BARD1 PRESENTING AT BELL POTTER HEALTHCARE CONFERENCE

Melbourne, Australia, 10 November 2021: BARD1 Life Sciences Limited (ASX:BD1) (**BARD1** or the **Company**) is pleased to announce that BARD1 CEO Dr Leearne Hinch will be delivering the enclosed presentation to the Bell Potter Healthcare Conference today.

Authorised by the Company Secretary, Tony Di Pietro.

- ENDS -

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ABOUT BARD1 LIFE SCIENCES LTD

BARD1 Life Sciences Ltd (ASX:BD1) (**BARD1** or the **Company**) is an Australian diagnostics company with an innovative portfolio of diagnostic technologies and products. The Company is focused on developing and commercialising diagnostic solutions for healthcare professionals and patients. BARD1 has commercialised the hTERT test used as an adjunct to urine cytology testing for bladder cancer and the EXO-NET pan-exosome capture tool for research purposes. Our cancer diagnostic pipeline includes tests in development for ovarian and breast cancers, and research-stage projects for prostate and pancreatic cancers. For more information on BARD1, see www.bard1.com and www.exo-net.com.

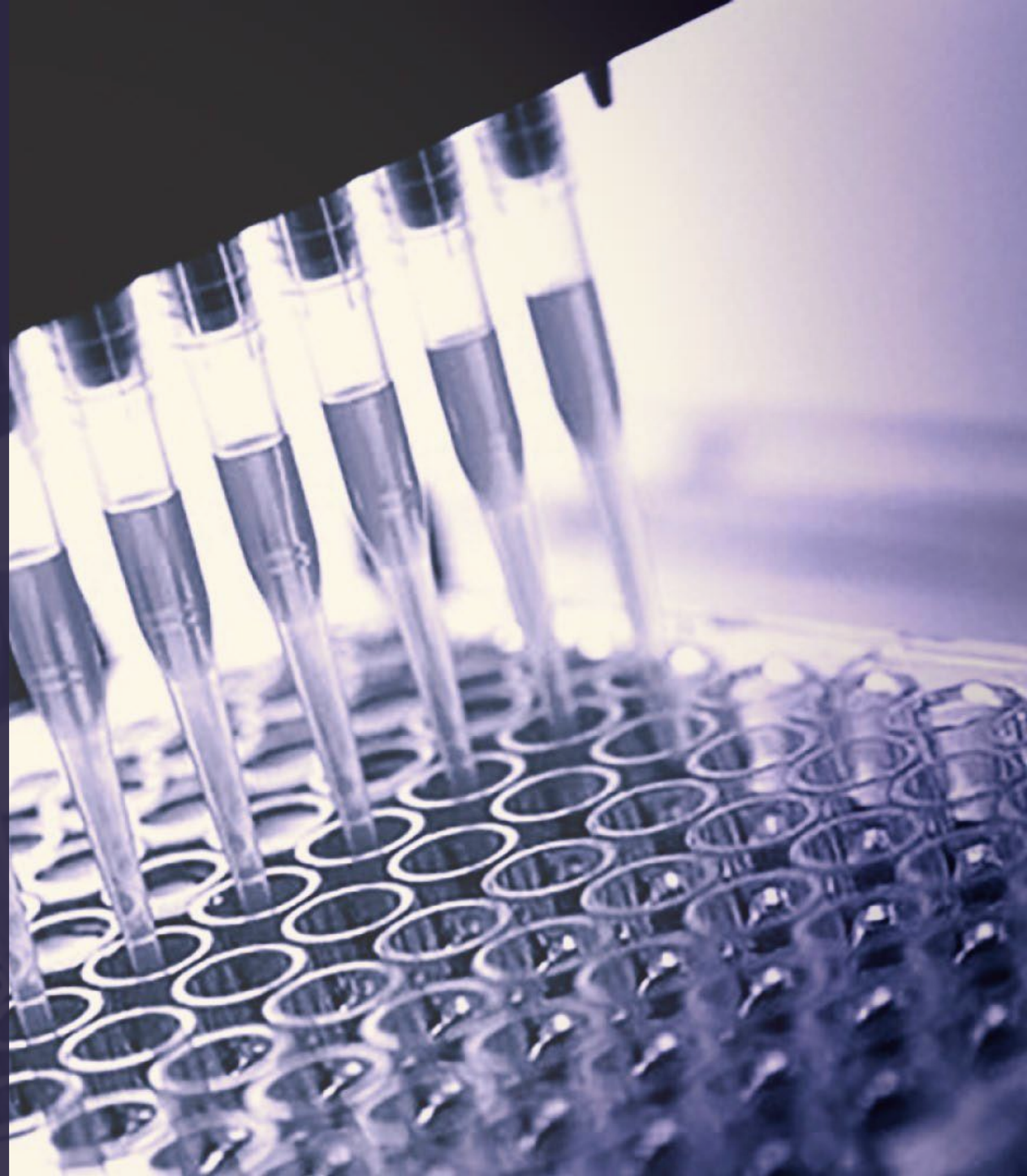
FORWARD LOOKING STATEMENTS

This announcement contains certain 'forward-looking statements' within the meaning of the securities laws of applicable jurisdictions. Forward-looking statements can generally be identified by the use of forward-looking words such as 'may', 'should', 'expect', 'anticipate', 'estimate', 'scheduled' or 'continue' or the negative version of them or comparable terminology. Any forecasts or other forward-looking statements contained in this announcement are subject to known and unknown risks and uncertainties and may involve significant elements of subjective judgment and assumptions as to future events which may or may not be correct. There are usually differences between forecast and actual results because events and actual circumstances frequently do not occur as forecast and these differences may be material. The Company does not give any representation, assurance or guarantee that the occurrence of the events expressed or implied in any forward-looking statements in this announcement will actually occur and you are cautioned not to place undue reliance on forward-looking statements.

