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NOVEL DRUG CANDIDATE

NanaBis™

for

effective pain management for patients with breast or prostate cancers and bone metastasis

MO 01 RE 02 SCIENCE

ASX: MDC

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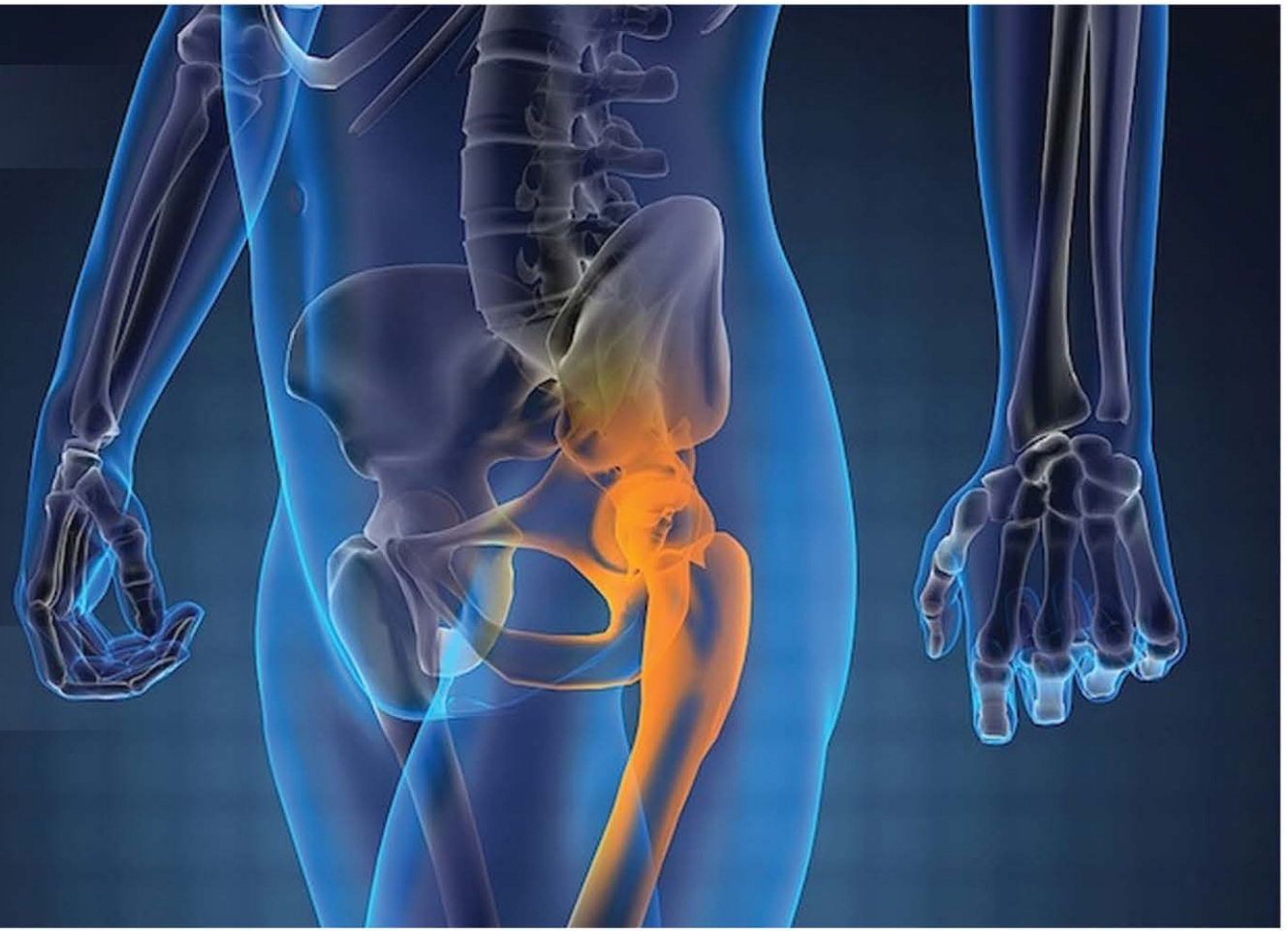
Medlab Drug Candidates

Name	Indication	Pre Clinical / Safety / P1 / P2a / P2b / P3	Collaborators
Cannabis/Platform			
NanaBis™	Cancer Pain (Bone Met)	Underway	AGILEX BIOLABS; TASMANIAN ALKALOIDS; Nitto Avecia Pharma Services; ROYAL NORTH SHORE HOSPITAL
NanaBidial™	Non-Cancer Pain		AGILEX BIOLABS; TASMANIAN ALKALOIDS; scientia CLINICAL RESEARCH
NanoCBD™	Anxiety		Nitto Avecia Pharma Services
NanoCelle™ Platform			
NanoStat™	Cholesterol Lowering		ZenTech
Lidocaine	Pain		
Fexofenadine	Allergy		
Metabolomic			
NRGBiotic™	Depression		The University Of Queensland AUSTRALIA; QUT Queensland University of Technology
Mesothelioma	Large Bowel Cancer		

Introduction to NanaBis™

What is NanaBis™?

- NanaBis™ is a drug candidate formulation that consists of Delta–9–Tetrahydrocannabinol (THC) and cannabidiol (CBD) as a 1 to 1 ratio
- NanaBis™ is a highly purified, standardized blend in a patented submicron particle delivery platform (NanoCelle™) optimized for buccal delivery



What is its intended use?

- For the treatment of bone pain in breast and prostate cancer patients with bone metastasis

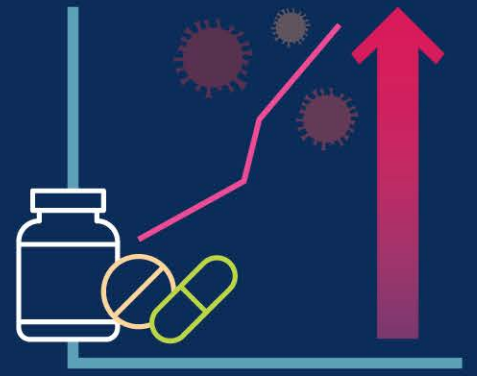
Burden Statement

In September 2007 a **systematic review** of **40 years of literature** concluded that **64% of patients** with **advanced** or **metastatic cancer** reported **pain**

CIBP treatment is multifactorial and comprises local surgery and/or radiotherapy and anti-cancer treatment.

In a pain study in Portugal of patients with **metastatic bone disease** (n=84), they used a **Brief Pain Inventory** (BPI) tool and found that **overall pain incidence** was **91.6%**[1]

Opioids are **used widely** in **cancer patients,** but **studies** have **suggested** that some of them may **promote cancer progression.**



There is **evidence** to suggest **pain progression** is **associated** with **opioid use**[3]

Up to **75% of patients** with bone metastasis endure **crippling cancer-induced bone pain** against which we have **very few weapons**[2]

1. Van den Beuken-van Everdingen MH, de Rijke JM, Kessels AG, Schouten HC, van Kleef M and Patijn J 2007, Prevalence of pain in patients with cancer: A systematic review of the past 40 years. Ann Oncol 18: 1437-1449.
2. Aielli F et al 2019, Review: Bone Metastasis Pain, from the Bench to the Bedside. Int J Mol Sci, 20, 280.
3. Zajaczkowska R, 2019, et al Bone Pain in Cancer Patients: Mechanisms and Current Treatment. Int J Mol Sci 20, 6047.

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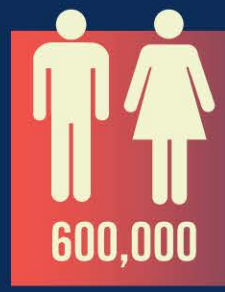
High Unmet Needs

Population numbers for both **breast and prostate cancers with bone metastasis are growing**, survival rates are improving, so **patients, live with pain longer**.

