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ASX Release

MAYO CLINIC emu™ EARLY CLINICAL EXPERIENCE PRESENTATION

EMVision Medical Devices Limited (ASX:EMV) (“EMVision” or the “Company”) is pleased to release the attached presentation, “Portable Radiofrequency Brain Scanner Early Clinical Experience”, presented at the 18th Annual Mayo Clinic Stroke and Cerebrovascular Disease Review in Amelia Island, Florida, in October 2026.

The presentation describes Mayo Clinic Florida’s early experience integrating the investigational emu™ Brain Scanner into its emergency code stroke workflow, as a participating site in EMVision’s Pivotal (Validation) Trial. The presentation notes that more than 230 participants had been enrolled in the Trial internationally as of early October 2026, across the training verification and primary analysis cohorts, with the majority in the primary analysis cohort.

Authorised for release by the Board of the Company.

[ENDS]

For further information, media or investor enquiries, please contact:

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Clinical Investigation Summary

Trial sites are activated in a staggered manner.

Study Title	The EMU Study
Investigational Site	Leading Research Institutions and Comprehensive Stroke Centres in the United States and Australia
Design of the Clinical Investigation	Multi-Centre, Prospective, Consecutive, Paired Diagnosis, Diagnostic Performance Study of the EMVision emu™ Brain Scanner
Primary Objective	Demonstrate haemorrhage detection sensitivity and specificity >80%
Inclusion Criteria	1. Adults ≥22 years of age 2. Presenting to hospital with acute neurological deficit suspected to be stroke and within 24 hours of symptom onset 3. The use of the EMVision emu™ Brain Scanner will not delay the treatment of the patient 4. CT or MRI brain imaging following clinical evaluation in Emergency Department per standard of care 5. Head size deemed suitable for scanning with the EMVision emu™ Brain Scanner
Exclusion Criteria	• Has received treatment for current (suspected) stroke event prior to initial CT/MRI scan OR EMVision emu™ Brain Scanner scan (such as thrombolysis) • Contraindication to neuroimaging, such as a contrast allergy or other condition that prohibits CT, MRI and/or angiography • Contraindications to EMU Brain Scanner scan, such as conditions precluding placement of the scanner, metallic implants in the head, or an inability to lie still during the scan • Pregnant or breastfeeding • Any other condition or symptoms preventing the participant from entering the study, according to the investigator's judgment
Sample Size	300 suspected stroke participants total across 2 study arms: A. Intracranial Haemorrhage – 150 participants B. Other – 150 participants <i>Note: Training verification on a small number of initial participants is performed at each site prior to enrolment of the above sample. In addition, preparations are underway to add an acute ischaemia detection endpoint to the Trial. This may require a modest adjustment to the above sample size, with the final design subject to planned FDA pre-submission (Q-Sub) engagement.</i>

About EMVision Medical Devices

EMVision Medical Devices Limited (ASX:EMV) is an innovative Australian medical device company developing a novel approach to looking inside the human body. Our product pipeline includes portable, non-invasive, affordable and safe neurodiagnostic devices.

Our vision is to help transform and improve the timely diagnosis and treatment of stroke and other time sensitive medical emergencies, at the point-of-care.

EMVision has offices in Sydney and Brisbane www.emvisionmedical.com

About Stroke

Stroke is a medical emergency that occurs when blood flow to part of the brain is interrupted, either by a blocked vessel (ischaemic stroke) or bleeding into the brain (hemorrhagic stroke). The resulting lack of oxygen and nutrients can rapidly damage brain tissue, leading to disability or death if not treated promptly. Different stroke types require different types of care. Early recognition and fast access to diagnosis and appropriate care are critical, as timely intervention can significantly improve outcomes. EMVision is working to make rapid stroke diagnosis possible at the point of care, wherever the patient is.

Forward-looking Statements

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

Inherent risks of Investment in Medical Device development Companies

There are a number of inherent risks associated with the development of new medical device products to a marketable stage. The clinical trial process, which is often lengthy, is designed to assess the safety and efficacy of a device prior to commercialisation and there is no guarantee of achieving the outcomes necessary to generate a viable commercial product. Other risks include uncertainty of patent protection and proprietary rights, the obtaining of necessary regulatory authority approvals and the evolving competitive landscape. Companies such as EMVision are dependent on the success of their research and development projects, product development and on the ability to attract funding to support these activities. Investment in research and development and novel product development cannot be assessed on the same fundamentals as trading and manufacturing enterprises. Therefore investment in Companies specialising in such development must be regarded as speculative. EMVision recommends that professional investment advice be sought prior to such investments and cautions investors that the risks of an investment in an entity such as EMVision is not limited to the risks disclosed in this announcement.



