FY27 YTD operational update and AGM materials

YTD FY27 Highlights:

- DETECT reached 75 patient enrolments in September 2026, continuing strong enrolment momentum across leading US epilepsy centres.
- 100th patient was enrolled in DETECT on 15th October 2026, ahead of the Company's November target.
- DETECT has now passed the halfway point to its planned enrolment of up to 210 participants, with 23 US centres actively enrolling.
- Epiminder expects to reach 125 patients by December 2026 and remains on track to complete enrolment by the end of 1H CY2027.
- Next generation design completion remains on track for the end of 1H CY2027 and FDA clearance by end of 2027.
- Cash at 30 September 2026 was $65.1 million, with no borrowings, providing funding well into 2028.

Melbourne, Australia & Dallas, United States – October 30, 2026 – Epiminder Limited (ASX: EPI) ("**Epiminder**" or "**the Company**"), a medical device company developing Minder®, an FDA-authorised implantable continuous EEG monitoring system for epilepsy, provides a copy of the Chair's Address and CEO Presentation to be delivered at the Company's Annual General Meeting (AGM) at 12:00pm AEDT today, Friday, 30 October 2026.

A summary of the Q1 FY27 operational progress included in the CEO Presentation is provided below.

YTD FY27 Operational progress

Epiminder continues to make strong operational progress and deliver on the previously disclosed milestones.

In September 2026, Epiminder reached its 75th patient enrolment in DETECT, the Company's US clinical study evaluating the Minder System in patients with drug-resistant epilepsy. The 100th DETECT participant enrolment was announced in mid-October, ahead of its November target. With 23 US leading medical institutions now actively enrolling, the study is now past halfway in its planned enrolment of up to 210 participants.

The Company remains on track to complete 210 DETECT enrolments by the end of 1H CY2027.

The data generated through DETECT is expected to inform clinical practice, payer engagement and Epiminder's broader US commercial strategy as the Company continues to expand access to continuous, real-world EEG monitoring for people living with drug-resistant epilepsy.

The Company continues to invest in the design of the next generation Minder device with the manufacture of ~200 next generation devices completed and being used for detailed testing required for an implantable medical device. In addition the G1 software is feature complete for the 510k predicate with stablisation and testing now commenced.

The next generation device project remains on track for design completion by the end of FY27 with FDA clearance being targeted for the end of calendar 2027, consistent with previous guidance.

Epiminder maintained a strong cash position of $65.1 million as at 30 September 2026, with no borrowings. This provides sufficient funding to support its key commercialisation activities well into 2028.

Dr Rohan Hoare, CEO of Epiminder, said, "Epiminder continue to make good progress towards our commercialisation milestones with DETECT enrolment ahead of forecast and the next generation device development remaining on track. The Company is also well funded to complete these key commercialisation projects."

ENDS

Investor & Media Enquiries

Gabriella Hold
The Capital Network
P: +61 2 8999 3699
E: gaby@thecapitalnetwork.com.au

Julia Maguire
The Capital Network
P: +61 2 8999 3699
E: julia@thecapitalnetwork.com.au

For any Company queries please contact Epiminder at investors@epiminder.com

About Epiminder

Epiminder Limited (ASX: EPI) is a medical device and digital health company focused on improving epilepsy care through continuous, long-term brain activity monitoring.

Its lead product, Minder®, is the first FDA-authorised implantable continuous EEG monitoring system and is designed to provide clinicians with high-quality EEG data over months or years, supporting remote assessment and treatment decision-making for people with drug-resistant epilepsy.

Minder® was developed through a collaboration between Epiminder, Professor Mark Cook, the Bionics Institute, St Vincent's Hospital Melbourne, the University of Melbourne and Cochlear.

Epiminder is headquartered in Melbourne, Australia, with operations in the United States.

For more information, visit epiminder.com or follow Epiminder on LinkedIn.

About DETECT

Epiminder's Diagnosing Epilepsy To Effect Change (DETECT) study (NCT07110337) aims to demonstrate that

continuous EEG monitoring by the Minder® device is superior to using standard of care in identifying clinically actionable events in patients with drug-resistant epilepsy. The study aims to enroll and implant the Minder® device in 210 patients in the US by end of 1H CY2027 through up to 25 leading medical centres in the US.

The study also supports the clinical and commercial value proposition for Minder, following the 2026 Medicare reimbursement determination.

Chair's Address

I will now turn to my address and reflect on the Company's progress over the past year.

Our $125 million IPO and listing on the ASX in December 2025 marked an important new chapter for Epiminder.

It provided the capital to accelerate our strategy and progress the key programs that we believe will underpin the long-term commercial opportunity for Minder®.

More broadly, it marked Epiminder's transition from a privately held medical technology company into a publicly listed business with an FDA-approved product and a clear pathway towards commercialisation in the world's largest healthcare market.

Over the past year, our focus has been on building the foundations required for successful commercialisation in the United States.

Central to this has been DETECT, our key US market access and reimbursement program, which is designed to build the clinical evidence, physician experience and health economic case for continuous, long-term EEG monitoring with Minder for patients with drug resistant epilepsy.

The response from the US epilepsy community has been very encouraging.

Approximately two weeks ago we announced that DETECT enrolment had reached its 100th patient, supported by a network of 23 leading epilepsy centres across the United States.

This progress is important not simply because of the number of patients enrolled, but because it demonstrates engagement from leading clinicians with a technology that has the potential to change how epilepsy is diagnosed and managed.

Alongside DETECT, we have continued to progress the next-generation Minder system, which remains an important part of our longer-term commercial strategy.

Importantly, we are also beginning to see the transition from clinical development to commercial activity within the Company and this change will become more important over the next 12 to 18 months.

FY27 represents a period of significant investment as we progress DETECT and next-generation development. While there is a lot of internal focus on these programs, management is also increasingly focused on the full commercial roll out which is planned for 2028.

The Company is well funded to complete DETECT and the next generation device development and well into calendar 2028 based on its current plans.