In 2012, Hernandez et al estimated that there were

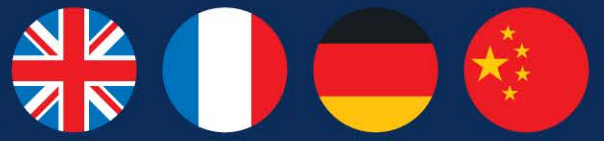
330,000 adult patients living in the US **with bone metastasis**

secondary to solid tumours



In 2017 Prevalence data indicates some **600,000 patients with metastatic breast or prostate cancers** between US, Canada, Europe and Australia

Significant growth markets



forecasted by 2030 are UK, France, Germany and China

It is expected that **6% of all men with prostate cancer** will progress to **metastatic cancer**

In 2018, Damodaran et al *analysed* **recent clinical trials** in **metastatic prostate cancer** and estimated the **median survival** was **48 months**[1]

1. Urol Clin North Am. 2017 November ; 44(4): 611–621.

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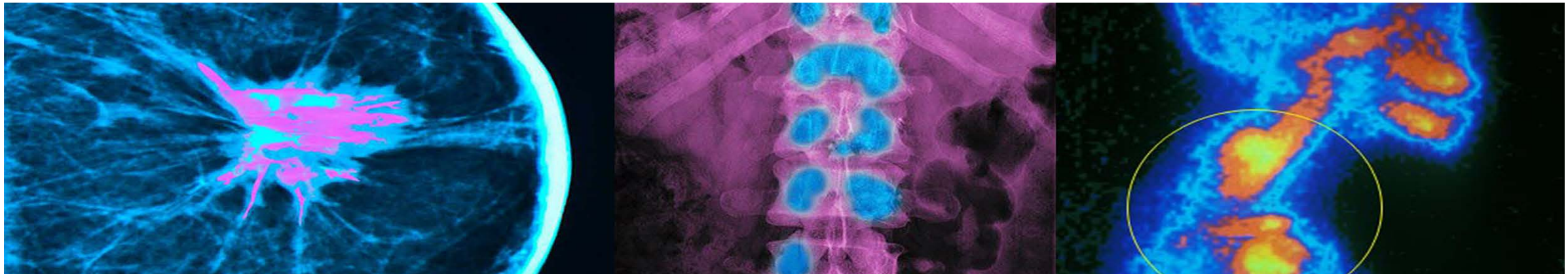
Bone Metastases

Bone metastases occurs when cancer cells spread from their original site to a bone. Nearly all types of cancer can spread (metastasizes) to the bones. But some types of cancer are particularly likely to spread to bone, including breast cancer and prostate cancer.

Bone metastasis can occur in any bone but more commonly occurs in the spine, pelvis and thigh. Bone metastasis may be the first sign that you have cancer, or bone metastasis may occur years after cancer diagnosis or treatment.

Inadequate control of chronic pain is a major contributor to disease burden in approximately half of cancer patients.[1]



- Significant pain (intermittent or constant) – a very common symptom for men with symptomatic metastatic prostate cancer
- Bone marrow suppression - possible resulting anaemia
- Hypercalcaemia - breakdown of bone/excess bone re-absorption with 'osteoclastic' lesions
- Pathological fracture - patients may present with this, visible/detected on a plain x-ray
- Spinal cord/nerve root compression - an oncological emergency
- They can have significant impact on quality of life

1. Portenoy RK. Treatment of Cancer Pain. Lancet. 2011. 377: 2236-47.
2. Deandrea S, Montanari M, Moja L, Apolone G. Prevalence of undertreatment in cancer pain. A review of published literature. Annals of Oncology. 2008. 19: 1985-1991

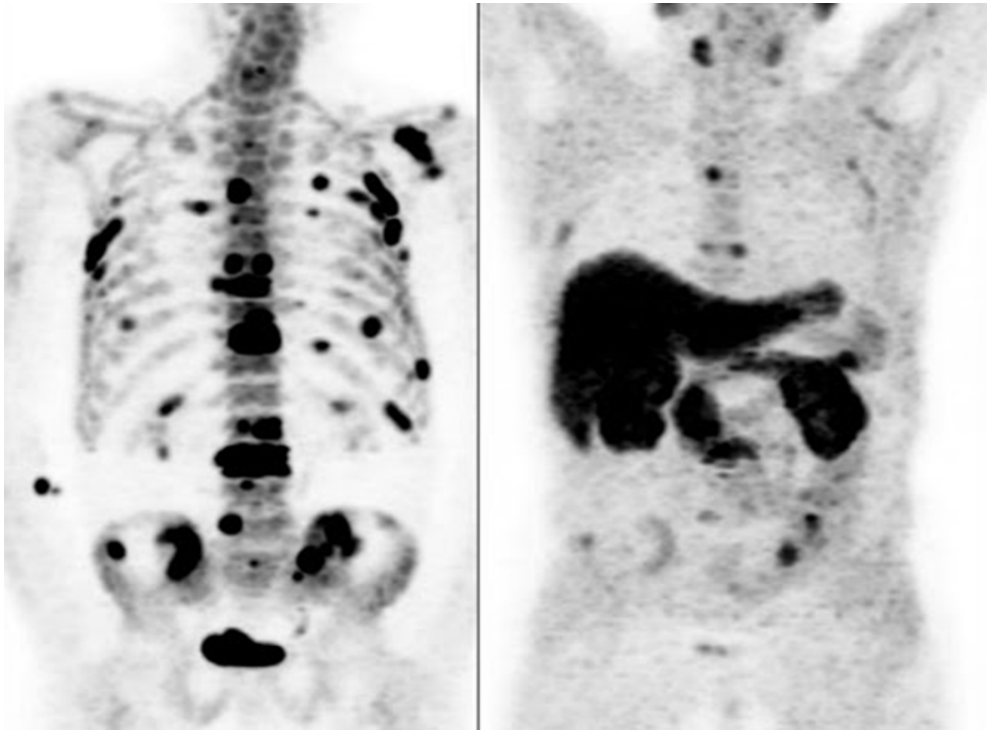
Prostate Cancer Metastasises to Bones

Unfortunately, all treatments for metastatic prostate cancer eventually fail. Nearly 100% of men who suffer from bone metastasis will have pain.

Cancer induced bone pain is also one of the most difficult pain conditions to treat and with its effect on mobility, sleep and time spent in hospital, it has a major impact on patients functioning, mood and general quality of life.[1]

Diagnosis of Bone Metastasis

- **How?**
  - Bone scan, plain film, MRI
- **When?**
  - PSA >10
  - Gleason 7
  - Failed primary therapy
  - Clinical suspicion (eg. Bone pain)[2]



1. Kane CM, Hoskin P, Bennett MI. Cancer induced bone pain. British Medical Journal. 2015; 350:h315.
2. McKiernan J M. Advanced Prostate Cancer and Bone Metastases. Metastatic Disease: Staging, Treatment, and Complications. Medscape

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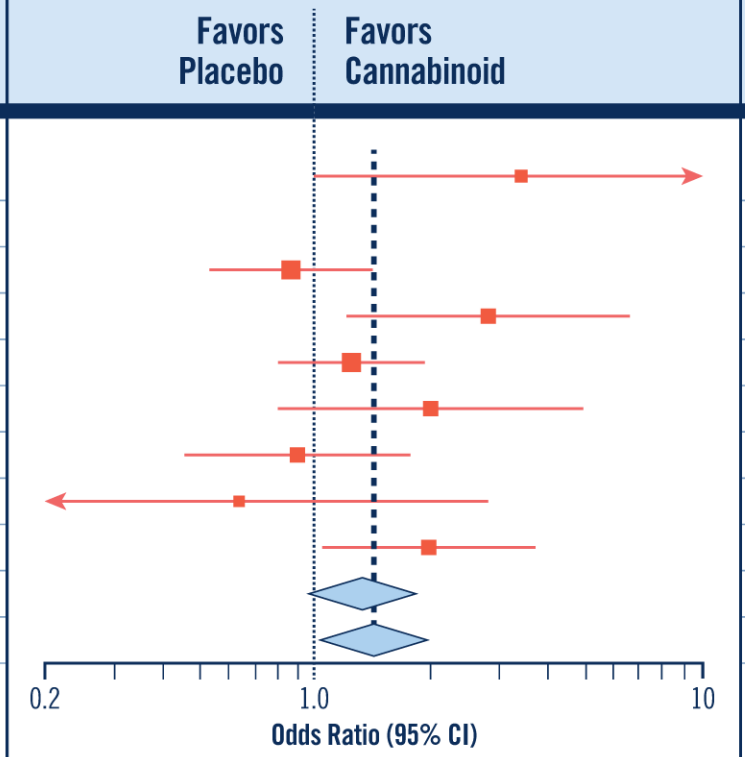
Published Work Confirms Therapeutic Potential