Detecting cancer earlier to save lives

Bell Potter Healthcare Conference
10 November 2021

Leearne Hinch | CEO



Disclaimer

This presentation has been prepared by BARD1 Life Sciences Limited (“BARD1” or the “Company”) based on information available to it as at the date of this presentation. This presentation contains general and background information about the Company’s activities current as at the date of the presentation and should not be considered to be comprehensive or to comprise all the information that an investor should consider when making an investment decision and does not contain all information about the Company’s assets and liabilities, financial position and performance, profits and losses, prospects, and the rights and liabilities attaching to the Company’s securities necessary to make an investment decision. The information in this presentation should be read in conjunction with the Company’s other periodic and continuous disclosure announcements lodged with the Australian Securities Exchange (ASX), available at www.asx.com.au. The information in this presentation is based on the Company’s own information and estimates and has not been independently verified. The Company is not responsible for providing updated information and assumes no responsibility to do so. Any investment in the Company should be considered speculative and there is no guarantee that they will make a return on capital invested, that dividends would be paid, or that there will be an increase in the value of the investment in the future.

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Nothing contained in this Presentation constitutes investment, legal, tax or other advice. This Presentation does not purport to be all inclusive or to contain all information which its recipients may require in order to make an informed assessment of the Company’s prospects.

You should note that any past performance is given for illustrative purposes only and should not be relied on as (and is not) an indication of the Company's views on its future financial performance or condition. Past performance, including past share price performance, of BARD1 cannot be relied on as an indicator of (and provides no guidance as to) future performance including future share price performance.

Company overview

BARD1 Life Sciences (ASX: BD1)

- Diagnostics company focused on earlier detection of cancer
- Game-changing technologies with multiple applications
- Strong pipeline for breast, ovarian, prostate & other cancer diagnostics targeting US$11b global markets
- Compelling POC results for lead SubB2M tests for breast & ovarian cancers[1]
- Strong cash position to commercialise lead products as LDTs
- Products in-market for bladder cancer[2] & exosome research

Board and management


Dr Geoff Cumming
Chairman


Max Johnston
Non-Exec Director


Phillip Powell
Non-Exec Director


Prof Allan Cripps
Non-Exec Director


Dr Leearne Hinch
Chief Executive Officer


Dr Greg Rice
Chief Scientific Officer


Tony Di Pietro
CFO / Company Sec


Dr Wayne Jensen
R&D Director


Dr Emily Stein
Technology Director (NETs)

BARD1 History

2016	BARD1 AAb technology acquired
2020	SubB2M and EXO-NET® technologies acquired / in-licensed
2021	SubB2M proof-of-concept results for breast and ovarian cancers
	RUO EXO-NET exosome capture tool launched

Financial information (ASX:BD1)	
Ordinary shares	91,934,920
Share price (9/11/21)	A$0.985
Market capitalisation	A$90.6m
Cash position (30/9/21)	A$20.4m
Ave monthly cash burn (Q1 FY22)	A$593k

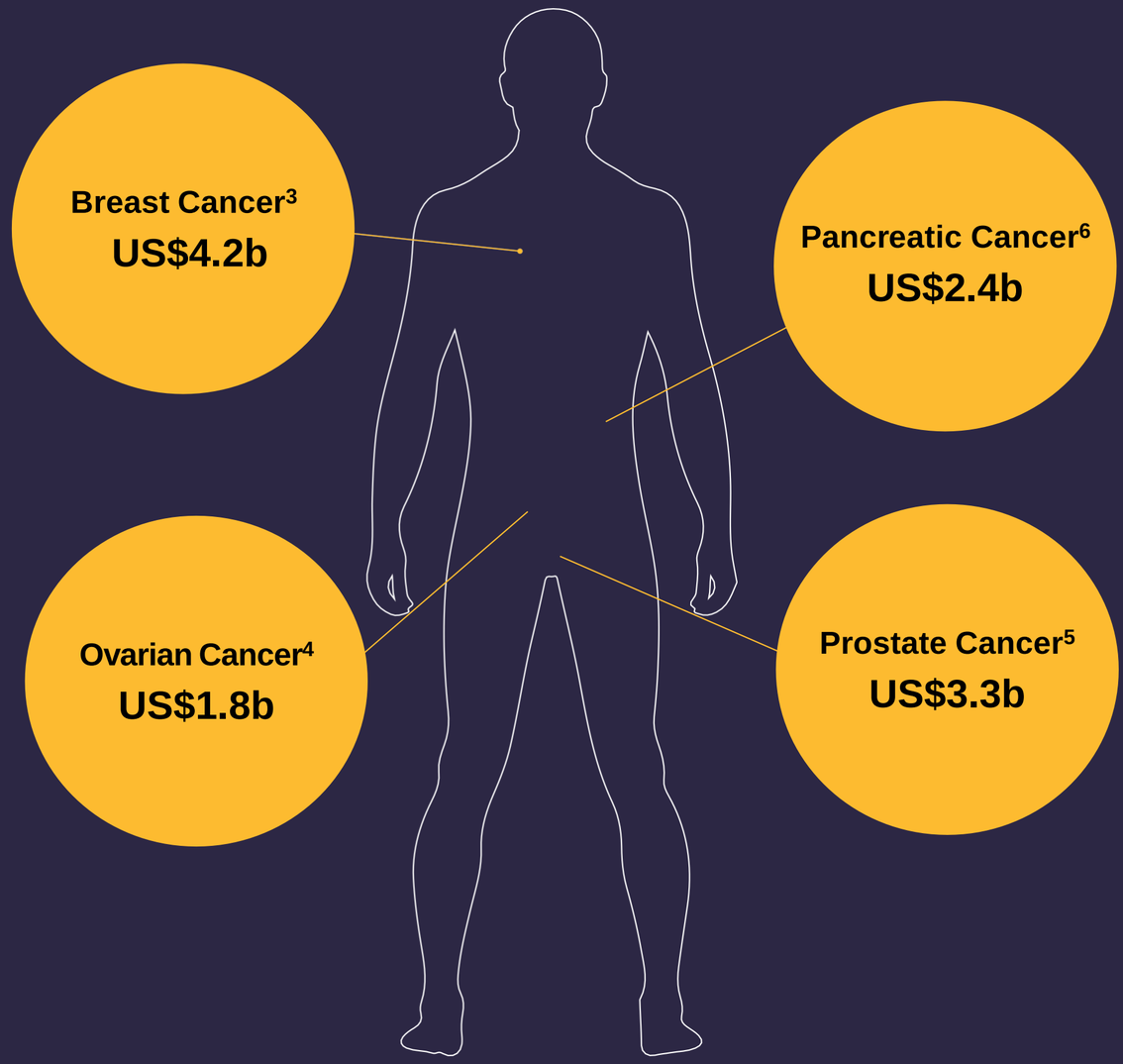
Share price performance (Past 12 months)

