACY, Wehrhahn MC, Riordan SM, et al. Analysis of global Aeromonas caviae genomes revealed that strains carrying T6SS are more common in human gastroenteritis than in environmental sources and are often phylogenetically related. *Microb Genom.* 2024 May; **10**(5):001258.

Chou A, Qiu MR, Crayton H, Wang B, et al. A Detailed Histologic and Molecular Assessment of the Diffuse Sclerosing Variant of Papillary Thyroid Carcinoma. *Mod Pathol.* 2023 Dec;**36**(12):100329.

Chowdary P, Agarwal B, Peralta MR, Bhagani S, Lee S, Goldring J, et al. Nebulized Recombinant Tissue Plasminogen Activator (rt-PA) for Acute COVID-19-Induced Respiratory Failure: An Exploratory Proof-of-Concept Trial. *J Clin Med.* 2023 Sep 8;**12**(18):5848.

Choy KW, Cornu P, Dighe AS, Georgiou A, Peters L, Sikaris KA, et al. Clinical Decision Support in Laboratory Medicine. Clin Chem. 2024 Mar 2;**70**(3):474-481.

Chung PYJ, Dhillon SK, Cortoos S, Hamerlinck H, Pereira R, Padalko E, et al. Evaluation of the Allplex HPV assay's adherence to international guidelines for cervical cancer screening in clinician-collected samples. *Microbiol Spectr.* 2024 Aug 6; **12**(8):e0033224.

Collins K, Galea LA, Foroughi F, Siegmund SE, Anderson WJ, Appu S, et al. Genomic analysis of primary epithelial neoplasms of the seminal vesicle identifies a subset of mucinous cystic tumours driven by KRAS mutations. *Histopathology*. 2024 Jun;**84**(7):1192-1198.

Constantinescu-Bercu A, McCann S, Hmaid A, de Groot R, Singh D, Gohil SH, et al. Acquired Glanzmann's thrombasthenia with IgG and IgA against activated α IIb β 3. *Br J Haematol*. 2023 Sep;**202**(6):e58-e61.

Corbett C, Finger P, Heiß-Neumann M, Bohnert J, Eder IB, Eisele M, et al. Development of prevalence and incidence of non-tuberculous mycobacteria in German laboratories from 2016 to 2020. *Emerg Microbes Infect*. 2023 Dec; **12**(2):2276342.

Coste AT, Egli A, Schrenzel J, Nickel B, Zbinden A, Lienhard R, et al. IVDR: Analysis of the Social, Economic, and Practical Consequences of the Application of an Ordinance of the In Vitro Diagnostic Ordinance in Switzerland. *Diagnostics (Basel)*. 2023 Sep 11;**13**(18):2910.

Crowley HM, Georgantzoglou N, Tse JY, Williams EA, Mata DA, Martin SS, et al. Expanding Our Knowledge of Molecular Pathogenesis in Histiocytoses: Solitary Soft Tissue Histiocytomas in Children With a Novel CLTC::SYK Fusion. *Am J Surg Pathol.* 2023 Oct 1;47(10):1108-1115.

Cui RBJ, Hawes S, Potter AJ, Merrick K, Warrier S, Azimi F. Dermatofibrosarcoma protuberans of the breast in pregnancy. *J Surg Case Rep.* 2024 Jan 16;**2024**(1):rjad738.

Cunningham MT, Winters C, Farrell D. Burkitt Lymphoma With Aberrant Expression of Cytoplasmic Terminal Deoxynucleotidyl Transferase: A Case Report. *Cureus*. 2024 Feb 10;**16**(2):e53972.

Currie G, Robbie S, Tually P. ChatGPT and Patient Information in Nuclear Medicine: GPT-3.5 Versus GPT-4. J Nucl Med Technol. 2023 Dec 5;51(4):307-313.

D

Dalmau M, Coulter C, O'Connor B, Robson J, Field E, Lambert S. A five-year analysis of latent tuberculosis infection in Queensland, 2016-2020. *Commun Dis Intell* (2018). 2023 Nov 16;47.

De Baetselier I, Smet H, Kehoe K, Loosen I, Reynders M, Mansoor I, et al. Estimation of antimicrobial resistance of *Mycoplasma genitalium*, Belgium, 2022. *Euro Surveill*. 2024 Feb; **29**(7):2300318.

Denisenko E, de Kock L, Tan A, Beasley AB, Beilin M, Jones ME, et al. Spatial transcriptomics reveals discrete tumour microenvironments and autocrine loops within ovarian cancer subclones. *Nat Commun.* 2024 Apr 3;15(1):2860.

DeSantis SM, Yaseen A, Hao T, León-Novelo L, Talebi Y, Valerio-Shewmaker MA, et al. RE: Incidence of SARS-CoV-2 Breakthrough Infections After Vaccination in Adults: A Population-Based Survey Through 1 March 2023. *Open Forum Infect Dis.* 2023 Nov 29;**10**(12):ofad564.

Dhillon SK, Chung PYJ, Padalko E, Praet M, Pereira AR, Redzic N, et al. Intra- and interlaboratory reproducibility of the RIATOL qPCR HPV genotyping assay. *J Med Virol.* 2023 Sep;**95**(9):e29093.

Diamond TH, Bryant C, Quinn R, Mohanty ST, Bonar F, Baldock PA, et al. Increased Bone Formation and Accelerated Bone Mass Accrual in a Man Presenting with Diffuse Osteosclerosis/High Bone Mass Phenotype and Adenocarcinoma of Unknown Primary. *JBMR Plus.* 2023 Jun 14;**7**(8):e10734.

Dias KR, Shrestha R, Schofield D, Evans CA, O'Heir E, Zhu Y, et al. Narrowing the diagnostic gap: Genomes, episignatures, long-read sequencing, and health economic analyses in an exome-negative intellectual disability cohort. *Genet Med.* 2024 May; **26**(5):101076.

Donner S, Perka C, Krenn V, Ort MJ. Particle disease and ist effects on periarticular tissue. *Orthopădie (Heidelb)*. 2023 Mar; 52(3):196-205.

F

Dörr T, Güsewell S, Cusini A, Brucher A, Goppel S, Grässli F, et al. SARS-CoV-2 Vaccination is Not Associated With Involuntary Childlessness in Female Healthcare Workers: A Multicenter Cohort Study. *Influenza Other Respir Viruses*. 2024 Jun; **18**(6):e13333.

Dowling K, Davies J, Narayan S, Tuckley V, Robbie C, Ward C, et al. UK Transfusion Laboratory Collaborative: Minimum standards for staff qualifications, training, competency and the use of information technology in hospital transfusion laboratories 2023. *Transfus Med*. 2024 Feb;**34**(1):3-10.