School of Continuous
Professional Development

PORTABLE RADIOFREQUENCY BRAIN SCANNER EARLY CLINICAL EXPERIENCE

EARLY IMPLEMENTATION EXPERIENCE INTO
EMERGENCY CODE STROKE WORKFLOW

Presented By: Yelim Lee

**Co-PIs: Dr. David Freeman
Dr. Leslie Simon**



INTRODUCTION/HYPOTHESIS



emu **Brain Scanner** *Status: Investigational Device*

~220 lbs
Portable
In-hospital
Non-ionizing
Trained healthcare professional



Technology

Non-ionizing radiation using ultra-high frequency radio waves (500-2000MHz)

Dielectric property contrast (conductivity and permittivity) cause scan signals to reflect and phase shift

Stroke type classification enabled by dielectric contrast between hemorrhage, ischemia and healthy tissue

AI Algorithm recognizes scan characteristics of hemorrhage, ischemia and healthy tissue to generate neurodiagnostic output

PRELIMINARY PERFORMANCE TESTING

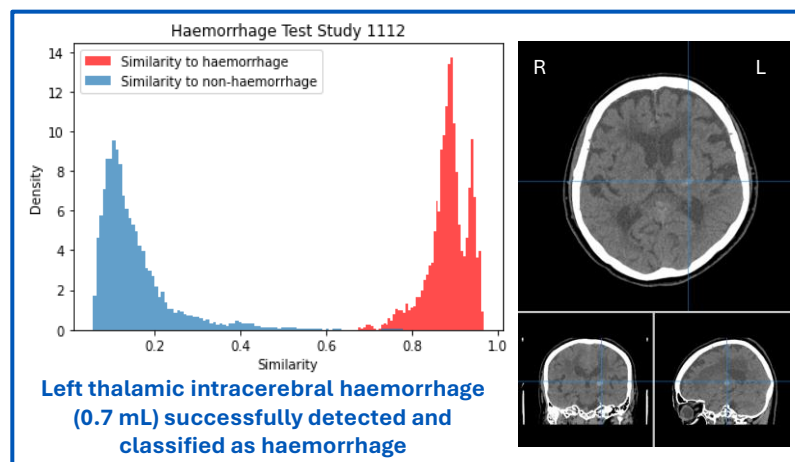
- Earlier Multi-centre Australian study (EMView) enrolled 307 participants including 277 suspected strokes (48 ICH and 140 confirmed ischaemic strokes), ~75% of data used for training and ~25% used for unseen testing

‘Hemorrhage (bleed) or not’

	Haemorrhage	Not Haemorrhage
Total Test Cases	13	55
Correctly Identified Cases	12	47
Performance	92% Sensitivity 95% CI: 66.1%-98.2%	85% Specificity 95% CI: 73.8%-92.4%

Including 20 ischaemic,
15 mimics, 20 healthy

Hemorrhage Case Study

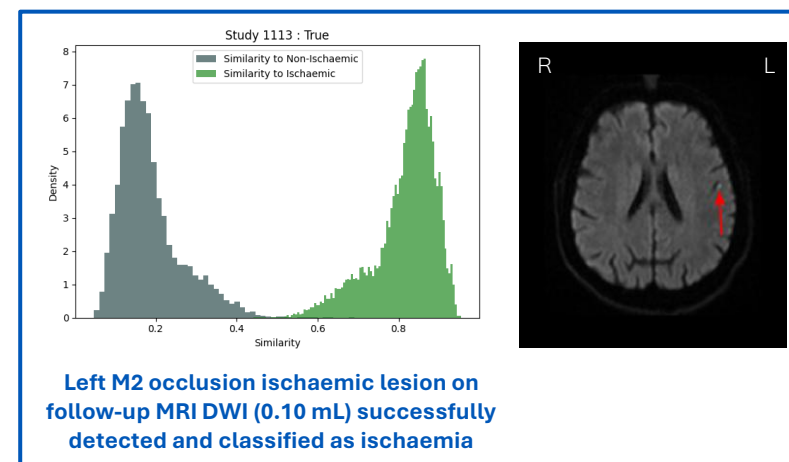


‘Ischemia (clot) or not’

