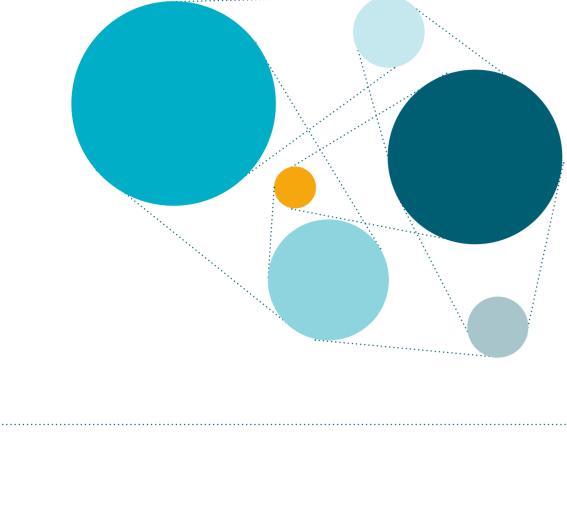
The body is built to communicate what's going on inside. Our mission is to listen.

MeMed listens to the language of the body to solve big problems of 21st century medicine.



MeMed's host immune response technology translates and decodes the complex signals of our immune system into actionable insights. These can be used to transform the way infectious diseases are diagnosed and treated by helping physicians to make better informed decisions for their patients.

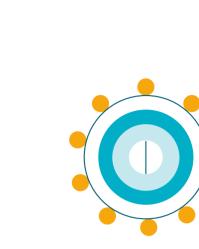
response technology can overcome limitations of current diagnostic challenges

MeMed's host immune



No need to access





the site of infection

evolving pathogens

colonizers

Robust to

we help address: bacterial or viral? Since bacterial and viral infections are clinically indistinguishable, physicians are

The first clinical dilemma

often challenged to decide whether to treat or not with antibiotics. By providing host response information, we help physicians make more informed decisions about how and when to treat.

As a result, antibiotics are the most misused drugs:



20%

Antimicrobial Resistance (AMR) is one of the biggest health challenges of our time

Antibiotic overuse¹⁻⁴

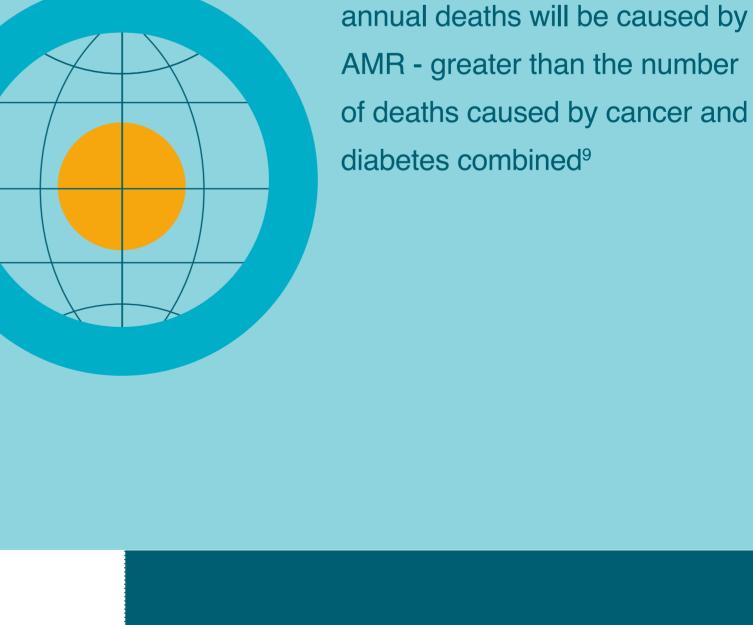
cumulative GDP loss due to AMR⁹

By 2050:

50%

(or co-infection)

\$100 Trillion



of deaths caused by cancer and diabetes combined9

10 Million

Antibiotic underuse⁵⁻⁸

Making the bacterial vs. viral decision is a complex challenge and there is no single biomarker that is sufficiently accurate enough to support this decision. Using a large-scale discovery process,

Our Solution:

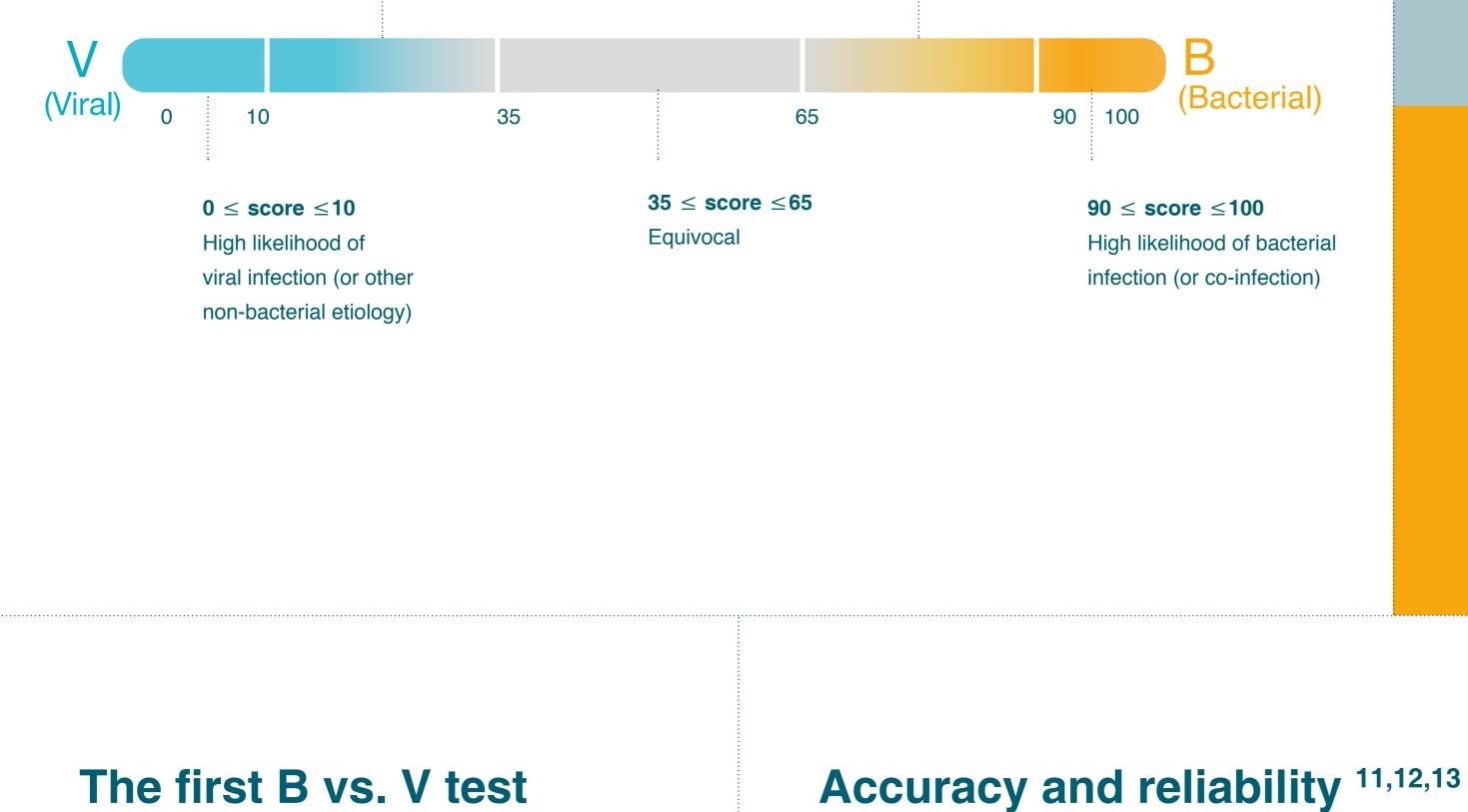
MeMed has identified three host immune proteins that together provide the optimal basis for helping to resolve the bacterial vs. viral dilemma with an accurate resolution.