Dx = Diagnostics; POC = Proof of Concept;; LDT = Laboratory Developed Test;
1 SubB2M proof-of-concept data using SPR; 2 Adjunct to urine cytology to assist the detection of bladder cancer

Global cancer diagnostics market

- Global cancer burden: 50.6m people, 19.3m new cases and 10.0m deaths p.a.[1]
- Global cancer diagnostics market valued at US$250b[2]
- BARD1 is targeting markets worth US$11b for some of the world's most common and deadliest cancers

#	Cancer	Prevalence	Incidence	Deaths
1	Breast [1]	7,790,717	2,261,419	684,996
3	Prostate	4,956,901	1,414,259	375,304
17	Ovarian	823,315	313,959	207,252
22	Pancreatic	379,958	495,773	466,003



1 GLOBOCAN (IARC) 2020; 2 Grand View Research 2019. https://www.grandviewresearch.com/press-release/global-cancer-diagnostics-market; 3 https://www.grandviewresearch.com/industry-analysis/breast-cancer-diagnostics-market; 4 https://www.grandviewresearch.com/industry-analysis/ovarian-cancer-diagnostics-market; 5 https://www.grandviewresearch.com/industry-analysis/prostate-cancer-diagnostics-market; 6 https://www.wboc.com/story/43615802/pancreatic-cancer-diagnostic-market-size-2021-with-a-cagr-of-69-top-companies-data-report-covers-market-specific-challenges-brief-analysis-and

Unmet need for earlier cancer detection

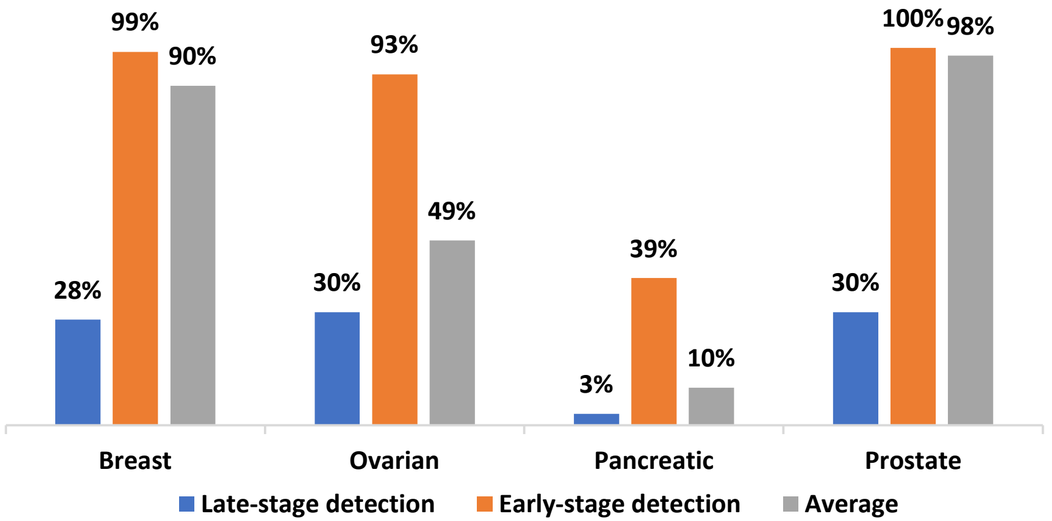
The problem

- Detection of early-stage cancers is often associated with high false-positives &/or lack of sensitivity
- Cancers often detected at late-stage after symptoms have appeared resulting in poor prognosis
- Current tests can have safety, cost and convenience issues reducing test participation rates

Unmet need

- Unmet need for non-invasive, accurate and reliable diagnostic tests for earlier detection of cancer
- Earlier detection improves treatment options, patient outcomes & survival[1]

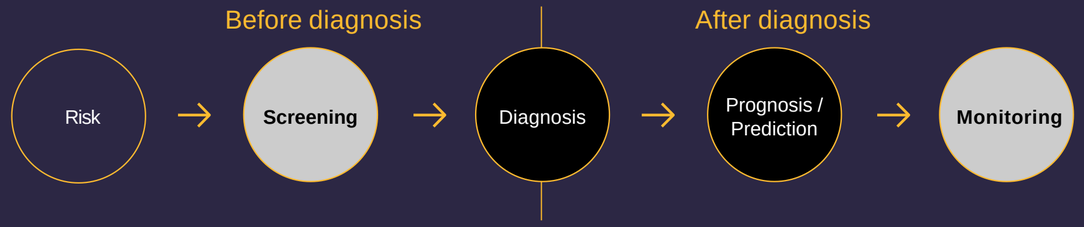
5-year survival rates by stage at diagnosis[1]



1 SEER 18 2010-2016

Product and pipeline portfolio

- Commercial products for bladder cancer[1] & exosome research
- Lead pipeline products for breast & ovarian cancer
- Focused on earlier detection & monitoring of cancer