Improvement in Pain With Cannabinoid vs Placebo by Study	Cannabinoid Events		Placebo Events		Odds Ratio (95% CI)	Weight %
	No.	Total No.	No.	Total No.		
Tetrahydrocannabinol (smoked) Abrams et al,[77] 2007	13	25	6	25	3.43 (1.03-11.48)	6.51
Nabiximols						
GW Pharmaceuticals,[22] 2005	54	149	59	148	0.86 (0.54-1.37)	19.02
Johnson et al,[69] 2010	23	53	12	56	2.81 (1.22-6.50)	10.87
Langford et al,[65] 2013	84	167	77	172	1.25 (0.81-1.91)	20.19
Nurmikko et al,[76] 2007	16	63	9	62	2.00 (0.81-4.96)	9.84
Portenoy et al,[67] 2012	22	90	24	91	0.90 (0.46-1.76)	14.04
Selvarajah et al,[70] 2010	8	15	9	14	0.63 (0.14-2.82)	4.63
Serpell et al,[88] 2014	34	123	19	117	1.97 (1.05-3.70)	14.91
Subtotal $J^2 = 44.5\%$, ($P = .0.94$)	241	660	209	660	1.32 (0.94-1.86)	93.49
Overall $J^2 = 47.6\%$, ($P=.0.64$)	254	685	215	685	1.41 (0.99-2.00)	100.00

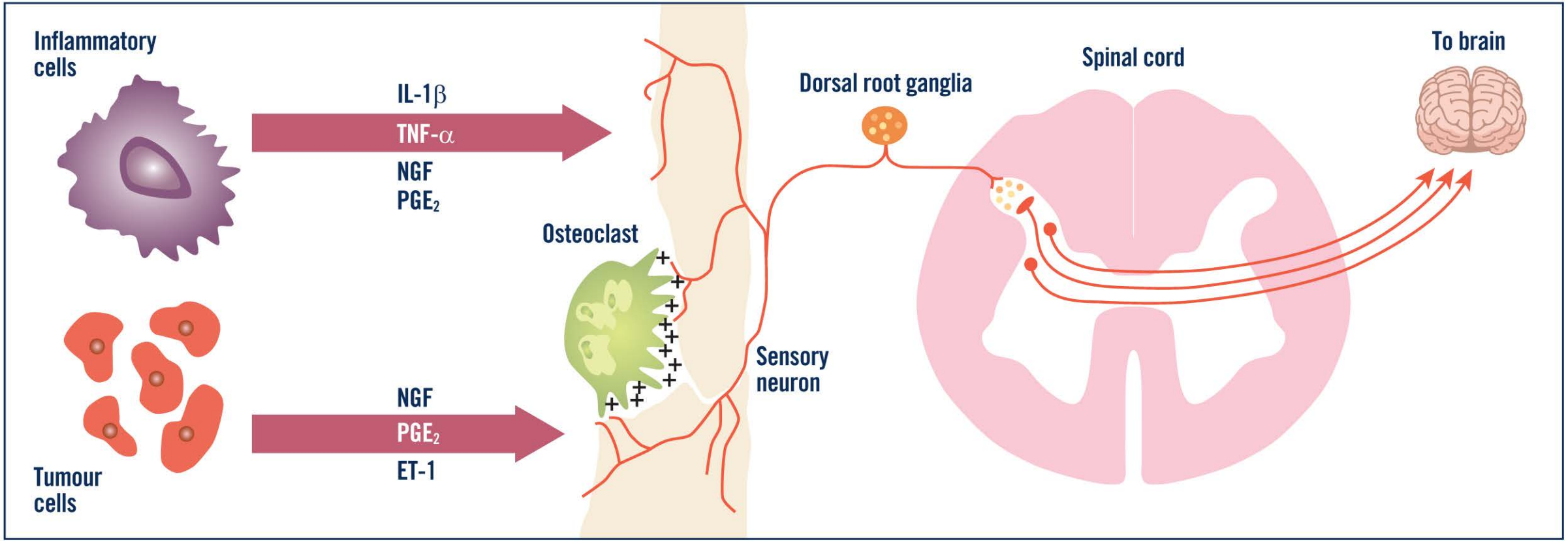


Indicates 30% or greater improvement in pain with cannabinoid compared with placebo, stratified according to cannabinoid.[1]

1. Adapted from Whiting and colleagues 2015

The Science Behind NanaBis and Metastatic Bone Pain

The pathophysiology of metastatic bone pain involves both inflammatory and neuropathic mechanisms whereby the tumour cells cause hyperactivity of surrounding nociceptors, osteoclasts and immune cells, sensitizes pain afferent fibres and spinal cord pain neurons as well as upregulating descending nociceptive stimulation in the CNS. NanaBis™ acts at all these levels to reduce the sensitisation and injury of neurons, inhibit descending CNS nociceptive stimulation, and reduce the hyperactivity of the surrounding osteoclasts and immune cells.



NanaBis™ & Core Differentiation

1 Robust clinical trials and drug optimisation allowing Medlab to progress drug registration models

2 Robust patent portfolio

3 Superior outcomes based on the use of Medlab's delivery platform, NanoCelle™

- Each 140 microlitre spray contains 1.25 mg THC and 1.25 mg CBD.
- The molecular formula of THC is $C_{21}H_{30}O_2$, its molecular weight is 314.47, and the assigned CAS Number is 1972-08-3. The molecular formula of CBD is $C_{21}H_{30}O_2$, its molecular weight is 314.47 and the assigned CAS Number is 13956-29-1. The molecular size of the final product is 38nm.
- **NanaBis™ is primed to cross the oro-buccal membrane and access the facial lymphatics for fast, systemic response.**

NanoCelle™ Patent			
Jurisdiction	**Application no.**	**Filing date**	**Status**
International	PCT/US2016/020468 (published as WO2016/141069)	2/3/16	National/regional phase entered
Australia	2016226280	2/3/16	Under examination
Canada	2978179	2/3/16	Filed
Europe	16759418.3	2/3/16	Under examination
New Zealand	735138	2/3/16	Examination requested
Singapore	11201707068X	2/3/16	Under examination
United States	15/555038	2/3/16	Under examination
Hong Kong	18103321.4	8/3/18	Filed

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How Buccal is Superior to Ingested Routes

- Quick, easy and convenient
- **NanaBis™** in blood and at concentration peak in 54 minutes
- **NanoCelle™** effectively in crossing the buccal membrane and utilising facial lymphatics for systemic delivery

Buccal administration

Faster absorption to the bloodstream

Optimised Dosage

Absorption after oral ingested **(that being NOT NanaBis™)** administration has been described as "slow and erratic," resulting in low and irregular plasma levels. THC can be degraded by stomach acid, which could potentially lower the amount available to be absorbed by the stomach. It is known to undergo extensive first-pass metabolism. After **oral ingestion**, plasma levels usually **peak after 60 to 120 minutes**, although in some participants it **can take as long as 4 hours.**

Bioavailability after oral ingestion is approximately 6%, but with high variability between participants. Mean plasma levels reach the threshold of detection at 45 minutes after sublingual administration of a whole-plant cannabis extract containing THC (range, 30-120 minutes; the mean **peak plasma levels were noted 100-130 minutes after administration.**[1]

Ingestive route is **slower** with significant **product degradation** with potentially significant delayed onset.

