



Investor Presentation

December 2018

LOOKING AT
MENTAL HEALTH,
OBJECTIVELY

Forward Looking Statements

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The mental health technology company leveraging objective digital biomarkers for products and services that assist in screening, diagnosing, monitoring, and managing of depression and other mental health conditions.

Medibio Update



New
Focus



Clear
Direction



New Path
Forward



**Path to
Commercialisation
CY 2019**



New Focus



- ▶ Eliminating Distractions as Quickly as Possible
- ▶ Challenge All Spending to Conserve Cash
- ▶ Prioritize Business Segments
- ▶ Strengthen Regulatory Path
- ▶ Open & Honest Communication to All

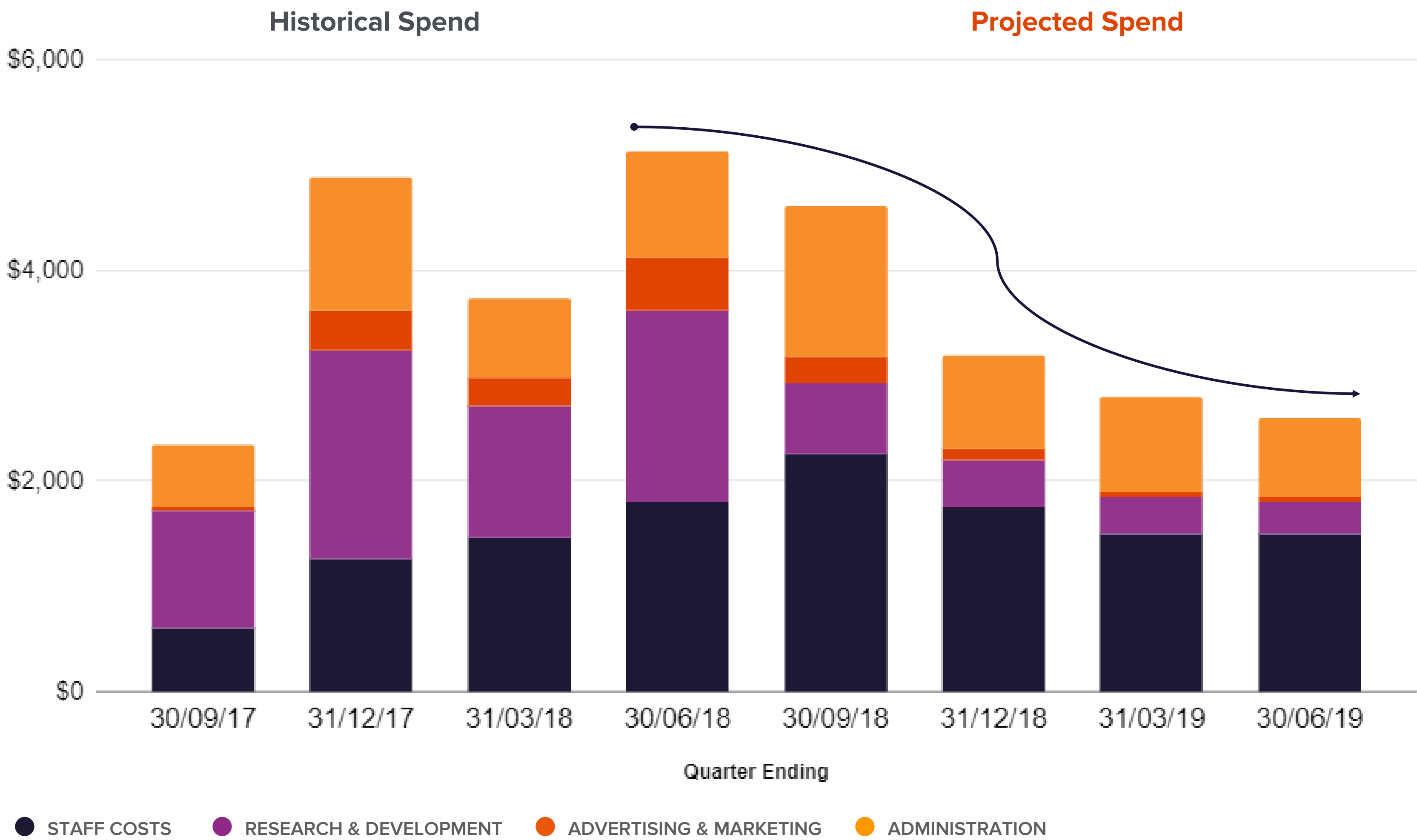
New Path Forward



- ▶ Right-Size the Business
- ▶ Ruthlessly Challenge All Spending
- ▶ Strengthen Regulatory Path
- ▶ Commercialisation in 2019



Quarterly Cash Burn - Fiscal Years 2018 & 2019



Corporate Structure

CAPITAL STRUCTURE (ASX:MEB) (OTCQB:MDBIF)

Market Cap	AU\$7.7M
Share price <i>as of 26 November 2018</i>	AU\$0.038
Shares on Issue	203M
Cash ¹	AU\$3.5M

1. Cash balance as of 31 October 2018.
2. Percentages based on available information, including share registry, options listing, ASX filings, and other reported data
3. Includes shares on issue and vested board & management options