PRODUCT	INDICATION	PLATFORM	USE	RESEARCH	PRECLINICAL DEVELOPMENT	CLINICAL DEVELOPMENT	MARKETING AUTHORISATION
hTERT	Bladder Cancer	ICC	Adjunct to cytology	→	→	→	In-market
EXO-NET-RUO	Exosome Capture		Research tool	→	→	→	In-market
SubB2M-BCM	Breast Cancer	Immunoassay	Monitoring	→	→	LEAD PIPELINE PRODUCTS	2023
SubB2M-OCM	Ovarian Cancer	Immunoassay	Monitoring	→	→		2023
SubB2M-PCS	Prostate Cancer	Immunoassay	Detection	→			**
SubB2M-PaCS	Pancreatic Cancer	Immunoassay	Detection	→			**
BARD1-Ovarian	Ovarian Cancer	Immunoassay	Detection	→	→		**
BARD1-Breast[2]	Breast Cancer	Immunoassay	Detection	→			
BARD1-Lung[2]	Lung Cancer	Immunoassay	Detection	→			

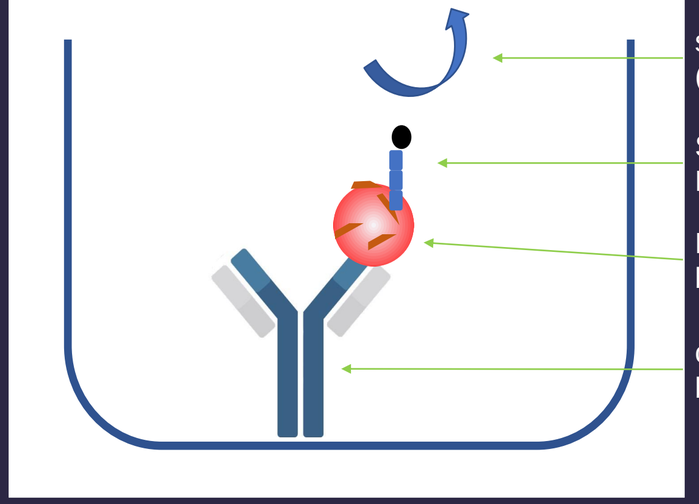
*RUO = Research Use Only; **Dates will be released when projects are further advanced; ICC = Immunocytchemistry;
1 Adjunct to urine cytology to assist the detection of bladder cancer; 2 Progression subject to outcome of BARD1-Ovarian results

SubB2M™ | technology and test method

Game-changing technology for monitoring and detection of cancer

- SubB2M protein detects a unique cancer marker Neu5Gc found in human cancer tissues, cells & biofluids[1]
- Exclusive worldwide licence to SubB2M technology for diagnostic applications[2]
- Multiple applications for diagnosis of various cancers (breast, ovarian, prostate, pancreatic, others)
- Potential to improve the specificity of existing cancer biomarker tests with next generation SubB2M tests for monitoring and/or detection of ovarian (CA125), breast (CA15.3), prostate (PSA) and other cancers
- Focused on developing SubB2M tests for monitoring of breast and ovarian cancers[3]
- Currently optimising assay for transfer to CRO for commercial development on immunoassay platform

SubB2M immunoassay



1 Neu5Gc is not expressed in normal human tissue; 2 License from University of Adelaide and Griffith University; 3 Shewell et al. *N-glycolylneuraminic acid serum biomarker levels are elevated in breast cancer patients at all stages of disease*". 2021: https://www.biorxiv.org/content/10.1101/2021.06.21.449179v2 ; HRP = Horseradish Peroxidase

SubB2M | goals and strategy

GOAL is to develop and commercialise accurate and reliable blood tests for earlier detection and monitoring

Develop SubB2M-based immunoassay	• Prioritise development of SubB2M tests for **monitoring breast and ovarian c**ancers on platform compatible with high-throughput laboratory workflow
Advance lead Dx pipeline	• **Preclinical development** of SubB2M assay and platform • **Analytical validation** of test/s to ensure robust, reproducible and reliable on instrument platform • **Clinical validation** of test/s to ensure Dx accuracy for intended use (Se, Sp, PPV, NPV & Accuracy)
LDT commercial-isation	• Commercialise first as **LDTs by CLIA certified laboratory partner/s** in the US • Fast-to-market pathway enabling early revenues, access to 'real world' data (acceptable to FDA), build biobank & reimbursement case, and gain market acceptance
IVD regulatory authorisation	• Gain **IVD regulatory clearance/approval** dependant on use (510k/De Novo/PMA submission) • Larger-scale, multi-site clinical studies to prove safety & efficacy in intended use population • Enables wider clinical adoption, market access and reimbursement of kit
Expand indications & markets	• Expand uses to BC and OC **earlier detection** in high-risk &/or average-risk asymptomatic women • Expand cancer applications to **prostate, pancreatic & other cancers** • Expand technology applications to improve specificity of **CTC, PET** & others • Expand regulatory approvals and market entry to **EU, AU & Asia**

ELISA = Enzyme Linked Immunosorbent Assay; LDT = Laboratory Developed Test; CLIA = Clinical Laboratory Improvement Amendment;; IVD = In Vitro Diagnostic; FDA = US Food and Drug Administration; BC = Breast Cancer; OC = Ovarian Cancer; CTC = Circulating Tumour Cell; PET = Position Emission Tomography

Breast cancer | US market potential

- World's most common cancer: 2.3m new cases & 685k deaths pa[1]
- US: 3.7m survivors, 234k new cases & 43k deaths pa[1,2]
- Life-time risk of 12.9% , increases to 55-70% with *BRCA1* & 45-69% with *BRCA2* mutations [2]
- Screening using mammography recommended for average-risk women and those with a family history or genetic mutations[3]
- Issues with high false positives, safety and self-exclusion due to discomfort, inconvenience and cost
- CA15.3 test approved for monitoring BC: sensitivity <50-75% and specificity 85%
- Unmet need for an accurate & reliable blood test for earlier detection of BC
- Early detection can improve QOL, treatment options & survival (from 29% at late-stage to 99%)[2]

