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LEADER IN INFECTION CONTROL SOLUTIONS

Improving the safety of patients, clinics, their staff and the environment

ANNUAL GENERAL MEETING

7 November 2014

Nanosonics Board, Secretaries and Auditor

Maurie Stang
Maurie Stang

Michael Kavanagh
CEO and Executive Director

Richard England
Non-Executive Director

David Fisher
Non-Executive Director

Ron Weinberger
President Technology Development / Commercialisation

McGregor Grant
CFO / Company Secretary

Rob Waring
Company Secretary

Mark Nicholaeff
Auditor, UHY Haines Norton

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ANNUAL GENERAL MEETING

Resolution 1

Election of a Director – Dr David Fisher

Resolution: That Dr David Fisher, who retires as a Director pursuant to the Company's Constitution and, being eligible, offers himself for re-election, be elected a Director.

Proxy votes received

Votes for	:	120,187,812
Against	:	24,646,228
Abstained/Excluded	:	28,114
Discretion	:	1,088,974

Resolution 2
Remuneration Report

Resolution: That the Remuneration Report for the financial year ended 30 June 2014 be adopted.

Proxy votes received

Votes for	:	115,401,669
Against	:	498,748
Abstained/Excluded	:	28,961,738
Discretion	:	1,088,974

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Chairman's Address
Mr Maurie Stang

Disclaimer

This presentation is intended to provide a general outline only and is not intended to be a definitive statement on the subject matter. The information in this presentation, whether written or verbal, has been prepared without taking into account the commercial, financial or other needs of any individual or organisation. Certain information may relate to protected intellectual property rights owned by Nanosonics (the "Company"). While Nanosonics has taken due care in compiling the information, neither the Company nor its officers or advisors or any other person warrants the accuracy, reliability, completeness or timeliness of the information or guarantees the commercial or investment performance of the Company. The information does not constitute advice of any kind and should not be relied on as such. Investors must make their own independent assessment of the Company and undertake such additional enquiries as they deem necessary or appropriate for their own investment purposes. Any and all use of the information is at your own risk.

Strengthening Case for Increased Investment in Preventing HAIs

The NEW ENGLAND JOURNAL of MEDICINE

May 2014 NEJM paper recommended increasing surveillance and prevention activities to fight HAIs

"Our nation is making progress in preventing healthcare-associated infections through three main mechanisms:

- ***financial incentives to improve quality;***
- ***performance measures and public reporting to improve transparency; and***
- ***and the spreading and scaling of effective interventions.***

This progress represents thousands of lives saved, prevented patient harm, and the associated reduction in costs across our

1. Patrick Conway, MD, deputy administrator for innovation and quality for the Centers for Medicare & Medicaid Services (CMS), and CMS Chief Medical Officer

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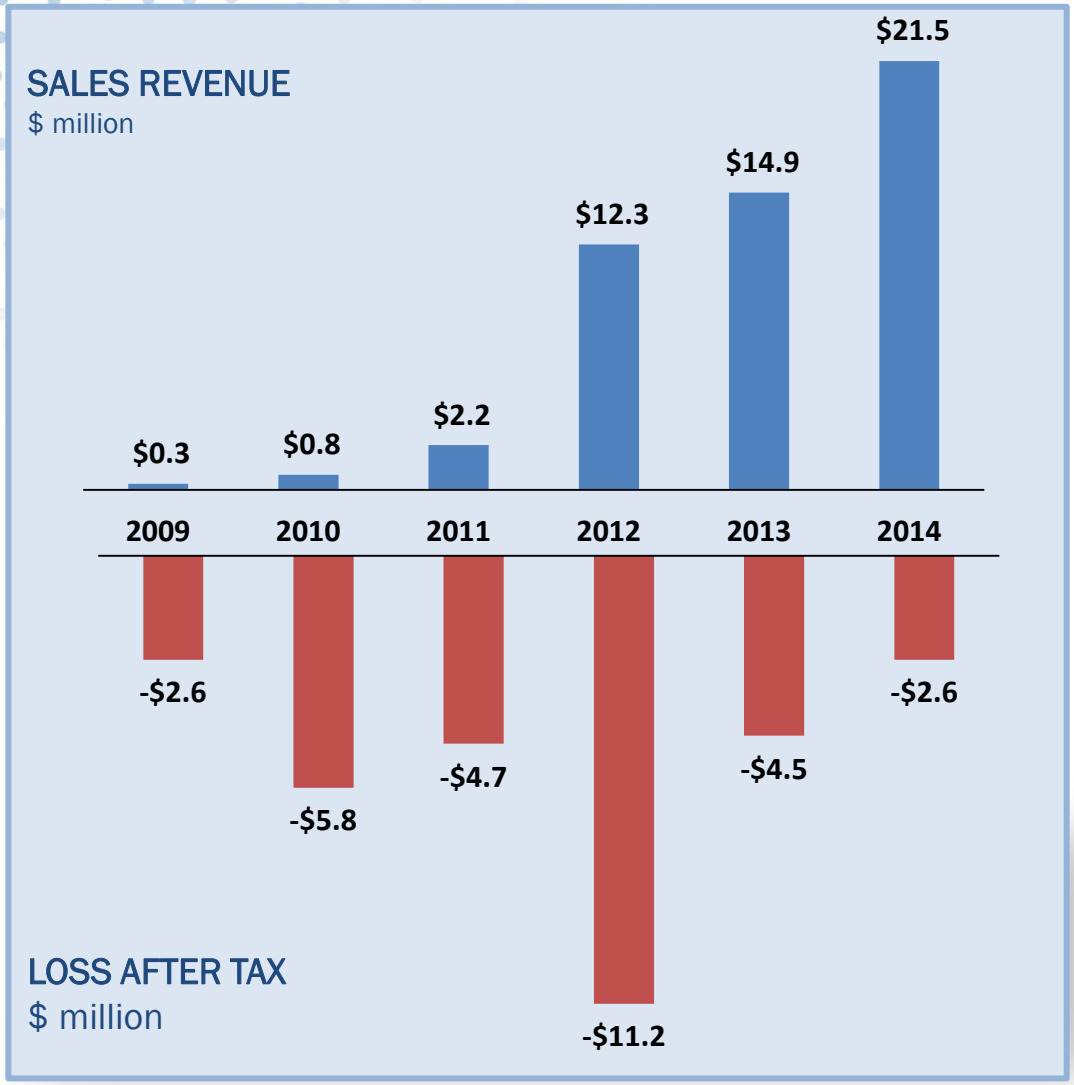
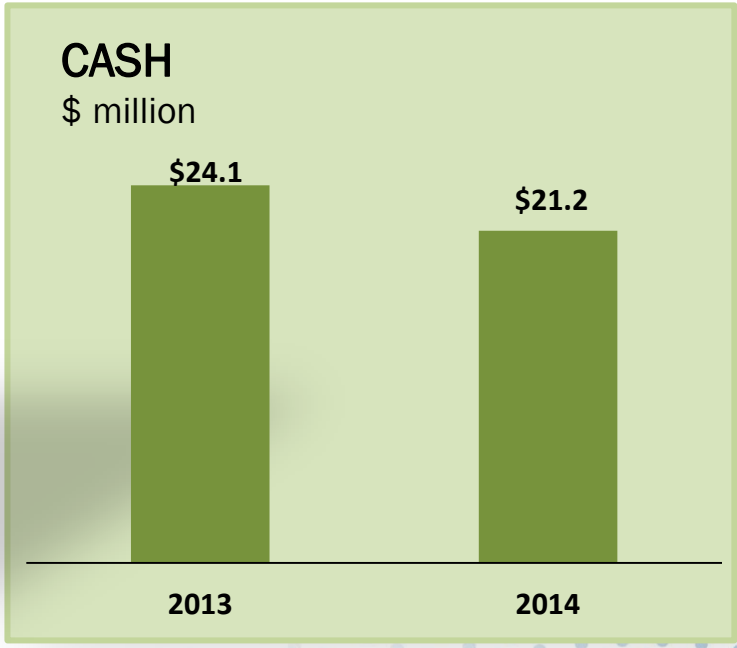
2014: A Year of Achievements

FY2014: A Year of Solid Financial Growth



- ✓ Solid revenue growth
- ✓ Trending to profitability
- ✓ Strong cash reserves



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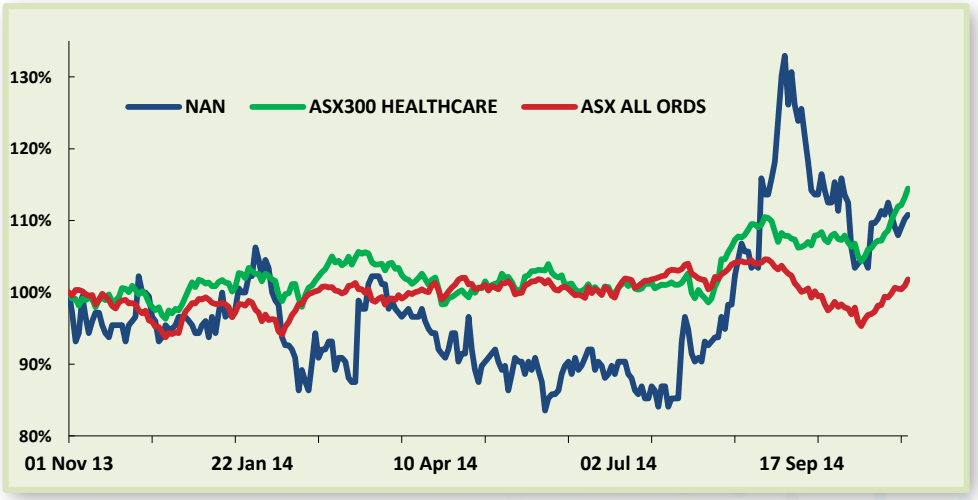
FY14: Strong Market Capitalisation Growth

12 months (1 Nov '13 – 31 Oct '14)



	31 Oct 14	30 Jun 14	30 Jun 13
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Share price	$0.975	$0.79	$0.61
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Growing Media Coverage in 2014

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- Top tier coverage across News Ltd and Fairfax publications
- Strong coverage in healthcare and biotech media

Financial Review on Sunday

- Story covered the rise of high tech manufacturing and Nanosonics part in sector.
- Story also appeared online.
- Story watched by 280,000 viewers.

