EARLIER AND MORE ACCURATE DIAGNOSIS OF AUTISM AND ADHD

blinklab

AN AI-POWERED SMARTPHONE PLATFORM FOR NEUROMETRIC TESTING

CORPORATE PRESENTATION · ASX:BB1 · OCTOBER 2026

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Neuroscience · Artificial Intelligence · Mobile technology

WE ARE A PRINCETON UNIVERSITY SPIN OUT · FOUNDED IN AUGUST 2021 · IPO IN APRIL 2024

Henk-Jan Boele, MD PhD
Co-founder
Managing Director & CEO

Physician-neuroscientist at Erasmus MC and Princeton University. Inventor of BlinkLab's core technology.
Netherlands

Brian Leedman, MBA
Non-Executive
Chairman

Co-founder and Chairman of five ASX-listed healthcare companies. Joined BlinkLab at IPO.
Australia

Anton Uvarov, PhD
Co-founder
Executive Director & COO

Former biotech analyst at Citi. Leads operations and capital markets.
Australia

Raphael Bernier, PhD
Non-Executive
Director

Former lead of Apple Health's mental health division. Clinical psychologist and autism researcher at the University of Washington.
United States

Samuel S.-H. Wang, PhD
Co-founder
Scientific Board

Professor of Neuroscience, Princeton University. Leading expert in cerebellar function and autism.
United States

Peter Boele, MA
Co-founder
Chief Technology Officer

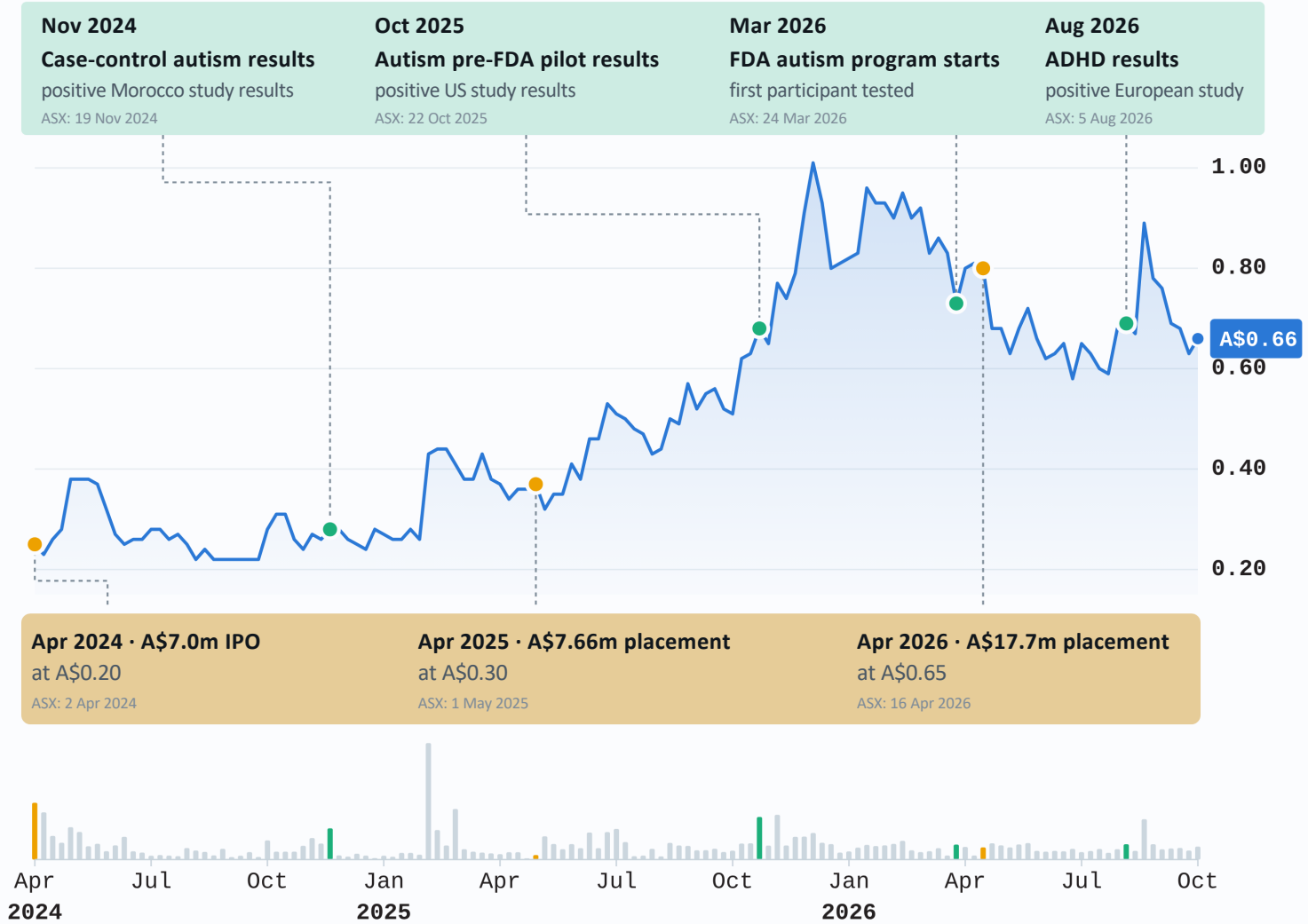
Serial startup entrepreneur and PhD candidate at Erasmus MC. Lead developer of the BlinkLab platform.
Netherlands

