



Annual Shareholders Meeting



1 September 2026



NATIONAL MEDICAL PRODUCTS ADMINISTRATION
国家药品监督管理局





- **Who is TruScreen**
- **The TruScreen Technology**
- **The Global Cervical Cancer Screening Market**
- **TruScreen Sales and Growth Strategy**

Who is TruScreen

Enabled by AI, TruScreen provides an accurate, real time cervical cancer screening solution



TruScreen Group Ltd is a revenue generating Life Science company with a unique, AI-enabled real-time cervical cancer screening device.

FY26 annual sales exceeded NZ\$ 2.4m

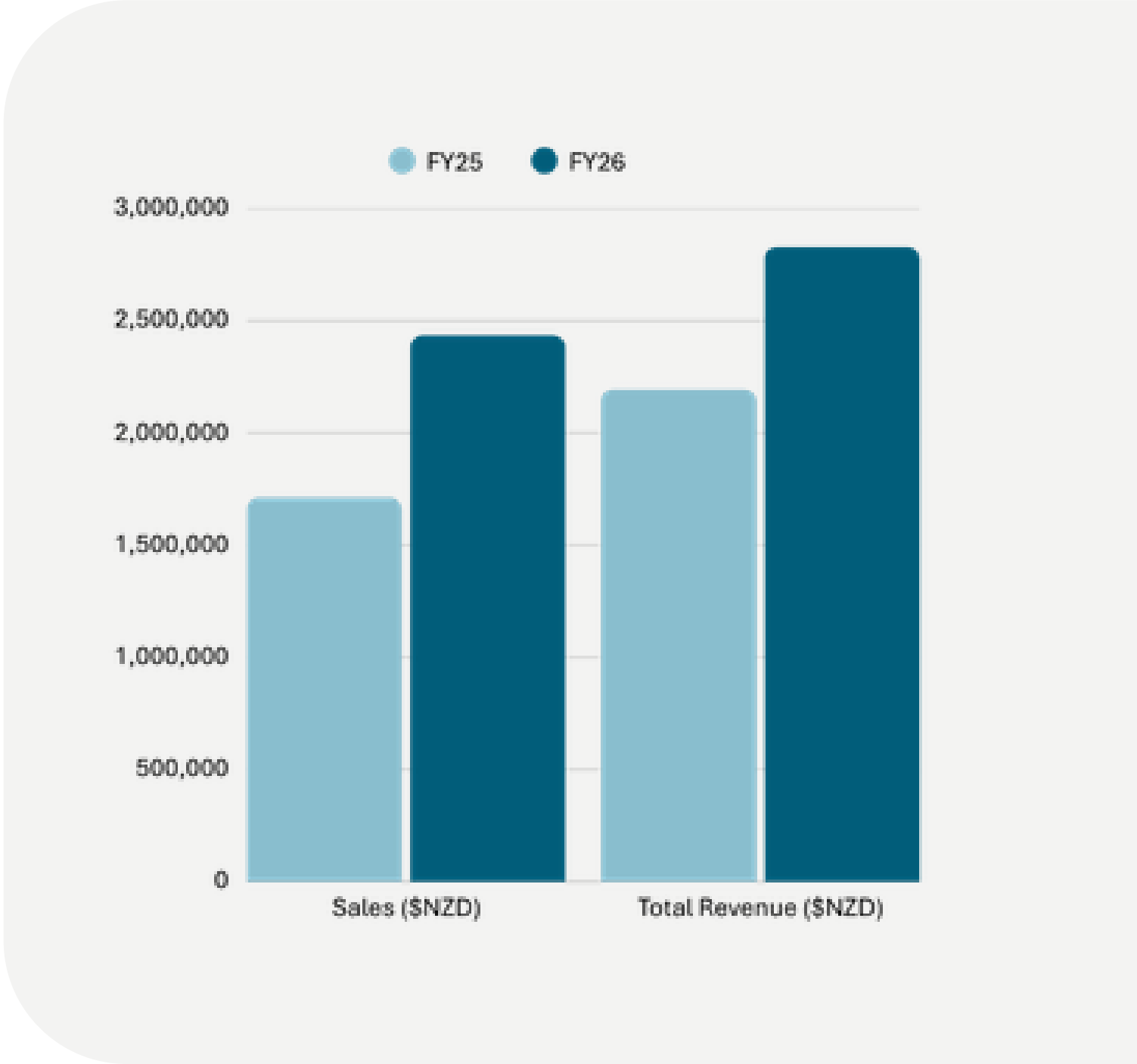
42% YOY growth.



Device installations and SUS Sales

KEY FINANCIALS NZ\$ (m)	FY 23 Actual	FY 24 Actual	FY25 Actual	FY26 Actual
Sales	1.66	2.1	1.7	2.4
Total Revenue	2.2	2.6	2.1	2.8
COGS	1.3	1.4	1.2	1.7
R&D	0.9	0.9	0.8	0.9
EBITDA	-2.4	-2.0	-2.2	-2.2
Write off of Non-Current Assets	-0.05	-	-	-
Amortisation & Depreciation	-	-	-	-
LOSS FOR YEAR	-2.4	-2.0	-2.2	-2.2
Net Assets	2.5	3.2	1.0	2.6
Cash	2.2	2.7	0.04	1.5

- Sales increased 42% YOY
- SUS Sales increased 1% YOY
- Revenue increased 33% YOY
- EBITDA – no change YOY
- Net Assets increased 160% YOY



Share Price History

TRU.NZ



TruScreen Group Ltd is dual listed on the Australian (ASX) and New Zealand (NZX) stock exchanges, with a common ticker code of TRU.

Market Capitalisation at 24 August 2026:
NZD \$15.7m

Shares on Issue:
1,047,718,877



NATIONAL MEDICAL PRODUCTS ADMINISTRATION
国家药品监督管理局



Major Shareholders

Shareholder	Shares	%
New Zealand Depository Nominee	135,078,919	12.9%
VEN Capital Pty Ltd	83,545,906	8.0%
Ryan Peter Parkin	38,734,331	3.7%
New Zealand Central Securities	38,075,089	3.6%
Bhagwanji Bhula Rama	34,849,999	3.3%
HSBC Custody Nominees	30,385,427	2.9%
Masfen Securities Limited	29,050,369	2.8%
Mr Kevin Ho & Mrs Vikki Ho	18,917,645	1.8%
David Russell Stewart & Adrienne Ruth Stewrd	16,829,724	1.6%
Mr Anthony Peng Ho & Mrs Chui Hoong Ho	15,460,478	1.5%
Zhen Chen	15,000,000	1.4%
Ross Andrew Upton & Clare Upton	12,000,000	1.1%
Custodial Services Limited	11,196,550	1.1%
Citicorp Nominees Pty Limited	11,012,275	1.1%
Albert Nominees Limited	11,000,000	1.0%
Allan Michael Nobilo & Lynne Nobilo	10,443,076	1.0%
Spark Plus Pte Ltd	10,380,917	1.0%
Consolidated Nominees Pty Ltd	10,062,500	1.0%
Leveraged Equities Finance	9,306,105	0.9%
FNZ Custodians Limited	8,593,614	0.8%
	549,922,924	52.5%

As at 18 August 2026

The TruScreen Journey



TruScreen's Development Investment

1987 – 2013

~A\$75M*
(NZ\$87m)

- Algorithm Development
- Device Development
- Single Use Sensor Development
- Clinical Trials
- Regulatory Approvals
- Market Access
- Market Development

2014 - 2026

~NZ\$25M

- Algorithm Improvement
- Device Miniaturisation
- Single Use Sensor Process Improvement
- Clinical Trials
- Regulatory Approvals
- Market Access
- Market Development

**based on TRU pre listing
Disclosure Document notes pp 46-47.*

NZ\$ 5M capital raised June 2026

Placement

A placement to institutional and other select investors in New Zealand and Australia to raise up to NZ\$1m

OVERSUBSCRIBED.