FINANCIAL REVIEW SUNDAY

The Australian

- Company profiled by stock watch expert Tim Boreham.
- Rated stock as long term buy.
- Story seen by possible 232,000 readers.

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Smart Investor

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smartinvestor
Nanosonics to keep up momentum

Australian Financial Review

- Story profiled CEO Michael Kavanagh and objectives for the Company.
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FINANCIAL REVIEW
Kavanagh tries for Cochlear pt II

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Media Coverage Highlights

It's time to get biotechnical

Nanosonics is up 125 per cent since early May as UK orders pick up for its Trophon ultrasound probe disinfector.

Nanosonics named healthcare industry's Company of the Year for 2013

Diagnosis positive for medical advances

Under the Radar Richard Hemming

3 biotech stocks for a healthy portfolio

Ultrasound probes rife with bugs: study

Biotech comes out of the wilderness

proactiveinvestors AUSTRALIA

thewest.com.au The West Australian

eureka report

Biotechs lead Uncapped 100 higher

BRENDON LAU | 31 JULY 2013

Intelligent Investor Nathan Bell

THE AUSTRALIAN

The Sun-Herald

THE AGE

Herald Sun

NEWS MEDICAL

Biotech Daily

THE SUNDAY AGE

The Sydney Morning Herald

labonline .com.au Life, analytical & environmental science

The Motley Fool

smartinvestor

IN THE BLACK

JOHN BEVERIDGE

THE BULL .COM.AU

The New Zealand Herald

medical observer

LifeScientist

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9 NEWS Finance

FINANCIAL REVIEW

The Canberra Times

FY14: Participated in More Than 40 Major Trade Shows/Conferences

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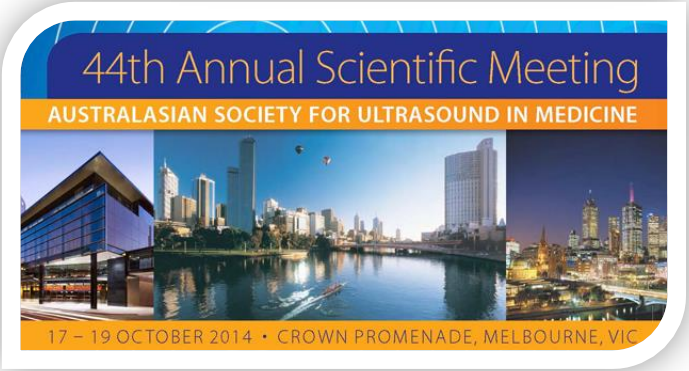
FY15 Coming Conferences



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Nanosonics Board and Sub-Committees

	Audit and Risk Committee	Remuneration Committee	Nomination Committee	R&D and Innovation Committee (Est. July 2014)
 **Maurie Stang** Non-Executive Chairman	✓	✓	✓	✓
 **Michael Kavanagh** CEO and President, Managing Director				✓
 **Richard England** Non-Executive Director	*✓	*✓	*✓	
 **David Fisher** Non-Executive Director	✓	✓	✓	*✓
 **Ron Weinberger** President Technology Development / Commercialisation				✓

* Chairman

CEO and President Address
Mr Michael Kavanagh

A Year of Transformation and Growth

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Executive Team

Michael Kavanagh
CEO and President

Ron Weinberger
President Technology Development/ Commercialisation

McGregor Grant
CFO and Company Secretary

Gerard Putt
Head of Manufacturing & Operations

Michael Potas
Head of RD&D

Vincent Wang
Head of Global Services

Ruth Cremin
Head of Quality and Regulatory

Kirste Courtney
Human Resources Manager

Ron Bacskai
President and CEO Nanosonics Inc.

Bryn Tudor-Owen
Country Manager - UK

Ralf Schmähling
Country Manager - Germany

Julien Laronze
Country Manager - France

Corporate Mission

We improve the safety of patients, clinics, their staff and the environment by transforming the way infection prevention practices are understood and conducted, and introducing innovative technologies that deliver improved standards of care.

Johns Hopkins Photo Credit: American Nurse Project. Does not imply endorsement

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Core Corporate Objectives

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Customer Experience

Product Innovation

Operational Excellence

People Engagement

Value Creation

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trophon® EPR

trophon® EPR

Fast

Fast automated high level disinfection

Helps protect

Fully enclosed system limits exposure to harmful chemicals

Consistent

Quality assured consistency

Probe friendly

Probe friendly process. Compatible with more than 600 probe models

Environmentally Friendly

Harmless oxygen and water by-products. More than 70% recyclable components

Cost Efficient

Integrates into HLD process at point of care and improves workflows

Effective

Clinically validated trophon EPR disinfects both probe shaft AND handle

Traceability

Best practice documentation solution

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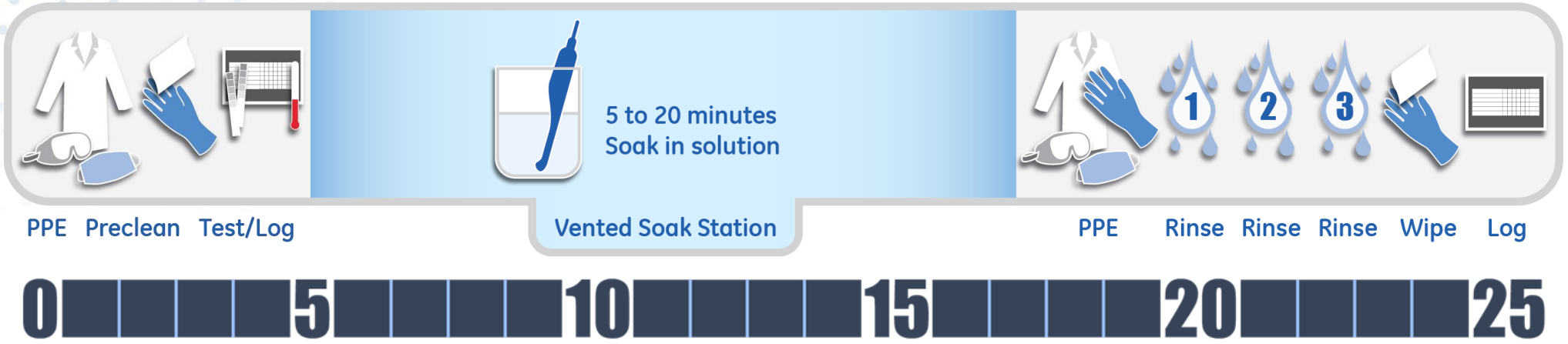
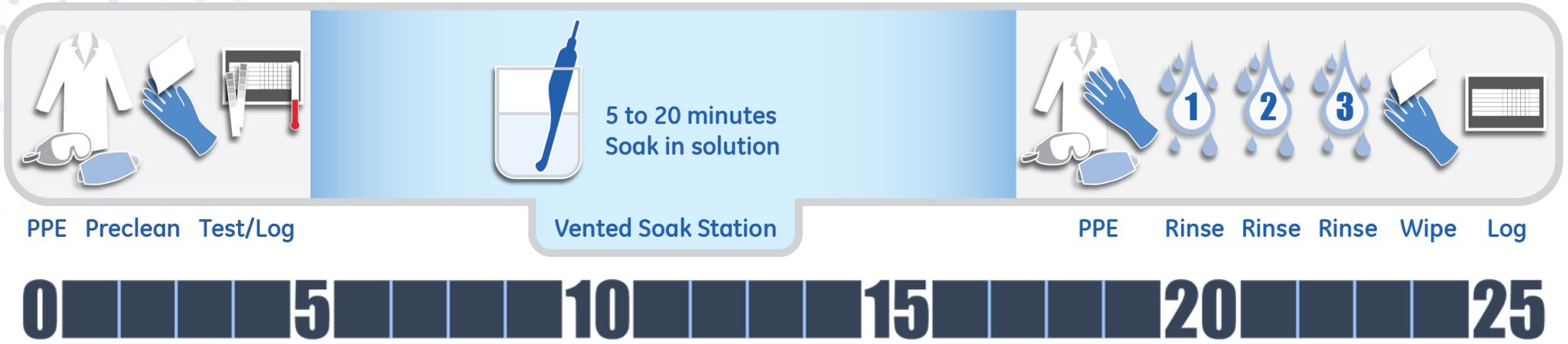
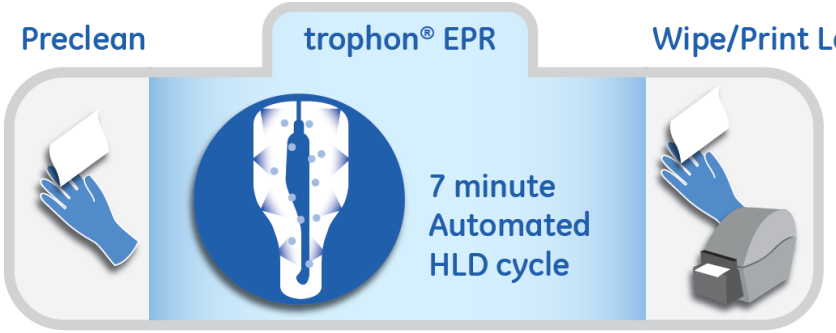
Current Workflow with Soaking



Delivering Superior Performance and Workflow





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“...complete and safer protection for our patients and staff ”

“The trophon EPR has been the biggest thing to hit ultrasound since colour Doppler.