Three Biomarkers + Machine Learning = MeMed BV™

These proteins are: TRAIL (TNF-related apoptosis-inducing ligand), IP-10 (Interferon gammainduced protein 10), and CRP (C-reactive protein). Each of the proteins presents different dynamics in response to a bacterial or viral infection. From a small serum sample, MeMed BV computationally integrates the levels of the three proteins into a simple score indicating the

likelihood of a bacterial immune response versus a likely viral or mixed infection immune response. 10 < score <35 65 < score < 90 Moderate likelihood of Moderate likelihood of bacterial infection viral infection (or other

non-bacterial etiology)

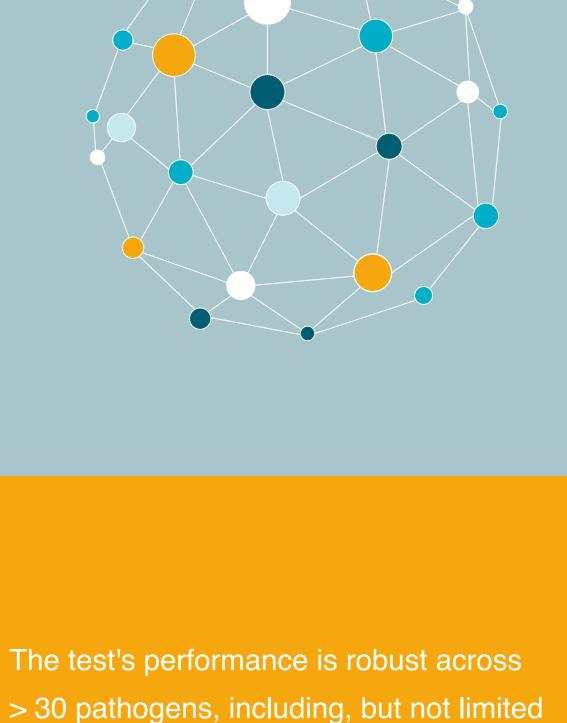


The MeMed BV test has the potential not

only to reduce antibiotic overuse, but also

to reduce occurrence of complications

associated with antibiotics.



96%

NPV

to, influenza, RSV, strep, adenovirus, and

human coronaviruses.¹⁰

Prospective External Encompassing > 18,000 enrolled patients^{11, 12, 13}

The first B vs. V test

highest standard with

studies that are:

Double-blind

Multinational

clinically validated to the

across:

Sexes

MeMed BV's test performance is robust

Adults & children 3 months and older

including EDs, hospital wards and

urgent care centers

Time from symptom onset

Mixed infections

Inpatient and outpatient clinical settings,

Sensitivity Specificity

91%

70

60

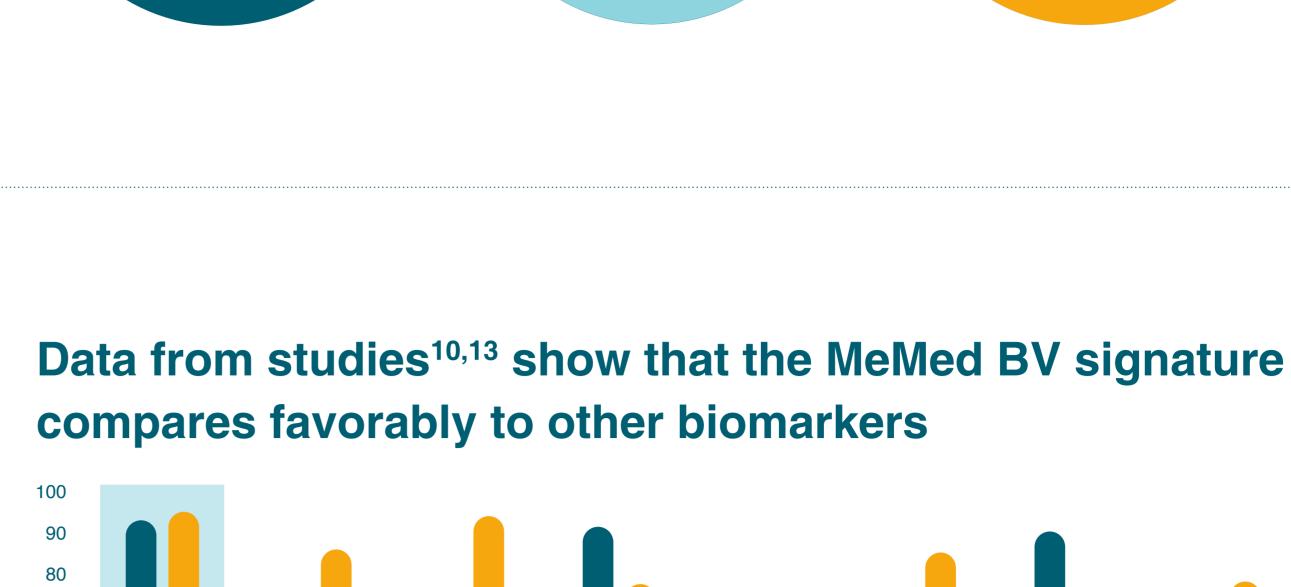
50

40

30

20

10



94%

MeMed BV PCT 0.5 IL-6 50 IL-6 25 **HNL 79** HNL 102.7 Signature ng/mL mg/L pg/mL pg/mL g/L ng/mL g/L Specificity Sensitivity



involving thousands of patients, published in peer-reviewed journals and recognized by prestigious health agencies.