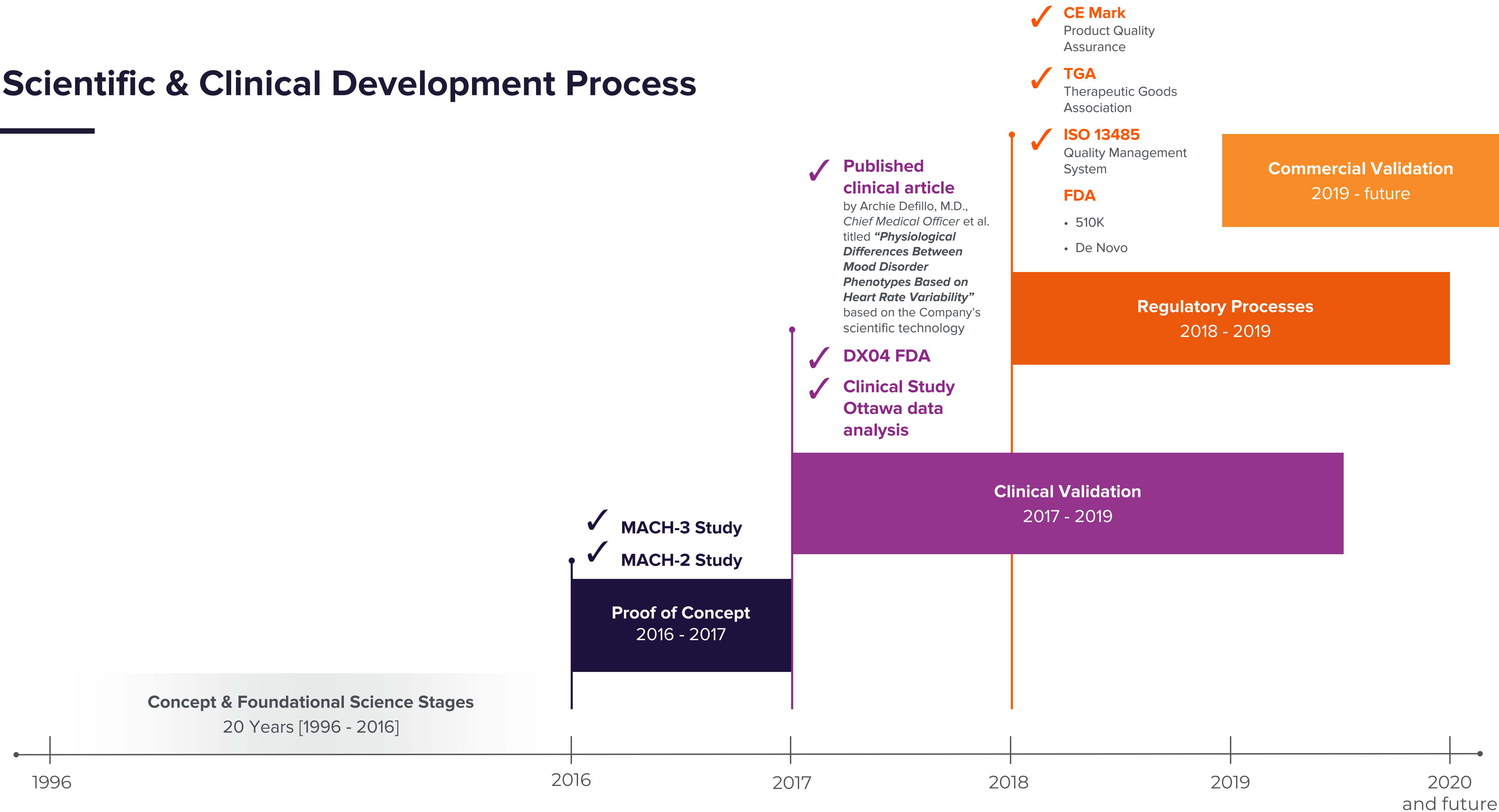
Significant Institutional Investors

 Fidelity	9.1%
 Regal Funds Management	7.0%