1. Bhattacharyya S, Morrison PD, Fusar-Poli P, et al. Opposite effects of delta-9-tetrahydrocannabinol and cannabidiol on human brain function and psychopathology. Neuropsychopharmacology 2010;35:764-774.

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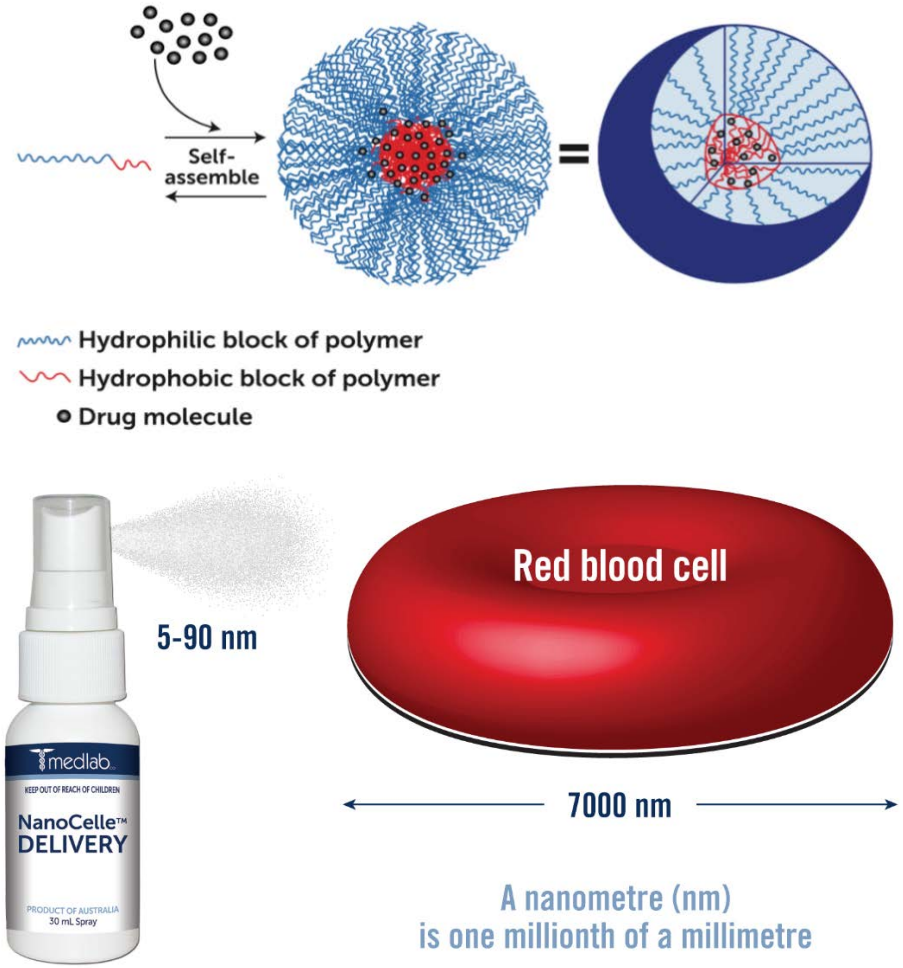
Medlab's Proprietary Delivery Platform

The innovation of the Medlab NanoCelle™ delivery system is the process of creating nano-sized particles (certified to measure less than 100 nm), irrespective of their solubility characteristics (i.e., hydrophobic or hydrophilic nature) that render the molecular species with enhanced delivery properties via the oral-buccal or intranasal routes of administration.

NanoCellisation produces nano-sized particles consisting of an inner hydrophobic core (active agents combined with lipid carrier or itself lipid-soluble) and an outer hydrophilic shell (various surfactants) and has an average particle size of from about 5 nm to approximately 90 nm (depending on cargo).



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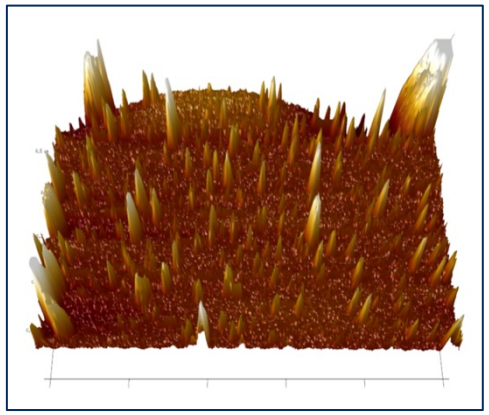
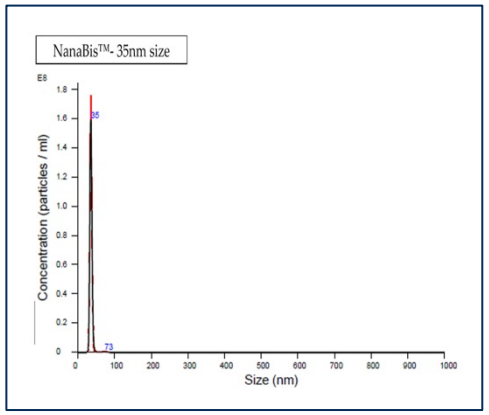
Benefits Specific to NanaBis™

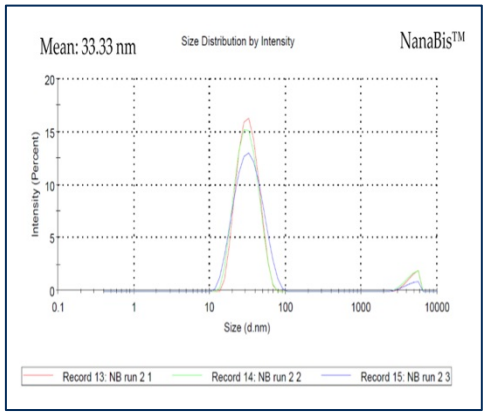
NanaBis™ Atomic Force Microscopy for THC+CBD cannabis sample 3D Image; The University of Sydney



Nano tracking particle analysis, NanaBis™, The University of Sydney

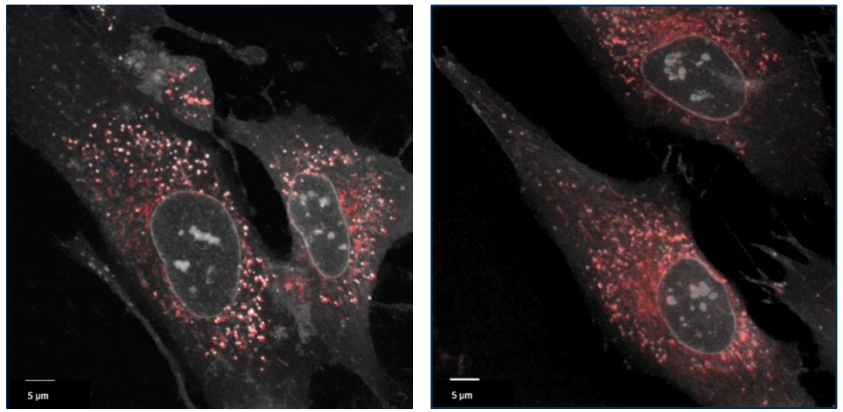


Zeta Potential Distribution for a THC + CBD and CBD only cannabis sample Characterisation. The University of Sydney



NanoCelle™ releasing NanaBis™ into cytoplasm and nucleus

Holotomographic imaging overlaid with fluorescence showing Nile Red uptake into fibroblasts. Scale bar represents 5 µm