When we look back over the past year, the scale of Epiminder's transition is substantial. We began the period as a private Australian medical technology company preparing to enter public markets.

Today, Epiminder is an ASX-listed company with:

- an FDA-approved long-term implantable EEG monitoring system
- a growing network of leading US epilepsy centres
- increasing clinical experience with Minder
- progress towards broader reimbursement
- and a clear pathway towards broader commercialisation.

There remains considerable work ahead.

None of this progress would be possible without our people.

On behalf of the Board, I would like to thank Rohan and the entire Epiminder team in Australia and the United States. Their commitment, expertise and belief in the potential of this technology continue to drive the Company forward.

I would also like to thank my fellow Directors for their contribution and counsel throughout what has been a particularly important year for Epiminder.

Finally, I would like to thank our shareholders. For many of you, this is also your first AGM as an Epiminder shareholder. We recognise the trust you placed in the Company through the IPO and since our listing, and we take seriously our responsibility to build long-term value from that investment. We enter the year ahead with a clear strategy, a strong financial position and growing clinical and commercial momentum.

Thank you for your continued support.

epiminder

FY26 Annual General Meeting Investor Presentation

Epiminder Limited (ASX:**EPI**)

30 Oct 2026



DISCLAIMER

This disclaimer applies to this presentation and the information contained in it (the "**Presentation**").

This Presentation contains a general summary of the activities of Epiminder Ltd (**Epiminder**), does not purport to be complete and is to be read in conjunction with all other announcements filed with the Australian Securities Exchange (**ASX**). Information in this Presentation is current as at the date of this Presentation, 30 October 2026, and remains subject to change without notice. Financial information in this Presentation is unaudited. Epiminder does not warrant the accuracy, adequacy or reliability of the information in this Presentation and, to the maximum extent permitted by law, disclaims all liability and responsibility flowing from the use of or reliance on such information by any person.

Not an offer or financial product advice: This Presentation is not investment or financial product advice or any recommendation (nor tax, accounting or legal advice) and is not intended to be used as the basis for making an investment decision. In providing this document, Epiminder has not considered the objectives, financial position or needs of any particular recipients. Each recipient should consult with its professional adviser(s), conduct its own investigation and perform its own analysis in order to satisfy themselves of the accuracy and completeness of the information, statements and opinions contained in this Presentation. This Presentation does not constitute an offer to issue or sell securities or other financial products in any jurisdiction. The distribution of this Presentation outside Australia may be restricted by law.

Forward looking statements: This Presentation contains forward looking statements and comments about future events, which reflect Epiminder's intent, belief or expectation as at the date of this Presentation. Such forward looking statements may include forecast financial and operating information about Epiminder, its projects and strategies and statements about the industries and locations in which Epiminder operates. Forward looking statements can be identified by forward looking terminology including, without limitation, "expect", "anticipate", "likely", "intend", "should", "could", "may", "predict", "plan", "propose", "will", "believe", "forecast", "estimate", "target", "due to" and other similar expressions within the meaning of securities laws of applicable jurisdictions. Indications of, and guidance or outlook on, future earnings or financial position or performance are also forward-looking statements. Forward looking statements involve inherent known and unknown risks, uncertainties and contingencies, both general and specific, many of which are beyond Epiminder's control, and there is a risk that such predictions, forecasts, projections and other forward-looking statements will not be achieved. Actual results may be materially different from those expressed or implied. Forward looking statements are provided as a general guide only and should not be relied on as an indication, representation or guarantee of future performance. Undue reliance should not be placed on any forward-looking statement. Epiminder does not undertake to update or review any forward-looking statements.

Past performance: Past performance should not be relied upon as (and is not) an indication or guarantee of Epiminder's future performance or condition.

Financial data: All financial amounts contained in this Presentation are expressed in Australian currency, unless otherwise stated. Any discrepancies between totals and sums of components in tables and figures contained in this Presentation are due to rounding.

Non-IFRS measures: Throughout this Presentation, Epiminder has included certain non-IFRS financial information, including non operating and non-cash and one-off expenses. Epiminder believes that these non-IFRS financial and operating measures provide useful information to recipients for measuring the underlying operating performance of Epiminder's business. Non-IFRS measures have not been subject to review.
This presentation has been prepared by Epiminder Limited (ASX: EPI) and is provided for informational purposes only. It does not constitute financial product advice or an offer to subscribe for or buy any securities.

The information in this presentation is current as of 30 October 2026. Epiminder makes no representation or warranty, express or implied, as to the accuracy, completeness or reliability of the information.

Recipients should conduct their own independent investigation and assessment before making any investment decision and should consider seeking independent financial, legal, regulatory and tax advice.

AN EXPERIENCED LEADERSHIP TEAM



Dr Rohan Hoare

Chief Executive Officer

PhD in Physics (Harvard). 25+ years in medical devices, with senior leadership roles at LivaNova, Cyberonics, St. Jude Medical and EndoStim.



Mark McLellan

CFO and Company Secretary

30+ years in finance, including CFO roles at ASX-listed Beamtree Holdings and Rhipe Limited. Previously at RBS, EY and PwC in Australia and the UK.



Dr John Heasman

Chief Operating Officer

PhD, University of Sydney. Nearly 18 years in engineering and technology leadership at Cochlear before joining Epiminder to lead early trials.



Prof Mark Cook, AO

Chief Medical Officer

World-renowned neurologist and Epiminder founder (2018). Awarded the Order of Australia (2023) for service to epilepsy medicine and research.