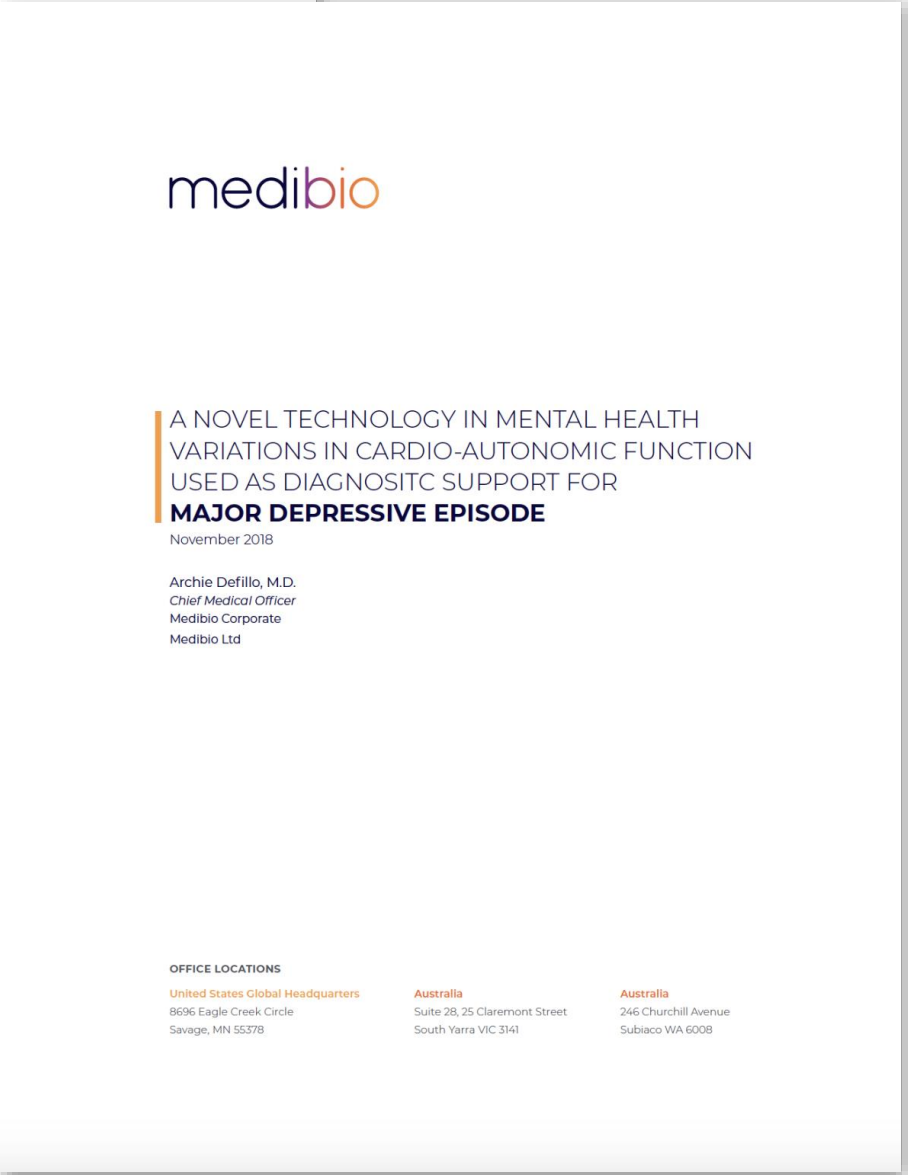
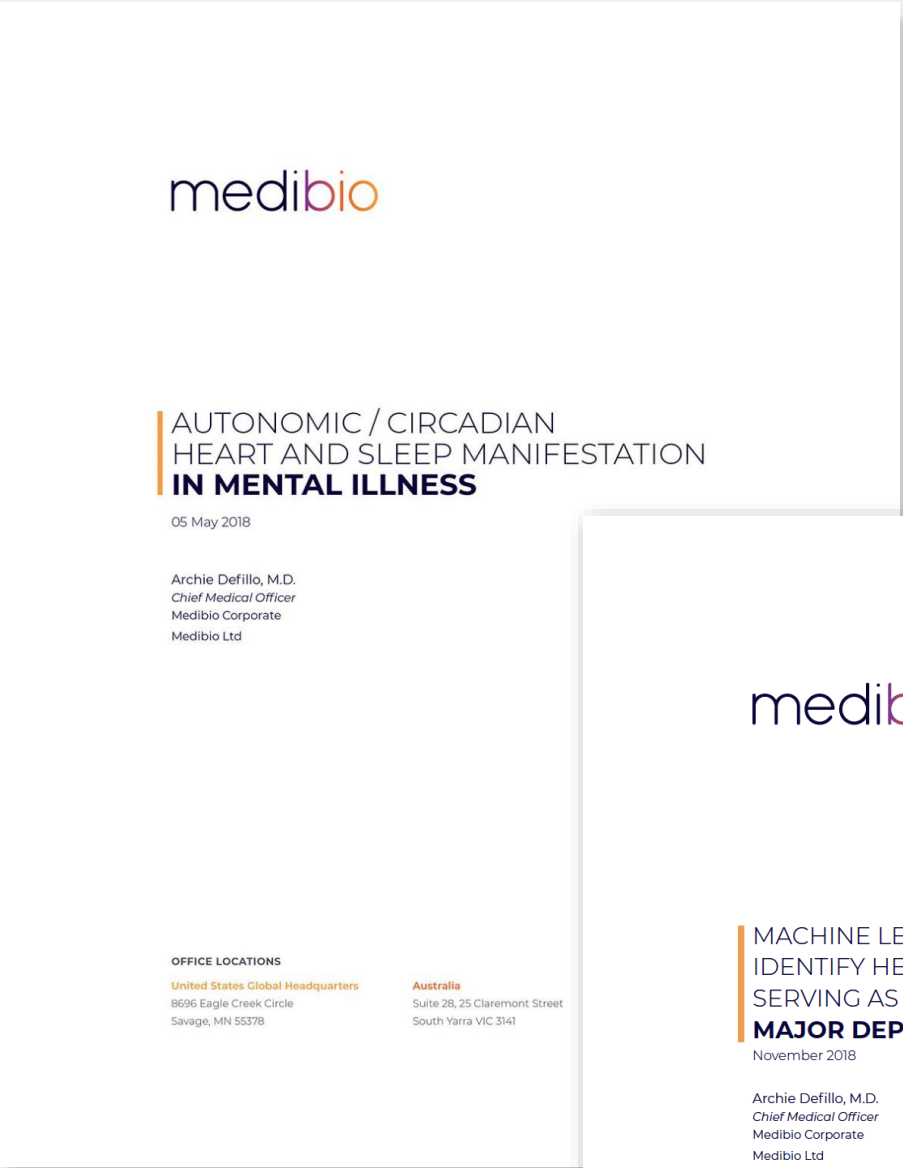
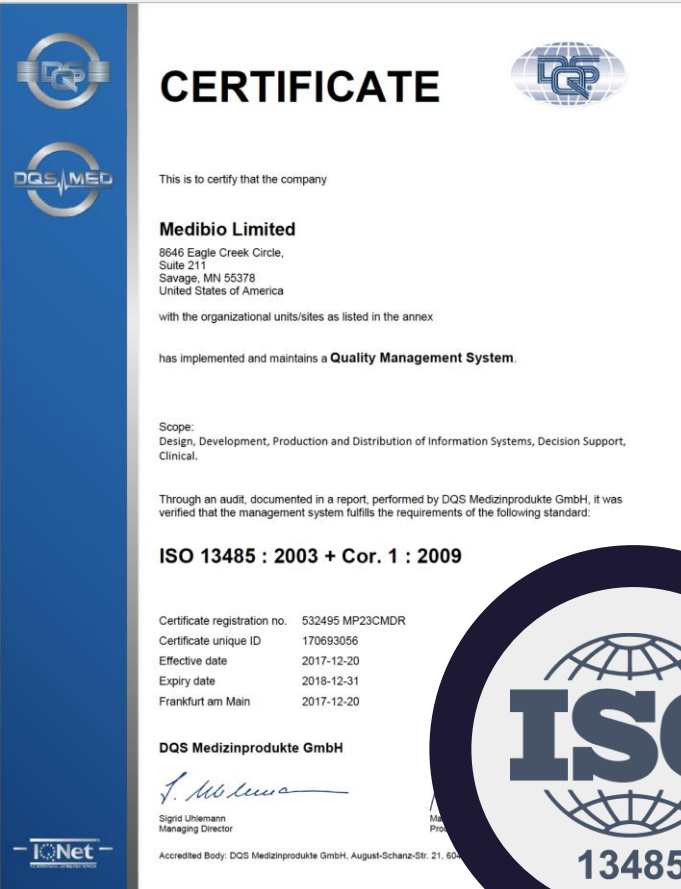
Shareholder Mix^{2, 3}