	Market Penetration	US Breast Cancer Market pa (USD)		
		10%	20%	30%
Indicative Price	$125	$0.4 bn	$0.8 bn	$1.1 bn
	$250	$0.8 bn	$1.5 bn	$2.3 bn
	$500	$1.5 bn	$3.0 bn	$4.5 bn

Key Assumptions (US market):

- Target population: 60.5m women aged 45 - 74 years[3,4]
- Screening frequency: biennial[4]
- Price: indicative pricing only[5]

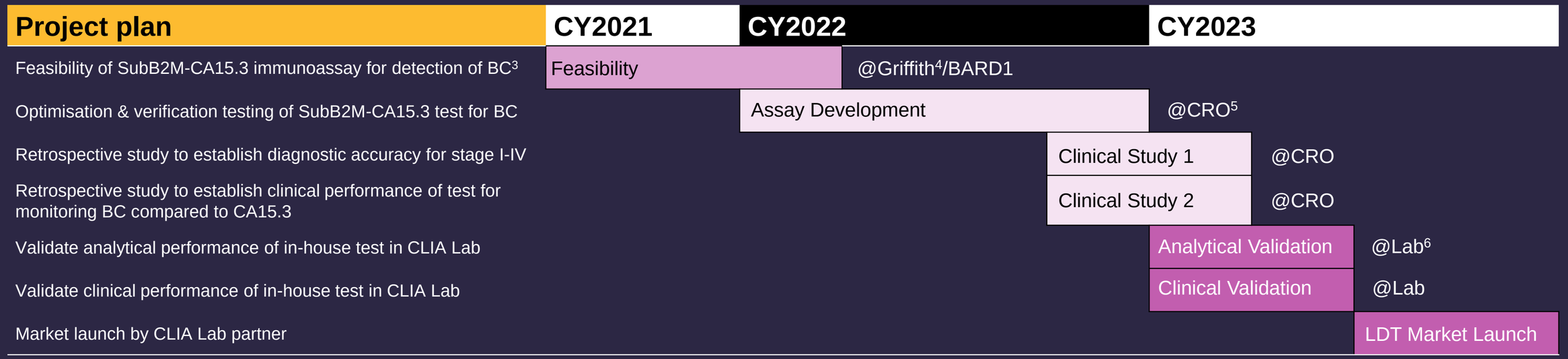
QOL = Quality of Life; 1 Cancer Today 2020 data; 2 SEER 18 2011-2017 https://seer.cancer.gov/statfacts/html/breast.html; 3 US Census. International Data Base (IDB). 2021. https://www.census.gov/data-tools/demo/idb/#/country?YR_ANIM=2021&FIPS_SINGLE=US&dashPages=BYAGE&ageGroup=5Y; 4 ACS 2021 https://www.cancer.org/cancer/breast-cancer/screening-tests-and-early-detection/american-cancer-society-recommendations-for-the-early-detection-of-breast-cancer.html; 5 This is not a sales forecast.

SubB2M | breast cancer test

Monitoring and detection of breast cancer

Study	• POC study conducted by Griffith University to evaluate SubB2M SPR-based assay for detection of Neu5Gc in 118 samples of BC cases and controls
Results*	• >95% sensitivity and specificity for all stages of BC compared to controls[1,2]
Next steps	• Develop and validate SubB2M-CA15.3 immunoassay for monitoring BC

Stage	Breast Cancer[1] n=118 (96 cancers : 22 controls)		
	Sensitivity	Specificity	AUC
Stage I	95.83%	100%	0.958
Stage II	100%	100%	1.000
Stage III	100%	100%	1.000
Stage IV	100%	100%	1.000



POC = Proof of Concept; SPR = Surface Plasmon Resonance; BC = Breast Cancer; AUC = Receiver Operating Characteristic Area Under the Curve;
1 Pre-print manuscript https://www.biorxiv.org/content/10.1101/2021.06.21.449179v2; 2 Samples provided by Victorian Cancer Biobank; 3 Awarded competitive BTB funding from MTPConnect to develop tests for monitoring & detection of BC; 4 Collaborative Research Agreement with the Institute for Glycomics at Griffith University; 5 Contract Research Organisation; 6 CLIA-certified high-complexity laboratory

Ovarian cancer | US market potential

- World's deadliest gynaecological cancer: 314k new cases & 207k deaths pa[1]
- US: 235k survivors, 24k new cases & 14k deaths pa[1,2]
- Life-time risk of 1.2%, increases to 35-70% with *BRCA1* mutation [2,4]
- Average 5-year survival 49% due to late-stage detection after symptoms have appeared (57%)[2]
- Screening not recommended in ave-risk women, whereas CA125 test + TVUS may be offered to high-risk women[4]
- CA125 test approved for monitoring OC: sensitivity 50-75% and specificity 80%
- Unmet need for an accurate & reliable blood test for earlier detection of OC
- Early detection can improve QOL, treatment options & survival (from 30% at late-stage to 93%)[2]

	Market Penetration	US Ovarian Cancer Market pa (USD) 10%	20%	30%
Indicative Price	$125	$0.6 bn	$1.3 bn	$1.9 bn
	$250	$1.3 bn	$2.5 bn	$3.8 bn
	$500	$2.5 bn	$5.1 bn	$7.6 bn

Key Assumptions (US market):

- Target population: 50.5m women aged 50 - 74 years[3]
- Screening frequency: annual
- Price: indicative pricing only[5]