	Ischemic	Not Ischemic
Total Test Cases	20	50
Correctly Identified Cases	19	40
Performance	95% Sensitivity 95% CI: 75.1%-99.9%	80% Specificity 95% CI: 66.3%-90.0%

Including 10 ICH, 18 mimics,
2 TIAs, and 20 healthy

Ischemia Case Study



METHODS

Design

Multi-Centre, Prospective, Consecutive, Paired Diagnosis, Diagnostic Performance Study

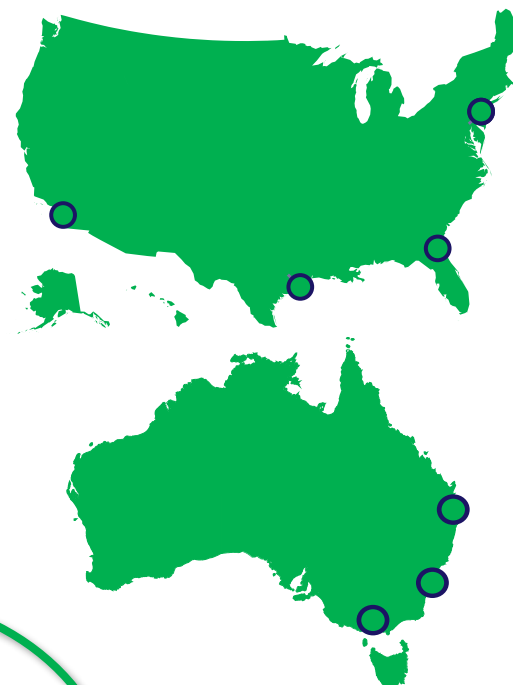
Objective

Demonstrate sensitivity and specificity >80%

Participants

~300 acute suspected stroke patients within 24 hours of symptom onset, and prior to treatment (such as thrombolysis)
Additional 'Training Cohort' participants enrolled at each site prior to commencing enrolment in above 'Analysis Cohort'

Integrate into emergency code stroke workflow



United States Sites

Memorial Hermann-Texas Medical Center
Mayo Clinic Florida
Mount Sinai Hospital
Ronald Reagan UCLA Medical Center