The placement was successfully managed by joint lead managers, **S P Corporate Advisory Pty Limited and Erit Capital Pty Limited.**

Options

Shares issued under the Placement carried attaching options with an exercise price of NZ\$0.014 (AD 0.012) and an **exercise period of 24 months** from the date of issue of the initial Share.

The options were offered at a ratio of **one (1) option for every two (2) Shares** subscribed for and issued under the Placement.

Rights Offer

A one (1) for five (5) pro-rata renounceable rights issue to raise up to circa NZ\$1.943 million (A\$1.644 million)

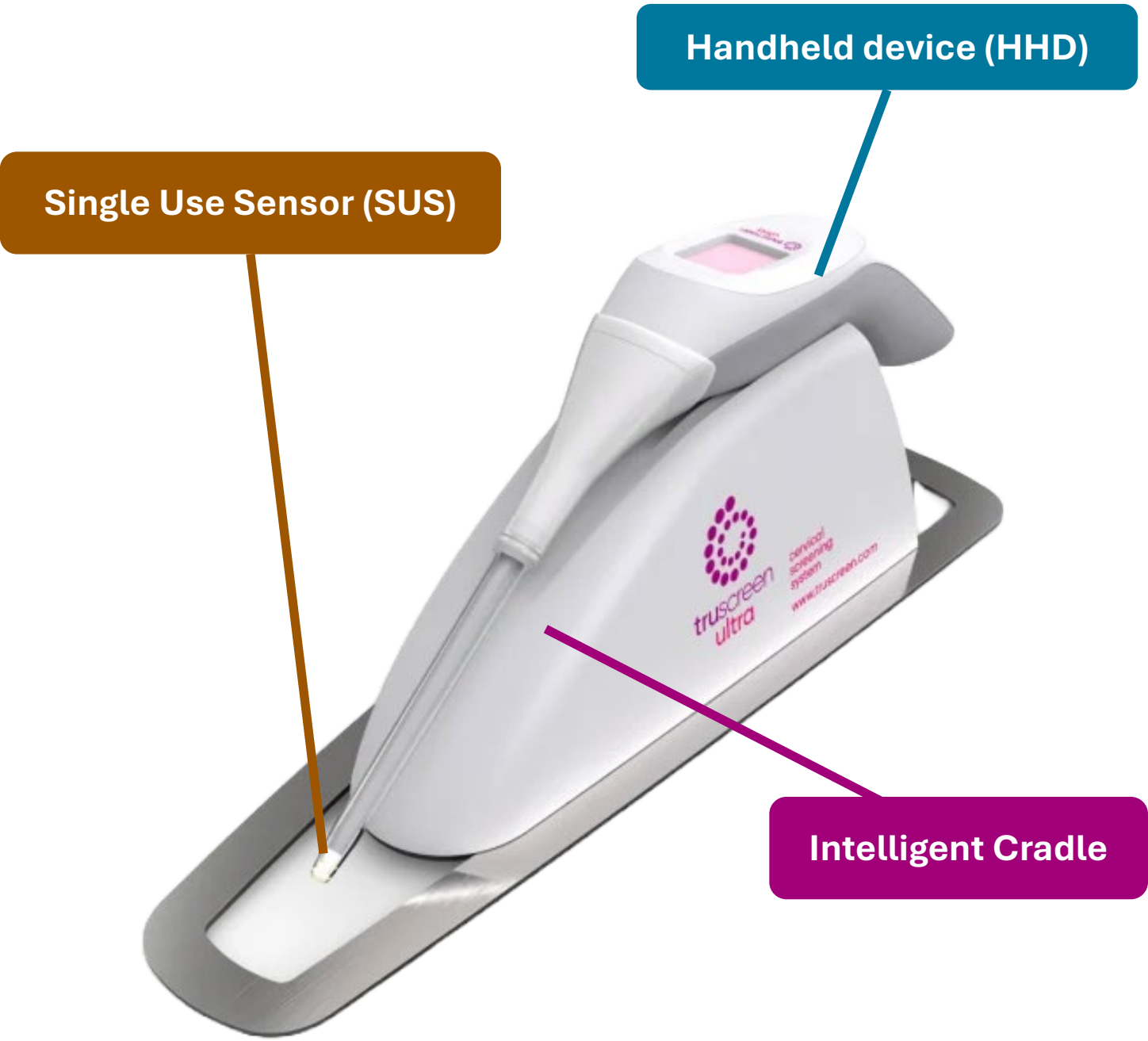
OVERSUBSCRIBED.

Shares were offered at NZ\$0.013 (A\$0.011) - a 24% discount to the closing price on 19 May 2026.

The TruScreen Technology



How The TruScreen Device works



1

A pen-like wand covered by a **disposable Single Use Sensor (SUS)** is used to gently touch multiple spots on the cervix. The TruScreen device sends and picks up low level electrical and optical signals (14 readings per second) from the cervical tissue.

2

The optical and electrical signals are analysed by an **integrated AI-enabled algorithm** to identify the presence of abnormal (cancerous and pre-cancerous) cells in the cervix and provide physicians with real-time results.

2
MINS

Each TruScreen examination **takes two minutes to produce results**, compared to conventional cytology (PAP) tests or HPV DNA tests which can take days, weeks, or even months in some countries, for a result to be returned.

Instant results, no laboratories needed.

TruScreen provides an **instant result during the patient visit** ensuring patients are not lost to follow up whilst waiting for a screening result - often weeks or months.

This **enables immediate counselling and clinical action.**

No laboratory samples needed unlike cytology or HPV tests.

TruScreen provides an efficient and objective primary screening solution, **particularly valuable in low-resource settings facing significant barriers** such as laboratory infrastructure requirements, high costs, expert technicians, sample transport and storage systems and result communications ability.