Private Holders	57.2%
Institutional Holders	40.1%
Board and Management	2.7%

Scientific & Clinical Development Process



Regulatory Validation & Publications



Mayo Clinic
Convergence
Neuroscience
2018 Course



510K path
De Novo path

U.S. Regulatory Path to Commercialisation

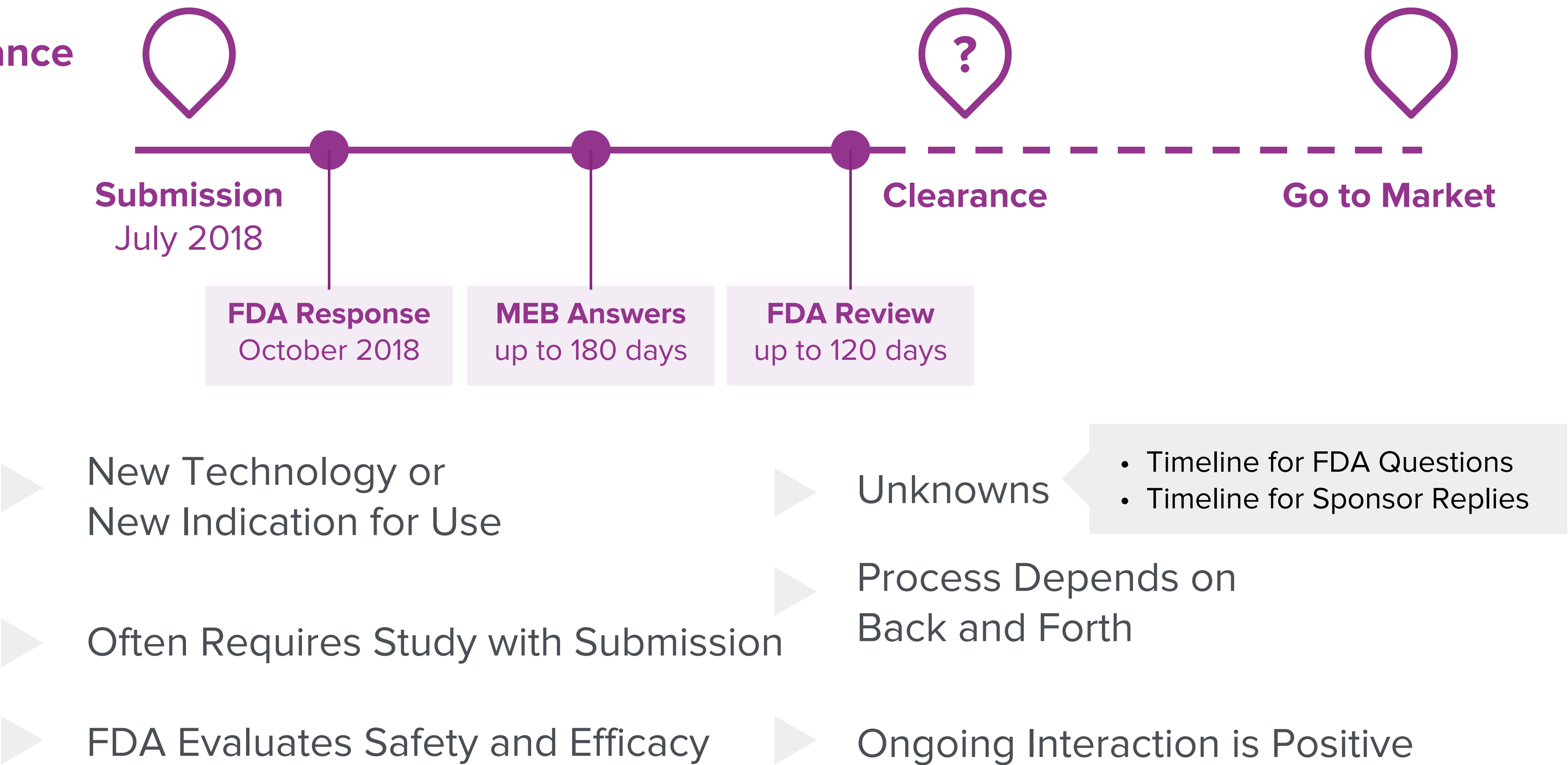
FDA 510k Clearance Class I or II Device



- ▶ Use a “Predicate” Technology
- ▶ Technology Must Be Low-risk
- ▶ Typically 90 Days to Clearance
- ▶ Vast Majority of Medical Devices/ Technology