Dutton-Regester KJ, Roser A, Meer H, Hill A, Pyne M, Al-Najjar A, et al. Body fat and circulating leptin levels in the captive short-beaked echidna (Tachyglossus aculeatus). *J Comp Physiol B*. 2024 Aug;**194**(4):457-471.

Dziedzic R, Wójcik K, Olchawa M, Sarna T, Pięta J, Jakieła B, et al. Increased oxidative stress response in circulating blood of systemic sclerosis patients - relation to disease characteristics and inflammatory blood biomarkers. *Semin Arthritis Rheum.* 2023 Oct;**62**:152228.

Effinger D, Hirschberger S, Yoncheva P, Schmid A, Heine T, Newels P, et al. A ketogenic diet substantially reshapes the human metabolome. *Clin Nutr.* 2023 Jul;**42**(7):1202-1212.

Ettel M, Cai Z, Liao X. Clinicopathologic Characterization of *Sarcina ventriculi* in the Upper Gastrointestinal Tract. *Int J Surg* Pathol. Epub 2024 Jun 20:10668969241261569.

Ewang-Emukowhate M, Subramaniam K, Lam F, Hayes A, Mandair D, Toumpanakis C, et al. Plasma or serum 5-hydroxyindoleacetic acid can be used interchangeably in patients with neuroendocrine tumours. *Scand J Clin Lab Invest*. 2023 Dec;**83**(8):576-581.

Fadhil M, Lochhead A, Trinh H, Brungs D. Metastatic Ductal Eccrine Adenocarcinoma with Excellent Response to Immunotherapy. *Case Rep Oncol.* 2023 Nov 21;**16**(1):1415-1424.

Farrell CJL, Jones GRD, Sikaris KA, Badrick T, Graham P, Bush J. Sharing reference intervals and monitoring patients across laboratories - findings from a likely commutable external quality assurance program. *Clin Chem Lab Med.* 2024 Mar 5;**62**(10):2037-2047

Farshid G, Armes J, Dessauvagie B, Gilhotra A, Kumar B, Mahajan H, et al. Development and Validation of a HER2-Low Focused Immunohistochemical Scoring System With High-Interobserver Concordance: The Australian HER2-Low Breast Cancer Concordance Study. *Mod Pathol.* 2024 Jun 8;**37**(8):100535.

Fattah YH, Crasto D, Liu SS, Linhares Y, Kerdel F, Hanly A, et al. DUSP22-IRF4 Rearranged CD30-Positive Primary Cutaneous Lymphoproliferative Disorder With Gamma/Delta Phenotype. *Am J Dermatopathol.* 2023 Dec 1;**45**(12):831-834.

Fattah YH, Liu SS, Susa J, Hanly A, Russo J, Karai LJ. Spindle Cell Lipoma With Florid Primary Follicular Lymphocytic Hyperplasia: A Novel Association With Potential Diagnostic Pitfalls. *Am J Dermatopathol.* 2023 Aug 1;45(8):563-566.

Faulkner C, Jabbour AJ, Kanik AB, Schoeneck H, Tangoren IA, et al. Reactive Angioendotheliomatosis Following Ad26. COV2.S Vaccination. *Cutis*. 2023 Dec;**112**(6):E20-E23.

Fitzpatrick M, Andersen T, Bush J, Greaves RF, Woollard G, Hoad K, et al. Quality assurance programs for vitamin A and E in serum: are we doing enough to assess laboratory performance? *Clin Chem Lab Med.* 2023 Sep 19;**62**(2):288-292.

Fong W, Martinez E, Timms V, Ginn A, Nguyen T, Rahman H, et al. Increase in invasive Haemophilus influenzae serotype A infections during the COVID-19 pandemic in New South Wales, Australia. *Pathology*. 2024 Aug;**56**(5):696-701.

Frei AL, Oberson R, Baumann E, Perren A, Grobholz R, Lugli A, et al. Pathologist Computer-Aided Diagnostic Scoring of Tumor Cell Fraction: A Swiss National Study. *Mod Pathol.* 2023 Dec; **36**(12):100335.

G

Galea LA, Batrouney A, Flynn M, Christie M. POU2F3-expressing intraepithelial small-cell carcinoma with mixed small-cell carcinoma and conventional-type urothelial carcinoma of the urinary bladder. *Virchows Arch.* 2024 Apr 11. Epub 2024 Apr 11.

Galea LA, Flynn M, Jones V, Harraway J, Appu S, Sangoi AR. IDH1 p.R132C mutation in prostatic carcinoma with psammomatous calcifications: report of two cases. *Pathology*. 2024 Apr, **56**(3):419-421.

Gargano MA, Matentzoglu N, Coleman B, Addo-Lartey EB, Anagnostopoulos AV, Anderton J, et al. The Human Phenotype Ontology in 2024: phenotypes around the world. *Nucleic Acids Res.* 2024 Jan 5;**52**(D1):D1333-D1346.

Gondoputro W, Doan P, Katelaris A, Scheltema MJ, Geboers B, Agrawal S, et al. (68)Ga-PSMA-PET/CT in addition to mpMRI in men undergoing biopsy during active surveillance for low- to intermediate-risk prostate cancer: study protocol for a prospective cross-sectional study. *Transl Androl Urol.* 2023 Oct 31;**12**(10):1598-1606.

Grossmann K, Risch M, Markovic A, Aeschbacher S, Weideli OC, Velez L, et al. Sex-specific differences in physiological parameters related to SARS-CoV-2 infections among a national cohort (COVI-GAPP study). *PLoS One*. 2024 Mar 6; **19**(3):e0292203.

Gumusgoz E, Graham BS, Hosler GA. Primary cutaneous SMARCA4-deficient undifferentiated malignant neoplasm: A rare case report and literature review. *J Cutan Pathol.* 2024 Apr;**51**(4):262-266.

Gupta S, Sholl LM, Yang Y, Osunkoya AO, Gordetsky JB, Cornejo KM, et al. Genomic analysis of spermatocytic tumors demonstrates recurrent molecular alterations in cases with malignant clinical behavior. *J Pathol.* 2024 Jan;**262**(1):50-60.

н

Hahn E, Xu B, Katabi N, Dogan S, Smith SM, Perez-Ordonez B, et al. Comprehensive Molecular Characterization of Polymorphous Adenocarcinoma, Cribriform Subtype: Identifying Novel Fusions and Fusion Partners. *Mod Pathol.* 2023 Nov;**36**(11):100305.

Hawke K, Joshi K, Lau H, Halder A, Duncan P, Wolski P. Anomalous systemic arterial supply to the basal segment of the lung presenting with haemoptysis in the third trimester of pregnancy. *Obstet Med.* 2024 Mar;**17**(1):53-57.