TruScreen Regulatory Approvals

Recognized by

- World Health Organisation (WHO)
- UNITAID
- Clinton Health Access Initiative
- Daffodil Foundation - Australia
- China Obstetricians and Gynaecologists Association
- China Society for Colposcopy and Cervical Pathology
- Russia Cervical Cancer Screening Guideline
- Vietnam Hospital Technical List

International Approvals:

- CE Mark, European Union
- NMPA, China
- TGA, Australia
- MHRA, UK
- Roszdravnadzor, Russia
- COFEPRIS, Mexico
- WAND New Zealand
- SFDA Saudi Arabia (under renewal)
- Zimbabwe Ministry of Health
- IEAKI Indonesia
- Vietnam MOH
- India (Test Licence)
- Uzbekistan
- HSA, Singapore
- Thai FDA
- MMDR Malaysia

International Quality Accreditation:

- ISO 13485
- IEC 60601-1
- IEC 60601-1-2
- CE Mark

Extensive body of clinical evidence

Over 40,000 women in clinical trials to date***

Year	Country	Investigator	N
2002	China	Dr Huang Yi	683
2002	China	Dr Wang Ziyao	301
2003	UK/Aus	Prof A. Singer	651
2008	Poland	Dr. Pruski	234
2009	China	Prof Ding Ma	302
2010	China	Dr. He Xiu-Kui	392
2010	China	Prof Fengnian Rong	532
2010	Korea	Dr. Hyeong Soo Lim	292
2011	Poland	Dr. Pruski	293
2011	China	Dr. Li Xia	500
2015	Turkey	Dr. Özgü E	285
2016	China	Dr. LI Pei,	368
2017	Mexico	Dr. Ricardo Lua	521
2018	China	Dr. Huixia Yang	2730
2018-2021	China	54 Hospitals	14,982

Year	Country	Investigator	N
2019	China	Dr. Baojin Wang	315
2019	China	Dr. Wei Zhang	1030
2019	China	Dr. Yanhong Jia	320
2020	China	Dr Kang Yanan	192
2021	China	Prof Chen Fei	974
2021	China	Dr Wei Yingting	458
2022	China	Dr Chen Zhenbo	476
2022	China	Dr Zhu Bo	283
2022	China	Dr Zhao Yuqian	1319
2022	Australia	Dr Jessica Vet	506
2023	China	Dr Luo Lianmei	318
2023	China	Dr Liu Hang	997
2024	China	Dr Yang Yueming	489
2024	China	Dr Fengyi Xiao & Long Sui	1908
2024	Saudi Arabia	Dr S Maqsood and DrM Alhudhud	507

***Total number of subjects across published and unpublished clinical studies in English, data from TruScreen device generation I and II



COGA Trial (n= 14,982, 2018-2021) ⁴

- COGA multicentre trial (64 hospitals, 9 provinces), represents **the world's largest opto-electronic cervical screening study**
- TruScreen specificity surpassed Liquid Based Cytology (LBC) and hrHPV
- TruScreen was determined to be a simple, effective and rapid real-time cervical cancer screening method
- TruScreen was determined to be an appropriate primary cervical cancer screening tool in regions with high morbidity and mortality to cervical cancer
- Highlighted the superiority of TruScreen against alternative screening methods as well as the potential benefits of a TruScreen-HPV co-testing.
- The size of the COGA study, which was TruScreen's largest clinical evaluation to date, lends extra significance to its results and broad conclusions.

TruScreen's **sensitivity**

was well above that for LBC (87.5% v's 66.5%), with a high degree of statistical significance ($p < 0.001$).

The sensitivity of TruScreen-hrHPV co-testing was higher than that of LBC-hrHPV co-testing, **98.4% vs 95.9%** (statistically significant at $p = 0.006$).

TruScreen's **specificity**

(88.4%) was higher than both LBC (86.3%) and hrHPV testing (78.3%) (also at $p < 0.001$).

NOTE: A Saudi Study published in BMC Womens Health in April 2025 showed TS Sensitivity and Specificity of 83.3% and 95% v Pap at 66.7% and 98.2%

The Global Cervical Cancer Screening Market



Cervical Cancer Is A Global Public Health Issue[†]

Every 2 minutes, a woman dies from cervical cancer.

Fourth most common cancer in women worldwide, but preventable - in fact only one of a handful of cancers that we understand fully.

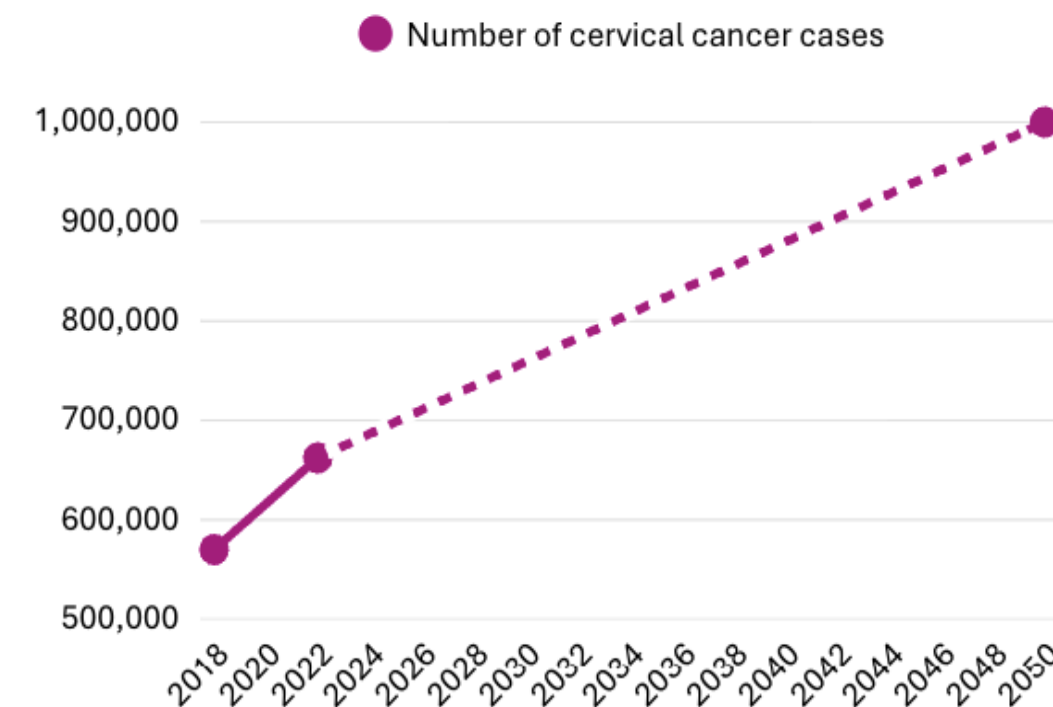
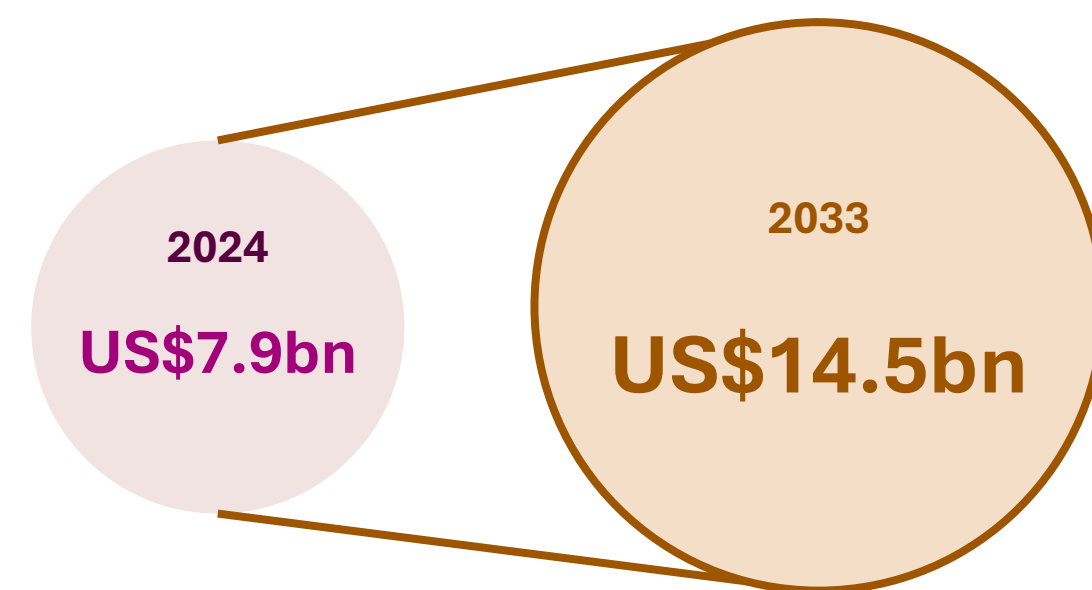
Most diagnoses occur at working age (35-44)