Our mission: To transform the assessment of autism and ADHD through scalable, objective digital diagnostics powered by neuroscience, artificial intelligence and smartphone technology.

PRINCETON UNIVERSITY

Share Price Growth Tracking Clinical Milestones

FULL BOARD PARTICIPATED IN ALL CAPITAL RAISES · FULLY FUNDED TO REACH COMMERCIAL STAGE



Shares on Issue
176.3M

Options on Issue
18.7M

Performance Rights
5.9M

Founders'/Directors'
30%

Market Cap
A$116M

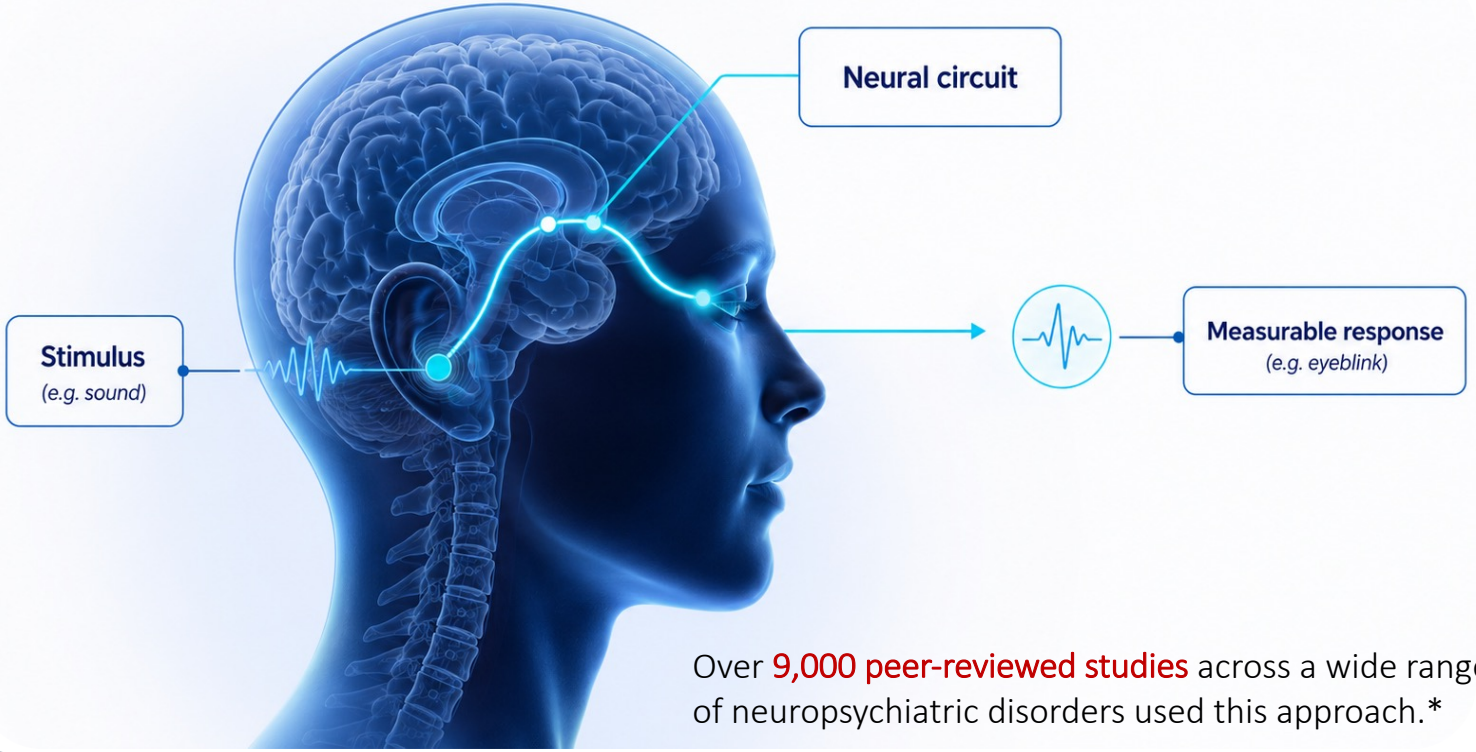
Cash (Annual Report FY 2026)
A$17.9M

ASX announcements: 19 Nov 2024 Large-Scale Study Validates Accuracy in Detecting Autism · 22 Oct 2025 Pilot Study Confirms High Diagnostic Accuracy and Readiness for FDA Trial · 24 Mar 2026 Validation Program Commences, FDA 510(k), First Participant · 5 Aug 2026 European ADHD Study Delivers Positive Results · 2 Apr 2024 Pre-Quotation Disclosure (IPO, A$7.0m at A$0.20) · 1 May 2025 Successful Placement of A$7.66M to Underpin Growth Strategy · 16 Apr 2026 BlinkLab Secures A$17.5M to Fund the Launch of Autism Diagnostic Aid and Expand ADHD Program; Share price reflects week 39 closing.

Sensorimotor biomarkers have been widely studied in neuroscience

BUT CLINICAL ADOPTION HAS BEEN LIMITED BY TECHNICAL COMPLEXITY

Objective measurements of brain circuit function



Over 9,000 peer-reviewed studies across a wide range of neuropsychiatric disorders used this approach.*

Examples of technically-complex, laboratory-based assessments of sensorimotor function.

- **BlinkLab's founding team has decades of experience developing these biomarkers and pushing scientific and methodological boundaries.**