Herrera J, Bonar F, Tumuluri K. Positive Transillumination of an Orbital Dermoid Cyst. *Ophthalmology*. 2024 May 13:**S0161-6420**(24)00264-1.

Hickman PE, Salib MM, Simpson A, Potter JM. Use of chloride gradient for rapid identification of CSF leaks. *Pathology*. 2024 Jun; **56**(4):579-581.

Highlights of the Annual Scientific Meeting of the Australasian Musculoskeletal Imaging Group (AMSIG) 2023. Highlights of the Annual Scientific Meeting of the Australasian Musculoskeletal Imaging Group (AMSIG) 2023, Perth, Western Australia. *Skeletal Radiol.* 2023 Dec; **52**(12):2527-2537.

Hosler GA, Goldberg MS, Estrada SI, O'Neil B, Amin SM, Plaza JA. Diagnostic discordance among histopathological reviewers of melanocytic lesions. *J Cutan Pathol.* 2024 Aug;**51**(8):624-633.

lyengar L, Fong CY, Prakash S, Chong AH. Cutaneous involvement in chronic lymphocytic leukaemia. Br J Haematol. 2024 Jul; 205(1):11.

Jakob H, Leins T, Avci-Adali M, Schlensak C, Wendt D, Mehta Y, et al. Standardized in vitro bleeding tests in a non-coated novel hybrid prosthesis for frozen elephant trunk demonstrates minimal oozing during full heparinization, supported by clinical data. *Front Cardiovasc Med.* 2023 Dec 14;**10**:1303816.

Janowczyk A, Zlobec I, Walker C, Berezowska S, Huschauer V, Tinguely M, et al. Swiss digital pathology recommendations: results from a Delphi process conducted by the Swiss Digital Pathology Consortium of the Swiss Society of Pathology. *Virchows Arch.* 2024 Jul;**485**(1):13-30.

Κ

Kalavari F, Tanzifi P, Yousefi T, Lotfi M, Nazar E. Investigation of Parvovirus B19, Cytomegalovirus, Herpes Simplex Virus Types 1 and 2, Human Papillomavirus Types 16 and 18 in Papillary Thyroid Carcinoma. *Iran J Pathol.* 2023 Summer; **18**(3):370-375.

Kamel KS, Riddell A, Jradeh B, Jaslowska E, Gomez K. Diagnosis and management of factor XI alloinhibitors in patients with congenital factor XI deficiency-A large single-centre experience. *Haemophilia*. Epub 2024 Jul 22.

Keighley C, Gall M, Halliday CL, Chaw K, Newton P, Sintchenko V, et al. Breakthrough Candida albicans bloodstream infection associated with in vivo development of pan-azole resistance related to ERG3 gene deletion. *Pathology*. 2024 Jun; **56**(4):578-579.

Keighley C, Kim HY, Kidd S, Chen SC, Alastruey A, Dao A, et al. Candida tropicalis-A systematic review to inform the World Health Organization of a fungal priority pathogens list. *Med Mycol*. 2024 Jun 27;**62**(6):myae040.

Kharel P, Zadro JR, Chen Z, Himbury MA, Traeger AC, Linklater J, et al. Awareness and use of five imaging decision rules for musculoskeletal injuries: a systematic review. *Int J Emerg Med.* 2023 Nov 13;**16**(1):85.

Kharel P, Zadro JR, Wong G, Rojanabenjawong K, Traeger A, Linklater J, et al. Effectiveness of implementation strategies for increasing clinicians' use of five validated imaging decision rules for musculoskeletal injuries: a systematic review. BMC Emerg Med. 2024 May 17;24(1):84.

khwaja J, Vos JMI, Pluimers TE, Japzon N, Patel A, Salter S, et al. Clinical and clonal characteristics of monoclonal jimmunoglobulin M-associated type I cryoglobulinaemia. *Br J Haematol.* 2024 Jan;**204**(1):177-185.

King AD, Deirawan H, Klein PA, Dasgeb B, Dumur CI, Mehregan DR. Next-generation sequencing in dermatology. Front Med (Lausanne). 2023 Sep 29;10:1218404.

Knittel R, Leake R, Singh KH, Wood BA. Idiopathic Lichenoid and Granulomatous Vulvitis: A Distinct Clinicopathological Entity. *Am J Dermatopathol.* 2023 Sep 1;45(9):613-618.

Koch R, Haveman L, Ladenstein R, Brichard B, Jürgens H, Cyprova S, et al. Zoledronic Acid Add-on Therapy for Standard-Risk Ewing Sarcoma Patients in the Ewing 2008R1 Trial. *Clin Cancer Res.* 2023 Dec 15;**29**(24):5057-5068.

Kolin DL, Nucci MR, Turashvili G, Song SJ, Corbett-Burns S, Cesari M, et al. Targeted RNA Sequencing Highlights a Diverse Genomic and Morphologic Landscape in Low-grade Endometrial Stromal Sarcoma, Including Novel Fusion Genes. *Am J Surg Pathol.* 2024 Jan 1;**48**(1):36-45.

Korie U, Joldoshova A, Khandakar B, Zhang X, Liang Y. Histopathology and its clinical correlation of liver biopsy in patients with treated autoimmune hepatitis. *Ann Diagn Pathol.* 2024 May 25;**73**:152333.

Krigstein M, Menzies A, Fay K, Lukeis R, Cheung K, Parker A. FIP1L1::PDGFRA fusion driving three synchronous haematological malignancies. *Pathology*. 2023 Dec;**55**(7):1040-1044.

Krumb E, Mehta N, Hutchinson C, Jradeh B, Jaslowska E, Gomez K, et al. Postmortem diagnosis of severe factor X deficiency in a fetus with intracranial hemorrhage resulting in intrauterine death. *J Thromb Haemost*. 2023 Dec;**21**(12):3501-3507.

Kühl L, Graichen P, von Daacke N, Mende A, Wygrecka M, Potaczek DP, et al. Human Lung Organoids-A Novel Experimental and Precision Medicine Approach. *Cells.* 2023 Aug 15;**12**(16):2067.

L

Lahra MM, Latham NH, Templeton DJ, Read P, Carmody C, Ryder N, et al. Investigation and response to an outbreak of Neisseria meningitidis serogroup Y ST-1466 urogenital infections, Australia. *Commun Dis Intell* (2018). 2024 Apr 10;48.

Lane AM, Christie J, Arthurs OJ, Goergen SK. In-utero post-mortem MRI, opportunistic imaging with diagnostic yield. *Prenat Diagn.* 2024 Aug; **44**(9):1123-1125.

Lechpammer M, Todd A, Tang V, Morningstar T, Borowsky A, Shahlaie K, et al. Neuropathological Applications of Microscopy with Ultraviolet Surface Excitation (MUSE): A Concordance Study of Human Primary and Metastatic Brain Tumors. *Brain Sci.* 2024 Jan 22;14(1):108.