U.S. Regulatory Path to Commercialisation

FDA De Novo Clearance Class I or II Device



Commercial Opportunities

Australia

Illumen in Corporate Health Market



Small Start with Pilots

Need to Refine the Business Model

Provide Better Feedback

Develop IP in This Space

Refine Pricing Model for Revenue

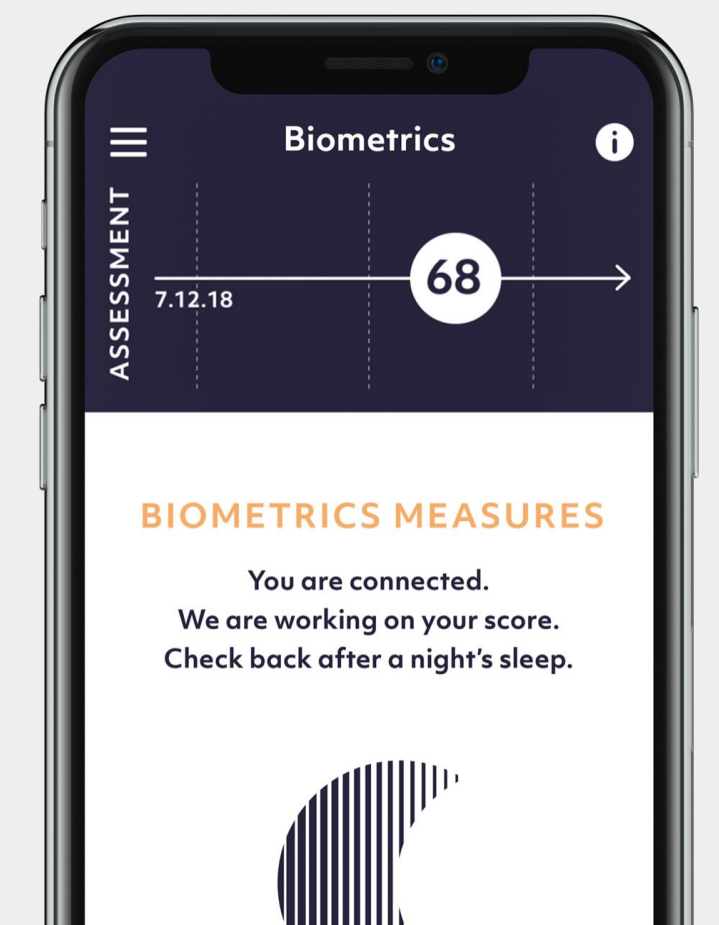
Improve Partnership and Integration Opportunities

Manage Our Costs



Looking to Expand...

- Focus on Better Use of Biometrics
- Continue to Improve Biometric Algorithm (based on wearable data collected)



Commercial Opportunities

USA

with Regulatory Clearance



Two Paths:



De Novo

No Specific Timeline



501K Clearance

- **1 or more applications**
- **Expect clearance by 2019**
- **Lead to commercialisation in 2019**



Focus Will Be on Medical - Integrated Health Solutions



Will evaluate Corporate Health



Consumer in the Future

Board of Directors



CHRIS INDERMAUR
Chairman
B. Eng. (Mech.), Grad Dip Eng. (Chem.), LLB,
LLM, Grad Dip LP



PETER CARLISLE
Vice Chairman
Managing Director, Olympics &
Action Sports, Octagon Worldwide



DR FRANKLYN G PRENDERGAST
PhD MD, Non Executive Board Member
Former member board of Trustee and Board of Governors
Mayo Clinic and board member Eli Lilly



PATRICK KENNEDY
Non Executive Director
Former US Congressman
Founder, Kennedy Forum



MICHAEL PHELPS
Non Executive Director
Mental Health Advocate



ANDREW MAXWELL
Non Executive Director
MBA, MAcc, ACPA



DAVID KAYSEN
CEO & Managing Director



MELANIE LEYDIN
Company Secretary
B. Bus. (UTS), Grad. Dip. DP (UTS), CA, AGIA

Executive Team



DAVID KAYSEN
Chief Executive Officer



BRIAN MOWER
CFO
B.S., MAcc, CPA



ARCHIE DEFILLO
Chief Medical Officer



JEREMY SCHROETTER
Chief Technology Officer



LINDSEY HAGAN
Vice President Integrated Health



JENNIFER SOLITARIO
Senior Vice President Corporate Health



PATRICK MIDDEN
Chief Privacy Officer

SCIENTIFIC ADVISORY BOARD

External Advisors:

Martin Chapman, MBBS FRANZCP

Psychiatrist and Fellow of the **Royal Australian and New Zealand College of Psychiatrists**. As a medical administrator he has worked in both hospital and community settings in private and government sectors. His clinical practice is in the area of treatment resistant mood and anxiety disorders. He has taught in undergraduate and postgraduate Psychiatry with a focus in assisting primary care physicians in their management of mental health conditions. He has an interest in mental health system development and the role of new technologies in streamlining and providing clinical decision support.

Joel R. Ehrenkranz, M.D.

Endocrinologist on the faculty of the **University of Colorado School of Medicine** and a biotech entrepreneur in Salt Lake City, Utah. Dr. Ehrenkranz received his M.D. degree from Stanford and trained in internal medicine at Columbia University, neurology at Memorial Sloan Kettering Cancer Center, and endocrinology at the National Institutes of Health.

Mark A. Frye, M.D.

Chair of the Department of Psychiatry and Psychology at **Mayo Clinic**. He also serves as director of the Mayo Clinic Depression Center. Dr. Frye received his M.D. from the University of Minnesota and completed his psychiatric training at the Semel Institute for Neuroscience and Human Behavior at the David Geffen School of Medicine at UCLA. He subsequently completed a fellowship at the National Institute of Mental Health in Bethesda, Maryland with a research focus on the neurobiology of treatment resistant depression and bipolar disorder.

Lawrence Hunter, Ph.D.

Professor at the **University of Colorado** and directs the Computational Bioscience Program. He earned his degrees from Yale University, including B.A. in Psychology (cum laude); M.S. and M. Phil. and Ph.D. in Computer Science.

Wallace Mendelson, M.D.

Psychiatrist and author, and was formerly **Professor of Psychiatry and Clinical Pharmacology**, and director of the **Sleep Research Laboratory**, at the **University of Chicago**. Dr. Mendelson earned an MD degree from Washington University School of Medicine in St. Louis and completed a residency in psychiatry there as well. He has held professorships at Ohio State University and the State University of New York at Stony Brook, was Chief of the Section on Sleep Studies at the National Institute of Mental Health in Bethesda, MD, and Director of the Sleep Disorders Center at the Cleveland Clinic.

Marie Casey Olseth, M.D.

Currently in private practice as a Board Certified Adult Psychiatrist in the group practice that she owns. She earned her of Medicine degree from the University of Minnesota Medical School and completed her residency in General Psychiatry at the University of Minnesota and University of Wisconsin, Madison.