“trophon was an answered prayer! It has solved so many high level disinfection (HLD) issues while offering more complete and safer protection for our patients and staff – in half the time.

Robert De Jong Jr., RDMS, RDCS, RVT, Radiology Technical Manager, Ultrasound, The Johns Hopkins Hospital, Baltimore, US

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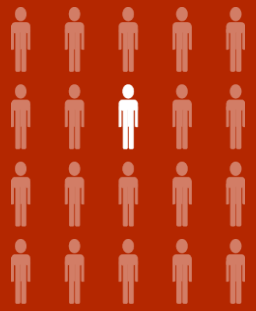
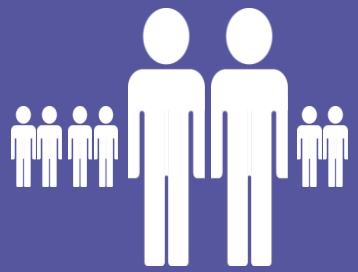
Infection Control – a Major Healthcare Issue



1 in 25

patients will acquire an infection during a hospital stay[1]



1.7 Million

people are infected in U.S. hospitals every year[1], more than breast and prostate cancer combined[2]

HAI's cost the U.S. up to

$147 Billion

annually in direct and indirect costs[3]

70%

of HAIs are preventable using existing infection prevention practices[4]

3.2 Million

people are infected in European hospitals every year[5]

Of the 1.7 million infected in the US,

98,987

die each year[1]

1. Electronically accessed: http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_04.pdf electronically accessed from the European Centre for Disease Prevention and Control, www.ecdc.eu October 15, 2014

2. 2013 National Vital Statistics, CDC. Deaths: Final Data for 2010

3. Marchetti, A *et al.,* Economic Burden of healthcare-associated infection in US acute care hospitals, *Journal of Medical Economics* 12:1399-404, 2013.

4. Scott, RD. 2009. *Centers for Disease Control and Prevention*. Pgs. 1–13. Electronically accessed from the European Centre for Disease Prevention and Control, www.ecdc.eu October 15, 2014

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Growing Awareness of Imaging Procedure HAIs

- 0.9 - 9% of barrier sheaths and condoms leak[1]
- A meta-analysis has shown that 12.9% of transducers are contaminated with pathogenic bacteria following routine disinfection[2]
- HPV, a known cause of cervical cancer, has been found on up to 7.5% of transvaginal ultrasound transducers following routine disinfection[3]
- A fatal case of hepatitis B and non-fatal case of hepatitis C have been attributed to improper ultrasound transducer disinfection[4,5]
- Ultrasound transducer handles are not routinely disinfected and can harbour pathogens including MRSA[6]

1. Vickery et al, J Inf Pub Health 2013; in press
2. Leroy, S. J Hosp Infect 2013 83(2): 99-106.
3. Ma S et al. Emerg Med J. 2013 30(6):472-5
4. Ferhi K, et al. Case Rep Urol, 2013: p. 797248.
5. Medicines and Healthcare products Regulatory Agency (UK), Medical Device Alert Ref: MDA/2012/037
6. McNally G, Ngu A, ISUOG world congress, Sydney, 2013

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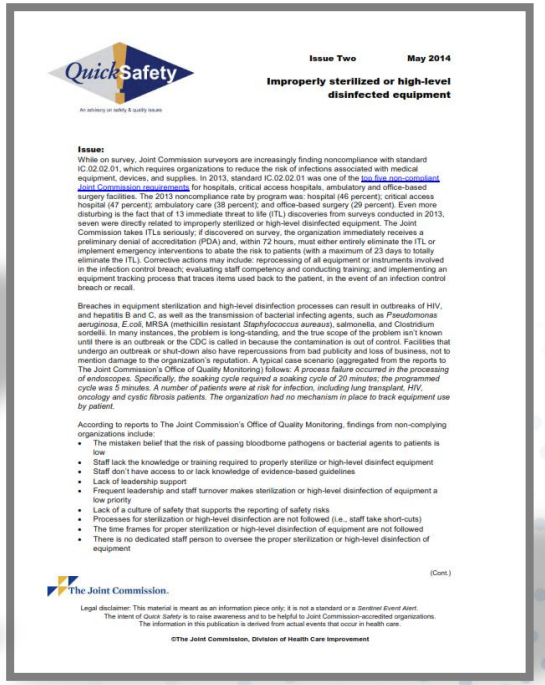
trophon EPR Assists Compliance with Guidelines

- TJC Quick Safety 2014 identified Infection Control as one of the top five non-compliant TJC requirements[1]
- In addition[1]
  - Of 13 immediate threat to life (ITL) discoveries from surveys conducted in 2013, seven were directly related to improperly sterilized or high level disinfected equipment
  - Breaches in equipment sterilization and high level disinfection processes can result in outbreaks of HIV, and hepatitis B and C, as well as the transmission of bacterial infecting agents

- Customers in the US have achieved uniform high compliance and no known rejections from TJC to date



Quick Safety

An advisory on safety & quality issues

Issue Two May 2014

Improperly sterilized or high-level disinfected equipment

Issue:

While on survey, Joint Commission surveyors are increasingly finding noncompliance with standard IC.02.02.01, which requires organizations to reduce the risk of infections associated with medical equipment, devices, and supplies. In 2013, standard IC.02.02.01 was one of the top five non-compliant Joint Commission requirements for hospitals, critical access hospitals, ambulatory and office-based surgery facilities. The 2013 noncompliance rate by program was: hospital (46 percent); critical access hospital (47 percent); ambulatory care (38 percent); and office-based surgery (29 percent). Even more disturbing is the fact that of 13 immediate threat to life (ITL) discoveries from surveys conducted in 2013, seven were directly related to improperly sterilized or high-level disinfected equipment. The Joint Commission takes ITLs seriously; if discovered on survey, the organization immediately receives a preliminary denial of accreditation (PDA) and, within 72 hours, must either entirely eliminate the ITL or implement emergency interventions to abate the risk to patients (with a maximum of 23 days to totally eliminate the ITL). Corrective actions may include: reprocessing of all equipment or instruments involved in the infection control breach; evaluating staff competency and conducting training; and implementing an equipment tracking process that traces items used back to the patient, in the event of an infection control breach or recall.

Breaches in equipment sterilization and high-level disinfection processes can result in outbreaks of HIV, and hepatitis B and C, as well as the transmission of bacterial infecting agents, such as *Pseudomonas aeruginosa*, *E.coli*, MRSA (methicillin resistant *Staphylococcus aureaus*), salmonella, and Clostridium sordellii. In many instances, the problem is long-standing, and the true scope of the problem isn't known until there is an outbreak or the CDC is called in because the contamination is out of control. Facilities that undergo an outbreak or shut-down also have repercussions from bad publicity and loss of business, not to mention damage to the organization's reputation. A typical case scenario (aggregated from the reports to The Joint Commission's Office of Quality Monitoring) follows: *A process failure occurred in the processing of endoscopes. Specifically, the soaking cycle required a soaking cycle of 20 minutes; the programmed cycle was 5 minutes. A number of patients were at risk for infection, including lung transplant, HIV, oncology and cystic fibrosis patients. The organization had no mechanism in place to track equipment use by patient.*

According to reports to The Joint Commission's Office of Quality Monitoring, findings from non-complying organizations include:

- The mistaken belief that the risk of passing bloodborne pathogens or bacterial agents to patients is low
- Staff lack the knowledge or training required to properly sterilize or high-level disinfect equipment
- Staff don't have access to or lack knowledge of evidence-based guidelines
- Lack of leadership support
- Frequent leadership and staff turnover makes sterilization or high-level disinfection of equipment a low priority
- Lack of a culture of safety that supports the reporting of safety risks
- Processes for sterilization or high-level disinfection are not followed (i.e., staff take short-cuts)
- The time frames for proper sterilization or high-level disinfection of equipment are not followed
- There is no dedicated staff person to oversee the proper sterilization or high-level disinfection of equipment

(Cont.)

The Joint Commission.

Legal disclaimer: This material is meant as an information piece only; it is not a standard or a *Sentinel Event Alert*. The intent of *Quick Safety* is to raise awareness and to be helpful to Joint Commission-accredited organizations. The information in this publication is derived from actual events that occur in health care.

1.The Joint Commission Quick Safety May 2014
The Joint Commission (TJC) accredits more than 20,000 health care organizations and programs in the US

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trophon EPR Positioned to Meet Stricter Reprocessing Controls

Guidelines for Cleaning and Preparing External- and Internal-Use Ultrasound Probes Between Patients

Approved 4/2/2014

The purpose of this document is to provide guidance regarding the cleaning and preparation of external and internal ultrasound probes. Some manufacturers use the term "transducers" or "imaging arrays."

Medical instruments fall into different categories with respect to their potential for pathogen transmission. The most critical instruments are those that are intended to penetrate skin or mucous membranes. These require sterilization. Less critical instruments (often called "semicritical" instruments) that simply come into contact with mucous membranes, such as fiber-optic endoscopes, require high-level disinfection rather than sterilization. "Noncritical" devices come into contact with intact skin but not mucous membranes.

External probes that only come into contact with clean, intact skin are considered noncritical devices and require cleaning after every use as described below.

All **internal probes** should be covered with a single-use barrier. If condoms are used as barriers, they should be nonlubricated and nonmedicated. Although internal ultrasound probes are routinely protected by single-use disposable probe covers, leakage rates of 0.9% to 2% for condoms and 8% to 81% for commercial probe covers have been observed in recent studies (Rutala and Weber, 2011). These probes are therefore classified as semicritical devices.