Around **660,000 new cases** and around **350,000 deaths** in 2022 (WHO).

94% of global deaths occurred in low and middle income countries in 2022 (WHO).

The Size of the Cervical Cancer Screening Market

- The global cervical cancer screening market was valued at **~US\$ 7.9 billion in 2024** - projected to reach **US\$ 14.5 billion by 2033**, an annual growth rate of 5.8% (CAGR).¹
- Cervical cancer cases globally rose **16%** from 570,000 (2018) to 662,301 (2022), with **projections reaching over 1 million by 2050**.
- **TruScreen currently makes up just 0.02% of the total market with enormous headroom for growth. In Low and Middle Income Countries alone, there are 1bn+ women of screening age.**
- TruScreen's three core markets of **China, India, and Indonesia** collectively account for 47.7% of all global cases.
- The market remains one of the most dynamic areas in preventive women's healthcare, with technology, government support, and innovation driving its value higher each year.²



WHO & 194 Countries are committed to eliminating Cervical Cancer



World Health Organization



- In 2020 The World Health Organisation (WHO) and 194 member countries agreed on a strategy to eliminate cervical cancer this century

90%

90% HPV Vaccination coverage for girls by 15 years of age

70%

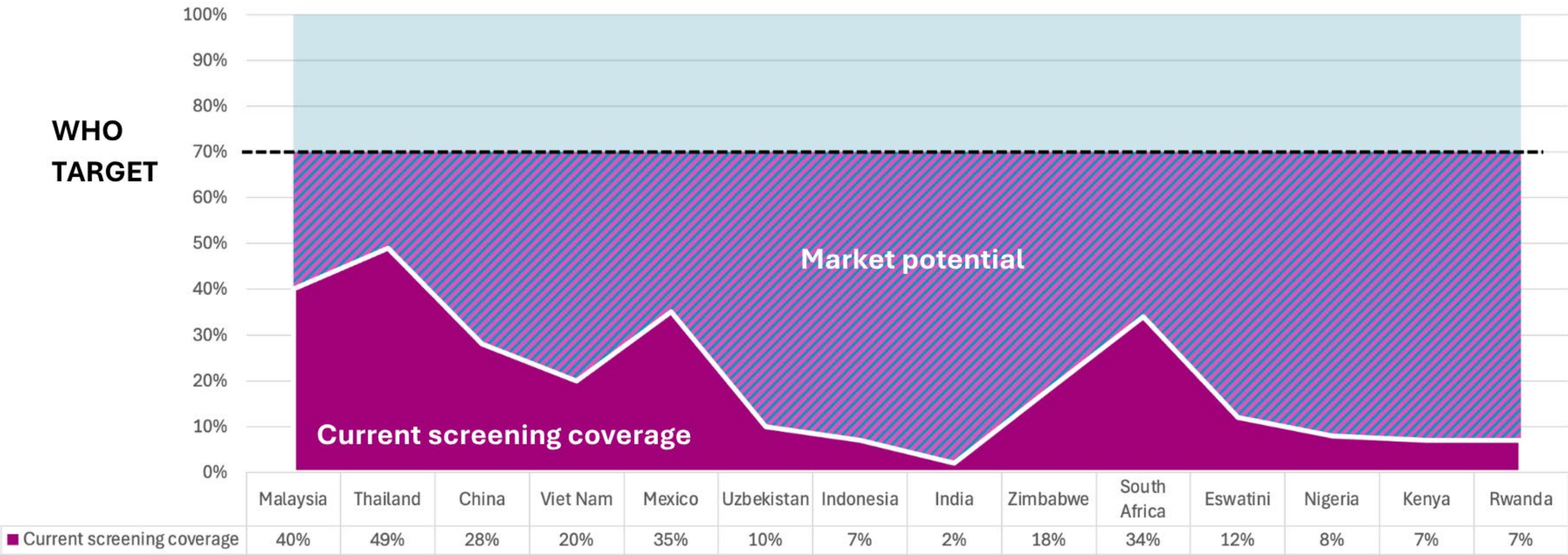
70% of women screened using a high-performance test by 35 years of age and again by 45 years of age

90%

90% of women with pre-cancer treated and 90% of women with invasive cancer managed

The WHO and member nations immediate commitment is to have screening coverage of 70% of women by 2030 – which TruScreen is well positioned to support.