Lee NS, Lu TY, Allende A, Francis IC. Temporal arteritis presenting with facial swelling and a negative temporal artery biopsy. *BMJ Case Rep.* 2023 Sep 18; **16**(9):e255731.

Lee SA, Liu F, Yuwono C, Phan M, Chong S, Biazik J, et al. Emerging Aeromonas enteric infections: their association with inflammatory bowel disease and novel pathogenic mechanisms. *Microbiol Spectr.* 2023 Sep 21;**11**(5):e0108823.

Liebisch M, El Hamrawi N, Dufour M, Nöllner F, Krenn V, et al. [Localized tenosynovial giant cell tumor : Results from the Histopathological Arthritis Register of the German Society for Orthopedic Rheumatology]. *Z Rheumatol.* 2024 May;**83**(4):277-282. German.

Lin S, Tran C, Bandari E, Romagnoli T, Li Y, Chu M, et al. The 1000 Mitoses Project: A Consensus-Based International Collaborative Study on Mitotic Figures Classification. *Int J Surg Pathol.* Epub 2024 Apr 16:10668969241234321.

Liu L, Nagel R, Verma S, Pinidiyapathirage J. Colorectal polyps in young adults: a retrospective review of colonoscopy data from Toowoomba and the Darling Downs. *Intern Med J.* 2024 Sep;**54**(9):1471-1477.

Liu SS, Park L, Karim R, Serralta V, Ciocca G, Susa JS, et al. Primary localized cutaneous lichen myxedematosus with light chain-restricted plasma cells: A distinct variant of the localized form of lichen myxedematosus. *J Cutan Pathol.* 2024 Aug;**51**(8):589-593.

Liu Y, Smith MH, Patel PB, Bilodeau EA. Pediatric Odontogenic Tumors. Pediatr Dev Pathol. 2023 Nov-Dec; 26(6):583-595.

Lobo A, Mishra SK, Jha S, Tiwari A, Kapoor R, Sharma S, et al. Evaluation of programmed cell death ligand 1 expression in a contemporary cohort of penile squamous cell carcinoma and its correlation with clinicopathologic and survival parameters: A study of 134 patients. *Am J Clin Pathol.* 2024 Jan 4;**161**(1):49-59.

Loeffler A, Beever L, Chang YM, Klein B, Kostka V, Meyer C, et al. Intervention with impact: Reduced isolation of methicillin-resistant Staphylococcus pseudintermedius from dogs following the introduction of antimicrobial prescribing legislation in Germany. *Vet Rec.* 2024 Mar-13 30;**194**(7):e3714.

Loh CK, Chui JN, Zhuo KY, Canagasingham A, Guminski A, Delprado W, et al. An elusive prostate tumour: Metastatic nicrocystic cribriform carcinoma presenting with imaging-histologic discordance. *Urol Case Rep.* 2024 Feb 11;**53**:102676.

Löser CR, Becker SL, Hartmann D, Kofler L, Kunte C, Müller CSL, et al. Perioperative Antibiotikaprophylaxe in der Dermatochirurgie - Positionspapier der Arbeitsgruppe Antibiotic Stewardship der Deutschen Gesellschaft für Dermatochirurgie (DGDC), Teil 1: Eingriffs- und patientenbezogene Risikofaktoren. *J Dtsch Dermatol Ges.* 2023 Sep;**21**(9):949-957. German.

Lück C, Beutel G, Kühn-Velten WN, Kielstein JT. Single-Dose Pharmacokinetics and Total Removal of Cyclophosphamide in a Patient with Acute Kidney Injury Undergoing Intermittent Haemodialysis and Prolonged Intermittent Kidney Replacement Therapy: A Case Report. *Case Rep Nephrol Dial.* 2023 Jul 13;**13**(1):70-74.

M

Machado I, Agaimy A, Giner F, Navarro S, Michal M, Bridge J, et al. The value of GL11 and p16 immunohistochemistry in the premolecular screening for GL11-altered mesenchymal neoplasms. *Virchows Arch.* 2024 May;**484**(5):765-775.

Machado I, Llombart-Bosch A, Charville GW, Navarro S, Dominguez Franjo MP, Bridge JA, et al. Sarcomas with EWSR1::Non-ETS Fusion (EWSR1::NFATC2 and EWSR1::PATZ1). *Surg Pathol Clin*. 2024 Mar;**17**(1):31-55.

Mahdi D, O'Nions J, Raj K, Baker R, Jarratt R, Williams D, et al. Managing molecular relapse of acute myeloid leukaemia in early pregnancy: Is a watch and wait approach reasonable? *Br J Haematol*. 2023 Dec;**203**(5):e114-e116.

Marynissen S, Junius G, Van den Steen E, Patteet L, Duchateau L, Croubels S, et al. Serum symmetric dimethylarginine in older dogs: Reference interval and comparison of a gold standard method with the ELISA. *J Vet Intern Med.* 2024 Mar-Apr; **38**(2):960-970.

Mascarenhas J, Kremyanskaya M, Patriarca A, Palandri F, Devos T, Passamonti F, et al. MANIFEST: Pelabresib in Combination With Ruxolitinib for Janus Kinase Inhibitor Treatment-Naïve Myelofibrosis. *J Clin Oncol.* 2023 Nov 10;**41**(32):4993-5004.

Mascarenhas J, Migliaccio AR, Kosiorek H, Bhave R, Palmer J, Kuykendall A, et al. A Phase Ib Trial of AVID200, a TGF β 1/3 Trap, in Patients with Myelofibrosis. *Clin Cancer Res.* 2023 Sep 15;**29**(18):3622-3632.

McCaughey T, Mooney SS, Newman M, Constable L, Reddington C, McNamara HC, et al. International Delphi consensus on the histopathological diagnosis of adenomyosis. *J Clin Pathol.* 2024 Jun 19;**77**(7):502.

McKeague S, O'Rourke K, Adams R, Harvey Y, Keng TB, Kennedy G. Mixed chimerism post allogeneic stem cell transplant for Chediak-Higashi syndrome-Clues from morphology and blood banking. *Br J Haematol.* 2024 May;**204**(5):1571-1572.

McKeague SJ, O'Rourke K, Fanning S, Joy C, Throp D, Adams R, et al. Acute leukemia with cytogenetically cryptic FGFR1 rearrangement and lineage switch during therapy: A case report and literature review. *Am J Clin Pathol.* 2024 Feb 1;**161**(2):197-205.

McKenzie CA, Gupta R, Jackett L, Anderson L, Chen V, Dahlstrom JE, et al. Looking beyond workforce parity: addressing gender inequity in pathology. 2023 Oct; **55**(6):760-771.