> Note: Practitioners should be aware that condoms have been shown to be less prone to leakage than commercial probe covers and have a 6-fold enhanced acceptable quality level (AQL) when compared to standard examination gloves. They have an AQL equal to that of surgical gloves. Users should be aware of latex sensitivity issues and have non-latex-containing barriers available.

For maximum safety, one should therefore perform **high-level disinfection** of the probe between each use and use a probe cover or condom as an aid to keep the probe clean. *For the purpose of this document, "internal probes" refer to all vaginal, rectal, and transesophageal probes, as well as intraoperative probes and all probes that are in contact with bodily fluids/blood or have a remote chance to be in contact with dry/cracked skin and body fluids, including blood.*

Definitions

All cleaning, disinfection, and sterilization represent a statistical reduction in the number of microbes present on a surface rather than their complete elimination. Meticulous cleaning of the instrument is the key to an initial reduction of the microbial/organic load by at least 99%. This cleaning is followed by a disinfecting procedure to ensure a high degree of protection from infectious disease transmission, even if a disposable barrier covers the instrument during use.

According to the Centers for Disease Control and Prevention (CDC) "Guideline for Disinfection and Sterilization in Healthcare Facilities" (2008):

"*Cleaning* is the removal of visible soil (eg, organic and inorganic material) from objects and surfaces and normally is accomplished manually or mechanically using water with detergents or enzymatic products. Thorough cleaning is essential before high-level disinfection and sterilization because inorganic and organic material that remains on the surfaces of instruments interfere with the effectiveness of these processes."

"*Disinfection* describes a process that eliminates many or all pathogenic microorganisms, except bacterial spores."

> **Low-Level Disinfection**—Destruction of most bacteria, some viruses, and some fungi. Low-level disinfection will not necessarily inactivate *Mycobacterium tuberculosis* or bacterial spores.

New American Institute of Ultrasound in Medicine (AIUM) guidelines released in May reinforce importance of high level disinfection

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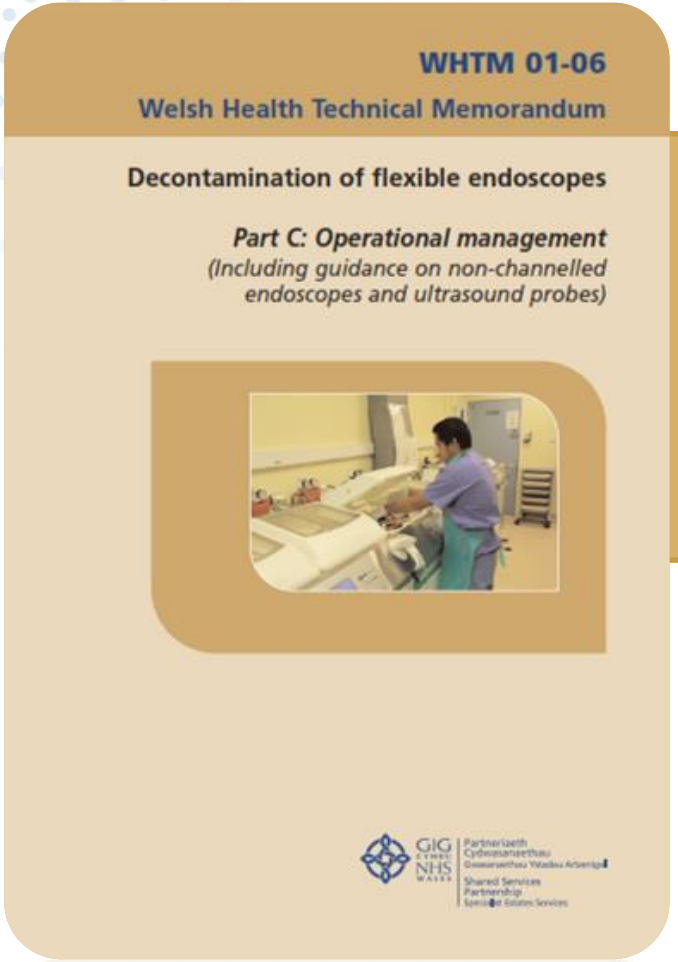
trophon EPR Positioned to Meet Stricter Reprocessing Controls



New NHS Wales Guidelines position automated, validated decontamination systems as the optimal solution for ultrasound probe decontamination

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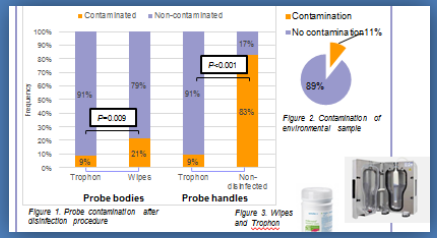
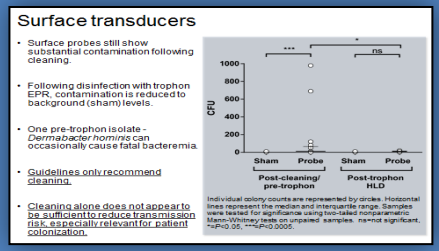
New Studies Continue to Demonstrate Superior Clinical Efficacy of trophon EPR



European study showed trophon EPR to be significantly more effective than manual quaternary ammonium compound wipe disinfection.



Study at The John Hopkins Hospital in the US showed need for disinfection of intracavity and surface probes (heads and handles)

Independent efficacy testing against a range of microorganisms underway at leading laboratory in US. Includes adenovirus, rotavirus, HIV, human hepatitis B (surrogate), norovirus (surrogate), *Chlamydia trachomatis* and *Neisseria gonorrhea.* So far showing efficacy against all these organisms

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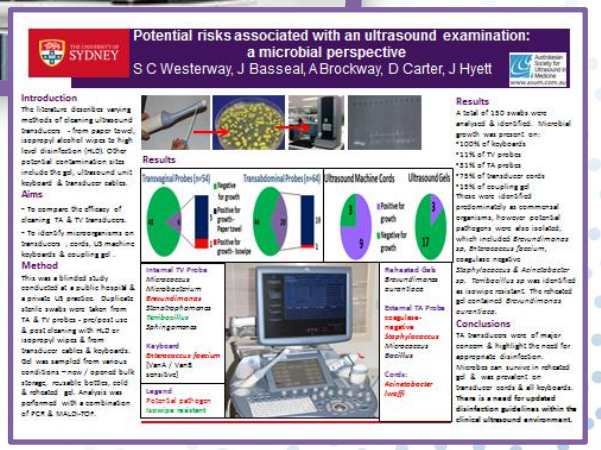
Evidence Emerging for Need to Decontaminate Surface Probes

- The recent John Hopkins study showed bacterial contamination on both intracavity and surface probes (heads and handles) prior to disinfection
- In all cases, disinfection in the trophon EPR produced a statistically significant reduction in contaminants
- Study showed there is a need to review the requirements for high level disinfection to reduce transmission risks with surface probes
- Study presented at ISUOG World Congress in September 2014 showed surface probe contamination was a major concern and highlighted need for appropriate disinfection


Potential risks associated with an ultrasound examination: a microbial perspective

S C Westerway, J Basseal, A Brockway, D Carter, J Hyett

Introduction

Aims

Method

Results

Conclusions

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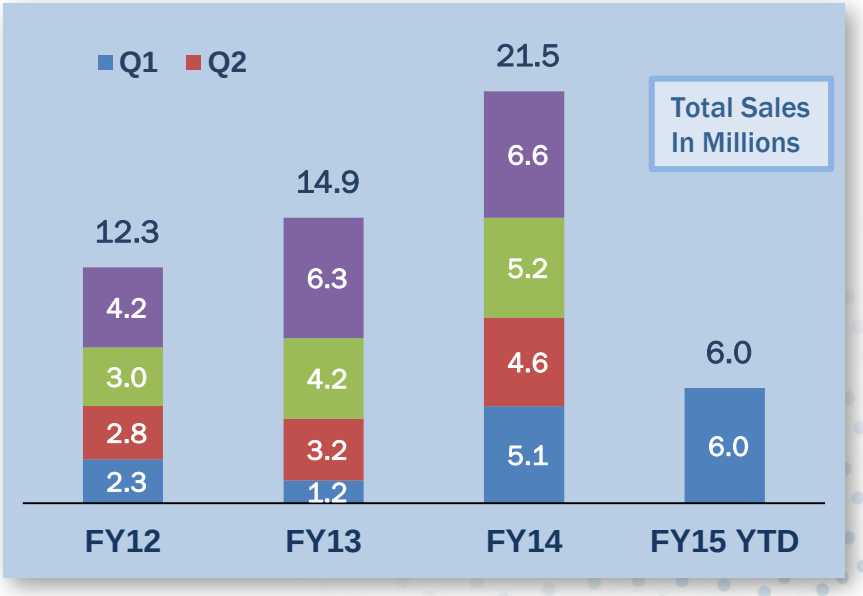
2014: Sales Revenue up 44%

$ million	H1	H2	FY14	FY13
Operating revenue	9.7	11.8	21.5	14.9
Gross Profit	6.0	7.9	13.9	8.5
%	62%	67%	65%	57%
Other Income	0.8	2.6	3.4	1.5
Operating expenses	(10.3)	(9.8)	(20.1)	(16.4)
EBIT	(3.5)	0.7	(2.8)	(6.4)
Interest (net)	0.1	0.1	0.2	0.7
Pre-tax loss / profit	(3.4)	0.8	(2.6)	(5.7)
Net loss / profit	(3.5)	0.9	(2.6)	(5.8)
Cash Balance			21.2	24.1