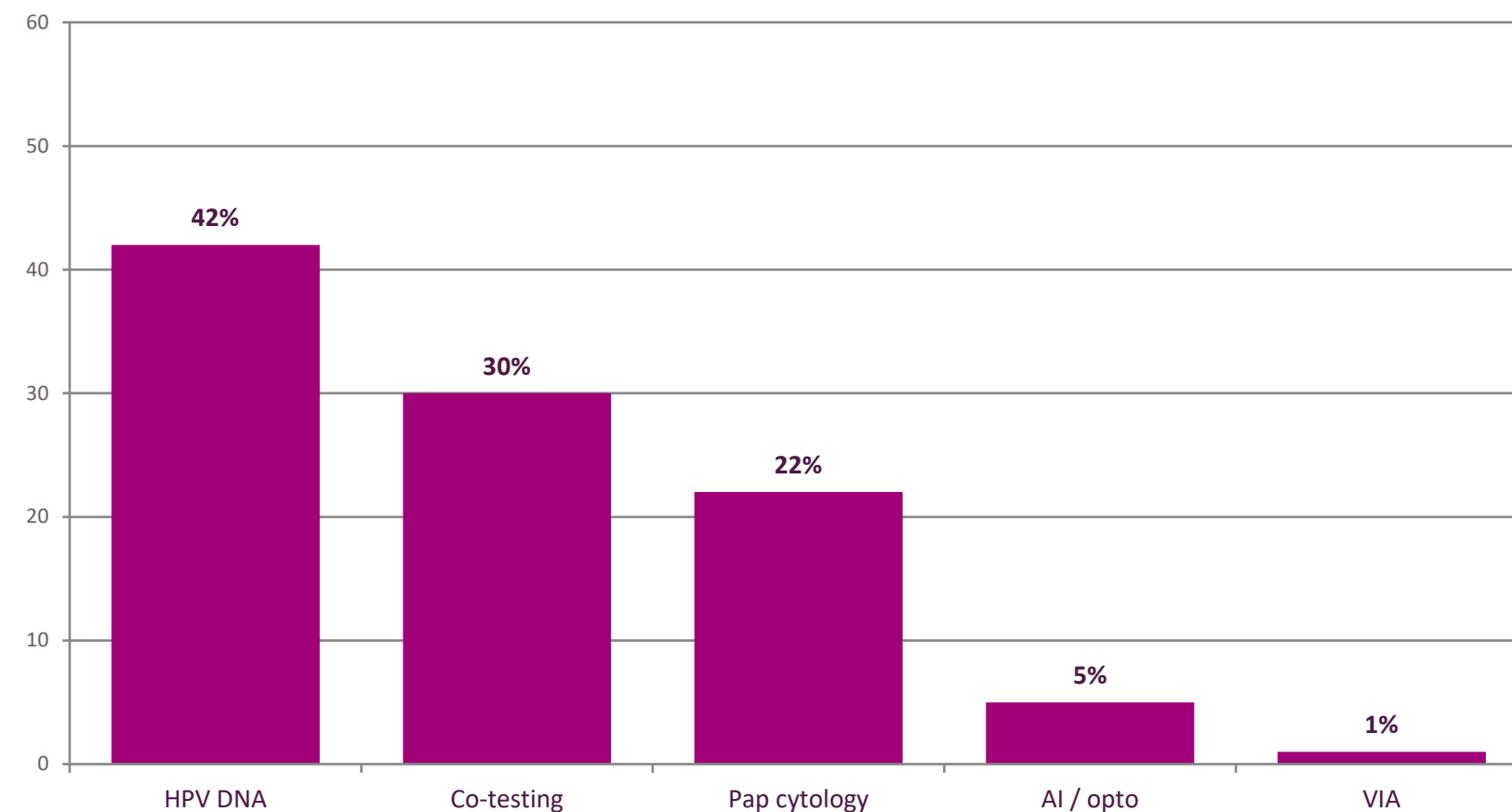
Market Potential



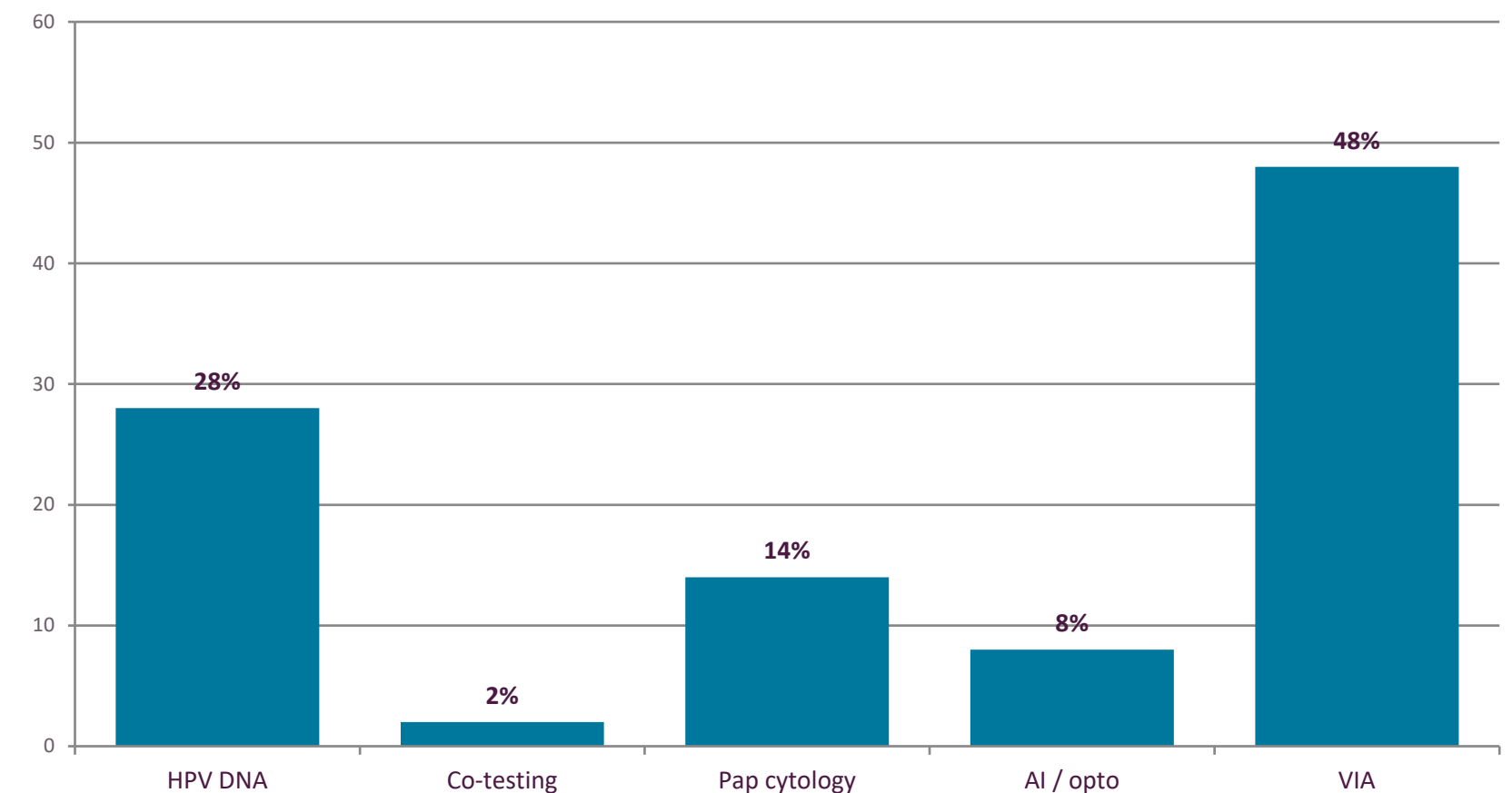
The Problem That TruScreen Solves.

HIC's vs LMIC's: Lab based platforms and VIA are struggling to meet the screening needs of LMIC's, faced with 94% of cervical cancer deaths, limited access to laboratory resources and over reliance on inaccurate VIA programs.

High-Income Countries



Low- & Middle-Income Countries



- **AI/optoelectronic platforms such as TruScreen** are the **highest-growth frontier**, especially across LMICs where TruScreen operates.

Why TruScreen?

