Monash IVF Group

2026 Results Briefing

Investor Presentation

August 2026

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This presentation includes a number of non-IFRS measures which include EBITDA, Underlying EBITDA, Underlying EBIT and Underlying NPAT. These non-IFRS measures are used by management to measure the performance of the business. These measures have not been subject to audit review.

Dr Victoria Atkinson

Chief Executive Officer
& Managing Director

FY26: A Year of Two Halves

1 FY26 exits with momentum after challenging first half

- Resilient revenue $269.5m (-0.9%)
- Underlying EBITDA [(1)(2)] of $53.4m (-19.5%)
- Underlying NPAT [(3)] of $16.1m (41.2%)
- Final dividend declared of 1.3cps (full year 2.5cps) payout ratio of 60%

2 A stabilising Australian market with an attractive growth outlook

- Australian Assisted Reproduction Services (ARS) market broadly flat in FY26
- 13 new specialists & 3 trainees welcomed to the group
- Attractive short-to-medium-term domestic growth outlook
- Strong Asian market growth with accelerating outlook

3 Productivity and operational reset underway

- Structural cost and productivity initiatives to improve margins and earnings quality
- Growth engines strengthened through expanded medical capacity, with International, Diagnostics and Day Surgery investment achieving growth into FY27 and beyond

4 Nurture 2030: A clear three-year strategy driving growth, value and returns approved 2HFY

- Nurture our patients — connected, personalised care
- Nurture clinical excellence — through talent, science and leadership
- Nurture sustainable shareholder value — growth, productivity and stronger returns

(1) Underlying EBITDA, EBIT and NPAT are non-IFRS measures
(2) Refer to page 34 for reconciliation of Reported EBITDA, EBIT and NPAT to Underlying EBITDA, EBIT and NPAT
(3) NPAT including minority interest

Agenda

1. FY26 Highlights and CEO Priorities Update
2. FY26 Results
3. Market Update & Outlook
4. Nurture 2030: A New 3Y Strategy
5. FY27 Priorities & Trading Outlook
6. Q&A

1.FY26 Highlights and CEO Priorities Update

5,753 Clinical Pregnancies

42.1% YTD Clinical Pregnancy Rates

For women under 43 years. (+1.8%) vs FY25. Women under 40 years 44.0% (+ 1.1%) vs FY25.

Outperforming ANZARD benchmark

#2 in Market Share

Across the Australian stimulated cycle market in FY26.

> 3,000 episodes of patient care per month

1,700 IVF patients, 660 DSU and 600 scans per month.

FY26

Group NPS 72.7

Representing the individualised care we strive to deliver to every patient, every day.

7,980 Day Surgery procedures

Majority surgical volumes to be performed in house FY27 with completion of infrastructure program.

Execution against 2HFY CEO priorities

01 Deliver Sustainable Organic Growth

02 Align Medical and Executive Leadership for Performance

03 Revisit and Renew Strategic Priorities

- **Victorian Strategy Blueprint launched**
  Foundational and transformational initiatives underway
- **Real-time performance dashboards deployed enterprise-wide**
  Data now driving accountability across operations, finance, quality, people and marketing
- **Unified Asian leadership model established**
  Integrating the region to unlock scale and growth
- **Executive leadership refreshed**
  New Executive Leadership Team and Senior Leadership Team established, with CFO and CIO recruitment progressing
- **New medical leadership model established**
  Industry-leading structure strengthening clinical governance and accountability
- **Nurture 2030 strategic plan launched**
  FY27–29 strategy now providing the roadmap for sustainable growth

2. FY26 Results

FY26 Overview

FY26 Revenue	FY26 Underlying EBITDA[2]	FY26 Underlying EBITDA[2] Margin %	1H26 Domestic Stimulated Cycle Market Share[3]	2H26 Domestic Stimulated Cycle Market Share[3]
$269.5m Down 0.9% vs FY25	$53.4m Down 19.5% vs FY25	19.8% Down 460 bps vs FY25	19%	20.2% up 120bps vs 1H26

FY26 Underlying NPAT[2]	FY26 Fully Franked Dividend	FY26 Stimulated cycles[1]	1H26 Domestic Stimulated Cycles	2H26 Domestic Stimulated Cycles
$16.1m Down 41.2% vs FY25	2.5 cps 60% payout ratio as per policy	11,423 Down 2.9% vs FY25	-11.7% vs pcp	-1.6% vs pcp

1. Egg collections in Australia and International
2. Non-IFRS measures
3. MBS items 13200/1

FY26 Operational Highlights

Momentum regained in 2H26

- Stimulated cycle volumes grew with strong FETs
- DSU strengthened labour management, productivity and procurement
- Strong NIPT in H2, indicator of future pipeline
- Strong market share growth

Productivity program underway

- Structural efficiency initiatives focusing on procurement, workforce efficiency and asset utilisation
- Supported by digital enablement, including progressing patient management system

Capital investment unlocks growth capacity

- Brisbane clinic completed, Victorian volumes consolidated to Cremorne
- Increased in-house surgical capacity improving scalability and revenue capture, and aligned with better patient outcomes

Growth platform strengthened for FY27

- Initiatives across medical workforce, pricing, market share and patient pathways to accelerate domestic growth
- Strong doctor recruitment, particularly in VIC and NSW
- International and diagnostics primed as diversified growth avenues

Business repositioned

- Leadership, governance and strategy realigned to accelerate business priorities and sustainable growth