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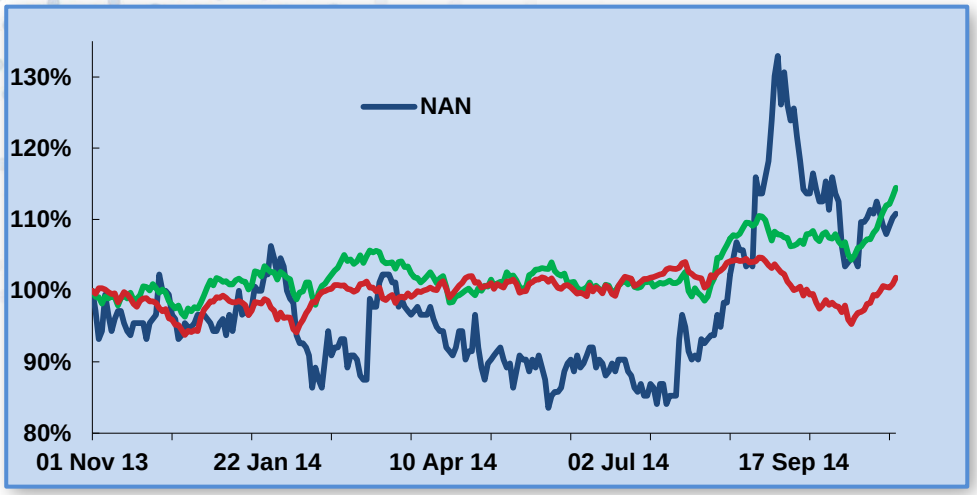

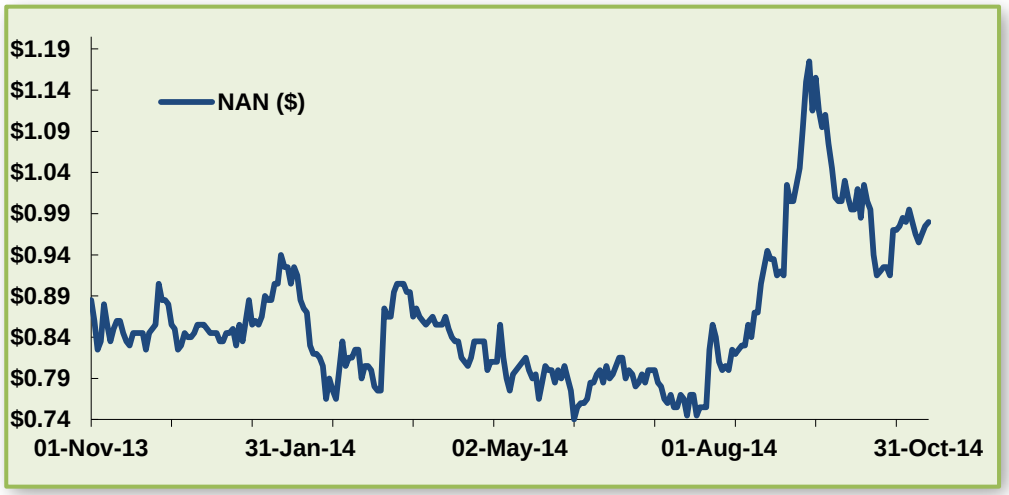

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FINANCIAL REVIEW SUNDAY

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smartinvestor
Nanosonics to keep up momentum

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Kavanagh tries for Cochlear pt II

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Diagnosis positive for medical advances

Under the Radar **Richard Hemming**

3 biotech stocks for a healthy portfolio

Ultrasound probes rife with bugs: study

Biotech comes out of the wilderness

proactiveinvestors AUSTRALIA

thewest.com.au The West Australian

eureka report

Biotechs lead Uncapped 100 higher

BRENDON LAU | 31 JULY 2013

Intelligent Investor Nathan Bell

THE AUSTRALIAN

The Sun-Herald

THE AGE

Herald Sun

NEWS MEDICAL

Biotech Daily

THE SUNDAY AGE

The Sydney Morning Herald

labonline .com.au Life, analytical & environmental science

The Motley Fool

smartinvestor

JOHN BEVERIDGE

THE BULL .COM.AU

The New Zealand Herald

medical observer

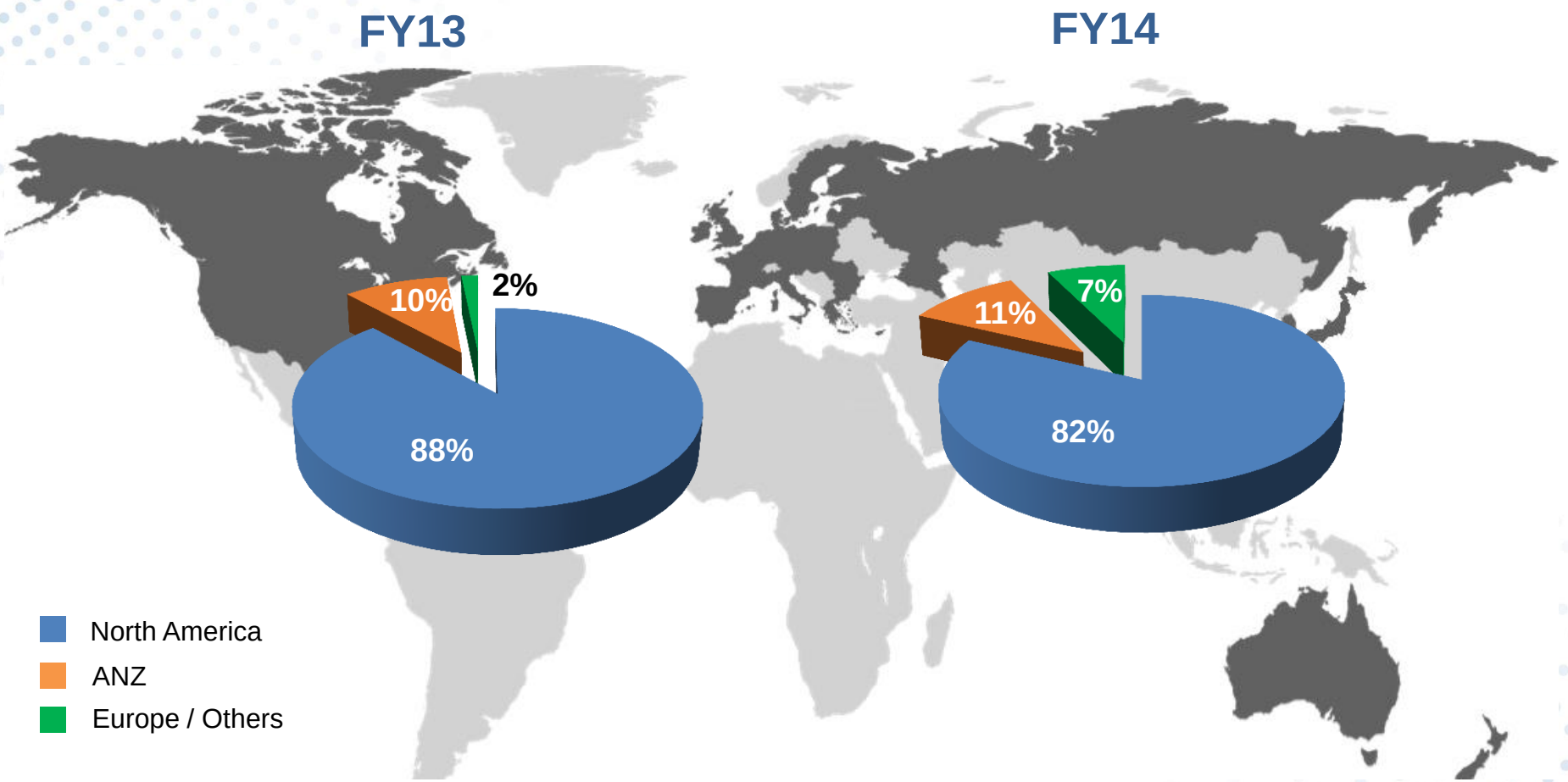
LifeScientist

9 NEWS Finance

FINANCIAL REVIEW

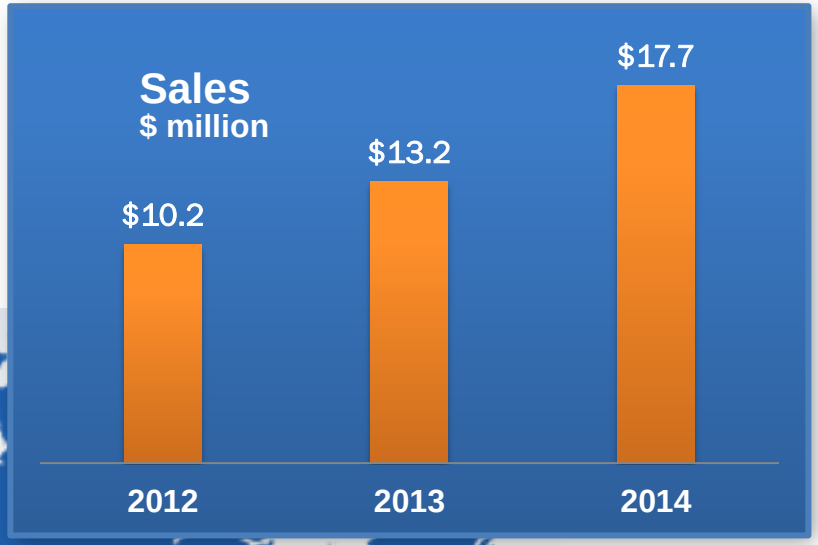
The Canberra Times

2014 Sales – All Regions Contributing



Strong Sales Growth in North America

- ✓ FY14 sales of $17.7 million up 34% on FY13
- ✓ Trophon now represented in 42 of the top 50 hospitals and in over 1750 sites