	TruScreen	Liquid Based Cytology (LBC)	HPV DNA
Real time results	✓		
Low infrastructure costs	✓		
Strong clinical results	✓	✓	✓
Objective results	✓		
Low training threshold	✓		
Portable	✓		
No cell or tissue samples taken	✓		

Complete patient data safety and privacy – a legal and regulatory must.

- TruScreen's algorithm is contained within the device, not the Cloud.
- TruScreen's patient data is encrypted and stored within the device.
- TruScreen does not send data to the Cloud.
- TruScreen will connect via wi fi to a PC, Tablet or mobile phone but this needs a confidential user ID only available to the hospital or clinic that has purchased the TruScreen device.
- TruScreen does not send data from the device to any location other than the hospital or clinic where it is being used.

TruScreen Sales & Growth Strategy



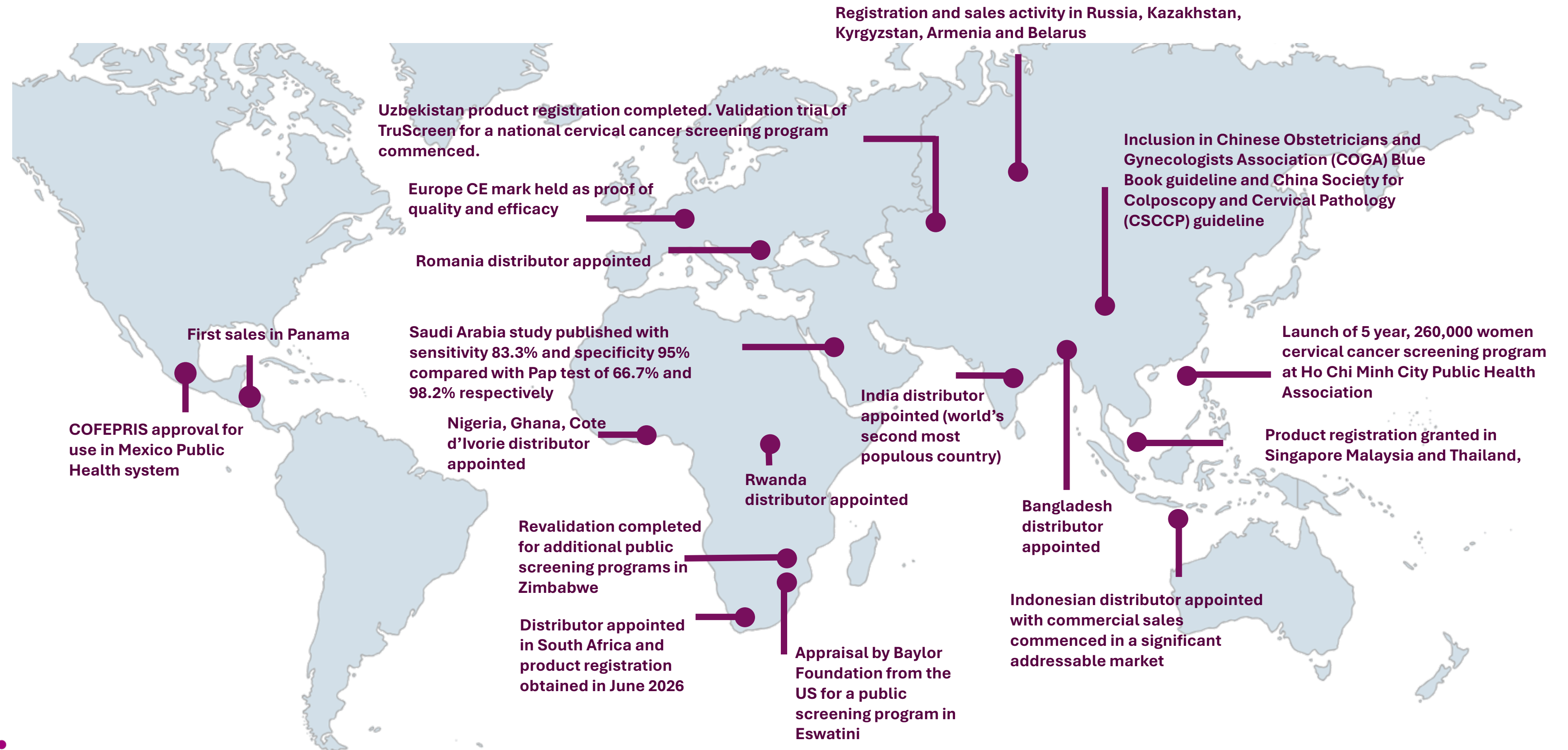
Recurring Revenue Model

- TruScreen manufactures two devices –
 - one made in China for use in China, where locally manufactured products have preferential market access
 - one made in Australia for other markets
- For each patient screened with the TruScreen device a new disposable Single Use Sensor (SUS) must be used. **This creates a recurring revenue model with a consumable sale for each patient screened with TruScreen.**

TruScreen Sales Strategy

- Whilst many other medical technology companies seek to commercialize their devices in developed countries, **TruScreen focuses on Low and Middle Income Countries (LMICs) such as China, Mexico, Vietnam, India, Indonesia and Zimbabwe.**
- Working with global and national NGOs, to manage large scale public health screening programs
- These countries and other LMICs have no or minimal large-scale cervical cancer screening programs and infrastructure. This creates **a gap in the market** for TruScreen that is not available in the developed markets and allows quicker market access from a relative lack of existing competition.
- In comparison with cytology and HPV DNA screening **TruScreen is ‘capital light’**, not requiring lab infrastructure to be established prior to commencing screening.
- TruScreen continues to seek opportunities to expand our product offerings in women’s health.