- NanoCelle™ API's bypass first pass metabolism, and allows for use via non-traditional routes of delivery
- NanoCelle™ reduces patient risk as it requires less API to provide same or better efficacy
- NanoCelle™ is convenient and ease to use
- NanoCelle™ production is an easy bolt-on to liquid manufacturing
- NanoCelle™ is capable for use as buccal, nasal or topical delivery
- NanoCelle™ has been shown to extend shelf life for certain API, inclusive of CBD and THC

Chemistry performed at:
University of Sydney Nano Institute
Research Update, Characterisation of NanaBis™ and NanaBidial™ Medlab formulations December 2019, Chrazanowski Group, Shiva Kamini Divakarla

NanaBis™ Drug Pathway

- ✓ Pre-clinical – API's
- ✓ Pre-clinical – NanoCelle™ delivery platform
- ✓ Patent filings – NanoCelle™ delivery platform
- ✓ TGA guidance of initial trial design
- ✓ HREC approval for RNSH P1/P2 (SAD/MAD) trial
- ✓ Completion of RNSH with Prof Stephen Clark, Head of Oncology
- ✓ Validated Assays for chemical analysis and pathology
- ✓ Commencement of AU SAS
- ✓ Pre-application meetings with TGA, FDA and EMA regarding go forward guidance
- ✓ Pathway (trial design) guidance accepted
- ✓ EMA fee reduction
- ✓ Observational Study commenced
- ✓ Phase 3 pain trial guidance received
- ✓ ***Phase 3 trial in design***

RNSH SAD/MAD Trial - ACTRN12617001480370

Stage 1 -

May 2018 — August 2018

Stage 2 -

October 2018 — Completed December 2019

Observation Study - ACTRN12619000513112

July 2019 — Estimated end July 2021

Phase 3 - ACTRN & IND TBA

Estimated April 2020 — Estimated completion December 2022

Drug filing due end 2023 to mid 2024

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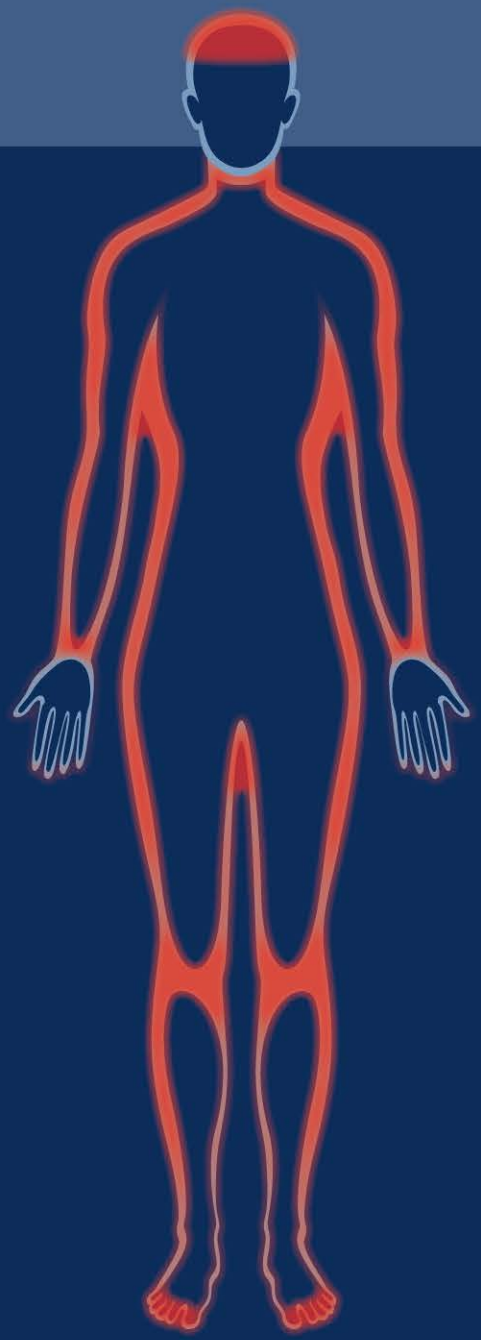
NanaBis™ PATIENT Case Report



Compassionate Use Data

Patient Initials	RK
Age	29
Sex	F
Indication	Pain associated with Cancer

Medications pre-NanaBis™	**Dosage:**
Endone	5mg QID PRN
Tramadol	150mg BD
Valium	5mg 1 tablet MANE and 2 tablets NOCTE
Ondansetron	4mg daily PRN

Date NanaBis™ Commenced	17/05/2019
NanaBis™ Initial Dosage	2 BD
Medications post-NanaBis™	**Dosage:**
NIL	NIL
Current NanaBis™ dose	3 TDS

Sequelae

Intractable Pain, nausea, insomnia, loss of appetite

Results provided under consent. NanaBis™ under clinical investigation as a drug candidate and as such a non-ARTG medicine.

Patient outcomes at time of writing

NB NanaBis™

Started **NanaBis™** 2 sprays BD
After a few days, patient notice **pain relief**

Physician **ceased**
Endone, Valium, Ondansetron

Though the dose has increased currently to TDS, patient has had their
pain score drop
from 8-9 out of 10 to **1-2 out of 10**

Appetite has **increased,** nausea has **subsided,**
and has a suitable sleep pattern

Date Data Collected	25/06/2019
Continuing medication?	YES

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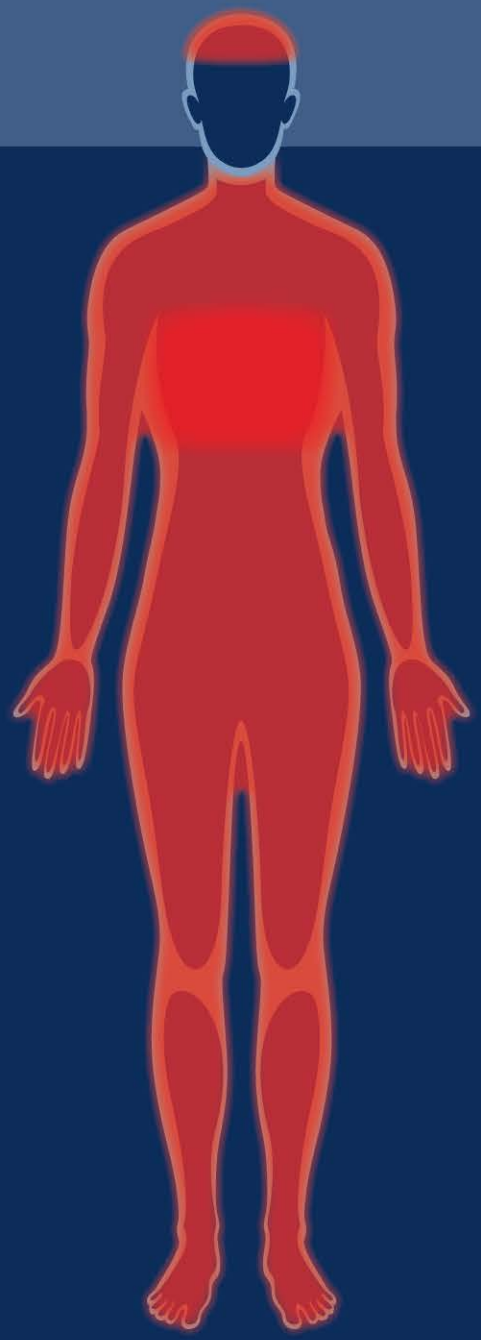

NanaBis™ PATIENT Case Report

Compassionate Use Data

Patient Initials	FG
Age	75
Sex	F
Indication	Pain associated with Cancer

Medications pre-NanaBis™	**Dosage:**
Targin	10mg mane
Targin	20mg nocte
Endone	5mg QID PRN
Endep	10mg nocte
Panadol Osteo	2 TDS PRN
Metoclopramide	10mg 2 TDS PRN

Date NanaBis™ Commenced	ND
NanaBis™ Initial Dosage	2 TDS

Medications post-NanaBis™	**Dosage:**
Targin	10mg BD
Metoclopramide	10mg 2 TDS PRN
Current NanaBis™ dose	N/A

Sequelae

Breast Cancer Metastised to the Bone. Other Symptoms include Anorexia, Loss of taste, poor digestion, fatigue, insomnia, intractable pain especailly bone pain

Patient outcomes at time of writing

NB NanaBis™

After 2 days, patient can feel the **pain relief**

A week after usage, **Targin dose reduced** to 10mg BD.Endep, **Endone** and **Panadol Osteo ceased**

Currently **pain** has gone **down** from 9 out of 10 to **4 out of 10**

Nausea has been **reduced** **Rarely** takes metoclopramide for **nausea** and **vomiting** as **NanaBis™** has provided **relief**

Results provided under consent. NanaBis™ under clinical investigation as a drug candidate and as such a non-ARTG medicine.