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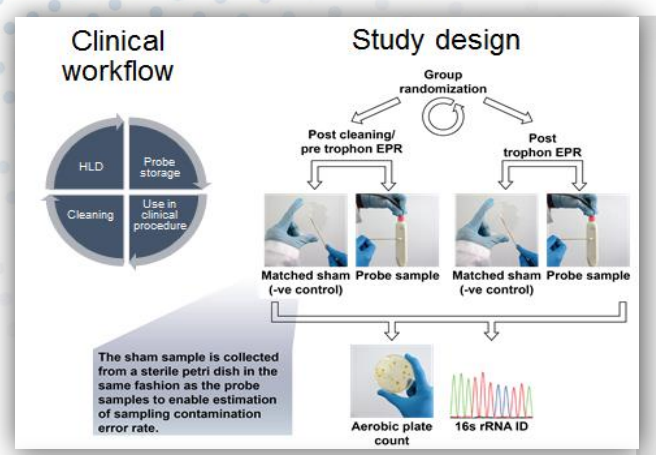
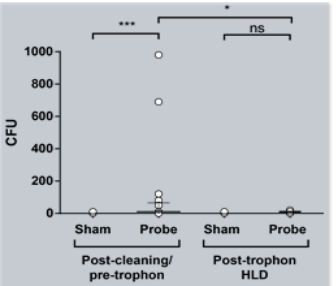
Johns Hopkins Study



- ✓ Confirmed trophon EPR efficacy & Guidelines are justified: cleaning and use of probe covers alone do not sufficiently reduce transmission risk. HLD is required
- ✓ SURFACE TRANSDUCER EVIDENCE – "Cleaning alone does not appear to be sufficient to reduce transmission risk"
- ✓ Handles may present a transmission risk if they are not properly disinfected
- ✓ AIUM abstract submitted

Surface transducers

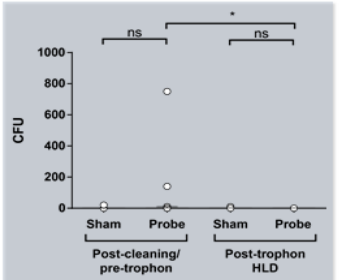
- Surface probes still show substantial contamination following cleaning.
- Following disinfection with trophon EPR, contamination is reduced to background (sham) levels.
- One pre-trophon isolate - *Dermabacter hominis* can occasionally cause fatal bacteremia.
- Guidelines only recommend cleaning.
- Cleaning alone does not appear to be sufficient to reduce transmission risk, especially relevant for patient colonization.



Individual colony counts are represented by circles. Horizontal lines represent the median and interquartile range. Samples were tested for significance using two-tailed nonparametric Mann-Whitney tests on unpaired samples. ns=not significant, *=P<0.05, ***=P<0.0005.

Intracavity transducer heads

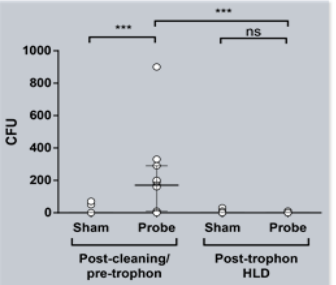
- Intracavity transducer heads still show contamination despite coverage with a sheath and contamination is still present following cleaning.
- After disinfection with trophon EPR, contamination is reduced to background (sham) levels.
- One pre-trophon isolate - a *Streptococcus sp* is a potential pathogen.
- Guidelines are justified: cleaning and use of probe covers alone do not sufficiently reduce transmission risk. HLD is required



Individual colony counts are represented by circles. Horizontal lines represent the median and interquartile range. Samples were tested for significance using two-tailed nonparametric Mann-Whitney tests on unpaired samples. ns=not significant, *=P<0.05, ***=P<0.0005.

Intracavity transducer handles

- Intracavity transducer handles show a large amount of contamination.
- After disinfection with trophon EPR, contamination is reduced to background (sham) levels.
- One pre-trophon isolate - *Corynebacterieum aurimucosum* has been associated with spontaneous abortion
- Other isolates were of low pathogenicity (predominantly coagulase negative staphylococci)
- Handles may present a transmission risk if they are not properly disinfected.



Individual colony counts are represented by circles. Horizontal lines represent the median and interquartile range. Samples were tested for significance using two-tailed nonparametric Mann-Whitney tests on unpaired samples. ns=not significant, *=P<0.05, ***=P<0.0005.

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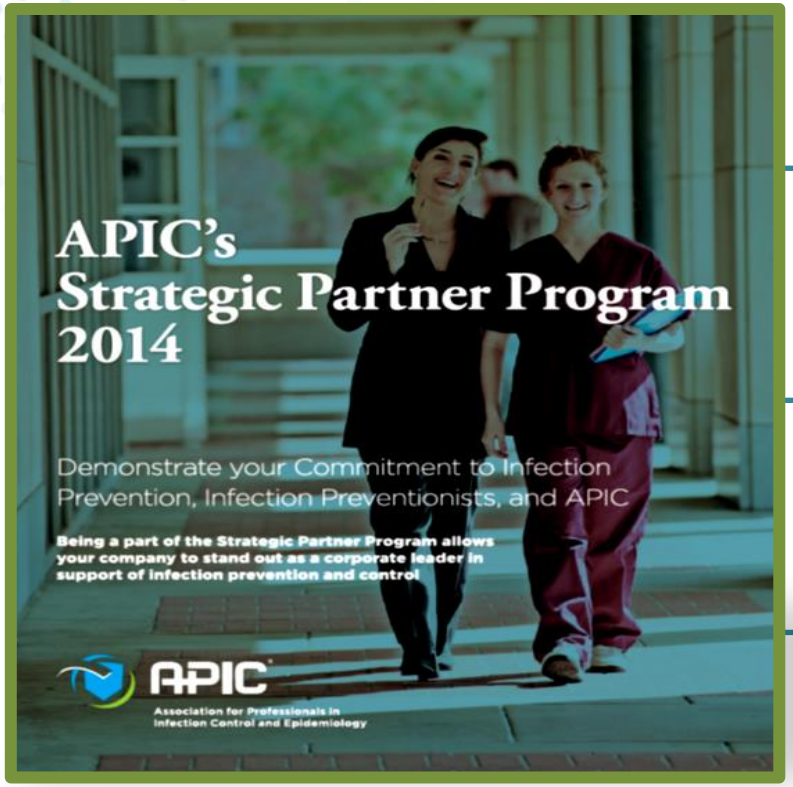
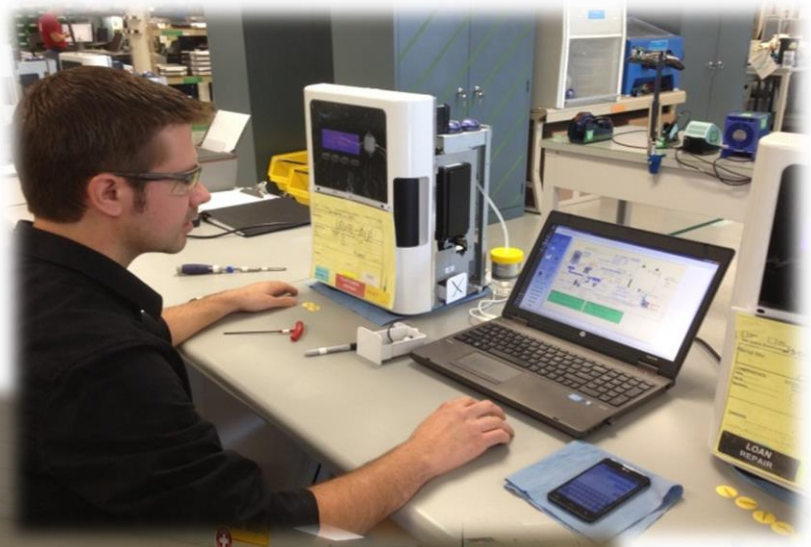
Strategic Partnership established with the Association for Professionals in Infection Control and Epidemiology (APIC)