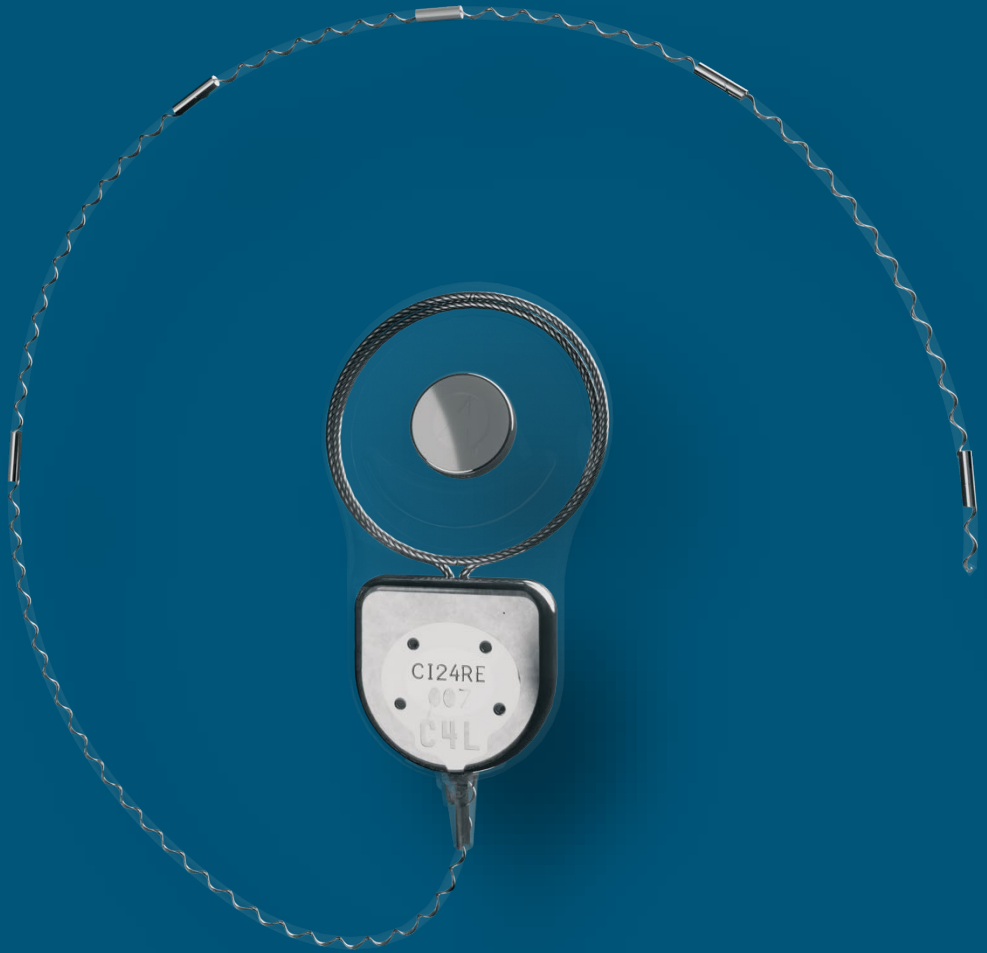
Epiminder is developing a new standard in long-term brain monitoring for people living with drug-resistant epilepsy.

- The Company's FDA-authorised Minder® System is designed for continuous, objective EEG monitoring over months and years, helping physicians better understand seizure activity and make more informed treatment decisions.
- Minder addresses a critical gap in epilepsy care by providing reliable long-term data beyond the limits of short-term EEG monitoring and patient diaries.
- Advancing Minder toward commercialisation through the DETECT study and next-generation device development.

First in Class FDA authorised technology

3 years Continuous monitoring label
The longest of any sub-scalp EEG system

INVESTMENT CASE



epiminder

INVESTMENT HIGHLIGHTS

Targeting a **major unmet need** in drug-resistant epilepsy

Large underserved market

~1.1 million[1] US adults have drug-resistant epilepsy and lack reliable long-term seizure monitoring

Reimbursement pathway progressing

Coding & Medicare payment established; DETECT study generating clinical and reimbursement evidence for US payer adoption

First-in-class FDA- cleared technology

Minder is the first sub-scalp EEG system approved for monitoring for up to three years

Next-generation device progressing

Lower-profile device progressing toward design validation and commercial readiness

Demonstrated clinical value

Continuous objective EEG data supports better diagnosis and treatment optimisation and patient management[2]

Funded to key milestones

Cash reserves expected to support commercialisation programs well into CY2028 with no debt

Note(s): (1) F&S Market Report; (2) Halliday et al. The UMPIRE study: A first-in-human multicenter trial of bilateral subscalp monitoring for epileptic seizure detection. Epilepsia. 2025 May 30. doi: 10.1111/epi.18458;

INVESTMENT HIGHLIGHTS

FY26 and FY27YTD HIGHLIGHTS

01

DETECT momentum

>50% enrolled

100

patients enrolled (15th Oct 26)

23

US sites activated

02

Next-generation Minder

~200 devices manufactured and in testing

Software feature complete for 510k predicate achieved

Design completion on track for H1 CY2027

FDA clearance targeted for H2 CY2027

03

Reimbursement progress

2026 Medicare payment to hospital US$27,700
2027 preliminary ruling US$31,600

Additional Transitional Pass Through payment opportunity

04

Strong financial position

A$65.1m cash
(at 30 Sept 26)

Strong funding position

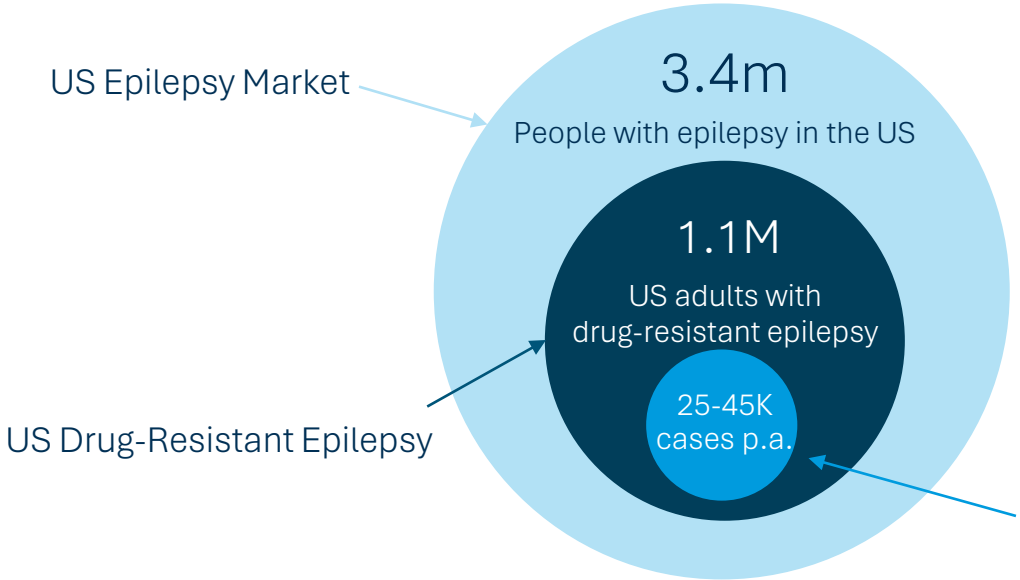
Cash expected to fund operations well into CY2028