Date Data Collected	17/05/2019
Continuing medication?	YES

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RNSH SAD/MAD Trial Outcomes – March 2020

The Advanced Cancer Pain clinical trial (Stage 1 n=5, Stage 2 n=25) was a Single Ascending Dose (SAD), Multiple Ascending Dose (MAD) investigation into pain management of patients with metastatic cancers. The trial was Ethics approved by the Kolling Institute and given a Clinical Trial Number (CTN) by the Australian Federal Government.

The Trial was listing in accordance to CTN guidelines on the Australian New Zealand Clinical Trial Registry (ANZCTR) under:
https://www.anzctr.org.au/Trial/Registration/TrialReview.aspx?id=371985&isReview=true

The trial was designed to accelerate the traditional phased trial pathway through typical Phase 1 and Phase 2 programmes.

Patient Group:
N = 30, Patient had a mean age of 55.9 years, 60% female, 40% male, 80% white/Caucasian, 20% other nationalities, all patients had metastatic cancers, 32% diagnosed with primary cancer of the breast or prostate with bone metastasises.

RNSH SAD/MAD Trial Outcomes – March 2020

Primary Endpoints Met:

NanaBis™ is SAFE

NanaBis™ is TOLERABLE

Dosage tolerance achieved at **60% of maximum dosage**

NanaBis™ is EFFICACIOUS

- Adverse Events were predominantly mild or moderate and expected.
- NanaBis™ is demonstrated to be fast acting as it showed time to with maximum concentration in serum to be 54 minutes.
- Improvements in Quality of Life (QoL) measures, specific in role and emotional functioning and insomnia.

Secondary Endpoints Met:

Total cohort had meaningful pain reduction, a specific patient subset being breast or prostate cancers with bone metastasis had an average of

40% improvement in pain scores from baseline.

Breast or prostate cancers with bone metastasis showed significantly less Morphine Milliequivalent (MMEq) of dispensed opioid analgesics prescribed, than the remaining cohort *(see MMEq table on page 21)*.

No change in number of rescue medication doses during the course of the Trial.

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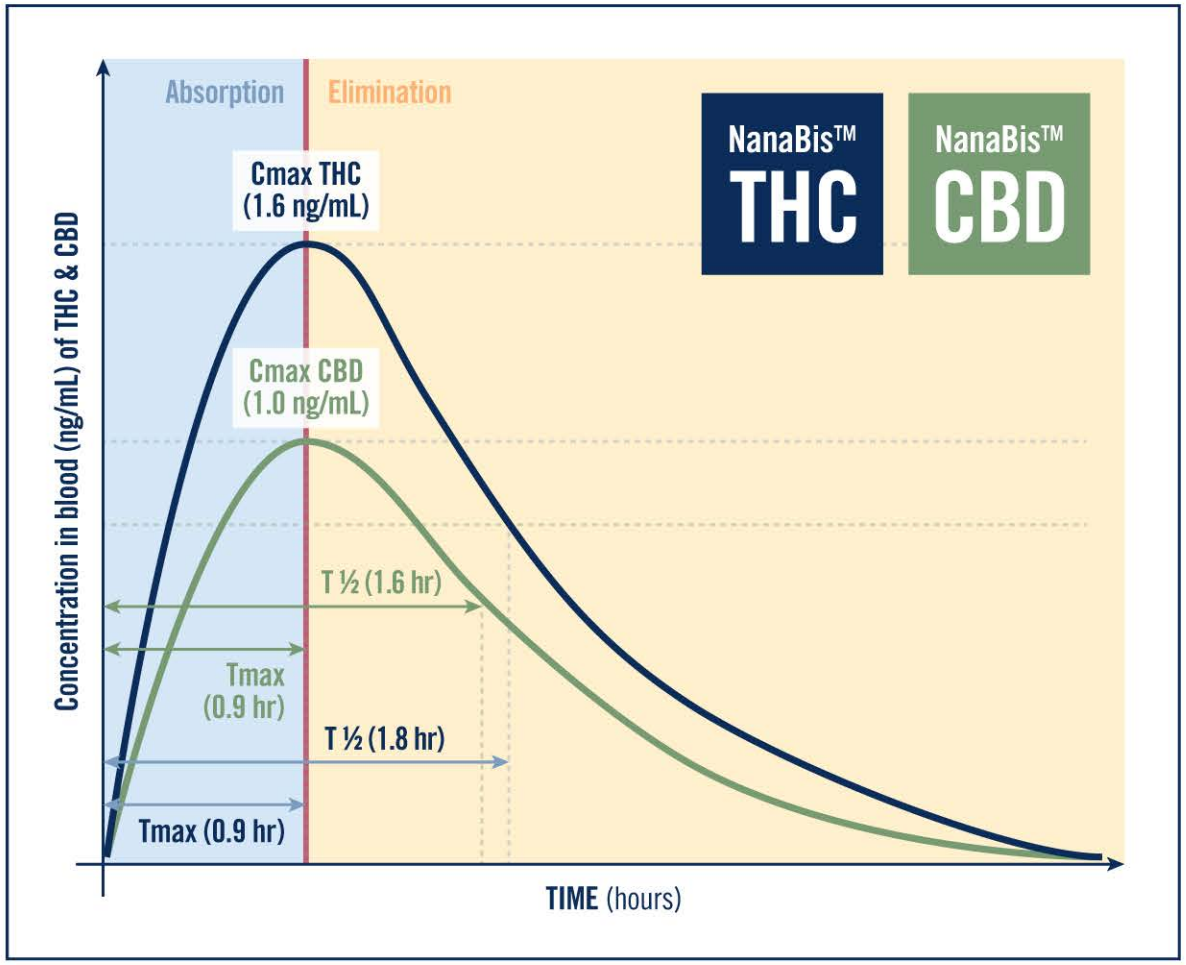
RNSH SAD/MAD Trial Outcomes – March 2020



Tmax = time to maximum serum level
T ½ = time to fall to half maximum serum level
Cmax = maximum concentration serum level

Research supports hypothesis for buccal delivery

Oro-mucosal administered cannabis extracts is the only suitable delivery method for treating chronic pain[1] as it is the only method that provides:

1. **Measured doses of material that are easily titrated to achieve pain control**. Oral-GIT absorption can take several hours to reach therapeutic levels which are erratic due to the effect on GIT absorption from diet and first pass liver metabolism.
2. **Less adverse effects, which is especially important for patients with long-term survival.** Smoking is associated with exposure to toxic chemicals and results in lung damage and infections. Inhalation methods, including vaporisation, result in 20- to 30-fold higher peak THC levels that are associated with short- and long-term CNS adverse events.
3. **Less frequent dosing without the peaks and valleys of inhalation**. Inhalation provides serum levels with a half-life of less than 20 minutes[2]. Our clinical trials have shown that oro-buccal delivery can maintain pain relief with dosing four-times to five-times daily.
4. **Proper blinding in clinical trials.** Clinical trials using inhalation have not been properly blinded to date

Two formulations have been tested in clinical trials for oro-buccal absorption: (i) NanaBis™ that uses a Kolliphor based nanoparticle micelle as the carrier and (ii) Sativex that uses an emulsion of cannabinoids with 40% ethanol as the vehicle. NanaBis™ has the advantage of:

1. **Mostly topical** absorption that provides higher and more consistent serum levels for the same dose. The pharmacokinetics for Sativex® (two peaks, onset, half-life and variability) are indicative of much of the dose being swallowed and absorbed via the GIT
2. **No ethanol**. Sativex® uses 40% ethanol as the vehicle, which causes local irritation and is a large enough dose to interfere with metabolism of other medicines

***Pharmacokinetic data collected from patients with metastatic cancers**

1. E.B Russo, (2019), Cannabis and Pain, Pain Medicine, 0: 1–3 doi: 10.1093/pm/pnz227
2. M A. Huestis, JE. Henningfield, E J. Conet (1992), Blood Cannabinoids. I. Absorption of THC and Formation of 11-OH-THC and THCCOOH During and After Smoking Marijuana Journal of Analytical Toxicology.