Domestic IVF Overview

Positioned to accelerate

- 20,010 IVF patient treatments in FY26, with domestic IVF cycles easing 5% to 19,181—predominantly concentrated in 1H26
- Stimulated cycles were 7% softer at 10,057, while Frozen Embryo Transfers (FETS) remained resilient at 9,124 or -2.6%
- 19% fewer cancelled cycles vs FY25
- 2H26 cost initiatives and slightly lower treatment volumes resulted in a modest reduction of 1.7% in direct variable IVF costs, while fixed clinical costs constrained further margin protection
- Net increase of 10 fertility specialists & 3 trainees delivering a significant net increase in practice capacity, cycles and pipeline
- Clayton IVF surgery volume transferred to Cremorne significantly uplifting patient experience and revenue capture
- New Clayton clinic site secured with fit out commenced ensuring premium patient offering

Australian market share 19.5%[1]

FET market share 20.4%[1]

1. Rolling 12-month average

FY26 Domestic Operational Overview

Business Units

Ultrasound Scans

82,905

Down 0.94% vs FY25

WA Ultrasound acquisition ramping in-line with expectations

In-house training model now yielding new sonographer pipeline to address market shortages

Strong growth in referral network is increasing volumes

NIPT above PCP in H2

Genetics Volume Embryos Screened

21,079

Consistent with FY25

PGT-A, PGT-M and PGT-SR all increased >20%

Clinical geneticist addition in Victoria grew volumes PGT-M

Improved turnaround times enhanced service delivery for both clinicians and patients

Day Surgery Cases

7,980

Up 1% vs FY25

DSU cases rose 1%; case mix, consumable and utilisation optimisation underway

Clayton volumes transferred to Cremorne June 26 doubling utilisation

FY27 majority surgical volume & revenue will be retained in-house

Brisbane DSU opened July 26

FY26 International Overview

Strategic business model reset delivers record performance across Asia

FY26 International Stimulated Cycles	FY26 Patient Treatments	FY26 International Revenue	FY26 International EBITDA	FY26 EBITDA Margin
1,366	2,554	$21.2m	$4.2m	19.8%
Up 8.3% vs FY25	Up 7.1% vs FY25	Up 15% vs FY25	Up 9.6% vs FY25	Down 457 bps vs FY25

Our international business continued to build local and cross-border patient pathways, supported by strong regional demand for advanced reproductive services.

Kuala Lumpur hub:	Revenue +12%, EBITDA +7%—driven by IVF cycle growth, pricing and rising PGT-A demand.
Singapore:	Revenue +9% (following a January 2026 price change) and EBITDA +82%.
Johor Bahru:	Revenue +73%, EBITDA +245%, on higher IVF volumes and strong PGT-A revenue from both local demand and cross-border referrals (Singapore and beyond); well positioned to grow further when the Singapore–Johor rail link opens January 2027.
Bali:	A successful year, achieving stronger profitability and establishing a platform for future growth.

FY26 Financial Results

FY26 Profit & Loss Summary

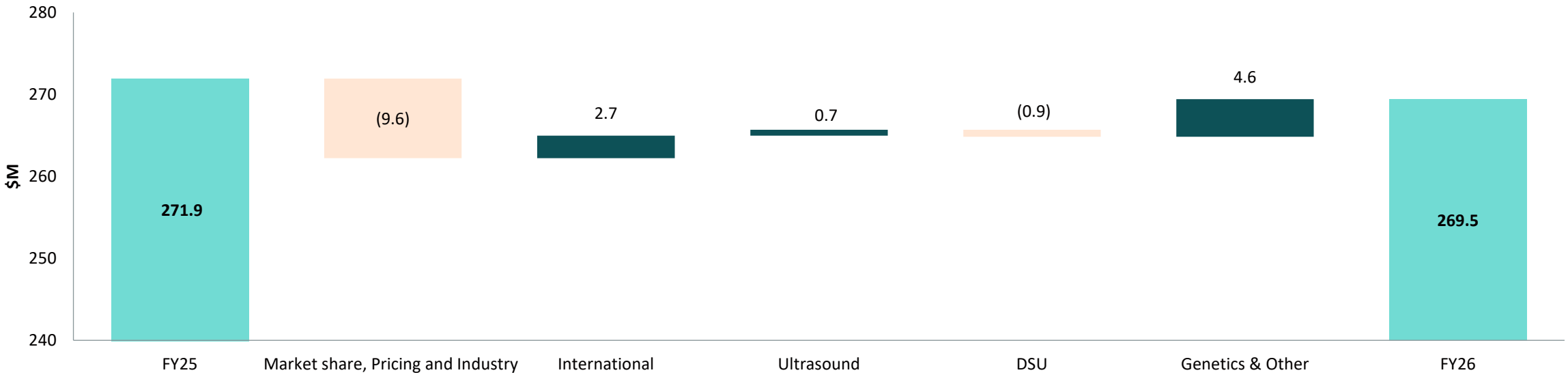
Revenues proved resilient and margin primed for improvement

Underlying ($m)	FY26	FY25	% change
Group revenue	**269.5**	**271.9**	**(0.9%)**
Underlying EBITDA[1][2]	53.4	66.3	(19.5%)
Underlying EBITDA margin	19.8%	24.4%	(4.6%)
Underlying EBIT[1][2]	**28.4**	**43.0**	**(34.0%)**
Underlying NPAT[1][2][3]	16.1	27.4	(41.2%)
Reported ($m)			
Reported EBITDA[1]	**43.5**	**65.4**	**(33.5%)**
EBITDA Margin (reported)	16.1%	24.1%	(7.9%)
Depreciation & amortisation	(23.3)	(22.0)	6.0%
Reported EBIT	**20.2**	**43.4**	**(53.6%)**
Net finance costs	(8.8)	(7.3)	20.5%
Reported Profit before tax	**11.4**	**36.1**	**(68.5%)**
Income tax expense	(3.1)	(10.4)	(70.6%)
Reported NPAT[3]	**8.3**	**25.7**	**(67.6%)**