MARKET NEED AND OPPORTUNITY

MARKET OPPORTUNITY

Target Market

An initial revenue opportunity of up to US$1.1 billion annually[1]



~25,000-45,000 inconclusive EMU (epilepsy monitoring unit) patient assessments each year

× ~US$25k Minder price = Up to ~US$1.1B p.a. initial US target market[1]

Source: Frost & Sullivan Market Report. [1] Initial target market ≈ ~25,000–45,000 inconclusive EMU-based EEG assessments p.a. for DRE patients (≈30–50% of ~85k annual EMU EEGs) × indicative ~US$25,000 Minder® price..

epiminder

MARKET OPPORTUNITY

Current monitoring methods provide an incomplete picture

Patient diaries remain the only current option for long-term monitoring, but they are highly inaccurate [1]:

Seizures are often missed

Seizures may be random, infrequent or unrecognised by the patient.

Patient diaries are unreliable

Self-reported seizure records are subjective and frequently inaccurate (~15% accuracy).

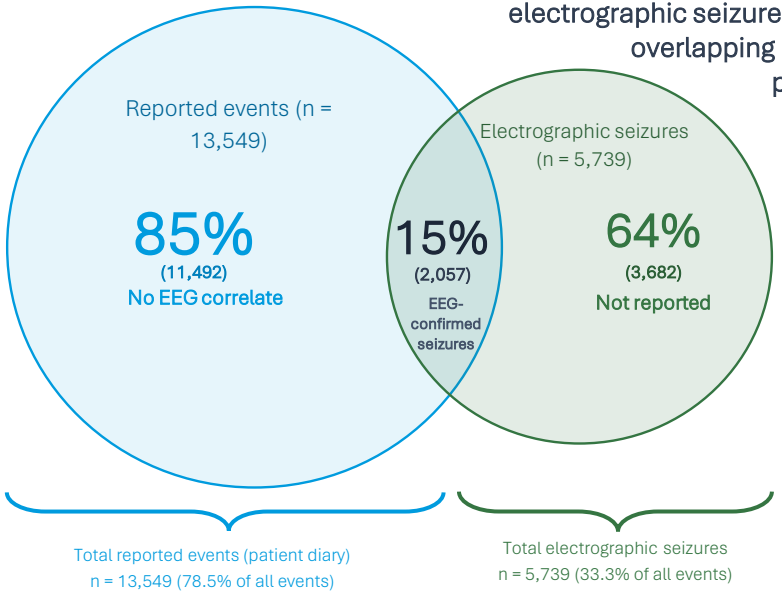
Short-term EEG is limited

Inpatient monitoring is expensive and disruptive, only cover a short period, with 30–50% of assessments inconclusive.

Clinical decisions rely on incomplete data

Physicians may need to diagnose and adjust treatment without objective long-term information.

Reported events and electrographic seizures represent overlapping but distinct populations



(1) Epilepsia, June 9 ,2026 "When seizure counts are not seizures: Measurement error and its implications for epilepsy management and driving policy " https://doi.org/10.1002/epi.70337

epiminder

OUR SOLUTION

Long-term EEG data to support better treatment decisions

1 Capture missed events

Records seizure activity that short-term monitoring may not capture

2 Generate objective long-term data

Provides continuous EEG data over months and years during patient's daily life

3 Understand seizure burden

Helps physicians assess seizure frequency and patterns more accurately

4 Support better clinical decisions

Informs diagnosis, treatment optimisation and patient management

FDA cleared

For adults aged 18–75 with drug-resistant epilepsy.

Positioned to become a new standard

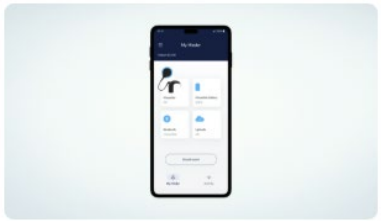
Minder is positioned to become the standard of care for long-term monitoring in this population.

ABOUT MINDER®

An integrated system for long-term EEG monitoring









Implant

Sub-scalp electrode and telemetry unit continuously record and transmit EEG data.

Wearable

Powers the implant, receives EEG data from the implant and transfers it to the Minder app.

App

Transfers EEG data securely to the cloud and supports patient diary entries.

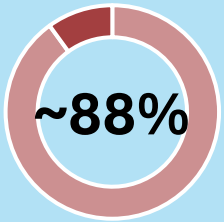
Cloud

Enables healthcare professionals to access and review patient data remotely.