Global presence





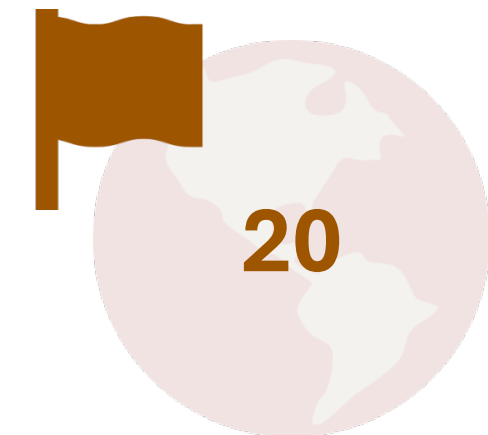
**FY26E
Revenue**



**Devices operational
worldwide**



**Women
Screened**

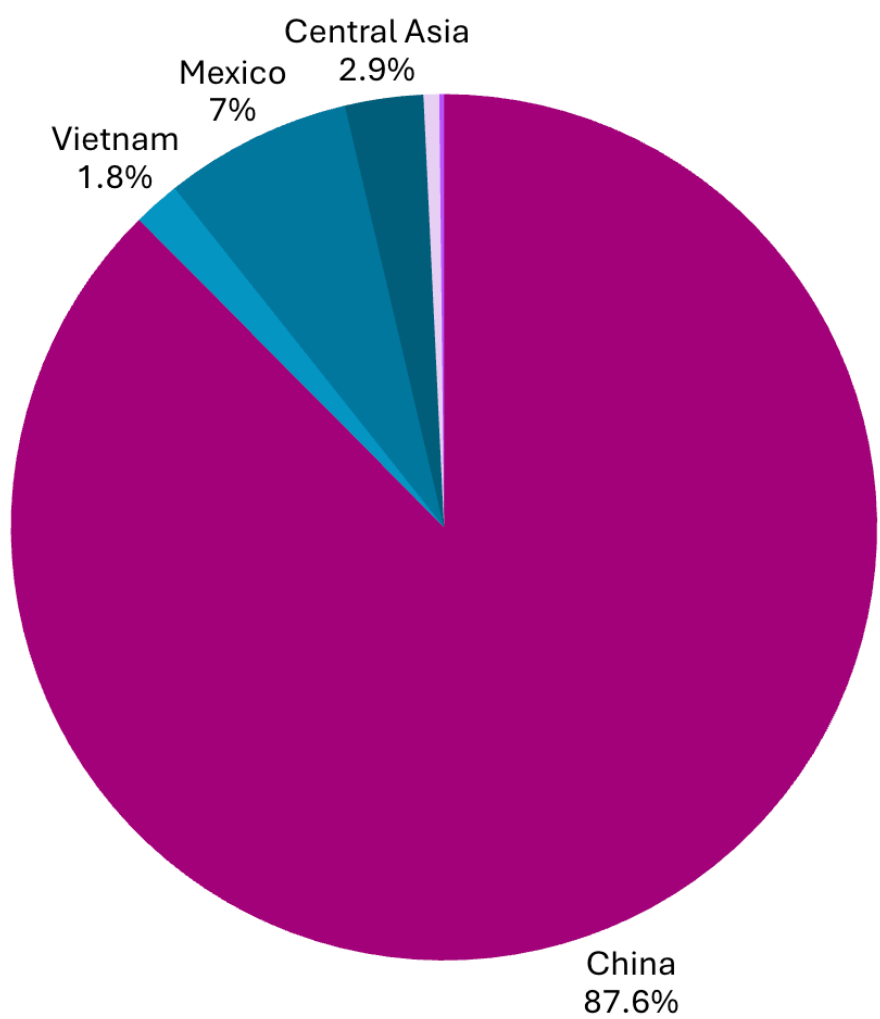


**Active
Countries**

- TruScreen operates in a favourable macro environment defined by the WHO 2030 **90-70-90** cervical cancer elimination strategy
- Unmet screening demand in low- and middle-income countries is significant, and TRU real-time technology is best suited to support screen-and-treat initiatives
- Adoption of AI-enabled point-of-care (POC) diagnostics is growing globally
- TruScreen holds less than 0.1% of the global cervical cancer screening market and 2.8% of the point-of-care device segment - **headroom for growth is enormous**

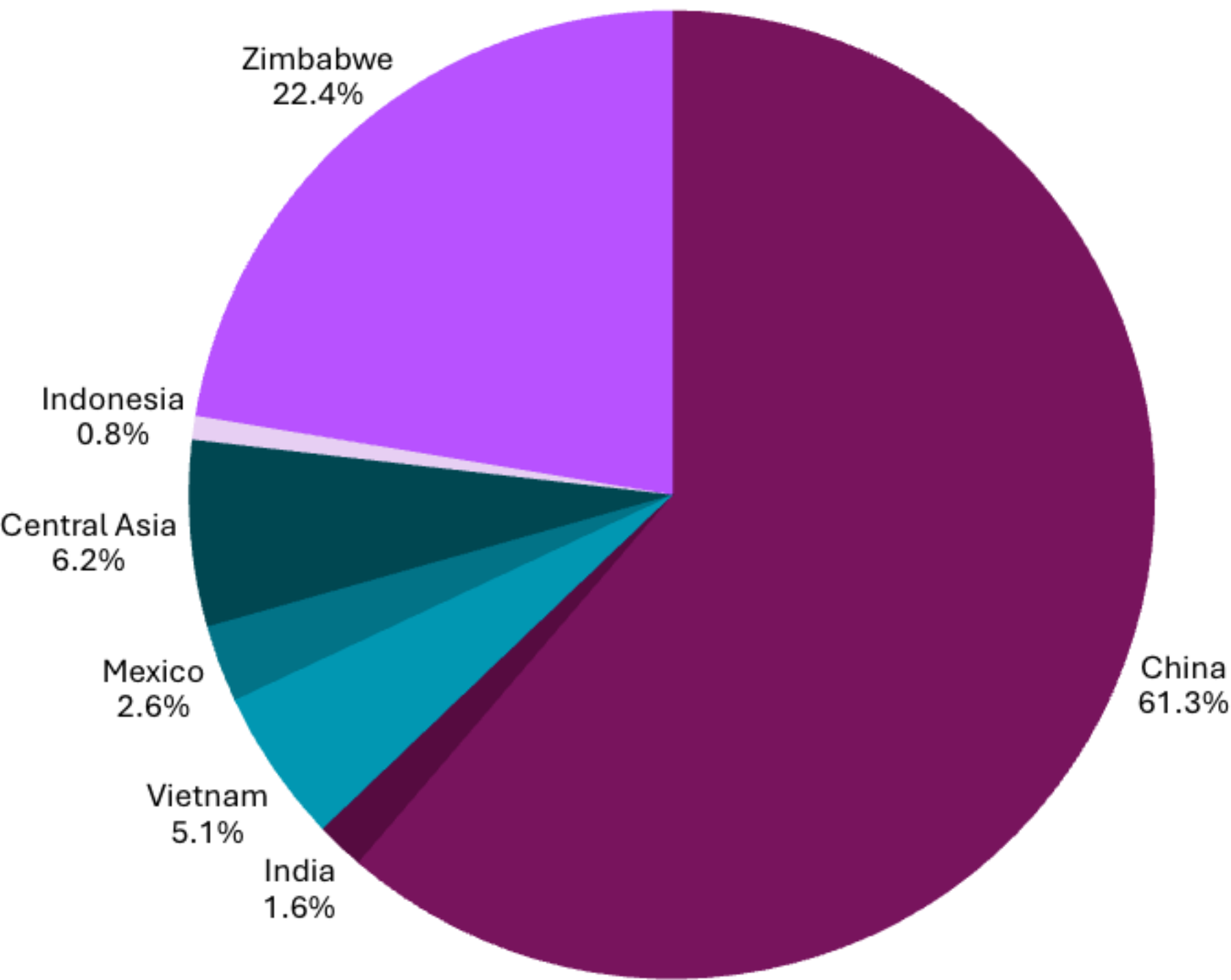
FY25 ACTUAL

NZ\$1.7m



FY26 ACTUAL

NZ\$2.4m



The Game Changers - NGO's and Population Screening Programs



1

The timeline compression of WHO's 90-70-90 milestones to December 2030
- sense of urgency



2

UNITAID and global NGOs funding from late 2026 to drive cervical cancer screening



Transformational opportunities have recently arisen through global funder **UNITAID's Call for Proposals: *Accelerating Cervical Cancer Elimination through Secondary Prevention in Low and Middle Income Countries.***



Three grant applications have been made to UNITAID to screen an additional 400-500,000 women over 3 years.