- **FY26 Underlying NPAT [1][2][3] of $16.1m, below the June 2026 updated guidance** and includes the impact of the write-off of $1.4m (after tax) prepaid assets;
- **FY26 Underlying EBITDA[1][2] Margin of 19.8%, 460 bp decline on FY25** (H1 -3.5%, H2 -5.7%);
  - H1 market share losses, H2 stabilised in a flat Domestic ARS market
  - IVF price increases deferred (East Coast) despite cost increases
  - Efficiency program underway
- **Depreciation & amortisation** up $1.3m due to higher Right of Use lease asset
- **Net finance costs** up $1.5m, driven by higher Capex and working capital
- **Effective tax rate** is 26.9%; reflects higher International profits with lower tax rates

1. Non-IFRS measure
2. Refer to page 34 for reconciliation of Reported EBITDA, EBIT and NPAT to Underlying EBITDA, EBIT and NPAT
3. NPAT including minority interest

FY26 Revenue Analysis

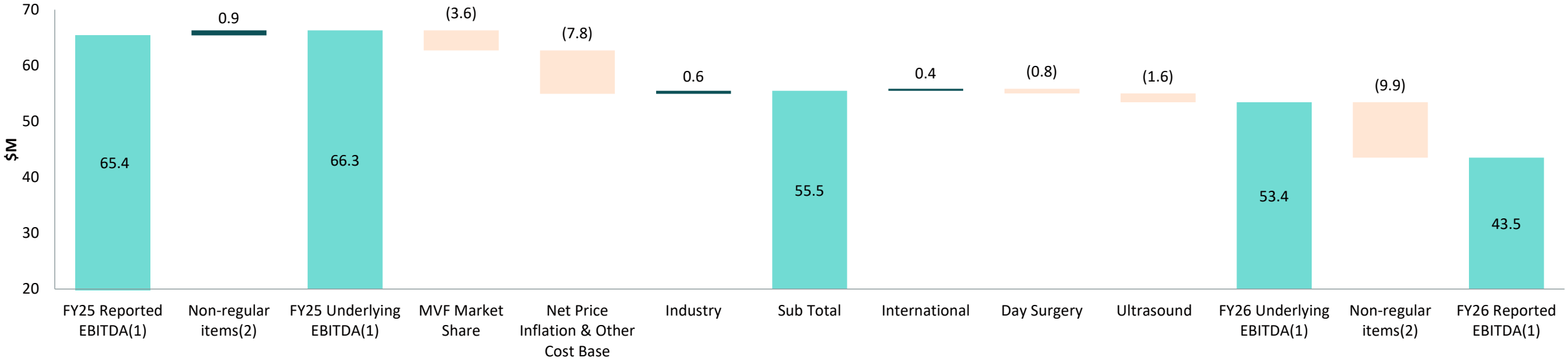


- **FY26 Domestic IVF revenue** decline of $9.6m driven by:
  - H1 Market Share [1] losses
  - Flat Australian ARS Sector volumes
  - Pricing held unchanged for East Coast, some increases elsewhere
- **International revenue** up $2.7m driven by +8% increase in Stimulated cycles, strong in-bound International visitors;
- $0.7m growth in **Ultrasound revenues** driven by new launch in WA and improved pricing and mix, overall volumes mildly softer;
- **Genetics and Ancillary income** up $4.6m, driven by higher PGT and storage fees.

1. MBS items 13200/1

FY26 EBITDA[1] Analysis

EBITDA [1] decline reflects concentrated, identifiable and largely non-structural margin pressure



- **FY26 Domestic IVF EBITDA[1]** decrease driven by:
  - Market share [3] position
  - Pricing hold on east coast in 1H26
  - Increased wage rates/supplier costs over 4%
- **Cost optimisation** initiatives underway focusing on optimising labour, procurement and capital expenditure
- **International:** +$0.4m EBITDA[1] with in-bound international patients driving higher volumes
- **Day Surgery:** -$0.8m EBITDA[1] primarily reflects case mix margin off slightly higher volumes
- **Ultrasound:** -$1.6m EBITDA[1] reflects 0.94% scan volume decline, ongoing sonographer shortages and startup WA service expansion

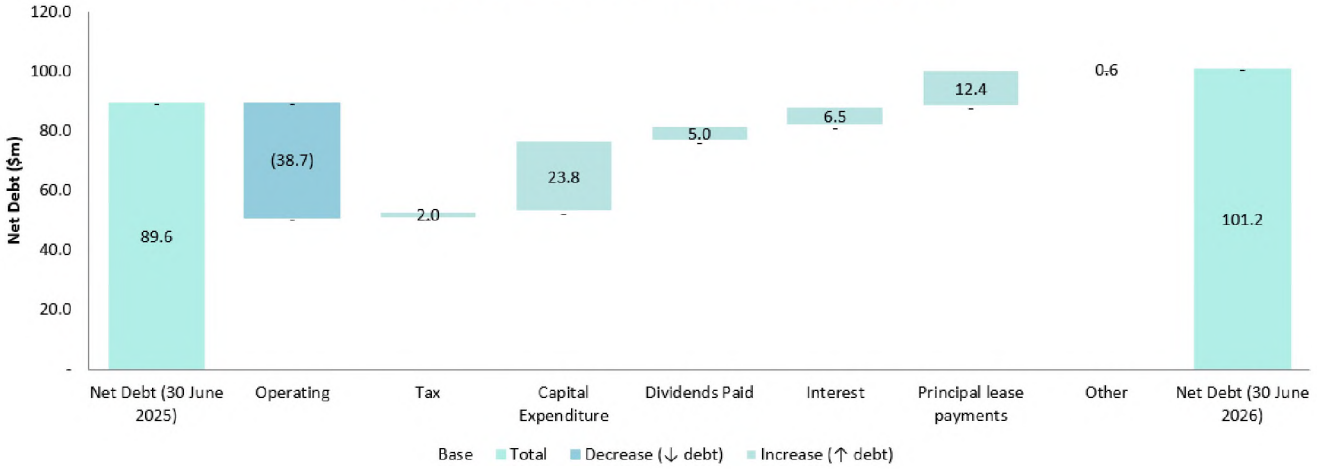
1. Underlying EBITDA and Reported EBITDA are a non-IFRS measures 2. Refer to page 34 for reconciliation of Non-regular items from Reported to Underlying 3. MBS items 13200/1