Meumann EM, Robson JM. Testing for COVID-19: a 2023 update. Aust Prescr. 2023 Jun;46(1):13-17.

Mezzacappa FM, Smith FK, Zhang W, Gard A, Cabuk FK, Gonzalez-Gomez I, et al. Potential prognostic determinants for FET::CREB fusion-positive intracranial mesenchymal tumor. *Acta Neuropathol Commun.* 2024 Jan 30;**12**(1):17.

Mhawech-Fauceglia P, McCarthy D, Tonooka A, Scambia G, Garcia Y, Dundr P, et al. The association of histopathologic features after neoadjuvant chemo-immunotherapy with clinical outcome: Sub-analyses from the randomized double-blinded, placebo-controlled, Phase III IMagyn050/GOG3015/ENGOT-ov39 study. *Gynecol Oncol.* 2024 Jul; **186**:17-25.

Ν

Nag S, Larsen G, Szarvas J, Birkedahl LEK, Gulyás GM, Ciok WJ, et al. Whole genomes from bacteria collected at diagnostic units around the world 2020. *Sci Data*. 2023 Sep 16; **10**(1):628.

Narasimha S, Zackria R, Hughes J, Jayaraman V. A Common Symptom With an Uncommon Diagnosis: A Case of Primary Esophageal Diffuse Large B-cell Lymphoma. *Cureus*. 2024 Jan 8; **16**(1):e51885.

Neave L, Thomas M, de Groot R, Doyle AJ, Singh D, Adams G, et al. Alterations in the von Willebrand factor/ADAMTS-13 axis in preeclampsia. *J Thromb Haemost*. 2024 Feb;**22**(2):455-465.

Ng AP, Adams R, Tiong IS, Seymour L, Talaulikar D, Palfreyman E, et al. Reporting bone marrow biopsies for myelodysplastic neoplasms and acute myeloid leukaemia incorporating WHO 5th edition and ICC 2022 classification systems: ALLG/RCPA joint committee consensus recommendations. *Pathology*. 2024 Jun;**56**(4):459-467.

Nöllner FZ, Dufour M, El Hamrawi N, Liebisch M, Niemeier A, Krenn V., et al. [Gout (ICD 10: M10): a retrospective analysis of the data from the histopathological arthritis register of the DGORh]. *Z Rheumatol.* 2023 Nov; **82**(9):770-775. German.

Nova-Camacho LM, Acosta AM, Akgul M, Panizo A, Galea LA, Val-Carreres A, et al. Biphasic papillary (biphasic squamoid alveolar) renal cell carcinoma: a clinicopathologic and molecular study of 17 renal cell carcinomas including 10 papillary adenomas. *Virchows Arch.* 2024 Mar;**484**(3):441-449.

0

Oar B, Brown A, Newman G, Boles A, Rumley CN, Doyle R, et al. Improvement in male pelvis magnetic resonance image contouring following radiologist-delivered training. *J Med Radiat Sci*. 2024 Mar;**71**(1):114-122.

Odutola MK, van Leeuwen MT, Bruinsma F, Turner J, Hertzberg M, Seymour JF, et al. A Population-Based Family Case-Control Study of Sun Exposure and Follicular Lymphoma Risk. *Cancer Epidemiol Biomarkers Prev.* 2024 Jan 9;**33**(1):106-16.

Odutola MK, van Leeuwen MT, Bruinsma FJ, Benke G, et al. Occupational exposure to extremely low-frequency magnetic fields and follicular lymphoma risk: a family case-control study. *Occup Environ Med.* 2023 Oct;**80**(10):599-602.

O'Grady K, Hong S, Putsathit P, George N, Hemphill C, Huntington PG, et al. Defining the phylogenetics and resistome of the major Clostridioides difficile ribotypes circulating in Australia. *Microb Genom*. 2024 May; **10**(5):001232.

Oo WM, Linklater J, Siddiq MAB, Fu K, Hunter DJ. Comparison of ultrasound guidance with landmark guidance for symptomatic benefits in knee, hip and hand osteoarthritis: Systematic review and meta-analysis of randomised controlled trials. *Australas J Ultrasound Med.* 2024 Apr 19;27(2):97-105.

Orschulok T, Whitfield J, Badrick T, Sivabalan P, Sowden D, Lehane F. Cutaneous protothecosis: contrasting case presentations. *Pathology*. 2023 Dec; **55**(7):1032-1035.

Paddock M, Johnson PC, Staley A, Halliday K, Offiah AC. The impact of sedation on the quality of initial skeletal surveys performed for suspected physical abuse in children: a comparative two-centre audit. *Clin Radiol.* 2024 Aug;**79**(8):e1057-e1063.

Pagano L, Sharman JE, Nash R, Sutton L, Donovan S, Owens D, et al. Implementing absolute cardiovascular disease risk assessment into pathology collection services. *J Eval Clin Pract.* 2024 Oct;**30**(7):1239-1250.

Palekyte A, Morkowska A, Billington O, Morris-Jones S, Millard J, Marakalala MJ, et al. Acetic Acid Enables Molecular Enumeration of Mycobacterium tuberculosis from Sputum and Eliminates the Need for a Biosafety Level 3 Laboratory. *Clin Chem.* 2024 Apr 3;**70**(4):642-652.

Peralta I, Dacey EB, King R. Merkel Cell Carcinoma In Situ Arising in Association With an Infundibular Cyst With Unusual Reticulated Infundibulocystic Proliferation. *Am J Dermatopathol.* 2023 Aug 1;**45**(8):e58-e60.

Pietris J, James C, Patel S, Selva D. Plexiform Schwannoma of the Eyelid. Ophthalmic Plast Reconstr Surg. 2024 Mar-Apr 01;40(2):e52-e56.

Potaczek DP, Bazan-Socha S, Wypasek E, Wygrecka M, Garn H. Recent Developments in the Role of Histone Acetylation In Asthma. Int Arch Allergy Immunol. 2024;**185**(7):641-651.

Potaczek DP. Editorial of Special Issue "Molecular Mechanisms of Allergy and Asthma 2.0". Int J Mol Sci. 2023 Jul 11;24(14):11310.

Prasannan N, Dragunaite B, Subhan M, Thomas M, de Groot R, Singh D, et al. Peak ADAMTS13 activity to assess ADAMTS13 conformation and risk of relapse in immune-mediated thrombotic thrombocytopenic purpura. *Blood.* 2024 Jun 20;**143**(25):2644-2653.

Prétet JL, Arroyo Mühr LS, Cuschieri K, Fellner MD, Correa RM, Picconi MA, et al. Human papillomavirus negative high grade cervical lesions and cancers: Suggested guidance for HPV testing quality assurance. *J Clin Virol.* 2024 Apr. **171**:105657.