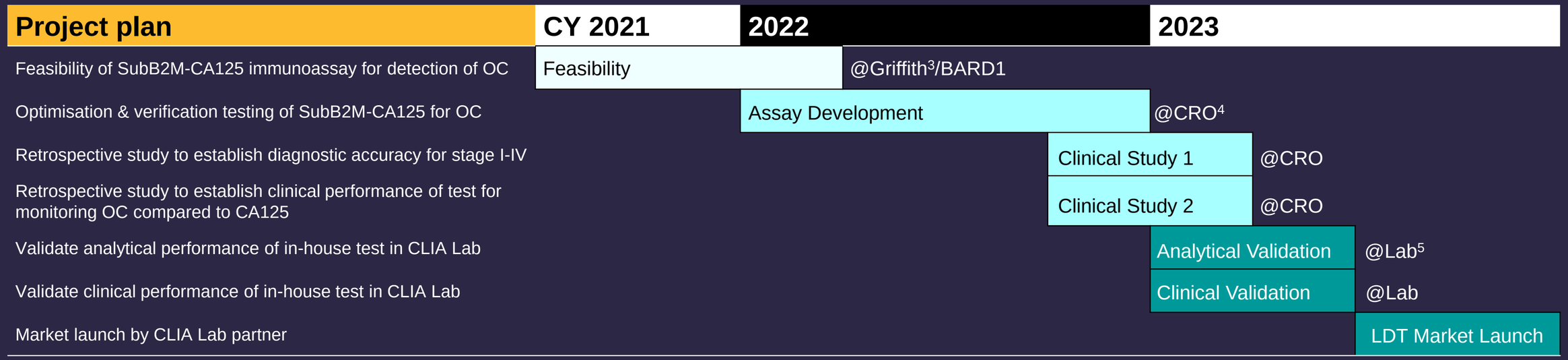
QOL = Quality of Life; TVUS = Transvaginal Ultrasound; OC = Ovarian cancer; 1 Cancer Today 2020 data; 2 SEER 18 2011-2017 https://seer.cancer.gov/statfacts/html/ovary.html; 3 US Census. International Data Base (IDB). 2021. https://www.census.gov/data-tools/demo/idb/#/country?YR_ANIM=2021&FIPS_SINGLE=US&dashPages=BYAGE&ageGroup=5Y; 4 ACS 2021 https://www.cancer.org/cancer/ovarian-cancer/detection-diagnosis-staging/detection.html; 5 This is not a sales forecast.

SubB2M | ovarian cancer test

Monitoring and detection of ovarian cancer

Study	• POC study conducted by Griffith University to evaluate SubB2M SPR-based assay for detection of Neu5Gc in 69 samples of OC cases and controls
Results*	• 100% sensitivity and specificity for all stages of OC compared to controls[1,2]
Next steps	• Develop and validate SubB2M-CA125 immunoassay for monitoring OC • Initial feasibility achieved for SubB2M-CA125 ELISA-based test

Stage	Ovarian Cancer n=69 (47 cancers : 22 controls)		
	Sensitivity	Specificity	AUC
Stage I	100%	100%	1.000
Stage II	100%	100%	1.000
Stage III	100%	100%	1.000
Stage IV	100%	100%	1.000



POC = Proof of Concept; SPR = Surface Plasmon Resonance; OC = Ovarian Cancer; AUC = Receiver Operating Characteristic Area Under the Curve;
1 Pre-print manuscript available https://www.biorxiv.org/content/10.1101/2021.06.21.449179v2; 2 Samples provided by Victorian Cancer Biobank; 3 Collaborative Research Agreement with the Institute for Glycomics at Griffith University; 4 Contract Research Organisation; 5 CLIA-certified high-complexity laboratory

Other research projects

Additional research projects are being evaluated for other cancers and indications for use

EXO-NET® technology projects

- EXO-NET technology is an **exosome isolation tool**
- **Exosomes** are nano-particles (30-150nm) produced by cells containing nucleic acids, proteins & lipids that are **biomarkers** for diagnosis and treatment of multiple diseases including cancer
- Product opportunities:
  - ➢Customised **EXO-NETs** for capture and/or release of exosomes for diagnostic or therapeutic applications
  - ➢Exosome-based **cancer diagnostics**[1]
  - ➢Exosome-based **companion diagnostics (CDx)**
- Global exosomes market for Dx and Tx US$2.3b by 2030[2]

BARD1 technology projects

- BARD1 technology **detects autoantibodies to variant BARD1 proteins** associated with cancer formation, progression and poor prognosis
- Potential applications for **earlier cancer detection**
- **POC studies** performed at UNIGE[3] using a research-stage multi-peptide ELISA showed high accuracy for detection of ovarian, breast & lung cancers compared to healthy controls
- Further assay design, development and validation is required before advancing to clinical development[4]

1 Liquid biopsies to replace tissue biopsies; 2 Grand View Research 2018; 3 UNIGE = University of Geneva; 4 Further assay design, development and validation is required before advancing to clinical development

Products

Two products in-market for use in 1) exosome research, and 2) detection of hTERT

RUO EXO-NET®

- RUO EXO-NET is a **pan-exosome capture tool for** research use
- Suitable for enrichment in **blood, urine, saliva** and **cell culture**
- Highly scalable with **speed, purity and yield** advantages
- **Commercialisation strategy** to embed EXO-NET into the discovery, research & development phases of future **exosome-based Dx and Tx**
- **Evaluations** progressing with multiple KOLs in academia & industry
- Plans to expand **collaborations** with KOLs to validate use of EXO-NET in key exosome applications
- **Presentations** of research at scientific conferences
- **Publication** of in-house and collaborator results in peer reviewed journals to build product awareness, validate technology & gain adoption
- Secure **distributor/s** for RUO EXO-NET to manage distribution & sales
- Research market estimated at **US$100-500m** by 2026[1]

Anti-hTERT Antibody

- hTERT test is an immunocytochemistry (ICC) assay that detects hTERT and is used as an **adjunct to urine cytology to assist bladder cancer diagnosis**
- **Registered** in US (FDA Class I), Europe (CE Mark), South Korea (MFDS Class II) & Australia (TGA listed)
- **Distributors appointed** in US, Europe (Greece, Sweden, Israel) & Asia (South Korea)
- **US**: Generating $550k revenue pa & reimbursable
- **ROW**: Initial commercialisation efforts focused on establishing test in Key User / reference laboratories
- **Bladder cancer stats**: incidence 80,617, prevalence 269,259, **3.4m urine cytology tests pa** on new cases of haematuria in US[2,3]