- **This work led in 2021 to the development of a smartphone-based assessment platform at Princeton University**

* Publication counts were obtained from PubMed searches conducted on 21 January 2026. Prepulse inhibition: ("prepulse inhibition"[Title/Abstract]) NOT (review[Publication Type] OR systematic[sb]) — 3,465 results (1974–2026). Acoustic startle: (startle[Title/Abstract] AND acoustic[Title/Abstract]) NOT (review[Publication Type] OR systematic[sb]) — 3,519 results (1963–2026). Eyeblink conditioning: ("eyeblink conditioning"[Title/Abstract] OR "eyelid conditioning"[Title/Abstract] OR "nictitating membrane"[Title/Abstract]) NOT (review[Publication Type] OR systematic[sb]) — 2,309 results (1899–2026). Total: 9,293 publications. Reviews and systematic reviews were excluded.

The BlinkLab Solution: Smartphone-based sensorimotor assessments

WORLD FIRST · INVENTED, PATENTED AND PUBLISHED BY BLINKLAB FOUNDERS

Minuscule facial reflexes, elicited by our app, generate a digital biomarker for autism and ADHD.

Evokes Facial Reflexes

Visual and auditory stimuli are presented during the BlinkLab smartphone test.

Computer Vision

Responses are tracked using the smartphone's camera and microphone and transferred to the BlinkLab platform.

Biomarker Detection

Biomarkers are detected in real-time and made available to the clinician.

Evaluates brain function

Advanced analytical methods and AI modeling assess the function of brain circuits.

Reference: Boele, H.J., Jung, C., Sherry, S. *et al.* Accessible and reliable neurometric testing in humans using a smartphone platform. *Sci Rep* 13, 22871 (2023). https://www.nature.com/articles/s41598-023-49568-2