CLINICAL EVIDENCE

Minder has demonstrated actionable clinical insight

UMPIRE clinical study[1]



of patients received meaningful and actionable clinical insight

Examples of clinical impact

- ✓ Surgery avoided after long-term monitoring clarified seizure activity
- ✓ Medication withdrawn after objective evidence showed no ongoing seizures
- ✓ Patient progressed to evaluation for surgical resection
- ✓ Cardiac condition identified and treated, enabling medication reduction

Clinician feedback

> The [Minder] device will **transform epilepsy.**
> – Epileptologist, Stanford

> **Absolutely** this could be useful for diagnostic monitoring when no events are captured in the EMU.
> – Epileptologist, Colorado

> I think that [Minder] is **the future of epilepsy monitoring.**
> – Neurosurgeon, California

Note(s): (1) Epiminder UMPIRE (s**U**bscalp **M**onitoring e**PI**leptic Seizu**RE**s), Australian-based study with 26 patients

epiminder

CLINICAL VALIDATION AND COMMERCIALISATION

DETECT STUDY

Building the evidence base for reimbursement and commercial adoption

Study Design

Type	Prospective, randomised, controlled, blinded, multi-centre
Sites	Up to 25 US clinical sites, 23 now activated
Enrolment	Up to 210 participants
Follow-up	Six-month primary follow-up period
Primary Endpoint	Proportion achieving an actionable clinical event
Current Status	100th patient enrolled, mid October 2026

Purpose

Designed to demonstrate the cost-effectiveness and clinical value of Minder in US clinical practice to support payer adoption.