FY26 Capital Position

Cashflow	FY26	FY25	% change
Net operating cash flow	**36.7**	**12.9**	**185%**
Net operating cash flow conversion % [4]	85.0%	84.9%	
Free cash flow [1]	12.9	(4.5)	**(387%)**

Net Debt	FY26	FY25
Total Debt	**(110.0)**	**(99.0)**
Cash	8.8	9.4
Net Debt	(101.2)	(89.6)
Leverage[2]	1.9x	1.7x
Interest cover[2]	9.1x	11.3x
Return on equity[3]	6.4%	10.9%
Return on assets[3]	3.1%	5.6%

Net Debt Movement — FY26 ($m)



Net debt increase for Capital Expenditure

- $23.8m of Capital Expenditure for Brisbane, Equipment and IT systems
- One-off costs included in the operating cashflow

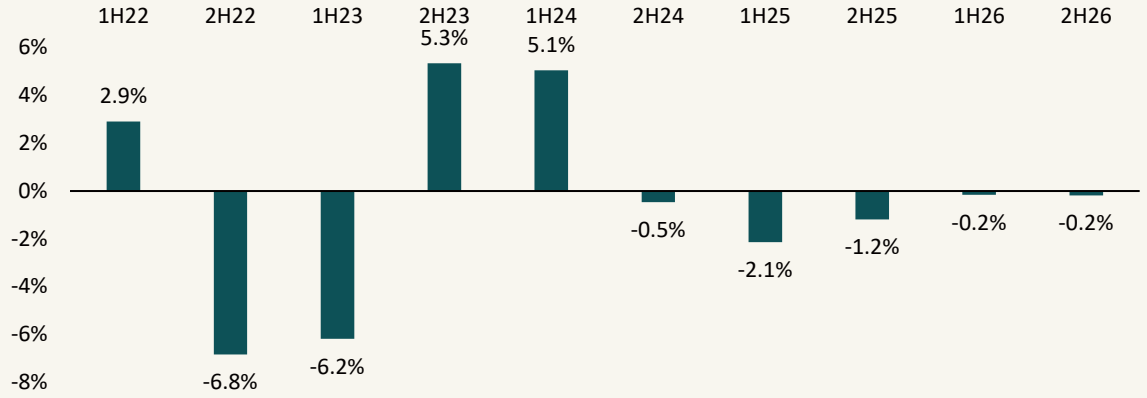
1. Free cash flow excludes financing, acquisition and investment cash flows
2. Leverage ratio above is based on Underlying EBITDA divided by Net Debt. Interest Cover excludes the impacts of AASB 16 Leases and other items prepared for covenant purposes as defined in our banking agreement. EBITDA is not an IFRS measure. Both metrics well within banking covenants.
3. Return on equity and Return on Assets is Underlying NPAT for the twelve-month period to 30 June 2026 and 30 June 2025 respectively divided by closing equity
4. FY26 Operating cashflow conversion excludes the impact of non-regular items ($10.4m) and FY25 excludes NiPGT settlement payments (also non-regular)