If successful, additional public screening programs may add NZ\$4m to annual revenue from FY2088 to FY 2030.

TruScreen has also partnered with two global NGOs in separate grant applications to UNITAID for cervical screening programmes. In total, TruScreen is the technology partner in five grant applications to UNITAID.

Unitaid: Proposal 1



Accelerating Cervical Cancer Elimination through AI-Enabled Point-of-Care Screening in Sub-Saharan Africa

Partners:

1. National AIDS Council (NAC), Zimbabwe - Country implementation lead (Zimbabwe)
2. PATH - Global technical partner (Program for Appropriate Technology in Health)
3. Solina Centre for International Development and Research (SCIDaR) - Implementation partner (Nigeria)
4. RedAid Nigeria - Community health delivery and outreach (Nigeria)
5. Baylor College of Medicine Children's Foundation Eswatini - Implementation partner (Eswatini)

Countries:

Zimbabwe, South Africa, Eswatini, Rwanda, Nigeria, Kenya

Unitaid: Proposal 2



Screen-and-Treat Africa: Accelerating Cervical Cancer Elimination through Dual HPV-TruScreen Screening and Same-Day Treatment in Sub-Saharan Africa

Partners:

1. National AIDS Council (NAC), Zimbabwe - Country implementation lead (Zimbabwe)
2. PATH - Global technical partner ([Program for Appropriate Technology in Health](#))
3. Solina Centre for International Development and Research (SCIDaR) - Implementation partner (Nigeria)
4. RedAid Nigeria - Community health delivery and outreach (Nigeria)
5. Baylor College of Medicine Children's Foundation Eswatini - Implementation partner (Eswatini)

Countries:

Zimbabwe, South Africa, Eswatini, Rwanda, Nigeria, Kenya

Unitaid: Proposal 3



Accelerating Cervical Cancer Elimination through AI-Enabled Real-Time Screening in the Asia-Pacific and Latin America

Partners:

1. PATH (Program for Appropriate Technology in Health)
2. Ho Chi Minh City Public Health Association
3. Gordon Health Services Vietnam
4. Beijing Siweixiangtai Tech Ltd Co
5. Sunbird Mexico

Countries:

China, India, Indonesia, Vietnam, Uzbekistan, Mexico, Malaysia, Thailand

Bill and Melinda Gates Foundation Proposal

The logo for the Bill and Melinda Gates Foundation, featuring the words "Gates Foundation" in a serif font, with two green squares above the text.

Partners:

1. Nigeria's Lagos State University Teaching Hospital (LASUTH)
2. Lagos State University College of Medicine (LASUCOM)
3. Dr. Ayokunle Moses Olumedji, Consultant Gynaecological Oncologist at LASUTH

Country:

Nigeria

Beginning Investor Grant for Catalytic Research (BIG CAT)

Partners:

1. Nigeria's Lagos State University Teaching Hospital (LASUTH)
2. Lagos State University College of Medicine (LASUCOM)
3. Dr. Ayokunle Moses Olumedji, Consultant Gynaecological Oncologist at LASUTH

Country:

Nigeria

This proposal has an approved letter from the American Association for Cancer Research

Clinton Health Access Initiative



Partners:

1. National AIDS Council (NAC), Zimbabwe - Country implementation lead (Zimbabwe)
2. PATH - Global technical partner (Program for Appropriate Technology in Health)
3. Solina Centre for International Development and Research (SCIDaR) - Implementation partner (Nigeria)
4. RedAid Nigeria - Community health delivery and outreach (Nigeria)
5. Baylor College of Medicine Children's Foundation Eswatini - Implementation partner (Eswatini)

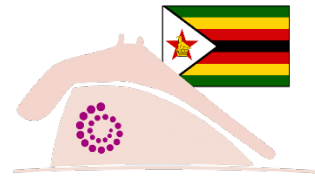
Medical Expert Support

1. Professor Michael Campion, Royal Hospital for Women, Sydney
2. Dr. Ayokunle Moses Olumedji, Lagos State University College of Medicine
3. Dr Chibuike Chigbu, University of Nigeria Teaching Hospital

Countries:

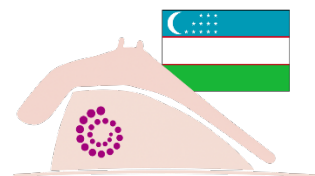
Zimbabwe, South Africa, Eswatini, Rwanda, Nigeria, Kenya

Other National or NGO Programs:



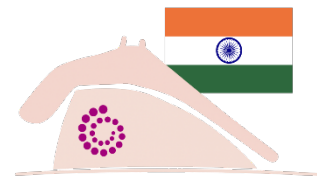
Zimbabwe – Re Validated by Ministry of Health and NACAIDS

- WLWHIV are 6x More likely to die from Cervical Cancer
- Next 10,000 Women program to commence in September
- Validation recommends TS for inclusion in Zimbabwe's National Screening Program



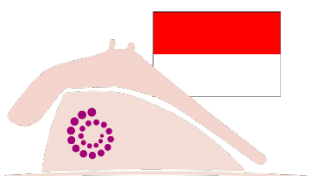
Uzbekistan

- 500 patient validation commenced in Tashkent prior to acceptance for Government Screening programs



India and Bangladesh

- Leh Town Screening completed in North-West India under the control of the Himalaya Women Health Project
- Shariaptur Development Society proposal to Bangladesh MoH to use TruScreen to screen 435,600 women over three years from 2027.



Indonesia – Prof Junita Indarti, Dr Cipta Mankusomo National Hospital Jakarta validation of TruScreen for the Indonesian College of Obstetrics and Gynaecology (POGI).

- Preliminary results announced at the POGI Annual Conference at Jakarta in July 2026
- TruScreen has the highest concordance with Histology compared to Liquid Based Cytology and HPV DNA
- TruScreen identified 100% of CIN 2 and CIN 3 cases from 90 HPV positive patients.

DaltonBio Strategic Alliance

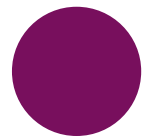
- **FY25 - Memorandum of Understanding signed with Dalton Biosciences (DaltonBio)**
- **FY26 - TruScreen and Dalton Bio sign Distribution Agreement for HPV products in India**



1. TruScreen to be appointed a global distributor of DaltonBio HPV related IVD products (excluding U.S.A. and Canada).
2. DaltonBio to explore opportunities to assist sales of TruScreen's AI enabled real time cervical screening device within its distribution network, notably in its selected distributors in China and South America. DaltonBio have 200 sub distributors in China which may augment TruScreen's current distribution network in its largest market.

The collaboration will enhance access to innovative cervical cancer screening and detection solutions by leveraging the technology strengths of both companies. As demonstrated in the COGA landmark study (2023) and Beijing Obstetrics and Gynecology Hospital study (Dovepress, May 2025), co-testing improved TruScreen's already impressive standalone sensitivity significantly.

Thank you.

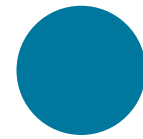


Tony Ho
Non-Executive Chairman

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