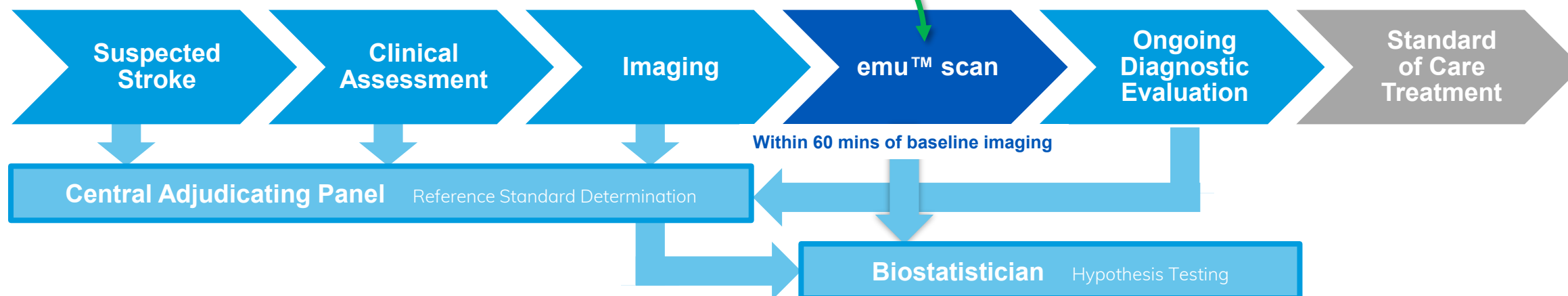
Network Sites

Mount Sinai West
Memorial Hermann Memorial City Medical Center

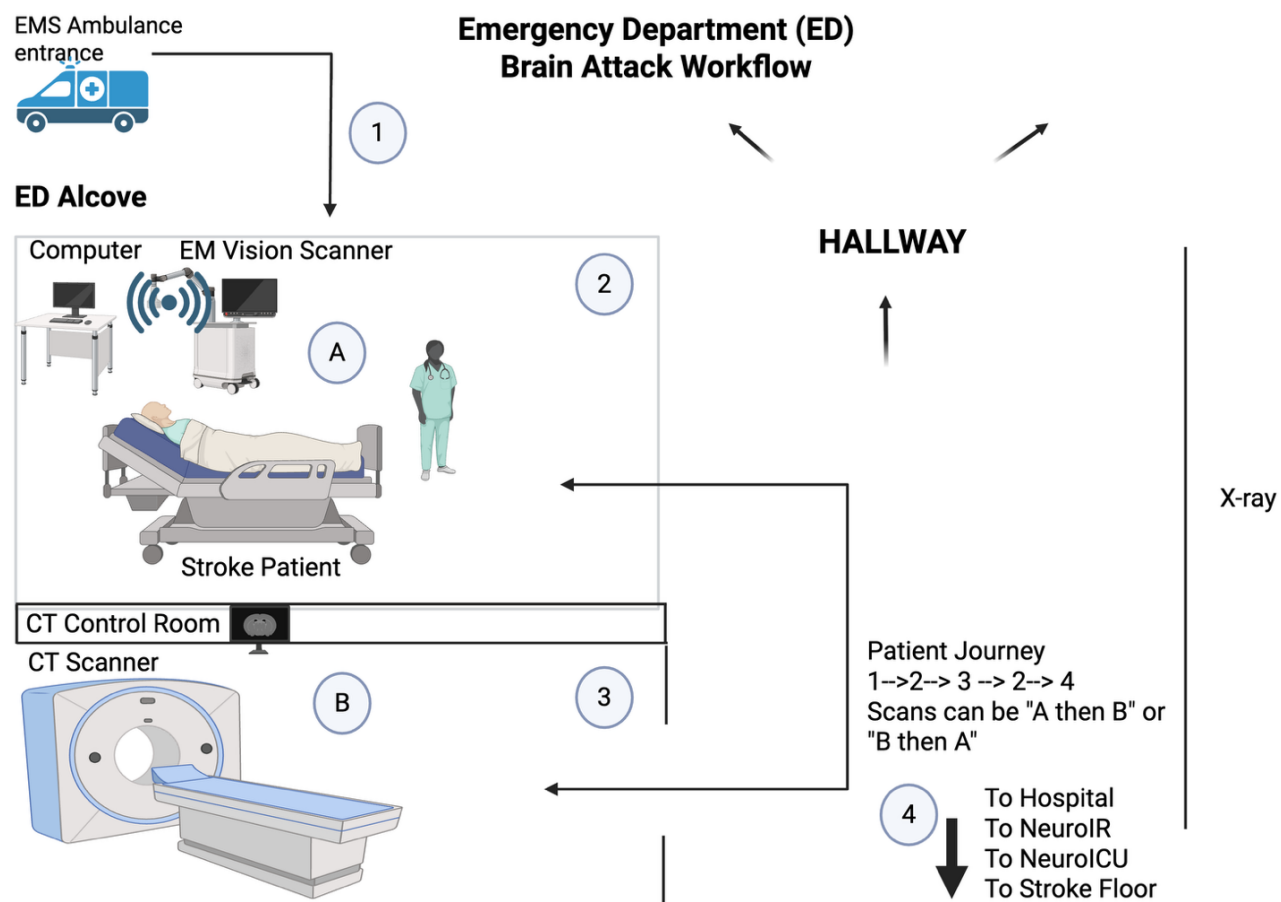
Australian Sites

Royal Melbourne Hospital
Liverpool Hospital
Princess Alexandra Hospital

Currently onboarding additional academic centers



METHODS



Common Scan Opportunities:

- During stroke team assessment
- Waiting CT availability

Each scan < **10 Minutes**

RESULTS



Scanner placed in ED alcove in front of CT suite

- Compatible with busy ED workflow
- Operated by nurses, clinicians
- Operator training $\approx$ 1 hour
- Scan success in majority of cases
- No device related adverse events

Key Challenges:

- Agitated patients due to their condition
- Inability to remain still for scan
- Limited time window

CONCLUSION



Compatible with emergency code stroke workflow

Prospective Multicenter Study

Study progressing rapidly with active enrolment across participating centers
33+ total participants enrolled at Mayo Clinic Jacksonville, FL
230+ total participants enrolled internationally (the majority in the primary analysis cohort)

Obtain $n \cong 300$ Analysis Phase Participants

Goal: Demonstrate diagnostic performance to support
FDA De Novo clearance

QUESTIONS & DISCUSSION