3. Market Update and Outlook

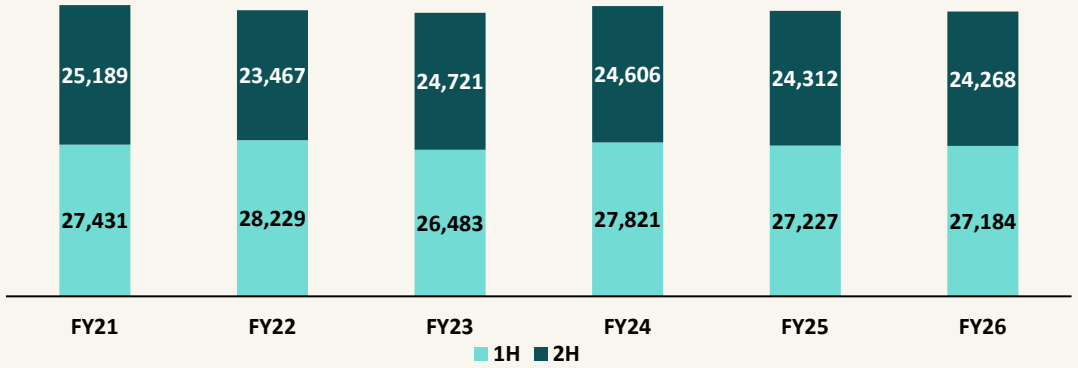
ARS Sector Volumes softened in FY26

Australian ARS industry stimulated cycles decreased by 0.2%

Australian Stimulated Cycles[1] bi-annual growth vs pcp



Number of Australian Stimulated Cycles[1] half on half

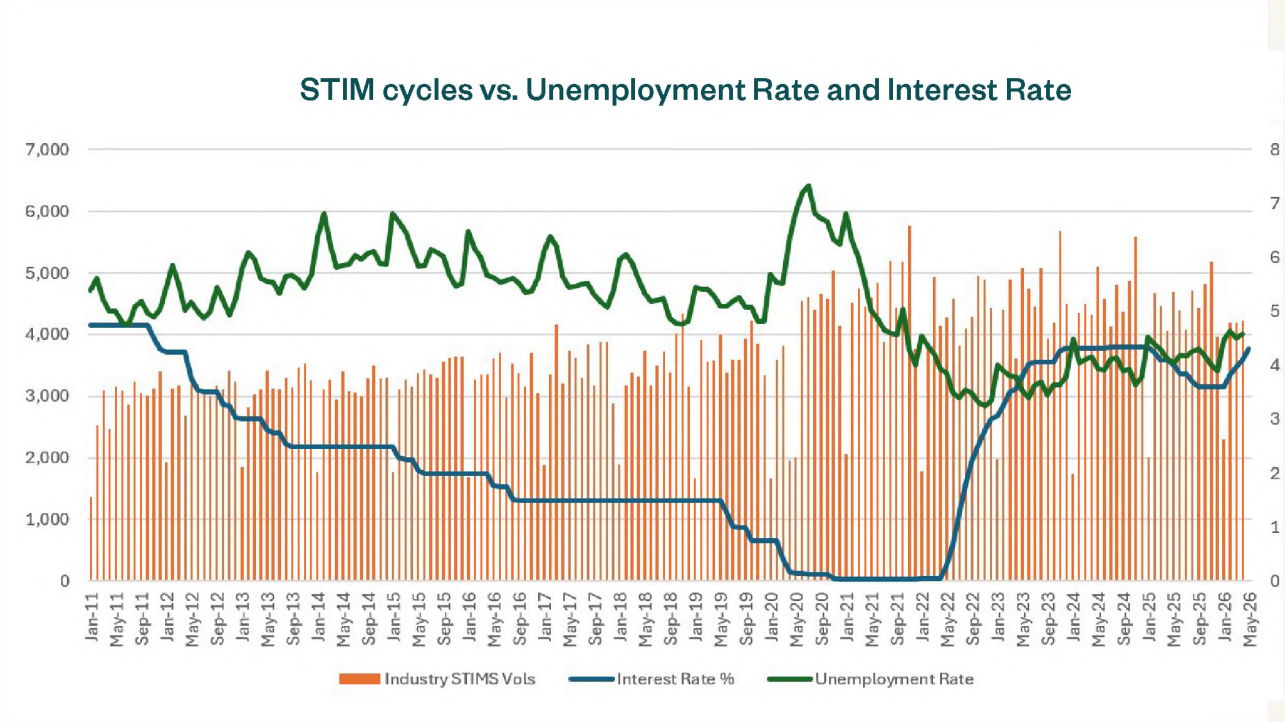


- **2H26 Australian industry STIMs** -0.2%, in line with 1H26 performance, compared to pcp
- **Market fluctuation** Q3 -4.4% vs Q4 +3.4% with June rebounding, however reflects economic uncertainty
- **Continued state variability in FY26** [2]
  - Strong growth in Western Australia, with modest growth in South Australia as well as in Queensland and Victoria — MVF's two largest state operations
  - New South Wales market decreased 5.4%, which was an outlier vs. the industry where all other markets saw growth
- **ARS Sector fundamentals** remain good, with volumes expected to return to growth in FY27

1. Stimulated cycles are MBS items 13200/1 2. Services Australia, Medicare item statistics (MBS items 13200/1), by state, 12 months to 30 June 2026

Structural IVF demand remains compelling

Fertility patients pause rather than defer treatment

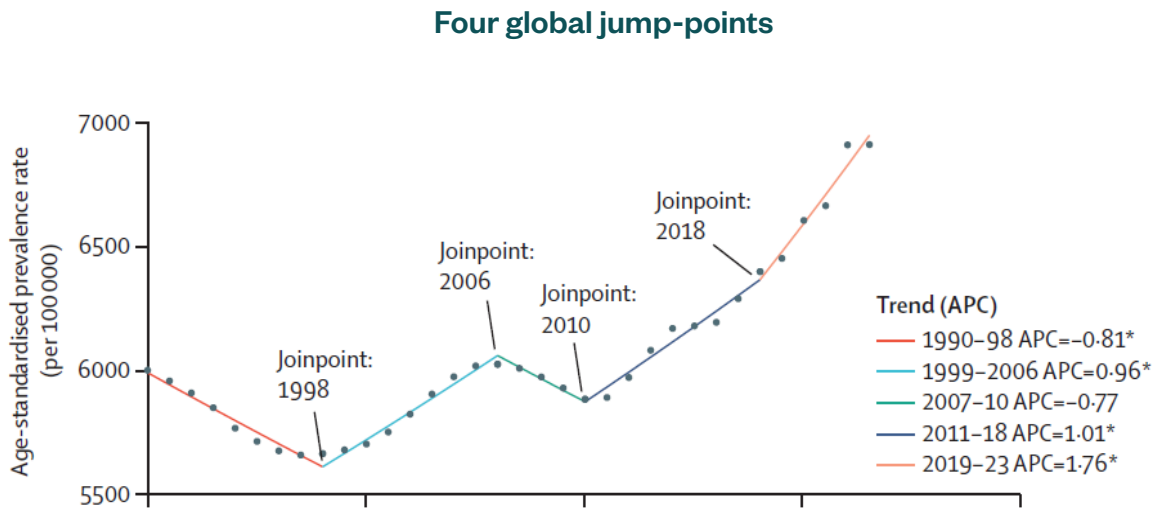


- **IVF demand is influenced by consumer confidence and household affordability** rather than any single macroeconomic indicator
- **Higher interest rates and cost-of-living pressures** have coincided with softer treatment volumes as patients defer treatment
- **Historical trends suggest demand recovers as economic conditions stabilise**, rather than waiting for demonstrated uplift, with deferred patients re-entering the market