RUO = Research Use Only; KOLs = Key Opinion Leaders; Dx = Diagnostics: Tx = Therapeutics
1 BARD1 estimate; 2 Cancer Today (IARC) 2020; 3 Pacific Edge Annual Report 2019

Achievements and Catalysts

Expected value-adding milestones over the next 12 months

Achievements Q1 FY22

- **hTERT** receipts of $221k (Q4 FY21: $184k)
- POC achieved **for SubB2M-CA125** test for OC
- UQ collaborator released promising **exosome-based OC test** data using EXO-NET for exosome capture (Jul-21)
- **Dr Greg Rice** PhD appointed CSO (Sep-21)
- Completed **capital raising of $18.4m** (Jul/Aug-21)
- **Cash position of $20.4m** at 30/9/21

Key catalysts next 12mo

- **Feasibility results** for SubB2M tests
- Appoint **CRO** to advance assay development
- Commence **clinical studies** for SubB2M **breast** and **ovarian cancer tests**
- Contract **manufacturing** agreements for reagents
- Secure **laboratory partner**/s for Dx commercialisation
- Appoint **distribution partner/s** for RUO EXO-NET
- Expand collaboration / **licensing opportunities** for EXO-NET

Summary

Cancer diagnostics company	• Focused on unmet needs for earlier detection of cancer to save lives
Game changing technology	• Proprietary technologies with clear advantages for multiple cancer applications
Strong pipeline	• Multi-product pipeline for detection of common and deadly cancers
Compelling POC results	• POC results for lead SubB2M tests show high sensitivity & specificity for detection of BC & OC[1]
Commercialised products	• Products in-market for bladder cancer[2] and exosome research
Significant growth potential	• Targeting unmet needs in US$11b global markets
Experienced leadership	• Track record in healthcare leadership, Dx development and commercialisation
Strong cash position	• Cash balance of $20.4m to fund development of lead diagnostics[3]

Dx = Diagnostics; 1 SubB2M proof-of-concept data; 2 Adjunct to urine cytology to assist the detection of bladder cancer; 3 As at 30 Sep 2021

Contacts

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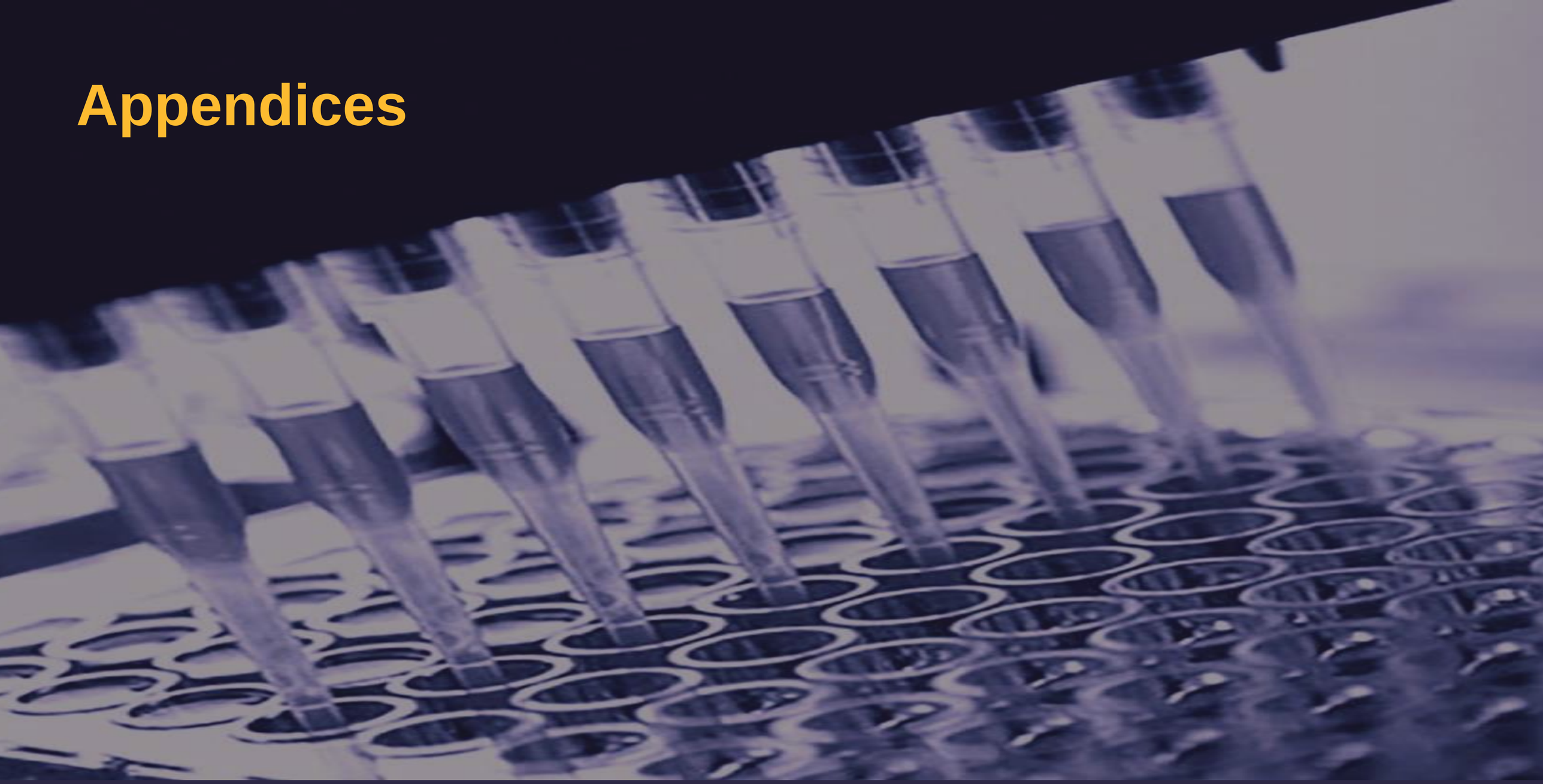
Appendices



Healthcare experienced board

DR GEOFF CUMMING PhD

Non-Executive Chairman

- Healthcare and biotechnology director with extensive diagnostics industry experience.
- Previously Managing Director Roche Diagnostic Systems (Oceania), MD/CEO Biosceptre International Ltd and MD/CEO of Anteo Diagnostics Ltd.
- Currently NED AnteoTech Ltd.