MeMedKey

We research the

everyday care.

body's host response

results become part of

Our mission is to decode the complex

insights that transform the treatment of

infection and inflammation. Our results

have been validated in global studies

signaling of the human body and find clinical

signals everyday, so the

results at the point of need in <15 minutes. Easy to use

User Interface (GUI) and sample to result workflow. Maintenance-free

MeMed Key has an easy to use Graphical

handling or other maintenance duties. **Compact**

chemical reagents, consumables, waste

MeMed Key does not require loading of any

• Depth: 13.4 in. • Weight: 17 lb.

• Height: 9.84 in.

• Width: 9.84 in.





ID 36895164 Smith, John

Completed on Dec 16, 2016 15:00

Initial data from a prospective study shows that serial and rapid measurements of IP-10 can be a valuable resource for early detection of disease severity and progression, monitoring inflammatory status and personalizing treatment strategies for patients with severe COVID-19.

in flu, COVID-19, SARS, and MERS patients are currently under investigation.¹⁴ Also being investigated is the correlation between low levels of TRAIL and severe outcomes, as well as prolonged viral clearance. MeMed Key is the sole CE regulatory cleared platform that provides a bacterial likelihood score for in-vitro diagnostic use in clinical settings as well as the individual analyte levels (for CRP, IP-10 and TRAIL) that constitute the score.

investigational uses.

MeMed | www.me-med.com

MeMed BV and MeMed Key are not approved or commercially available for these

- References: 1. Davey, P. et al. Systematic review of antimicrobial drug prescribing in hospitals. Emerg Infect Dis (2006). 2. Linder, J. & Stafford, R. Antibiotic Treatment of Adults with Sore Throat by Community Primary Care Physicians, a National Survey 1989-1999. JAMA (2001) 3. Cadieux, G et al. Predictors of inappropriate antibiotic prescribing among primary care physicians. CMAJ (2007)
- 4. Pulcini, C. et al. Antibiotic misuse: a prospective clinical audit in a French university hospital. Eur J Clin Microbiol Infect Dis (2007). 5. Battleman D. S. et al. Rapid antibiotic delivery and appropriate antibiotic selection reduce length of hospital stay of patients with community acquired pneumonia: link between quality of care and resource utilization. Arch Intern Med (2002).
- 6. Houck, P. et al. Timing of antibiotic administration and outcomes for medicare patients hospitalized with community-acquired pneumonia. Arch Intern Med (2004). 7. Craig et al. The accuracy of clinical symptoms and signs for the diagnosis of serious bacterial infection in young febrile children: prospective cohort study of 15 781 febrile illnesses. BMJ (2010). 8. https://www.cdc.gov/drugresistance/index.html#:~:text=Antibiotic%20resistance%20is%20one%20of,more%20than%2035%2C000%20people%20die. 9. The Review on Antimicrobial Resistance chaired by Jim O'neill. Tackling drug-resistant infections globally (2016).
- 10. Srugo, I. et al. Validation of a novel assay to distinguish bacterial and viral infections. Pediatrics (2017). *Clinical studies enrolling 2,376 patients. 11. Oved, K. et al. A Novel host-proteome signature for distinguishing between acute bacterial and viral infections. PLoS One (2015) 12. van Houten, C. B. et al. A host-protein based assay to differentiate between bacterial and viral infections in preschool children (OPPORTUNITY): a double-blind, multicentre, validation study. Lancet Infect. Dis. (2016). 13. Ashkenazi-Hoffnung, L. et al. Eur. J. Clin. Microbiol. Infect. Dis. (2018) 14. https://www.medrxiv.org/content/10.1101/2020.07.21.20158782v1
- MeMed BV and MeMed Key are currently not available for sale in the US. ©2020. All rights reserved. BVB10001-US Rev. 2