Data indicates industry softness is cyclical, not structural, supporting confidence in the long-term growth outlook as economic conditions stabilise

Demographic tailwinds support long-term demand

Infertility prevalence projected to sustain demand, according to latest analysis from The Lancet Obstetrics & Gynaecology July 2026



Du, Yuanyuan, Furong Wang, Wei Zhou, et al. 2026. "Epidemiological Trends, Disparities, and Developmental Correlates of Infertility in Women of Advanced Maternal Age, 1990–2023: A Comprehensive Analysis within the GBD Framework." **The Lancet Obstetrics, Gynaecology, & Women's Health** 2 (7): e597–612.

- **Female infertility prevalence** has increased steadily over the past three decades, particularly in women aged 35–49
- **Global infertility cases in 35-49 age group are projected to increase** by approximately 50% to 80 million by 2036
- These demographic trends are expected to underpin **sustained long-term demand for fertility services**
- **South-East Asia is expected to experience the strongest growth**, driven by delayed parenthood, greater treatment awareness, improved access and rising disposable incomes

Combining projected ABS population growth and historical prevalence growth, Australian stimulated cycles should be expected to **increase more than 30% over the next 15 years**, with Asian growth predicted to be 40-60%

Regulatory reform in sector welcomed by MVF

MVF is engaged with governments and regulators, and contributing to industry reform

Monash IVF welcomes the regulatory reforms announced by Health Ministers and currently the subject of a national review by ACSQHC

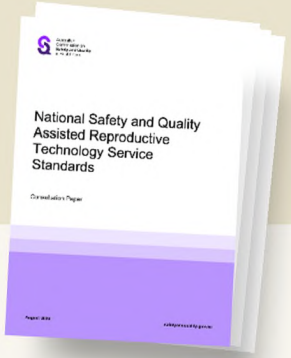
- Australian Commission on Safety and Quality in Health Care (ACSQHC) appointed to lead implementation of a set of National ARS Standards similar to those already in use in hospitals
- Monash IVF has already established the governance, quality and reporting capability required to adapt to the elevated regulatory framework, enabling implementation within existing infrastructure

Monash IVF is a key contributor to the industry consultation, and will engage with governments and regulators across the implementation timeline:

- Draft Standards now available for piloting from January 2027
- All ARS providers to be transitioned to new scheme by December 2028 with dissolution of current regulator RTAC

MVF well placed for reform:

- Transparent safety and quality for all patients
- Highest calibre clinical quality becomes a visible differentiator, reinforcing the value of MVF with established governance frameworks, data systems and demonstrated patient outcomes
- Greater transparency, strengthening patient confidence, supporting long-term demand for high-quality providers
- Experience and scale means MVF is perfectly placed to assist clinicians and providers across the sector