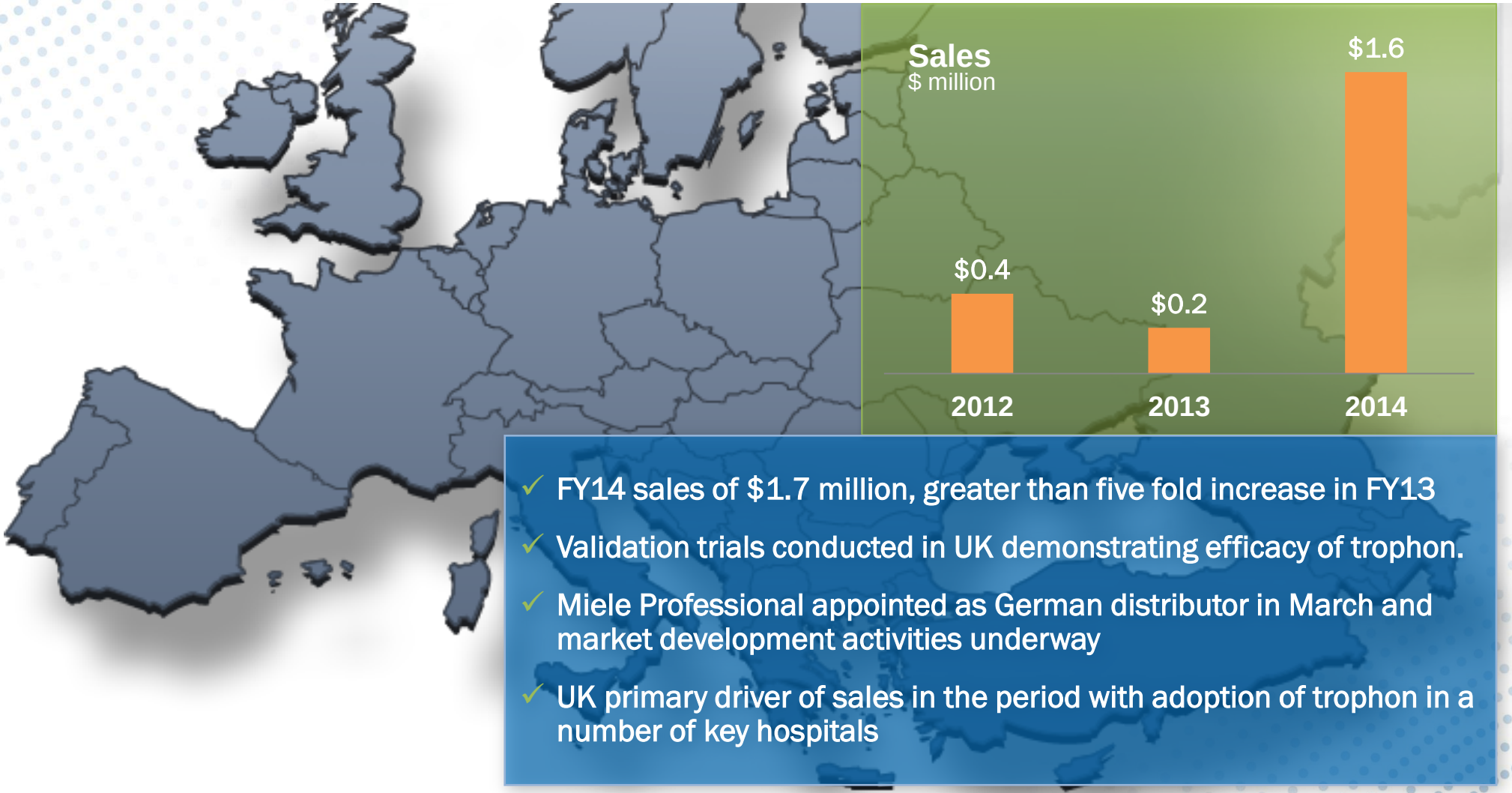


- Provides consistent visibility through out the year
- 40% growth in APIC membership in last 5 years
- More than 15,000 APIC members

Nanosonics US Service and Repair Facility Established



European Highlights



- ✓ FY14 sales of $1.7 million, greater than five fold increase in FY13
- ✓ Validation trials conducted in UK demonstrating efficacy of trophon.
- ✓ Miele Professional appointed as German distributor in March and market development activities underway
- ✓ UK primary driver of sales in the period with adoption of trophon in a number of key hospitals

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European Market Expanding

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Strong Growth in the UK … and Ireland

Trophon EPR now present in **27 hospital** sites throughout **UK and Ireland**

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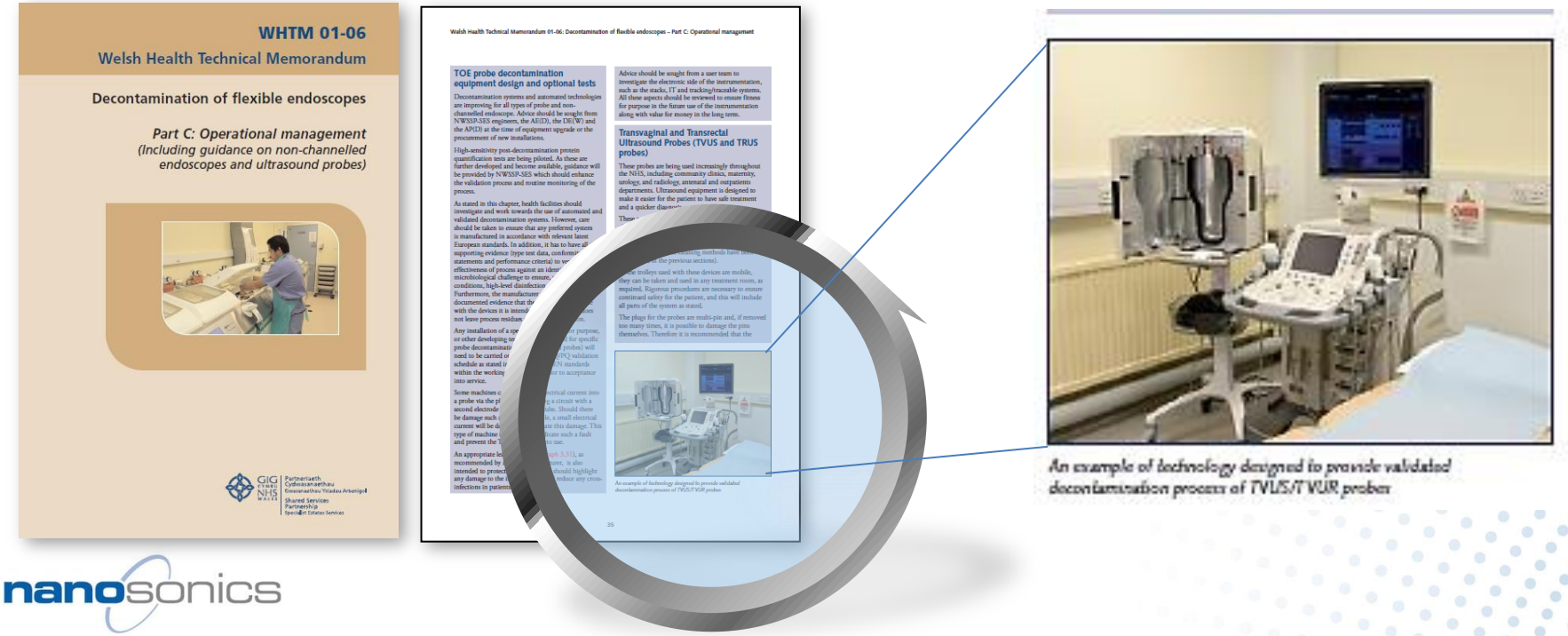
New Ultrasound Probe Guidance Published in Wales

- ✓ An automated, validated system positioned as optimal solution
- ✓ The decontamination of transvaginal and transrectal probes should take place in the location they are being used, ie, point of care
- ✓ For quality assurance/traceability purposes, a document system must be in place to ensure contamination/decontamination status of each individual probe



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Major trophon EPR Order Secured at Top London Hospital

Momentum Building in Germany

- ✓ Miele distribution partnership signed
- ✓ Congress of German society of hospital hygiene (DGKH, April 2014)
- ✓ Publications – Heeg/Gauer, VAH negative virucidal efficacy of wipes, first 1yr customer experience
- ✓ M&K Award winner 2014
- ✓ Scientific presentations at expert meetings and number of conferences attended
- ✓ University of Münster study
- ✓ Miele European expansion

Aufbereitung in der Praxis - 3/2014

Zentralsterilisation 1/14

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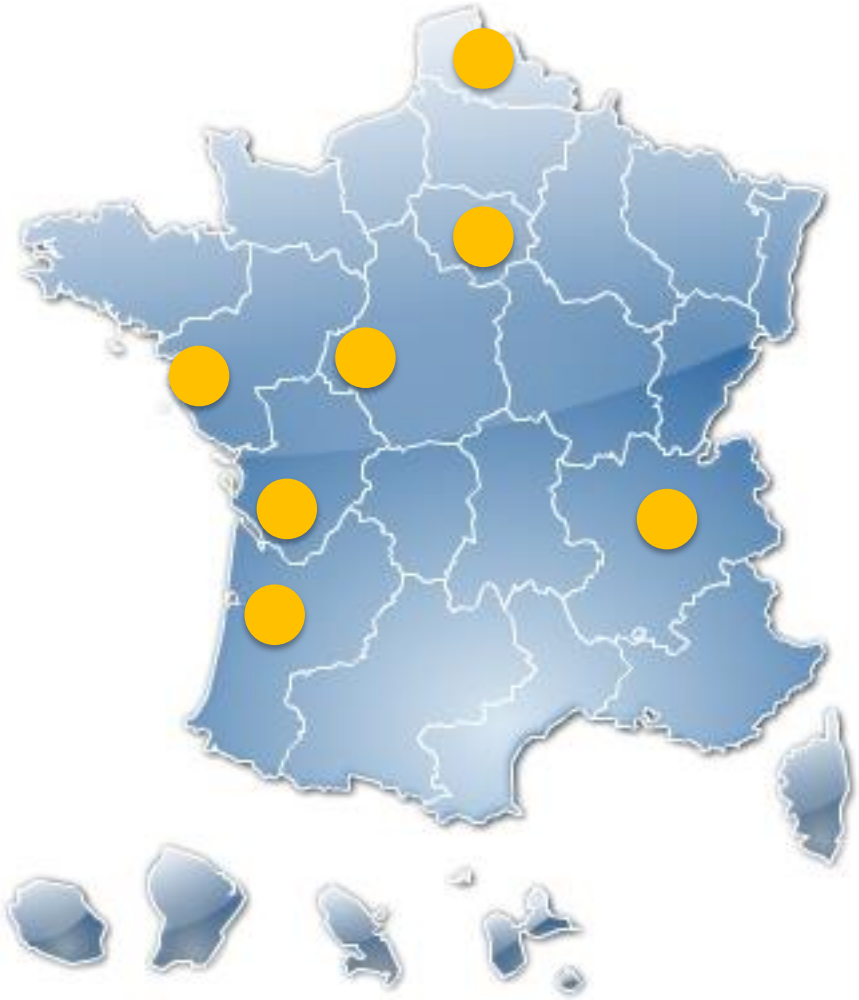
Market development in France progressing well



- trophon EPR now on a number of Public and Private Hospital Tenders (UGAP, AGEPS, HELPEVIA & CACIC)
- Presented at a number of Key Conferences and Educational Events
- KOL program development
- Local clinical trial plans under development