BlinkLab: How it works

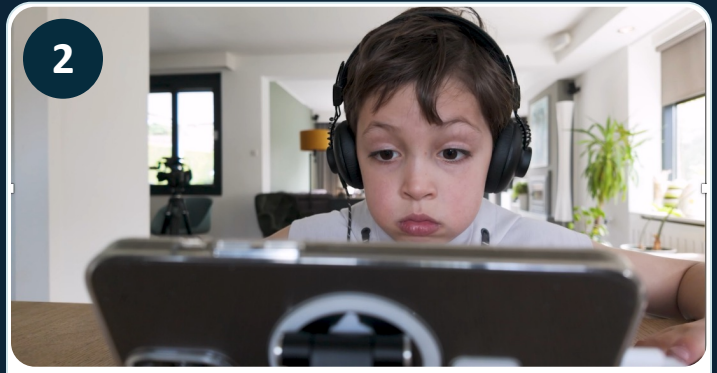
REMOTE · CLINICAL GRADE · SCALABLE · ACCESSIBLE

1

Simple at-home set-up

Smartphone + headphones

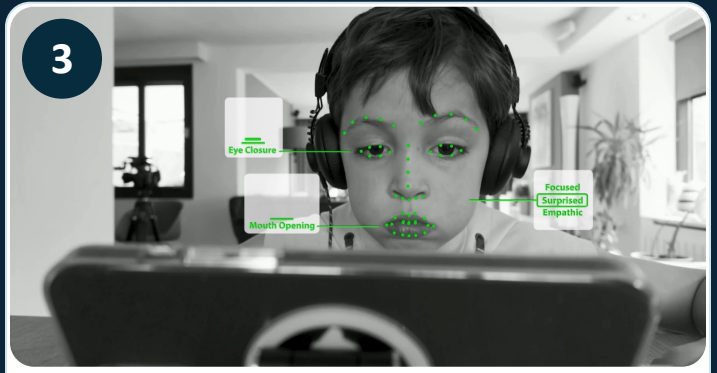
2



Short smartphone assessment

10–15 minutes

3



Automated facial analysis

Selfie camera captures facial landmarks

AI

Algorithmic analysis of evoked neurometric responses

Blink, facial movement and emotional-response patterns

Objective neurometric profile

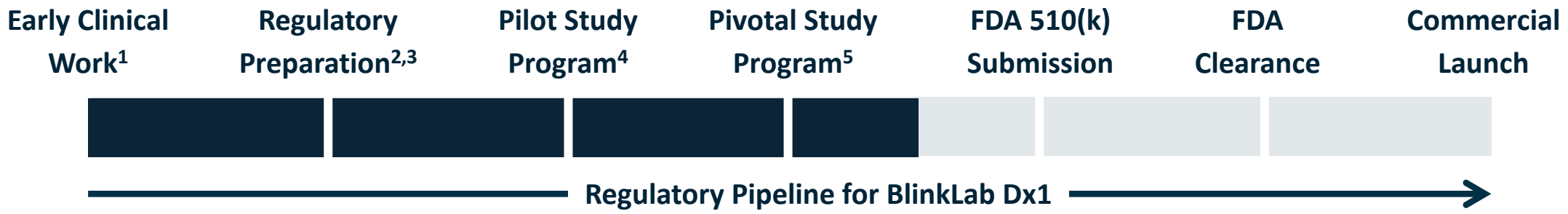
Patterns associated with autism and ADHD

Clinical decision support

Clear digital results to help inform next steps

Our first product: BlinkLab Dx 1

DIAGNOSTIC AID FOR AUTISM ASSESSMENT · FDA 510(K) REGULATORY PROGRAM ONGOING



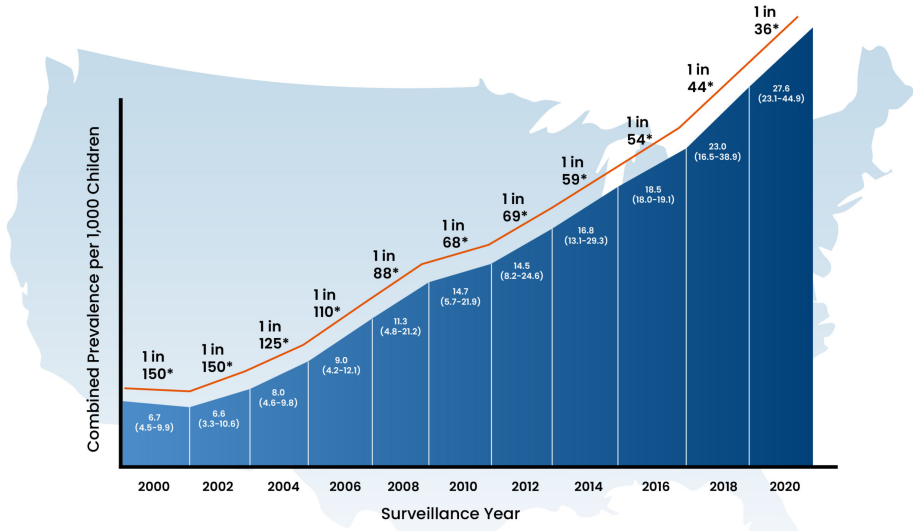
Expected timeline and news pipeline[6]	Calendar Year
Complete Pivotal Study	4Q 2026
Submit Pivotal Study results to FDA (and CE/MDR)	1Q 2027
FDA responses on 510(k) clearance for Dx1	2Q 2027