Target Enrolment Completion

H1 CY2027

>50% Complete

epiminder

DETECT STUDY

Enrolment more than halfway done

23 Sites

Perelman School of Medicine, University of Pennsylvania

Washington University in St. Louis, School of Medicine

Mayo Clinic x3

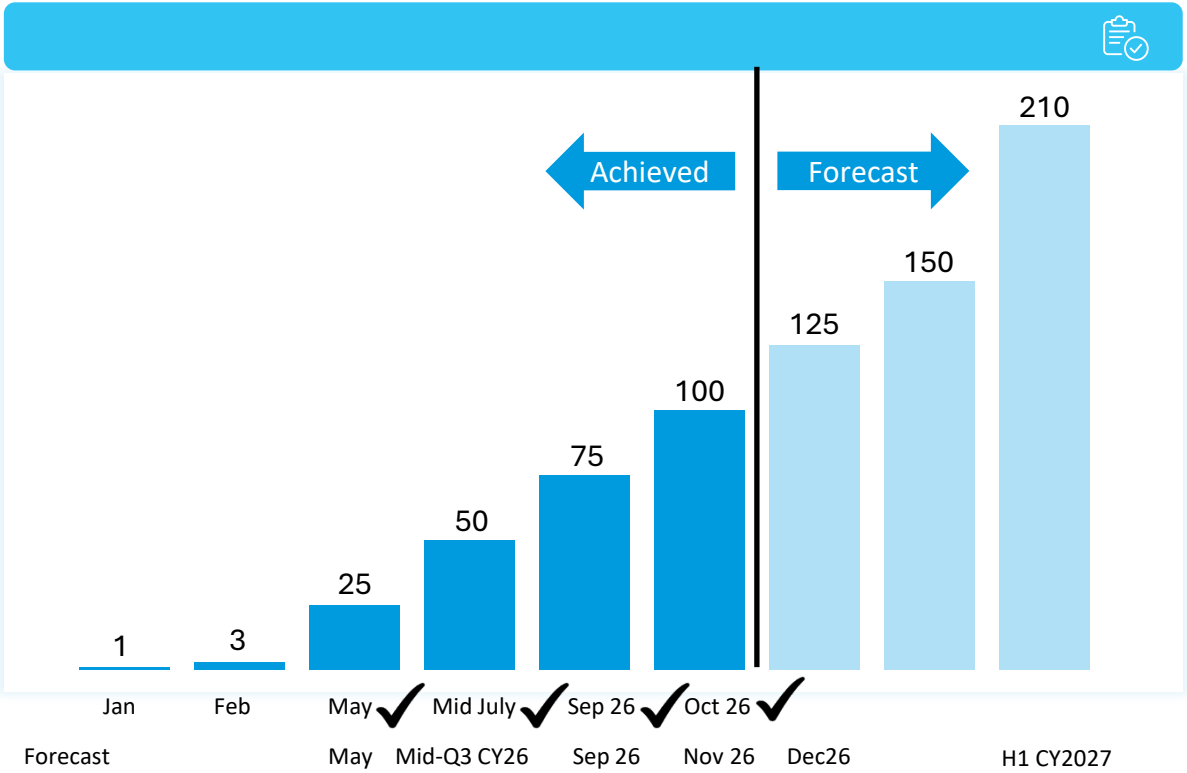
Stanford Medicine

Duke Medicine

Beth Israel Deaconess Medical Center, Harvard Medical School Teaching Hospital

Yale University School of Medicine

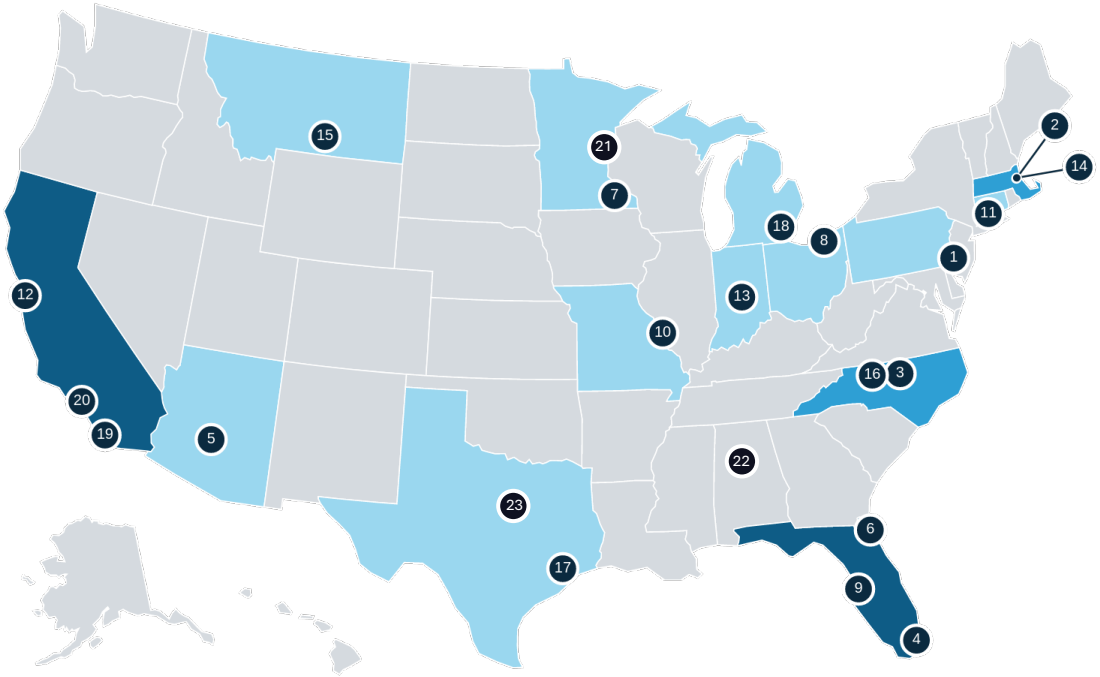
+ 14 more



epiminder

DETECT STUDY

Study Sites across the US, ~8% of US CEC (1)



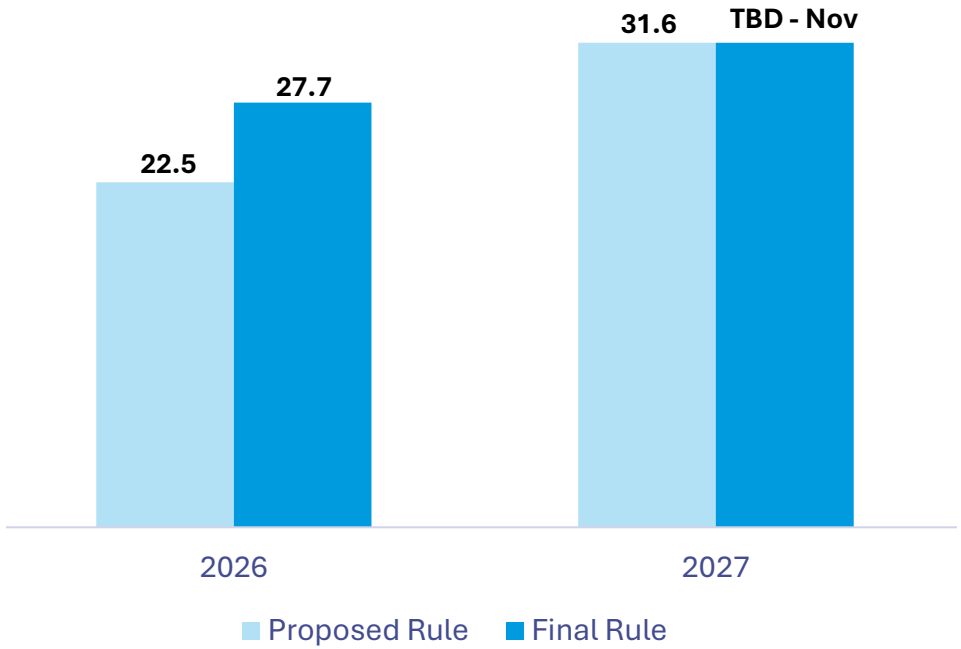
Participating Sites

1. University of Pennsylvania
2. Beth Israel Deaconess Medical Centre
3. Duke University
4. Nicklaus Children's Hospital
5. Mayo Clinic – Arizona
6. Mayo Clinic – Jacksonville
7. Mayo Clinic – Rochester
8. UH Cleveland
9. USF Health
10. Washington University
11. Yale
12. Stanford
13. Indiana University Health
14. Massachusetts General Hospital
15. Billings Clinic
16. Wake Forest University
17. UT Houston
18. University of Michigan
19. UC San Diego
20. UC Irvine
21. University of Minnesota
22. University of Alabama Birmingham
23. UT Southwestern

Note(s): (1) Comprehensive Epilepsy Centres

REIMBURSEMENT UPDATE

Preliminary CY2027 Medicare reimbursement increase supports target US pricing



- Favourable direction in US hospital reimbursement
- Supports targeted Minder System pricing
- CY2027 Final Rule expected in November 2026
- Potential additional payment remains available through Transitional Pass-Through (TPT)

CPT Code 0956T/APC 5117, sub-scalp implantation of an electrode array, receiver and telemetry unit for continuous EEG monitoring in Hospitals.

NEXT-GENERATION DEVICE

On track for H1 CY2027 design completion

Approximately 200 next generation devices have now been manufactured for:

- Biocompatibility testing
- Functional testing

Software feature complete for 510k predicate, stabilisation and testing commenced.



KEY IMPROVEMENTS

- Slimmer telemetry unit to support easier implantation
- Advanced communications and data storage
- Extended battery life
- Lower cost of goods

DATA, AI, FORECASTING

Growing Long term EEG datasets key to future AI and analytics

November 25, 2024

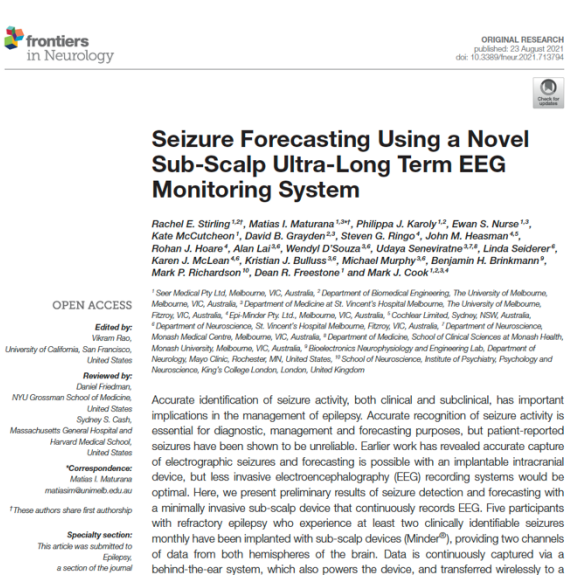
Epiminder Announces 5-Year Milestone of Long-Term Continuous EEG Monitoring Implant

The longest continuous EEG monitoring device implanted in human p

Melbourne, Australia – November 24, 2024 – Epi-Minder Pty Ltd, a m
on the development and commercialization of a sub-scalp Continuou
Monitoring device, Minder®, announced a significant milestone in its
program. As part of the UMPIRE study (s **U** b-scalp **M** onitoring of e **P**
clinical trial in Australia, the Minder device has recorded continuous E
participant. To date, this is the longest continuous EEG recording eve
important milestone in the evolving paradigm of EEG monitoring for
could open a path to seizure freedom.