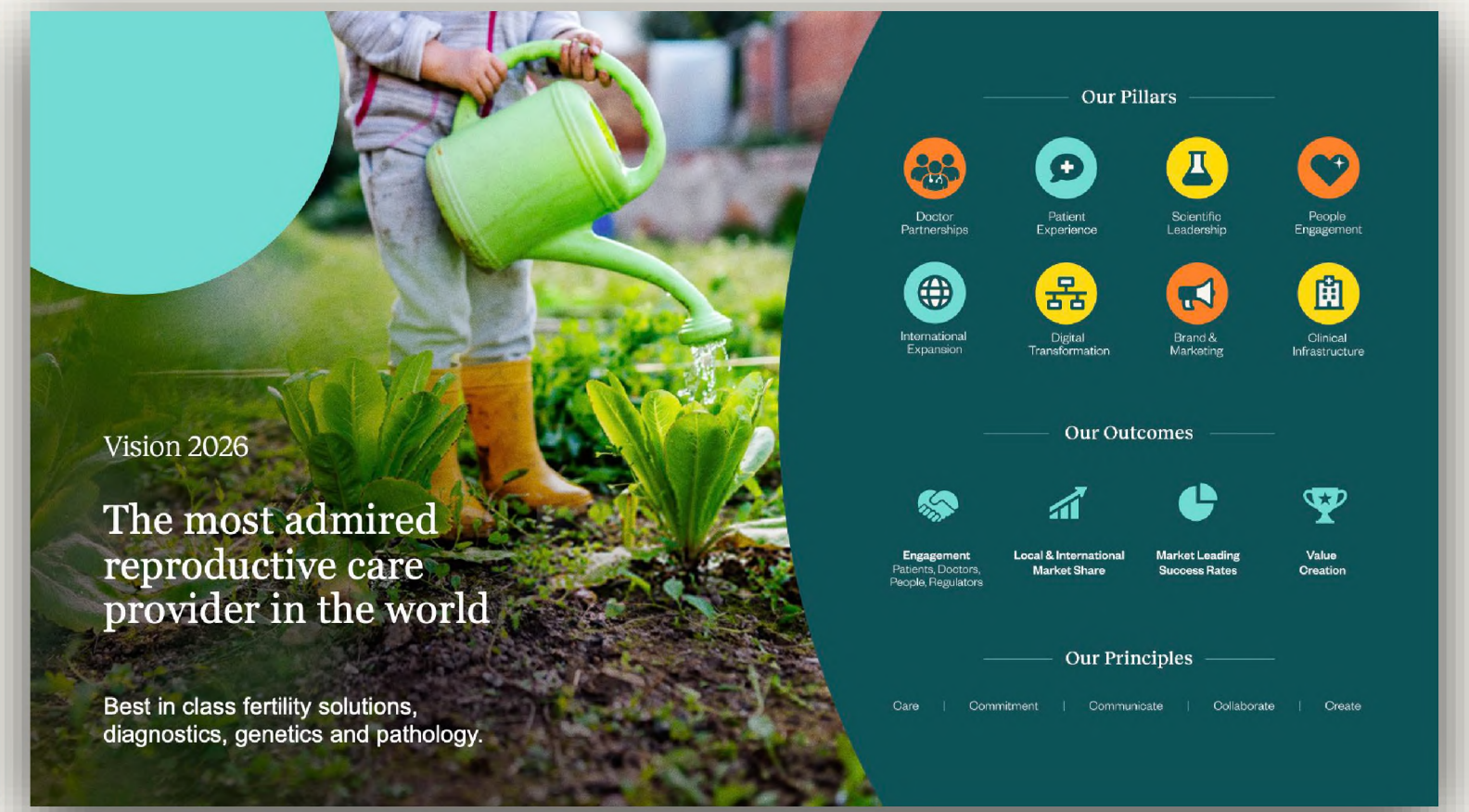


4. Nurture 2030: A New 3Y Strategy

The new strategy builds on foundations set in our previous plan

The investments made through the Vision 2026 Strategy provided the launchpad for Nurture 2030, including:

- Strategic investment in international growth
- Investment in integrated surgical infrastructure
- Enterprise-wide scientific leadership structure leading to world class outcomes
- Key doctor partnerships driving regional growth strategies
- Delivered measurable improvement in outcomes



Purpose

Nurturing possibility for every reproductive health journey

Strategic Pillars

- Connected Patient Ecosystem
- Clinical Excellence and Safety
- Industry-Leading Talent
- Science, Research and Technology
- Sustainable Growth and Performance

Enablement Layer

- Data, Digital and AI
- Progressive Leadership

Service Domains

- Fertility Care
- Diagnostics
- Reproductive Health

5. FY27 Plan and Priorities

FY27 Priorities & Trading Outlook

A series of operational focal points in the context of a positive trading outlook

Reignite organic growth

- Strengthen market share, patient demand and conversion
- Focus on Victoria & NSW
- Restore standard pricing policy

Connect the patient journey

- Embed data, digital across the patient journey
- Real-time insights to improve patient experience

Unlock our network

- Leverage completed capital investments
- Embed productivity, cost efficiency

Amplify medical workforce

- Value growth across doctor lifecycle,
- Strengthen doctor value proposition and leadership

Grow the reproductive journey

- Deepen the clinical specialty matrix
- Extend patient contact, improve outcomes and increase lifetime value

Lead the future of reproductive care

- Progress readiness for ARS reform
- Advance precision pathways, research, science and innovation

Trading Outlook

MVF is positioned to convert volume growth into stronger earnings through operating leverage and strategic execution

- **Structural industry demand** remains compelling
- **FY27 growth expected to strengthen** through the year, supported by improving market conditions and disciplined execution.
- **Market share growth** through doctor attraction, practice development and enhanced patient experience.
- Structural productivity focus on **cost optimisation, asset utilisation and disciplined capital allocation** expected to improve operating leverage and margins.
- MVF is well positioned to successfully implement evolving regulatory standards through **established governance capability**.
- Capital expenditure to **reduce by 50%** on FY26.

6. Q&A

"It is nice to know that there's hundreds and thousands of babies around the world related to something that I helped to create."

— Professor Carl Wood, IVF pioneer, Founder Monash IVF. Australian Story, ABC, 2001

Appendix

FY26 Cashflow

Cashflow ($m)	FY26	FY25	% change
Reported EBITDA[1]	43.5	65.4	(33.5%)
Movement in working capital	(4.8)	(49.6)	(90.3%)
Income taxes paid	(2.0)	(2.9)	(30.9%)
Net operating cash flow (post-tax)	36.7	12.9	184.4%
Capital expenditure	(23.8)	(14.4)	64.8%
Payments for businesses	-	(3.0)	(100%)
Cash flow from investing activities	(23.8)	(17.4)	36.4%
Free Cash flow[2]	12.9	(4.5)	(385.5%)
Dividends paid	(5.4)	(19.9)	(72.8%)
Interest on borrowings	(6.5)	(4.0)	61.7%
Lease incentives received	1.8	–	-
Payments of lease liabilities	(14.2)	(12.4)	14.4%
Net proceeds of borrowings	11.0	39.0	(71.8%)
Cash flow from financing activities	(13.3)	2.7	(600.7%)
Net cash flow movement	(0.4)	(1.9)	(77.5%)
Closing cash balance	8.8	9.4	(6.2%)

1. Non-IFRS measure
2. Free cash flow is a non-IFRS measure used by the Group as a key indicator of cash generated from operating and investing activities and is not subject to audit or review. Calculated as Net cash flow generated from operating activities less Net cash flows used in investing activities.