Giampaolo Perna, M.D., Ph.D.

Currently Chair of the Department of Clinical Neurosciences at **San Benedetto Menni Hospital of the Hermanas Hospitalarias (Como Lake)** and Academic Coordinator of Mental Health and Adjunct Professor at **Humanitas University (Milan)**, in Italy. He earned his degree in Medicine and Surgery at the State University of Milan, followed by Ph.D. and completed a residency in Psychiatry there as well. He is the Chair of WPA section on personalized psychiatry and Co-editor in chief of the Elsevier Journal “Personalized Medicine in Psychiatry”.

Internal Advisors:

Archie Defillo, M.D.

Currently the Chief Medical Officer at **Medibio Limited**. He has over 25 years of clinical experience with neurological diseases. For the past 13 years his efforts have been focused in neurological research. His research interests include cerebrovascular, stroke, neuro-trauma, brain oxygenation, metabolism and autonomic dysfunction. Based on his extensive academic work, in 2012, he was selected a scientific member of the Congress of Neurological Surgeons.

Franklyn Prendergast, M.D., Ph.D.

Currently a director on the **Medibio Limited** board and chair of the Scientific Advisory Board. Previously, he was the Emeritus Edmond and Marion Guggenheim Professor of Biochemistry and Molecular Biology and Emeritus Professor of Molecular Pharmacology and Experimental Therapeutics, Mayo Medical School, to its Physician Advisory Board.

Dr. Prendergast earned his medical degree with honors from the University of West Indies. He attended Oxford University as a Rhodes Scholar, where he earned his masters degree in Physiology. After completing residency in Internal medicine at The Mayo Clinic in Rochester, Minnesota he earned a doctorate degree Biochemistry from the University of Minnesota/Mayo Graduate School.

Positions held: Chair, Department of Biochemistry and Molecular Biology; Director for Research Mayo Clinic (Rochester) (1989-1992). Board of Governors Mayo Clinic in Rochester; Mayo Clinic Board of Trustees (1992-2009); Mayo Clinic Board of Governors (1999-2006). Mayo Distinguished Investigator; Emeritus Director, Mayo Clinic Comprehensive Cancer Center and Mayo Center for Individualized Medicine.

In addition to his current role as a director on the Medibio board and chair of the Scientific Advisory Board, Dr. Prendergast holds numerous appointments with Industry and Extramural academic affiliations. He has extensive interactions over many years with National Institutes of Health (NIH); Board of Advisors for the Division of Research Grants; National Advisory General Medical Sciences Council; Board of Scientific Advisors of the National Cancer Institute; and the National Cancer Advisory Board.

Summary

THE CHALLENGE

21 million suicide attempts from mental illness

Of those, nearly 1 million are successful

THE SOLUTION

Biometric-based technology to identify, monitor and treat mental health conditions

THE SCIENCE

20+ years of scientific rigor

THE COMPANY

Ready to change the way the world looks at Mental Health,
OBJECTIVELY.

THE OPPORTUNITY

Corporate Health

64 million employees

Consumer Health

266 million lives

Integrated Health

450 million lives

THANK YOU

David B. Kaysen

CEO and Managing Director

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Savage . MN 55378 USA

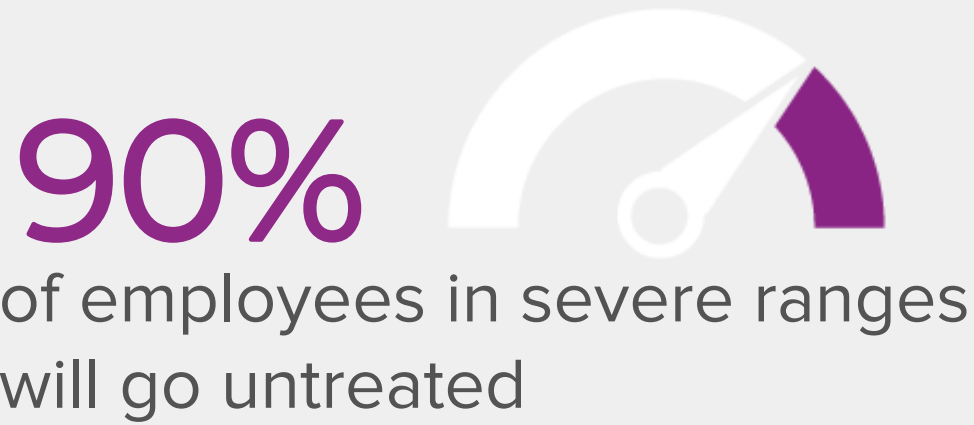


Appendix

The Challenge

IN ORGANISATIONS

Mental Health in the Workplace



The Challenge

IN SOCIETY

Stigma and lack of access are prevalent globally

21 million suicide attempts from mental illness

Of those, nearly 1 million are successful

In 2015, suicide was the



leading cause of death among 15 to 29 year-olds globally

300 MILLION suffer from depression

1 in 13 suffer from anxiety

7.7 MILLION PTSD sufferers in the United States alone

The Challenge

IN THE HEALTHCARE SYSTEM

Only **1 psychiatrist per 100,000 people** in over half the countries in the world

40% of countries have less than one hospital bed reserved for mental disorders
per 10,000 people

Out of **350 million** patients globally **< 7%** receive optimal treatment



50%
are never diagnosed



30%
are incorrectly diagnosed



\$94.5
BILLION

direct cost to treat Major Depressive Disorder (MDD) annually in the USA



\$12.6
BILLION

direct cost to treat depression annually in Australia

The Science

PIONEERING RESEARCH

Mental Illness and Biomarkers
in the Human Body

Physiology

Our approach exploits features of cardiovascular physiology influenced directly by the autonomic nervous system and susceptible to disruption during sleep, as a source of biometrics that correlate with onset and existence of mental dysfunction.

20+ years of data collected



Data Science

Our approach focuses on using Artificial Intelligence to monitor mental illness types (such as depression, PTSD, anxiety and stress) and potential physiological metrics, so we can predict irregularity and future recurrent episodes.