Rohan Hoare, Chief Executive Officer of Epiminder, stated: "Our inve
device is proving to clinicians in the field of neurology that long term,
becoming a reality. Patients with drug resistant epilepsy manage a ve
freedom and this is often the result of not having objective long term
treating neurologist to make the best informed clinical decisions. The
holds the promise of delivering actionable insights to clinicians and p
control and, for some, achieve seizure freedom."

About epilepsy



frontiers in Neurology

ORIGINAL RESEARCH
published: 23 August 2021
doi: 10.3389/fneur.2021.713794

Seizure Forecasting Using a Novel Sub-Scalp Ultra-Long Term EEG Monitoring System

Rachel E. Stirling[1,2†], Matias I. Maturana[1,3†], Philippa J. Karoly[1,2], Ewan S. Nurse[1,3], Kate McCutcheon[1], David B. Grayden[2,3], Steven G. Ringo[4], John M. Heasman[4,5], Rohan J. Hoare[4], Alan Lai[3,6], Wendyl D'Souza[3,6], Udaya Seneviratne[3,7,8], Linda Seiderer[4], Karen J. McLean[4,6], Kristian J. Bulluss[3,6], Michael Murphy[3,6], Benjamin H. Brinkmann[9], Mark P. Richardson[10], Dean R. Freestone[1] and Mark J. Cook[1,2,3,4]*

[1] Seer Medical Pty Ltd, Melbourne, VIC, Australia, [2] Department of Biomedical Engineering, The University of Melbourne, Melbourne, VIC, Australia, [3] Department of Medicine at St. Vincent's Hospital Melbourne, The University of Melbourne, Fitzroy, VIC, Australia, [4] Epi-Minder Pty. Ltd., Melbourne, VIC, Australia, [5] Cochlear Limited, Sydney, NSW, Australia, [6] Department of Neuroscience, St. Vincent's Hospital Melbourne, Fitzroy, VIC, Australia, [7] Department of Neuroscience, Monash Medical Centre, Melbourne, VIC, Australia, [8] Department of Medicine, School of Clinical Sciences at Monash Health, Monash University, Melbourne, VIC, Australia, [9] Bioelectronics Neurophysiology and Engineering Lab, Department of Neurology, Mayo Clinic, Rochester, MN, United States, [10] School of Neuroscience, Institute of Psychiatry, Psychology and Neuroscience, King's College London, London, United Kingdom

OPEN ACCESS

Edited by:
Vikram Rao,
University of California, San Francisco, United States

Reviewed by:
Daniel Friedman,
NYU Grossman School of Medicine, United States
Sydney S. Cash,
Massachusetts General Hospital and Harvard Medical School, United States

**Correspondence:*
Matias I. Maturana
matiasm@unimelb.edu.au

†These authors share first authorship

Specialty section:
This article was submitted to Epilepsy, a section of the journal

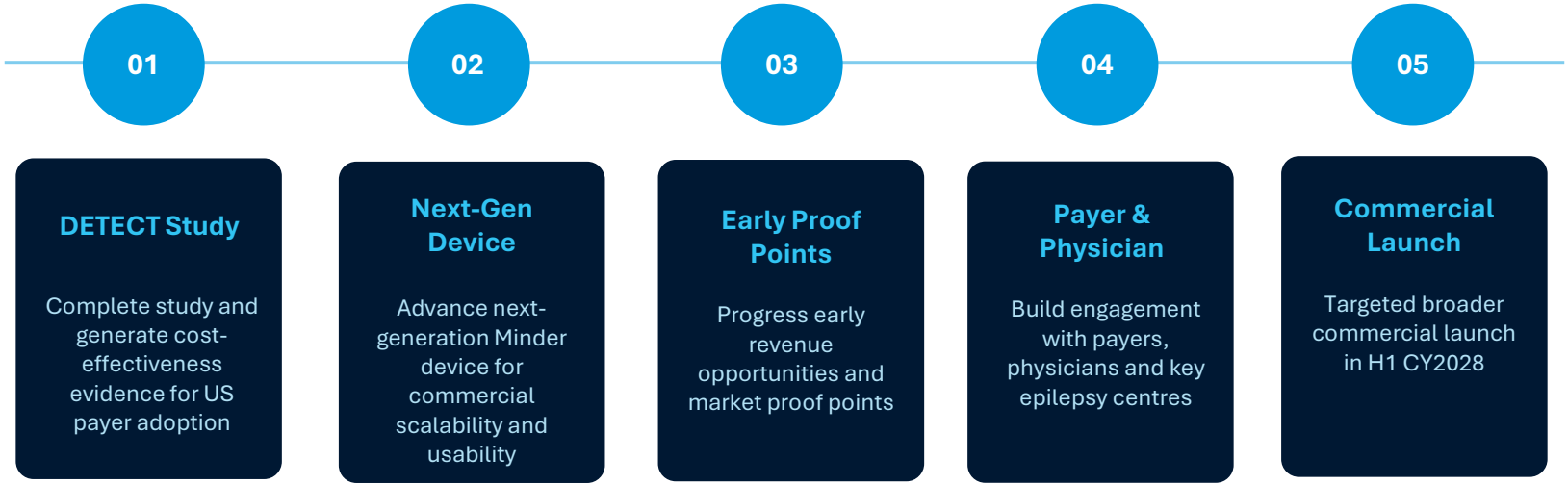
Accurate identification of seizure activity, both clinical and subclinical, has important implications in the management of epilepsy. Accurate recognition of seizure activity is essential for diagnostic, management and forecasting purposes, but patient-reported seizures have been shown to be unreliable. Earlier work has revealed accurate capture of electrographic seizures and forecasting is possible with an implantable intracranial device, but less invasive electroencephalography (EEG) recording systems would be optimal. Here, we present preliminary results of seizure detection and forecasting with a minimally invasive sub-scalp device that continuously records EEG. Five participants with refractory epilepsy who experience at least two clinically identifiable seizures monthly have been implanted with sub-scalp devices (Minder®), providing two channels of data from both hemispheres of the brain. Data is continuously captured via a behind-the-ear system, which also powers the device, and transferred wirelessly to a