ASX: MDC

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RNSH SAD/MAD Trial Outcomes – March 2020

MMEq Comparison: *(see below)*
Over the 30-day trial Sample 1 patients (all other cancers) prescribed significantly higher mean doses of MMEq of morphine as compared to Sample 2 patients (Breast & Prostate Cancers with Bone Metastasis).

SAMPLE 1 (All other cancers)

Variable	Obs.	Mean	Std. Dev.	Min.	Max.
MMEq Day 1	17	214.0588	353.8235	15	1480
MMEq Day 7	14	174.4286	300.4153	15	1150
MMEq Day 13	14	225.2857	442.6972	15	1690
MMEq Day 16	14	212	391.7297	15	1510
MMEq Day 30	13	322.6923	714.5855	0	2650

SAMPLE 2 (Breast & Prostate cancers with Bone Mets)

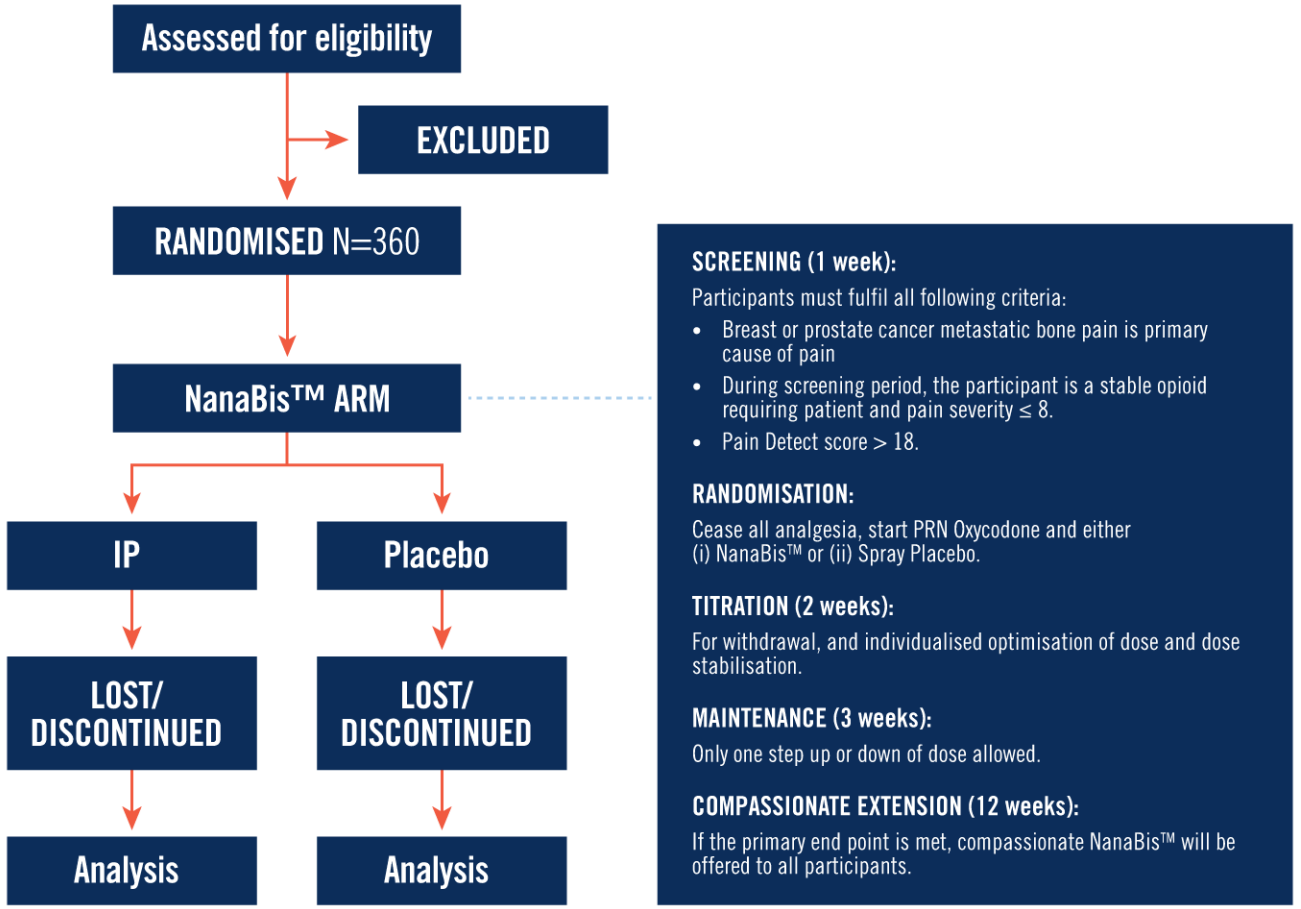
Variable	Obs.	Mean	Std. Dev.	Min.	Max.
MMEq Day 1	8	61	38.95785	0	126
MMEq Day 7	8	58	38.26225	0	126
MMEq Day 13	8	57.125	37.14619	0	119
MMEq Day 16	8	57.125	36.52568	0	119
MMEq Day 30	8	64.5	51.23057	8	171

Tolerance:

- Dose tolerance was achieved at about 60% of the maximum trial dose
- Most adverse events where mild and expected

ASX: MDC medlab

Proposed Phase 3 Multi Centre Design



SCREENING (1 week):

Participants must fulfil all following criteria:

- Breast or prostate cancer metastatic bone pain is primary cause of pain
- During screening period, the participant is a stable opioid requiring patient and pain severity ≤ 8.
- Pain Detect score > 18.

RANDOMISATION:

Cease all analgesia, start PRN Oxycodone and either (i) NanaBis™ or (ii) Spray Placebo.

TITRATION (2 weeks):