Proto A, Trottmann F, Schneider S, Amylidi-Mohr S, Badiqué F, Risch L, et al. First Trimester Contingent Screening for Aneuploidies with Cell-Free Fetal DNA in Singleton Pregnancies - a Swiss Single Centre Experience. *Geburtshilfe Frauenheilkd*. 2024 Jan 3;**84**(1):68-76.

Q

QUASR Collaborative; Gupta A, Hollman F, Delaney R, Jomaa MN, Ingoe H, Pareyon R, et al. Medial Scapular Body (MSB) Goutallier Classification - MRI based reliability and validity of evaluation of the Goutallier classification for grading fatty infiltration of the rotator cuff. *J Shoulder Elbow Surg.* 2024 Jun 27:**S1058-2746** (24)00459-2.

R

Rana K, Wajih Ul Hassan S, Tong JY. Cutaneous squamous cell carcinoma radiographically mimicking infiltration into the lacrimal gland. *Orbit.* 2023 Nov 30:1-4.

Ravikumar V, Berkowitz J, Khan O, Garcia DP, Ratnasabapathy R. A Rare Case of Therapy-Related B-cell Acute Lymphoblastic Leukemia Arising From Acute Myeloid Leukemia. *Cureus*. 2023 Sep 21;**15**(9):e45745.

Reagin H, Nguyen DA, Lewin MR, Hosler GA, Weisberg E, Weis SE. Linear Cutaneous Lupus Erythematosus Following Blaschko's Lines on the Scalp: Additional Cases and Review of the Literature. *HCA Healthc J Med.* 2022 Apr 28;3(2):51-62.

Redzic N, Pereira AR, Menon S, Bogers J, Coppens A, Kehoe K, et al. Characterization of type-specific HPV prevalence in a population of persistent cutaneous warts in Flanders, Belgium. *Sci Rep.* 2023 Oct 15;**13**(1):17492.

Redzic N, Pereira AR, Vanden Broeck D, Bogers JP. Optimizing the pre-analytical phase for accurate HPV detection in skin disorders: insights from a cutaneous warts case study. *Ther Adv Infect Dis.* 2023 Aug 4;**10**:20499361231190224.

Reeve A, Linklater JM, Dimmick S. Lesser Metatarsophalangeal Joint Plantar Plate Degeneration and Tear and Acute First Metatarsophalangeal Joint Capsuloligamentous Injury: What the Surgeon Wants to Know. *Semin Ultrasound CT MR.* 2023 Aug;**44**(4):332-346.

Robertson J, Abbott J, Corbett-Burns S, Bukhari M, Perera S, Kalantan A, et al. Treatment of rectosigmoid endometriosis by laparoscopic reverse submucosal dissection (LRSD): The Sydney partial thickness discoid excision technique. *Aust N ZJ Obstet Gynaecol.* 2024 Apr,**64**(2):147-153.

Ruiz H, Westley-Wise V, Mayne DJ, Keighley C, Newton P, Miyakis S, et al. Experience with COVID-19: swab technique shows no association with willingness to retest. *Pathology*. 2024 Apr;**56**(3):441-444.

Russell PA, Farrall AL, Prabhakaran S, Asadi K, Barrett W, Cooper C, et al. Real-world prevalence of PD-L1 expression in non-small cell lung cancer: an Australia-wide multi-centre retrospective observational study. *Pathology*. 2023 Dec;**55**(7):922-928.

S

Sandoval MN, McClellan SP, Pont SJ, Ross JA, Swartz MD, Silberman MA, et al. Prozone masks elevated SARS-CoV-2 antibody level measurements. *PLoS One*. 2024 Mar 28;**19**(3):e0301232.

Schachtel MJC, Panizza BJ, Gandhi M. Evaluation of facial nerve perineural spread from cutaneous squamous cell carcinoma using 3T MR neurography. *J Med Imaging Radiat Oncol.* 2024 Feb;**68**(1):41-49.

Schachtel MJC, Gandhi M, Bowman JJ, Panizza BJ. Patterns of spread and anatomical prognostic factors of pre-auricular cutaneous squamous cell carcinoma extending to the temporal bone. *Head Neck*. 2023 Nov;**45**(11):2893-2906.

Schmetz A, Lüdecke HJ, Surowy H, Sivalingam S, Bruel AL, Caumes R, et al. Delineation of the adult phenotype of Coffin-Siris syndrome in 35 individuals. *Hum Genet.* 2024 Jan;**143**(1):71-84. Schmidt D, Baltisser I. [Report of the German Society for Pathology Working Group on Cytopathology]. *Pathologie* (*Heidelb*). 2023 Dec;**44**(Suppl 3):263-264. German.

Schwab A, Pap T, Krenn V, Rüther W, Lohmann C, Bertrand J. Loose bodies found in the human intra-articular space showed characteristics similar to endochondral bone formation. *Cartilage*. Epub 23 Dec 1:19476035231212608.

Scorrano G, D'Onofrio G, Accogli A, Severino M, Buchert R, Kotzaeridou U, et al. A PAK1 Mutational Hotspot Within the Regulatory CRIPaK Domain is Associated With Severe Neurodevelopmental Disorders in Children. *Pediatr Neurol.* 2023 Dec; **149**:84-92.

Seeto AH, Wilson MD, McMeniman M, Astori IP. Severe mucoid degeneration of the anterior cruciate ligament (ACL) treated with conservative arthroscopic debridement and platelet-rich plasma (PRP) injection. *BMJ Case Rep.* 2024 Feb 13;**17**(2):e257217.

Senff S, Orschulok TP, Lambie DL, Lehane F. A case of cutaneous malignant glomus tumor. *J Cutan Pathol.* 2024 Jar; **51**(1):50-52.

Shelby ES, Morris M, Pådure L, Mirea A, Cocoș R, Cărămizaru A, et al. Expanding the Clinical Phenotype of 19q Interstitial Deletions: A New Case with 19q13.32-q13.33 Deletion and Short Review of the Literature. *Genes (Basel)*. 2022 Jan 24;**13**(2):212.

Shell D, Malone J, Kho J, Yap CH. Multifocal primary intrapulmonary thymoma successfully resected via robotic-assisted thoracoscopic surgery. *BMJ Case Rep.* 2023 Nov 24;**16**(11):e257789.

Shih P, Ding P, Carter SM, Stanaway F, Horvath AR, Langguth D, et al. Direct-to-consumer tests advertised online in Australia and their implications for medical overuse: systematic online review and a typology of clinical utility. *BMJ Open*. 2023 Dec 27;**13**(12):e074205.