- Longest continuous EEG dataset
- Growing volume of longitudinal patient data
- Algorithmic and AI tools in development
- Potential future applications in seizure forecasting
- Potential opportunities to monetise – pharma, forecasting

epiminder

COMMERCIALISATION PATHWAY

Epiminder intends to undertake a phased commercial rollout through leading US epilepsy centres ahead of a broader commercial launch expected in H1 CY2028

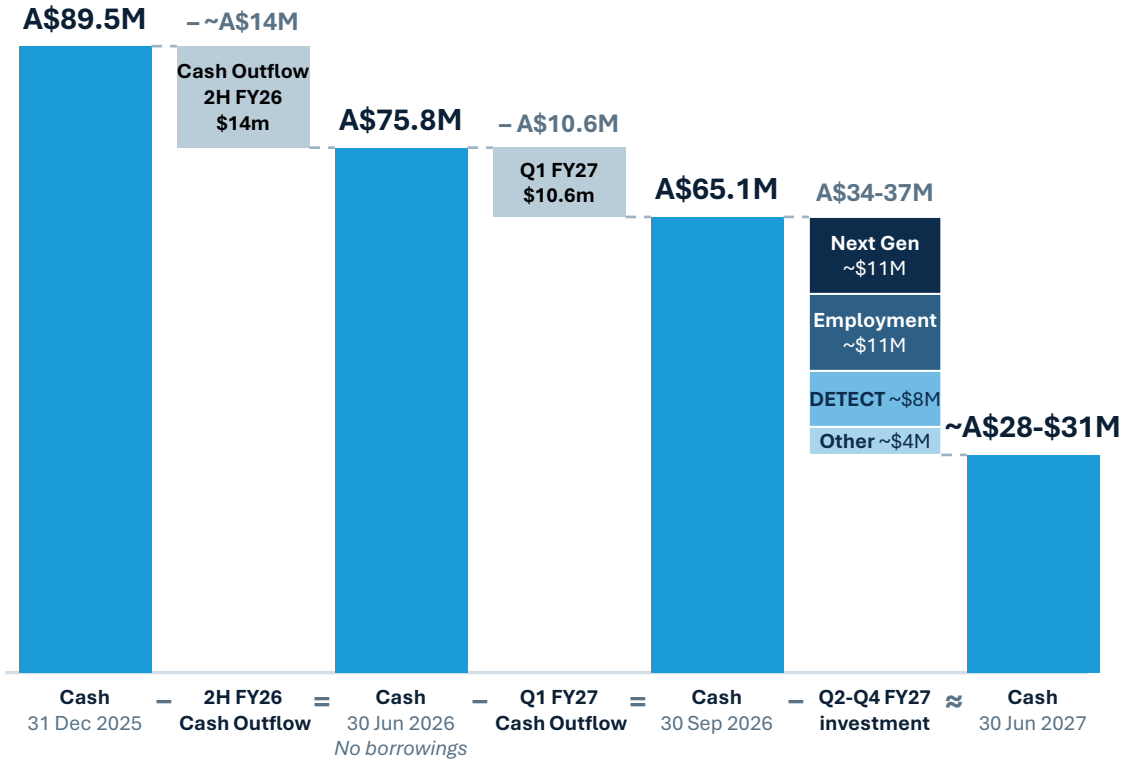


Early Commercial Opportunities

	**Pharmaceutical Trials/Research**	**Active**	• Engage in with Pharmaceutical companies on companion monitoring of novel drug targets
	**Veterans Health Administration**	**Active**	• Engage with with VA Epilepsy Center of Excellence (ECE) network
	**US Individual Patient Reimbursement**	**Active**	• Engage with non DETECT centres on patient opportunities
AU	**Australian Special Access/Authorized Prescriber Scheme**	**Active**	• Set up Authorized Prescribers to facilitate Australian sales

FINANCIAL POSITION

Funded to execute key value-driving milestones



Funded well into CY2028

- A$65.1m cash at 30 Sept 2026, with no borrowings
- No change in FY27 cash outflow post Q1 FY27. Full year cash outflow expected to be A$45–48 million, reflecting peak investment in DETECT and next-generation development
- DETECT and next-generation development costs are expected to reduce materially from FY28
- Cash resources exclude any R&D tax cash rebate incentive for FY27

CORPRATE OUTLOOK

Clear milestones over the next 18 months

01

DETECT Study

- Complete enrolment of 210 patients by H1 CY2027
- Continue engagement with participating US clinical sites
- Generate clinical and reimbursement evidence

02

Next-generation Minder

- Complete device development in H1 CY2027
- Target FDA clearance: H2 CY2027
- Prepare for scalable manufacturing commencing H1 2028

03

Commercial Readiness

- Progress early revenue opportunities
- Build payer and physician engagement
- Medicare CY2027 Final Rule on payment
- Prepare for broader commercial launch H1 CY2028

04

Financial Outlook

- Expected FY27 cash outflow of ~$45m to $48m
- Cash usage driven by DETECT volumes and next-gen development
- DETECT and next-gen costs to reduce from FY28
- Sufficient cash reserves to complete DETECT and next gen and fund commercialisation well into CY2028

CONTACT

COMPANY

investors@epiminder.com

INVESTOR RELATIONS

Gabriella Hold
The Capital Network

gaby@thecapitalnetwork.com.au
(+ 61 2) 7257 7338