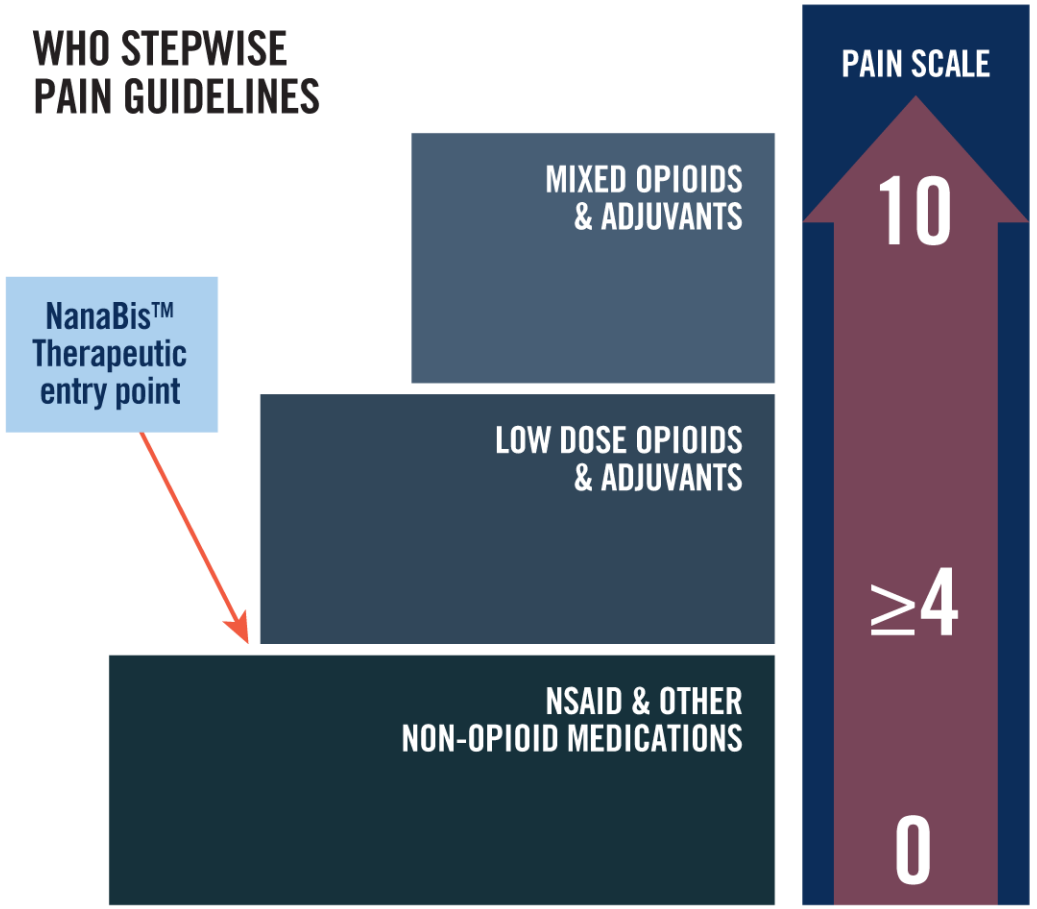
For withdrawal, and individualised optimisation of dose and dose stabilisation.

MAINTENANCE (3 weeks):

Only one step up or down of dose allowed.

COMPASSIONATE EXTENSION (12 weeks):

If the primary end point is met, compassionate NanaBis™ will be offered to all participants.

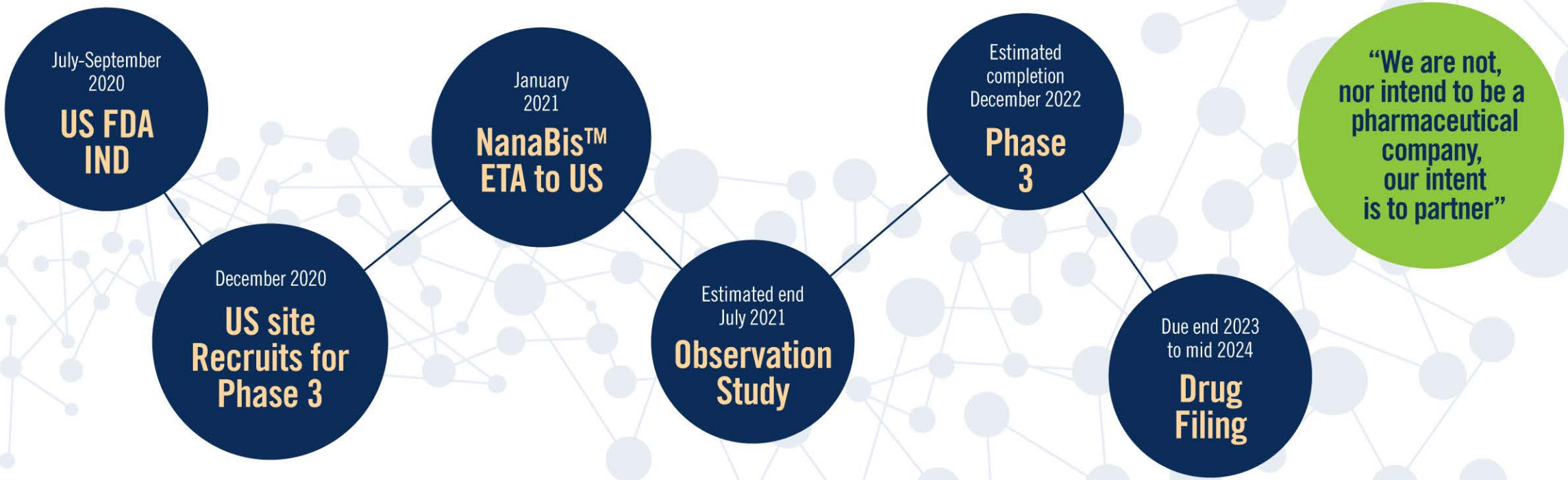


- Comparison of response groups confirms that NanaBis™ is superior to placebo for pain management.
- Number of patients requesting to stay on NanaBis™ confirms that NanaBis™ is efficacious for pain management

- It is expected NanaBis™ will delay opioid progression whilst effectively managing pain

NanaBis™ Near Term Progression

Our progress validates our product, reduces our risk and increases opportunities for partnering



Commercial Landscape

Current pain treatments

Nonsteroidal anti-inflammatory drugs (NSAIDS)	General OTC	Acute pain
Non-opioid analgesics	General OTC	Acute pain
Antidepressants	Prescription	Limited pain use
Anticonvulsants	Prescription	Nerve pain
Muscle Relaxants	Prescription	Acute spasms resulting in pain
Opioids and opioid derivatives	Prescription	Chronic pain, cancer pain, trauma related pain, bone pain

Competitive Analysis

Countries	# Cannabis Companies	# in cancer pain trials
Australia	11	2 (incl MDC)
Canada/USA	65	1
Israel/USA	15	0
Europe	12	1
Latin America	2	0

NOTES

Public data is *very limited*, it would appear that bone pain is not part of competitor's trials.

Public data also suggests 14 global cannabis companies have positioned themselves as "Pharma" although not necessarily targeting cancer pain.

7 global companies are focused on delivery platforms for efficacious cannabinoid delivery.

*See page 29 for source references

NanaBis™ Value Points

NanaBis™ characterisation is **validated** by the **NanoScale Unit** Department of Pharmacy, **University of Sydney**

NanaBis™ is a *fast acting*, **non-opioid alternative** for **effective pain management** specifically for **Breast** and **Prostate Cancer** patients with **bone metastasis**

NanaBis™ is readying for **Phase 3 trials** with over **1350 patients** utilising the drug *via* **compassionate programs**

aphria™

Cannabis biomass is supplied by **Aphria. Inc (TSX:APHA)** biomass characterisation and yields are **exclusive to Medlab**.

TASMANIAN ALKALOIDS

NanaBis™ is manufactured and released by **Tasmanian Alkaloids exclusively for Medlab**.

AGILEX BIOLABS

Human Analytics (ASSAY) developed in conjunction with **Agilex Biolabs Pty Ltd**. Commercial ongoing relationships pays royalty to Medlab from all 3rd parties.

Nitto Avecia Pharma Services

FDA approved analytical contractor.

NanaBis™ has **robust and clear drug development pathways** leading to **regulatory approval** in **US, EU, Canada** and **Australia**

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Manufacture and analytical

Agilex Biolabs Pty Ltd
Human Assay, pathology

Nitto Avecia
Analytical

Aphria. Inc
Biomass supplier

FINANCIALS (as at 31 December 2019)

Cash Balance	Shares on issue	Top 20 shareholders hold 69% of total shares on issue
$9.7M	233,221,810	

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- ***Pg 24*** *– With St Vincent's Hospital Melbourne, Zelira Therapeutics is also investigating the use of certain cannabinoid medications to help patients who are dependent on high doses of opioids to manage their chronic non-cancer pain*
- ***Pg 24*** *– http://www.australiancancertrials.gov.au/search-clinical-trials/search-results/clinical-trials-details.aspx?TrialID=376790&ds=1 Trial ID: ACTRN12619000265178*
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THANK YOU

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