Siddiq MAB, Liu X, Fedorova T, Bracken K, Virk S, Venkatesha V, et al. Efficacy and safety of pentosan polysulfate sodium in people with symptomatic knee osteoarthritis and dyslipidaemia: protocol of the MaRVeL trial. *BMJ Open*. 2024 May 22;**14**(5):e083046.

Smit CCH, Lambert M, Rogers K, Djordjevic SP, Van Oijen AM, Keighley C, et al. One Health Determinants of Escherichia coli Antimicrobial Resistance in Humans in the Community: An Umbrella Review. Int J Mol Sci. 2023 Dec 6;24(24):17204.

Srebotnik Kirbis I, Kholova I, Huhtala H, Bongiovanni M, Strojan Flezar M, Hodgson C, et al. Cell block practices in European cytopathology laboratories. *Cancer Cytopathol.* 2024 Apr;**132**(4):250-259.

Sriselvakumar S, Meehan L. Testicular seminoma presenting as a large conglomerate mass in abdomen. *Radiol Case Rep.* 2024 Apr 13; **19**(7):2639-2643.

Stier EA, Clarke MA, Deshmukh AA, Wentzensen N, Liu Y, Poynten IM, et al. International Anal Neoplasia Society's consensus guidelines for anal cancer screening. *Int J Cancer*. 2024 May 15;**154**(10):1694-1702.

Stott D, Dos Santos F, Rodgers A, Holgado E, Pandya PP. Antenatal findings and early postnatal outcomes in pregnancies —with trisomy 21: a 10 year retrospective review at a tertiary centre. *Prenat Diagn*. 2022 Sep;**42**(10):1273-1280.

Suleman S, Villegas M, Davis T, Stevens CS, Castaneda P. Chronic Granulomatous Reaction to Semi-permanent Eyebrow Tint. *Cureus*. 2023 Aug 24;**15**(8):e44070.

Sullivan K, Law RM, Lain E, Jiang LI, Acevedo SF, Choudhary H, et al. Evaluation of a retinol containing topical treatment to improve signs of neck aging. *Cosmet Dermatol.* 2023 Oct;**22**(10):2755-2764.

Sun C, Lim A, De'Ambrosis B, Yong-Gee S, Pool L, Muir J. Recurrence Rate of Small Melanoma In Situ on Low-Risk Sites Excised With 5-mm Excisional Margin. *JAMA Dermatol.* 2024 Jun 26: 2024 Aug 1;**160**(8):874-877.

Sun J, Malhotra R, Ananthakrishnan L, Gopal P. Herpes Proctitis in Men Mimicking Rectal Adenocarcinoma: Two Cases of an Easily Overlooked Diagnosis in the Proximal Rectum. *Case Rep Pathol.* 2023 Jul 27;2023:6947960.

Surucu A, de Biase D, Ricci C, di Sciascio L, Collins K, Idrees MT, et al. Beta-Catenin Alterations in Postchemotherapy Yolk Sac Tumor, Postpubertal-Type With Enteroblastic Features. *Mod Pathol.* 2024 May 17;**37**(7):100513.

Szczygiel-Pilut E, Pilut D, Korostynski M, Kopiński P, Potaczek DP, Wypasek E. The First Potentially Causal Genetic Variant Documented in a Polish Woman with Multiple Cavernous Malformations of the Brain. *Genes (Basel)*. 2023 Jul 27;**14**(8):1535.

Т

Tank A, Tietz T, Loskant J, Zube K, Ritz-Timme S, Hartung B. Parking behaviour under the influence of alcohol. *Int J Legal Med.* 2023 Nov; **137**(6):1735-1741.

Tayabali S, Baker R, Nacheva E, O'Nions J, Gupta R, Wilson AJ, et al. The use of leukaemia Q-fusion gene screening assay (Q30) in the diagnostic evaluation of acute myeloid leukaemia (AML). *J Hematop.* 2024 Mar; **17**(1):37-39.

Teh WT, Chung J, Holdsworth-Carson SJ, Donoghue JF, Healey M, Rees HC, et al. A molecular staging model for accurately dating the endometrial biopsy. *Nat Commun.* 2023 Oct 6;**14**(1):6222.

Teoh PJ, McGuire E, Borman AM, Gorton R, Wilson AJ, Merrion C, et al. Invasive Trichoderma longibrachiatum infection in a neutropaenic patient. *Med Mycol Case Rep.* 2024 Jun 14;45:100656.

Thieme D, Krumbholz A, Bidlingmaier M, Geffert C, Hameder A, Stöver A, et al. Influence of ethanol consumption and food intake on serum concentrations of endogenous steroids. *Steroids*. 2024 Jan; 201:109331.

Thomas P, Arenberger P, Bader R, Bircher AJ, Bruze M, de Graaf N, et al. A literature review and expert consensus statement on diagnostics in suspected metal implant allergy. *J Eur Acad Dermatol Venereol.* 2024 Aug;**38**(8):1471-1477.

Titze U, Titze B, Hansen T, Barth PJ, Ali FA, Schneider F, et al. Ex Vivo Fluorescence Confocal Microscopy of MRI-Guided targeted prostate biosies for rapid detection of clinically significant carcinomas - a feasibility study. *Cancers (Basel)*, 2024 Mar; **16**(5):873.

Troupis CJ, Berman JS, Hammerschlag G, Upton AJ, Rhodes AN. Incidental central pulmonary emboli in outpatients with deep vein thrombosis. *Intern Med J.* 2024 Apr;**54**(4):626-631.

Turchini J, Fuchs TL, Chou A, Sioson L, Clarkson A, et al. A Critical Assessment of Diagnostic Criteria for the Tall Cell Subtype of Papillary Thyroid Carcinoma-How Much? How Tall? And When Is It Relevant? *Endocr Pathol.* 2023 Dec;**34**(4):461-470.

U

Uddin MS, Alradhi AY, Alqathani FMN, Alessa OS, Alshammari ANM, Tripathy R, et al. A Rare Case of Neonatal Hypomagnesemia with Secondary Hypocalcemia Caused by a Novel Homozygous TRPM6 Gene Variant. *Am J Case Rep.* 2024 Mar 26;**25**:e942498.

V

Vargas AC, Barton N, Jones V, Joy C, Harraway J, Cheah A, et al. The potential utility of single nucleotide polymorphism microarray (SNP array) in low-grade dedifferentiated liposarcomas. *Pathology*. 2023 Oct;**55**(6):879-883.

Vargas AC, Joy C, Maclean FM, Bonar F, Wong DD, Gill AJ, et al. Kinase expression in angiomatoid fibrous histiocytoma: panTRK is commonly expressed in the absence of NTRK rearrangement. *J Clin Pathol*. 2024 Mar 20;**77**(4):251-254.