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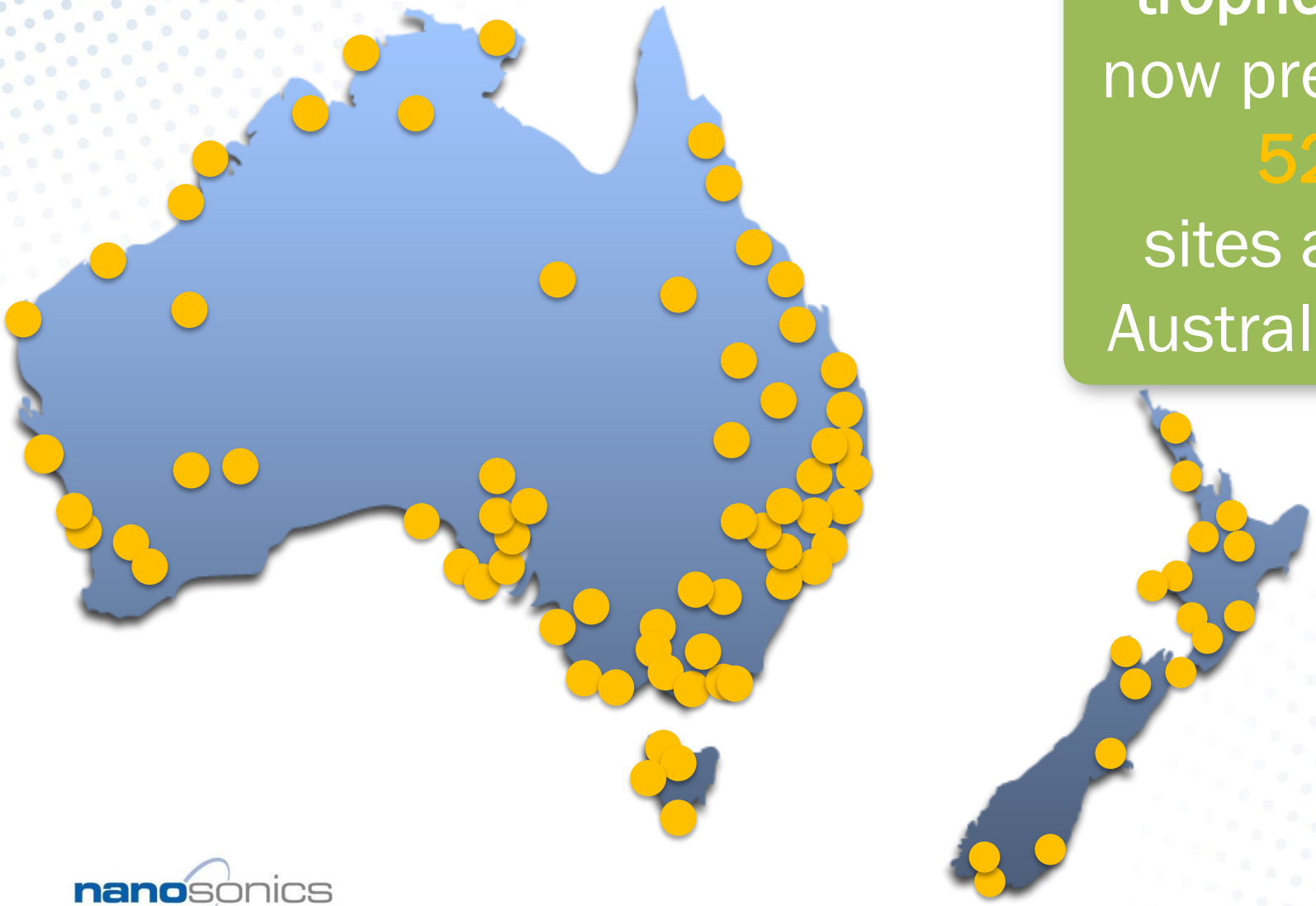
Continued Growth in Australia and NZ



trophon EPR now present in **520** sites across Australia & NZ

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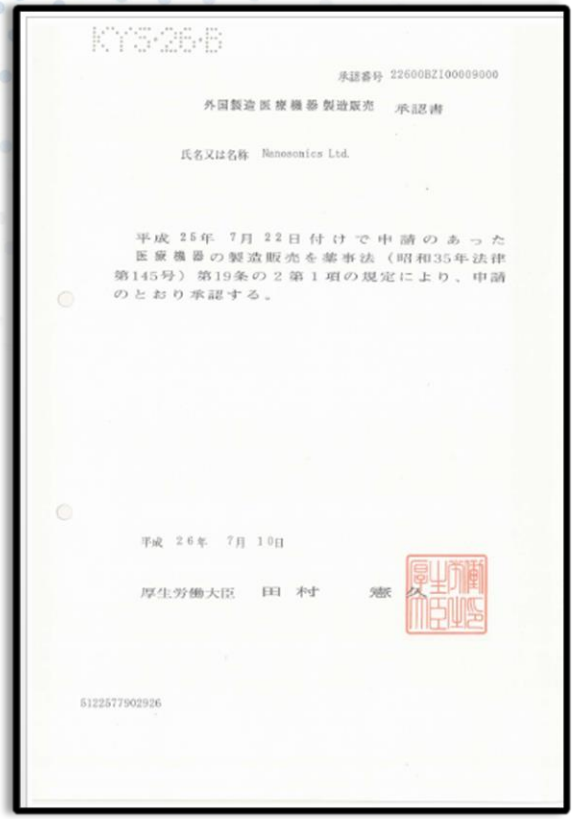
Japan Regulatory Approval Granted



KYS26-B

承認番号 22600BZI00009000

外国製造医療機器製造販売 承認書

氏名又は名称 Nanosonics Ltd.

平成25年7月22日付けで申請のあった医療機器の製造販売を薬事法（昭和35年法律第145号）第19条の2第1項の規定により、申請のとおり承認する。

平成 26年 7月 10日

厚生労働大臣 田村 憲久

5122577902926

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Active R&D Program

- Manufacturing Engineering
- Sustaining Engineering
- Next Generation trophon
- New Products

- Number of granted/accepted patents has doubled since April 2013 – from 47 to 95

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Active R&D

Chemistries

Accessories

trophon EPR

Future products

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Identifying New Markets

ORIGINAL ARTICLE

Contamination of blood pressure cuffs by methicillin-resistant *Staphylococcus aureus* and preventive measures

M. Matsuo · S. Oie · H. Furukawa

ORIGINAL ARTICLE

Mobile phone technology and hospitalized patients: a cro… surveillance study of bacterial colonization, and patient o… behaviours

R. R. Brady[1], A. C. Hunt[2], A. Visvanathan[3], M. A. Rodrigues[1], C. Graham[3], C. Rae[3], P. Kalma[3], H. M… A. P. Gibb[2]

American Journal of Infection Control

iPads, droids, and bugs: Infection prevention for mobile handheld devices at the point of care

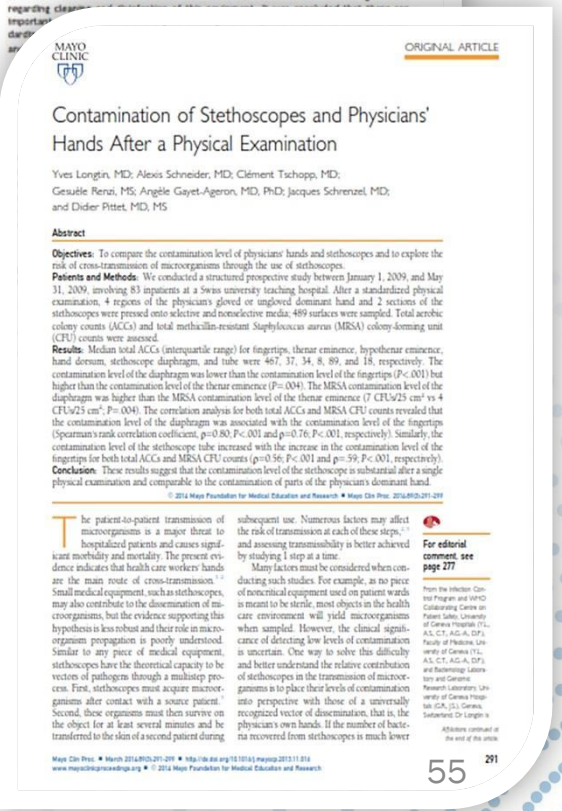
Mary Lou Manning PhD, CRNP, CIC[a,*], James Davis MSN, CCRN, CIC[b], Erin Spamon MEng[c], Raylene M. Ballard MS, MT (ASCP)[c]

Journal of Hospital Infection

Review

Laryngoscope blades and handles as sources of cross-infection: an integrative review

A.C. Negri de Sousa[a,*], C.E. Levy[b], M.I.P. Freitas[c]



MAYO CLINIC

ORIGINAL ARTICLE

Contamination of Stethoscopes and Physicians' Hands After a Physical Examination

Yves Longtin, MD; Alexis Schneider, MD; Clément Tschopp, MD; Gesuële Renzi, MS; Angèle Gayet-Ageron, MD, PhD; Jacques Schrenzel, MD; and Didier Pittet, MD, MS

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Business Outlook – Positioned for Continued Growth

- **Market fundamentals continue to strengthen**
  - Increasing awareness of imaging related healthcare acquired infections
  - Supporting Guidelines for automated HLD solutions
  - Excellent clinical data and customer value propositions
- **Continuing to Expand within existing markets**
  - Growth demonstrated in the US, Europe, Australia and NZ with opportunity to expand facilities and sites within facilities
- **Continuing to Expand Regional Operations**
  - Entering five new European Markets
  - Entering Korea
  - Approval received and preparations underway for Japanese launch
- **Investment in R&D**
  - Opportunities for expansion of portfolio under investigation and development

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Thank You