A comprehensive patent suite
CHR, technology, and diagnostics

The relationship between psychiatric illness and the circadian pattern of heart rate.
Hans G . Stampfer, Australian and New Zealand Journal of Psychiatry 1998; 32:187-198.

Clinical Background

PAST/ PRESENT STUDIES	PARTNERS	ACCURACY	STUDY PURPOSE
Prospective Clinical Validation Trial DX04 DEPRESSION - Prospective Study May 2018 220 patients	8 clinical study partners	70% (56-84%)	Prospective, blinded, case controlled, cross sectional clinical validation study to support the FDA De Novo submission as an aide in the diagnosis of depression in a normal environment
Retrospective Data Analysis Retrospective PSG+HRV in sleep lab for DEPRESSION November 2016 889 patients		86%	Retrospective, un-blinded analysis to identify depressed from non-depressed subjects in a controlled sleep lab environment using PSG + HRV
Proof of Concept MACH-3 Depression - Prospective study August 2017 60 patients		82%	Prospective, proof of concept study using HRV to diagnose depression In a primary care setting
MACH-2 DEPRESSION - retrospective study December 2016 26 patients		81%	Retrospective hypothesis study to identify depressed patients
Foundational Learning SLEEP STAGING Observational Study using ECG Data June 2016 7,500 subject sleep records		86-95%	Retrospective data analysis to identify sleep staging using ECG data
Versus 33-50% – Diagnostic accuracy in the Primary Care Setting¹ (1) Depression in Primary Care Vol 1: U.S. Department of Health			

Clinical Validation DX04 FDA Study



Clinical Validation

CORPORATE HEALTH

Providing personalised solutions in employee and organizational mental health.

STRESS

~64 million lives¹

STRESS

~266 million lives²

DEPRESSION

~450 million lives³

CONSUMER HEALTH

Empowering consumers to track and manage mental health.

INTEGRATED HEALTH

Designing clinical decision support systems that enable clinicians to monitor and manage their patient populations.

- 1. Based on employment in USA and Australia
- 2. Based on adult population in USA and Australia
- 3. World Health Organization's global population of mental disorders

Corporate Health App



An objective digital biometric analysis and mental wellness assessment provided to the employee, paid for by their employer.

- Mental wellness survey and assessment
- Biometric monitoring with history tracking
- Optional telepsych debriefing of results
- Communications toolbox for rollout
- Organisational dashboard analytics
- Recommendations for employer

THREE-STEP PROCESS



ASSESS



CONNECT



DISCOVER



1. Based on employment in USA and Australia
2. Based on adult population in USA and Australia
3. Based on people in the world currently suffering from a mental health condition

Corporate Health App



REAL-TIME ORGANISATIONAL DASHBOARD

- Detailed analytics to Corporate Customers at Organisational level
- De-identified aggregate data to enable informed decision making
- Ability to filter and view demographical subsections (eg. Females, aged 18-35)
- Improve team performance and employee well-being