- Working capital year on year improved
- FY26 outflow of $4.8m driven by timing of GST and higher inventory
- Majority of $23.8m capital expenditure comprised:
  - Brisbane fertility clinic and day hospital
  - Laboratory and theatre (clinical) assets
- FY27 capital expenditure reduction of circa 50%
- Interest payments up $2.5m, reflecting higher borrowings and brought forward timing of interest coupon on facility extension;
- Dividends paid - $4.7m for 1.2 cps FY26 interim dividend;
- $11.0m of net debt drawn to fund capex and working capital.

30 June 2026 Balance Sheet

Balance Sheet ($m)	30 Jun 2026	30 Jun 2025	% Change
Cash and cash equivalents	**8.8**	**9.4**	**(6.2%)**
Other current assets	35.3	32.3	9.4%
Current lease liabilities	(11.2)	(9.7)	14.9%
Contingent consideration	(4.8)	(4.4)	9.1%
Other current liabilities	(49.8)	(47.3)	5.3%
Net working capital	(21.6)	(19.7)	9.7%
Non-current borrowings	(109.4)	(98.5)	11.0%
Goodwill & Intangibles	295.6	297.2	(0.6%)
Right of use assets	81.5	76.4	6.7%
Lease liabilities	(79.1)	(71.8)	10.1%
Plant & Equipment	84.2	69.6	21.0%
Contingent consideration	(3.3)	(4.5)	(27.2%)
Other assets/(liabilities)	5.5	1.7	228.5%
Net assets	253.5	250.4	1.2%

Capital Metrics	30 Jun 2026	30 Jun 2025	+/-
Net Debt[1] ($m)	$101.2	$89.6	+$11.6
Leverage Ratio (Net Debt / EBITDA[2])	1.9x	1.7x	+0.2x
Interest Cover (EBITDA[2]/ Interest)	9.1x	11.3x	(2.2x)
Net Debt to Equity Ratio[3]	39.9%	35.8%	+4.1%
Return on Equity	**6.4%**	**10.9%**	**(4.5%)**
Return on Assets	**3.1%**	**5.6%**	**(2.5%)**

1. Net Debt is cash less borrowings and excludes capitalised bank fees
2. EBITDA is based on normalised EBITDA excluding AASB16 Lease impact for covenant purposes as defined in the Syndicated Debt Facility Agreement. EBITDA is a non-IFRS measure
3. Net debt divided by equity at the balance date

- Net Debt increased to $101.2m; capital projects and working capital
- Net leverage Ratio is 1.9x
- Debt Facility increased $20m to $130m, 3-year extension secured to support growth;
- Other Current Assets - Inventory up to mitigate supply disruption, timing of GST recoverable
- Plant and equipment up 21% reflecting higher Capex;
- Final dividend of 1.3 cents per share (record date: 4 September 2026; payment date: 15 October 2026)
- Full year dividend of 2.5 cents per share (FY25 5.1 cents per share)

FY26 Earnings Reconciliation

Statutory earnings adjusted for non-regular items to derive Underlying Results

$m	EBITDA[1]	EBIT	Non-cash Interest	FY26 NPAT	FY25 NPAT
Reported Statutory	**43.5**	**20.2**	-	**8.3**	**25.7**
Commissioning costs	1.6	1.6	-	1.1	0.4
Class Action and Acquisition costs	0.2	0.2	-	0.1	(2.6)
SaaS Expenses and Other Related Costs	2.4	2.4	-	1.7	1.1
Professional Service Costs and Additional Measures	4.5	4.5	-	3.2	0.9
Impairment	-	-	-	-	0.8
Restructuring	1.2	1.2	-	0.8	0.4
Adjusted	**53.4**	**30.1**	**-**	**15.3**	**26.5**
AASB 16 Lease Accounting	-	(1.7)	2.0	0.8	0.9
Underlying [1]	**53.4**	**28.4**	**2.0**	**16.1**	**27.4**

- Commissioning costs ($1.1m) related to pre-opening occupancy and other related expenditure for new facilities including Brisbane;
- Legal costs including Class Action and Acquisition costs ($0.1m);
- SaaS and other related costs ($1.7m) relating to the enhanced IVF patient management information system;
- Professional Service costs ($3.1m) relates to legal and ancillary costs relating to incidents. Anticipated insurance recovery of up to $2.8m in FY27 - contingent asset, not recognised;
- Restructuring ($0.8m) largely due to changeover of C-Suite and other members of the leadership team.
- $0.8m non-cash lease expenditure and right-of-use asset depreciation under AASB 16 lease accounting is being adjusted from Reported to Underlying due to its non-cash nature;

(1) Non-IFRS measure

Overview of Monash IVF Group

Monash IVF Group is a **market leader** in reproductive care

Domestic IVF

24 clinics & 4 services centres

7 Australian States / Territories

4 Day hospitals
(SA, NSW, QLD, VIC)

Monash IVF
repromed
FertilityNorth
GynaeNorth

International IVF

4 clinics

4 international cities

3 Day hospitals
(Malaysia & Singapore)

Monash IVF
KL Fertility Centre towards parenthood
Bali Fertility Centre

Ultrasound

18 clinics

19 Sonologists

6 Australian states

Monash IVF
Monash Ultrasound for Women
repromed
Sydney Ultrasound for Women

Genetics & Pathology

1 Genetics Laboratory
(SA)

5 Endocrine Laboratories
(SA, VIC, NSW, WA and QLD)

11 Andrology Laboratories
(SA, NT, VIC, NSW, WA and QLD)

Monash IVF
repromed
FertilityNorth
GynaeNorth

1100 Staff and Doctors [1]

1. Employee numbers represents the full-time equivalents as at August 2026 and includes recent acquisitions

Science. Safety. Success. Science. Safety. Success. Science. Safety. Success.