MAX JOHNSTON

Non-Executive Director

- Healthcare industry director and international business leader with extensive experience across medtech, pharmaceuticals, consumer healthcare and consumer goods.
- Previously President and CEO of Johnson & Johnson Pacific.
- Currently Chairman AusCann Group Holdings Ltd and NED of Medical Developments International Ltd.

PHILIP POWELL

Non-Executive Director

- Healthcare industry director and chartered accountant with extensive investment banking experience specialising in capital raisings, IPOs, mergers and acquisitions and other transactions across pharma, food and agriculture.
- Previously at OAMPS Ltd, Arthur Andersen & NED Medical Developments International Ltd.
- Currently NED RMA Global Ltd.

Prof ALLAN CRIPPS AO PhD

Non-Executive Director

- Distinguished academic, clinical scientist and health services leader, having made significant contributions in immunology, diagnostics and health services.
- Previously Pro Vice Chancellor (Health) at Griffith University.
- Currently Professor Emeritus at Griffith University, leading the Mucosal Immunology Research Group (MIRG) and NED of Neurotech International Ltd.

Management with biotech track record

DR LEEARNE HINCH

Chief Executive Officer

- Dr Leearne Hinch BSc BVMS MBA is an experienced biotechnology executive and life sciences commercialisation consultant.
- Strong track record in company leadership, business strategy, operational management, fundraising, sales, business development and technology commercialisation.
- Previous senior executive and consulting roles in ASX-listed biotechnology, multi-national and private companies across diagnostics, devices, therapeutics and animal health.

DR GREG RICE PhD

Chief Scientific Officer

- Dr Greg Rice BSc PhD MHA GradDipMgt is an internationally recognised scientist with over 30 years' expertise and experience in oncology, perinatology, exosome-based research, clinical translational research, IVD development and commercialistion.
- Successful track record in oncology research, biomarker trials and diagnostics commercialisation.
- Previous leadership roles in academia and industry including UQ, Baker Heart Inst., UoM, Monash & HealthLinx.

DR WAYNE JENSEN PhD

R&D Director

- Dr Wayne Jensen PhD is an experienced medtech executive with extensive product development experience.
- Strong track record in product development from concept to commercialisation, having successfully brought 25 products to market including IVDs.
- Previous senior R&D, QA and consulting roles in medtech and diagnostics.

DR EMILY STEIN PhD

Technology Director (NETs)

- Dr Emily Stein PhD is an experienced life sciences executive and scientist, and is inventor of the NET technology.
- Strong track record in creating patented technologies and translating innovations from idea to commercialised products, with expertise in microbiology, rheumatology immunology and neurology.
- Previous leadership roles as founder and scientist in US-based life science start-ups.

TONY DI PIETRO

CFO & Company Secretary

- Tony Di Pietro BComm CA AGIA MAICD is a Chartered Accountant with strong corporate accounting experience, gained in Australia and the UK.
- Graduate Diploma of Applied Corporate Governance from the Governance Institute of Australia and member of the Australian Institute of Company Directors.
- Previous senior roles in ASX-listed biotechnology companies including Acrux Ltd.

Strong patent portfolio

- Broad patent portfolio covering BD1's core technologies and products
- Exclusive IP ownership / licensing
- 34 granted patents, 21 pending and 2 new provisional patent applications (at 3/11/21)
- Covers key jurisdictions (including US, Europe, Asia & Australia)

Patent Family	Title	Granted	Pending	Expiry
SubB2M				
PCT/AU2017/051230 (WO 2018/085888)	Subtilase cytotoxin B subunit mutant		AU, BR, CA, CN, EP, IN, JP, KR, US	2037
APPA/2021901444	Methods of analysing a sample			2042
BARD1				
PCT/FR01/02731 (WO/2002/018536)	Truncated BARD1 protein, and its diagnostic and therapeutic uses	US		2024
PCT/IB2011/053635 (WO/2012/023112)	BARD1 isoforms in lung and colorectal cancer and use thereof	AU, CA, CN, EP, HK, IL, JP, JP(div), US,SG, US(cont)	BR	2031
PCT/IB2011/054194 (WO/2012/038932)	Kits for detecting breast or ovarian cancer in a body fluid sample and use thereof	EP, US	US (cont)	2031 US(cont) 2032
PCT/EP2014/073834 (WO/2015/067666)	Lung Cancer Diagnosis	AU, IL, JP, SG, KR	CA, CN, EP, HK, US	2034
EP14002398.7	Non-coding RNA as diagnostic marker and treatment target	US		2035
hTERT				
PCT/AU2015/050060 (WO2015/120523)	Method of resolving inconclusive cytology to detect cancer	AU, CN, EP, JP, IL, US	US (cont)	2035
PCT/AU2016/050764 (WO2017/027928)	Method of detecting cancer in morphologically normal cells	JP	US	2036
Molecular NETs				
PCT/US2010/058086 (WO2011/066449)	Devices for detection of analytes	CN, US, US (cont1), US cont2)	US (cont4)	2030 US 2032 US(cont1&2) 2031
PCT/US2013/049779 (WO2014/011673)	Molecular Nets	EP		2033
PCT/US2014/029823 (WO2014/153262)	Molecular nets on solid phases	AU, CN	CA, CN (div)	2034
APPA/2021901358 APPA/2021901359	Methods relating to tumour-derived extracellular vesicles			2042

cont = continuation; div = divsional