Vasanthan R, Killen LV, Rosendahl C. The eye of the tiger: Case report of a featureless invasive melanoma disguised within a tattoo with implications for clinical practice (R1). *Australas J Dermatol*. 2023 Nov;**64**(4):e392-e394.

Vears DF, McLean A, La Spina C, McInerney-Leo A. Education, Ethics and Social Issues Committee of the Human Genetics Society of Australasia. Human Genetics Society of Australasia Position Statement: Predictive and Presymptomatic Genetic Testing in Adults and Children. *Twin Res Hum Genet*. 2024 Apr;**27**(2):120-127.

Verheyden MJ, Howard V, Gupta M. Phrynoderma: an under-recognised condition reflecting nutritional deficiency. *Med J* Aust. 2024 Jul 15;**221**(2):86-87.

Viehweger F, Hoop J, Tinger LM, Bernreuther C, Büscheck F, Clauditz TS, et al. Frequency of Androgen Receptor Positivity in Tumors: A Study Evaluating More Than 18,000 Tumors. *Biomedicines*. 2024 Apr 25;**12**(5):957.

Voon K, Simpson A, Fegan PG, Walsh JP. Three Cases of Non-islet Cell Tumor Hypoglycemia Highlighting Efficacy of Glucocorticoid Treatment. *JCEM Case Rep.* 2023 Jul 13;1(4):luad045.

W

Wahl A, Fischer MA, Klaper K, Müller A, Borgmann S, Friesen J, et al. Presence of hypervirulence-associated determinants in Klebsiella pneumoniae from hospitalised patients in Germany. *Int J Med Microbiol.* 2024 Mar;**314**:151601.

Walter M, Krenn V, Pfahl K. Diagnosing and managing infection in total ankle replacement. *Foot Ankle Clin.* 2024 Mar; **29**(1):145-156.

Wang Y, Douville C, Chien YW, Wang BG, Chen CL, Pinto A, et al. Aneuploidy Landscape in Precursors of Ovarian Cancer.

Watter H, Milkins R, Chambers C, O'Brien B. Melanoma with rhabdomyosarcomatous features: a potential diagnostic pitfall. *BMJ Case Rep.* 2023 Oct 24; **16**(10):e256427.

Watts I, Houston H, Gorton R, Stone N. A review of local practice for Histoplasma testing in a UK referral centre for imported infection. *Clin Infect Dis.* Epub 2024 May 12:ciae258.

Webster S, Vargas AC, Maclean F, Vu J, Tong E, Coker D, et al. What is the association of preoperative biopsy with recurrence and survival in retroperitoneal sarcoma? A systematic review by the Australia and New Zealand Sarcoma Association clinical practice guidelines working party. *Crit Rev Oncol Hematol.* 2024 May; **197**:104354.

Wegner F, Cabrera-Gil B, Tanguy A, Beckmann C, Beerenwinkel N, Bertelli C, et al. How much should we sequence? An analysis of the Swiss SARS-CoV-2 surveillance effort. *Microbiol Spectr.* 2024 May 2; **12**(5):e0362823.

Wernly D, Beniere C, Besse V, Seidler S, Lachat R, Letovanec I, et al. SENOSI Confocal Microscopy: A New and Innovating Way to Detect Positive Margins in Non-Palpable Breast Cancer? *Life (Basel)*. 2024 Jan 31;**14**(2):204.

Wolff AW, Peine J, Höfler J, Zurek G, Hemker C, Lingor P. SAFE-ROCK: A Phase I Trial of an Oral Application of the ROCK Inhibitor Fasudil to Assess Bioavailability, Safety, and Tolerability in Healthy Participants. CNS Drugs. 2024 Apr, **38**(4):291-302. Wood BA, Harvey NT, Mesbah Ardakani N, Paton D. Bowen disease is not synonymous with intraepidermal squamous cell carcinoma. *Pathology*. 2024 Apr; **56**(3):322-324.

Wood BA. Cutaneous Sarcoma-Like Tumor: A Proposal for Terminological Rationalization. *Am J Dermatopathol.* 2023 Sep 1;**45**(9):665-666.

Х

Xie BY, Drew Z, Singh D, Quagliotto G. Case of submandibular schwannoma and review of literature. *Radiol Case Rep.* 2024 May 14; **19**(8):3180-3184.

Xu K, Childerhouse A, Gupta R. Mast cell leukaemia progressed from myelodysplastic syndrome after acquiring KIT mutation. *Int J Lab Hematol.* 2024 Apr; **46**(2):212-213.

Xu K, Gupta S, Kaffo E, Baker R, Nacheva E, O'Nions J, et al. The use of targeted ribonucleic acid (RNA)-sequencing assay in the diagnostic evaluation of acute myeloid leukaemia (AML). *J Hematop.* 2024 Sep; **17**(3):167-169.

Xu K, Kyriakou C. Extramedullary myeloma progressed to plasmablastic myeloma. *Clin Hematol Int.* 2024 Jan 12;**6**(1):13-15.

Xu K, Nacheva E. Acute myeloid leukaemia (AML) with KMT2A rearrangement presented with haemophagocytic lymphohistiocytosis (HLH). *Int J Lab Hematol*. 2024 Apr;**46**(2):214-215.

Xu K, Nacheva E. Secondary plasma cell leukaemia (PCL) with plasmablastic morphology. *J Hematop.* 2024 Jun; **17**(2):117-119.

Xu K, Nacheva E. Chronic myeloid leukaemia (CML) presenting in B-lymphoblastic crisis: a diagnostic challenge. J Hematop. 2023 Dec; 16(4):243-245.

Υ

Yeo N, Genenger B, Aghmesheh M, Thind A, Napaki S, Perry J, et al. Sex as a Predictor of Response to Immunotherapy in Advanced Cutaneous Squamous Cell Carcinoma, *Cancers (Basel)*. 2023 Oct 17;**15**(20):5026.

Yin N, Michel C, Makki N, Deplano A, Milis A, Prevost B, et al. Emergence and spread of a mupirocin-resistant variant of the European epidemic fusidic acid-resistant impetigo clone of Staphylococcus aureus, Belgium, 2013 to 2023. *Euro Surveill*. 2024 May; **29**(19):2300668.

Young AM, Tanaka MM, Yuwono C, Wehrhahn MC, Zhang L. Clinical Setting Comparative Analysis of Uropathogens and Antibiotic Resistance: A Retrospective Study Spanning the Coronavirus Disease 2019 Pandemic. *Open Forum Infect Dis.* 2023 Dec 22;**11**(2):ofad676.

Yousefian F, Hurley M, Ali L, Goodman M, Rupley K. Dupilumab-induced pityriasis rosea in a 28-year-old male with atopic dermatitis. *JAAD Case Rep.* 2024 Jan 19;**45**:77-78.



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