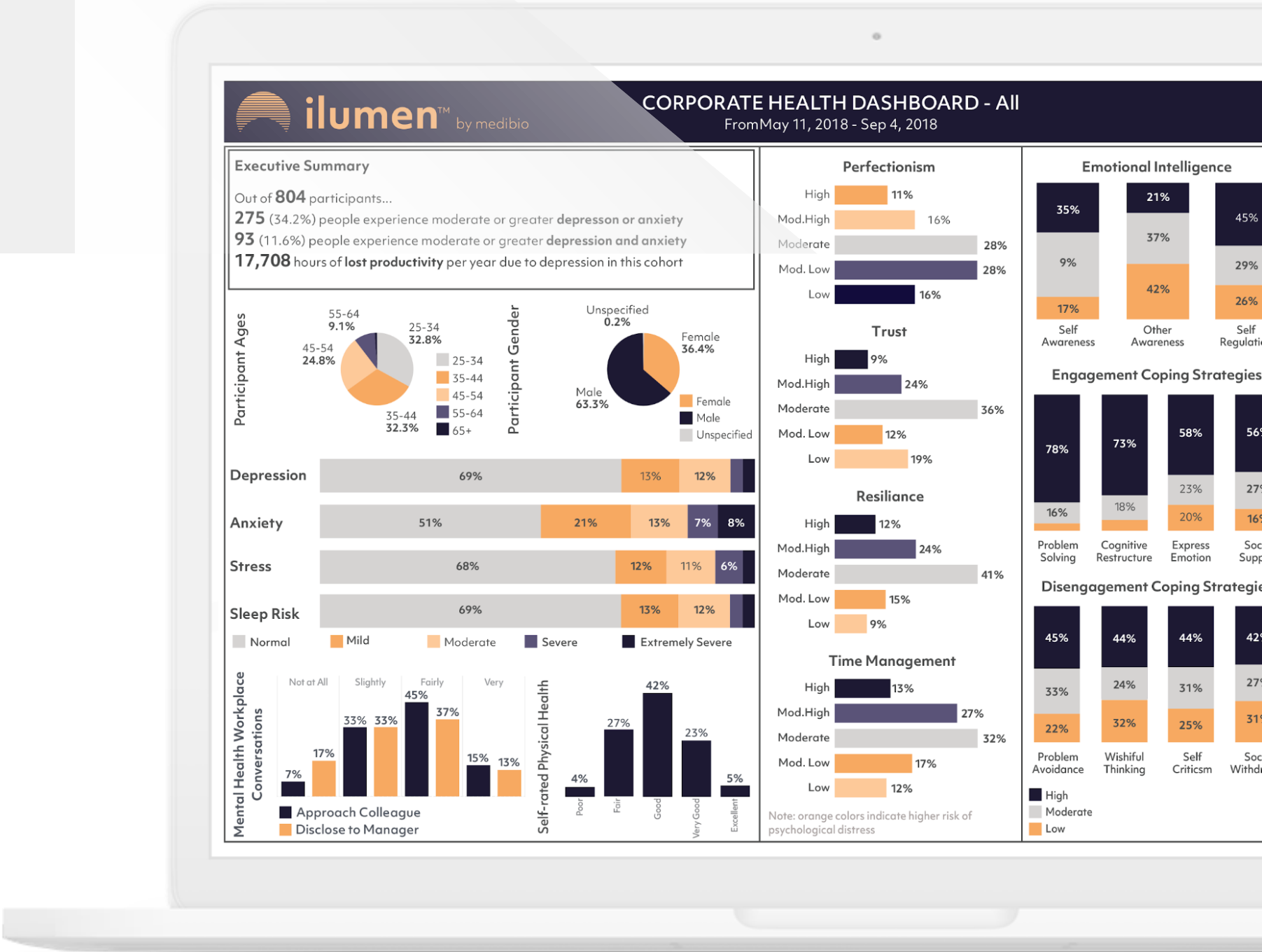
Organizational Dashboard

Status: LIVE

Filtering results by:

GENDER: MALE / FEMALE / NON-BINARY

AGE: 18-24 / 25-34 / 35-44 / 45-54 / 55+



Corporate Health App



WHY IT'S NEEDED

In any workforce there are various levels of stress that can affect individual/team mental wellness.

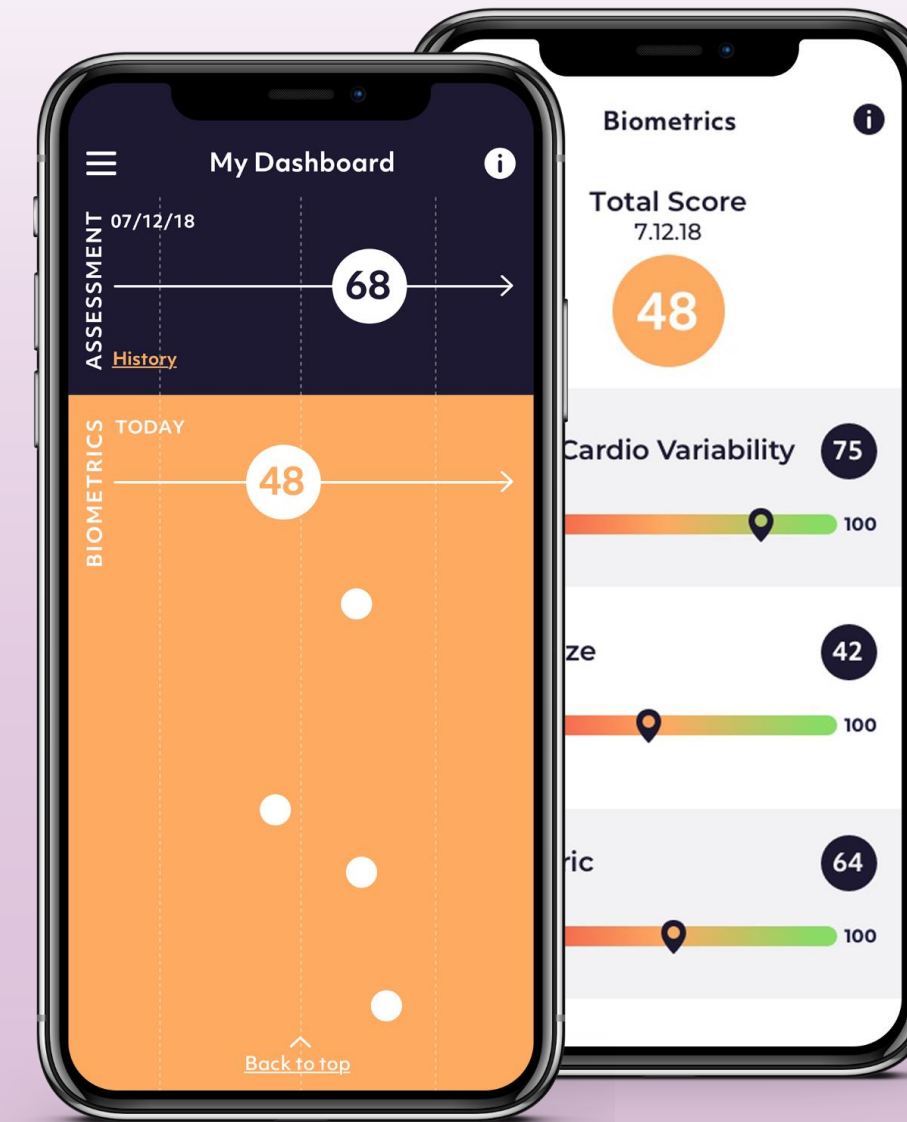
Employers are

- Increasing pressure to meet internal/external targets and promoting high performing culture
- Requiring higher levels of mental fitness & time requirements at work and at home
- Expecting frequent travel and project deployment

...While managing

- Wide geographical distribution
- Turnover
- Well-being programs that aren't data-driven or specific to your organisation

HOW IT WORKS



Employees:

- Employees track biometrics over time with a wearable device
- Access to mental wellness assessments via mobile or web
- Learn about strategies to better cope with managing life at work, personal development plans, stress, and strain
- Empowered to measure, monitor, and improve wellness

Organizations:

- Dynamic understanding - know what your workforce needs AND how to help
- Optimize workforce performance, minimize risk, and offer better care for employees



WHAT IT DOES

Employees:

- Track and monitor wellness
- Improve through tailored resources
- Identify positive influences of personal lifestyle modifications

Organizations:

- Access a de-identified dashboard of employee well-being
- Make informed decisions based on workforce data
- Monitor impact of decisions made, programs implemented
- Provide metrics on workforce capability to clients, suppliers, insurers etc.

medibio

THANK YOU

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Savage, MN 55378 USA

medibio.com.au

LOOKING AT
MENTAL HEALTH,
OBJECTIVELY