ASX Announcements: 1 Early Clinical Work. ASX 2 May 2024 BlinkLab Partnership with Turning Pointe Autism Foundation; 19 Nov 2024 Large-Scale Study Validates Accuracy in Detecting Autism (91% sensitivity, 85% specificity, n=441); 5 Jan 2026 High-Profile Journal Publication Validates BB1 Technology. **2 Regulatory Preparation.** ASX 19 Dec 2024 Positive Outcome from FDA Pre-Submission Meeting: 510(k) route, study protocol, endpoints and data requirements agreed with the FDA. **3 Ethics Approval.** ASX 30 Jun 2025 US Ethics Approval Received for the Main Phase of FDA510(k): WCG Institutional Review Board approval. **4 Pilot Study Program.** ASX 5 Feb 2025 BlinkLab Initiates its First US-based Clinical Site; 12 Mar 2025 US Autism Diagnostic Study Commences with First Child Tested; 22 Oct 2025 Pilot Study Confirms High Diagnostic Accuracy & Readiness (83.7% sensitivity, 84.7% specificity, n=485). **5 Pivotal Study Program.** ASX 12 Feb 2026 BB1 Expands Pivotal FDA Trial Network to Nine Elite Sites; 16 Mar 2026 Clinical Trial Network for Pivotal FDA Study Complete (ten US sites); 24 Mar 2026 Validation Program Commences-FDA 510(k) - First Participant. **6 Timeline.** Company guidance, not yet announced outcomes. ASX 24 Mar 2026 Validation Program Commences-FDA 510(k) - First Participant (recruitment about 8 months, submission targeted end of 2026); 14 Jul 2026 Company Update on Clinical Development Programs (FDA clearance for Dx1 reaffirmed as first commercial priority).

The growing need for scalable autism assessment

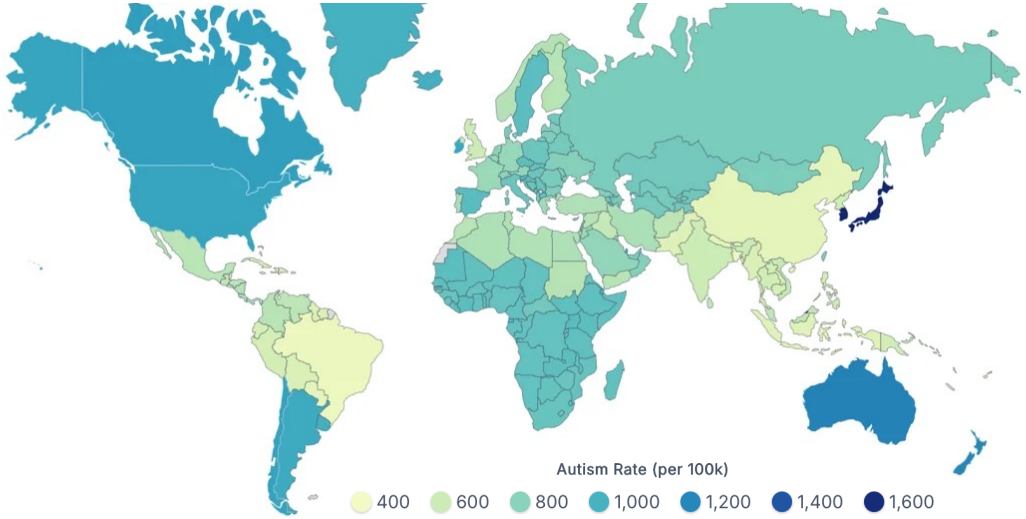
RISING GLOBAL PREVALENCE · HIGH COSTS · LIMITED CLINICAL CAPACITY · LONG WAITLIST

Prevalence in children has grown to up to 3% in the US [1-3]



(1) Center for Disease and Control, World Health Organization; (2) Santomauro et al., (2025) The global epidemiology and health burden of the autism spectrum: findings from the Global Burden of Disease Study 2021, Lancet Psychiatry 2025; (3) Solmi et al., (2023) Incidence, prevalence, and global burden of autism spectrum disorder from 1990 to 2019 across 204 countries; Molecular Psychiatry;

Autism prevalence increases globally [4,5]



(4) Li et al., (2022) Epidemiology of autism spectrum disorders: Global burden of disease 2019 and bibliometric analysis of risk factors; Frontiers in Pediatrics; (5) https://worldpopulationreview.com/country-rankings/autism-rates-by-country

Autism healthcare costs are soaring [6,7]

- Economic burden of autism was **$700B** in 2024
- Costs for a diagnostic evaluation: **$1,000 to $7,000**
- Lifetime cost for individual with ASD: **$3.6M**

(6) Leigh and Du (2015), Forecasting the economic burden of autism in 2015 and 2025 in the US, Journal of Autism and Developmental Disorder; (7) Cakir et al. (2020) The lifetime social cost of autism: 1990-2029, Research in Autism Spectrum Disorder

Long waitlists and shortage of behavioral specialists [8]

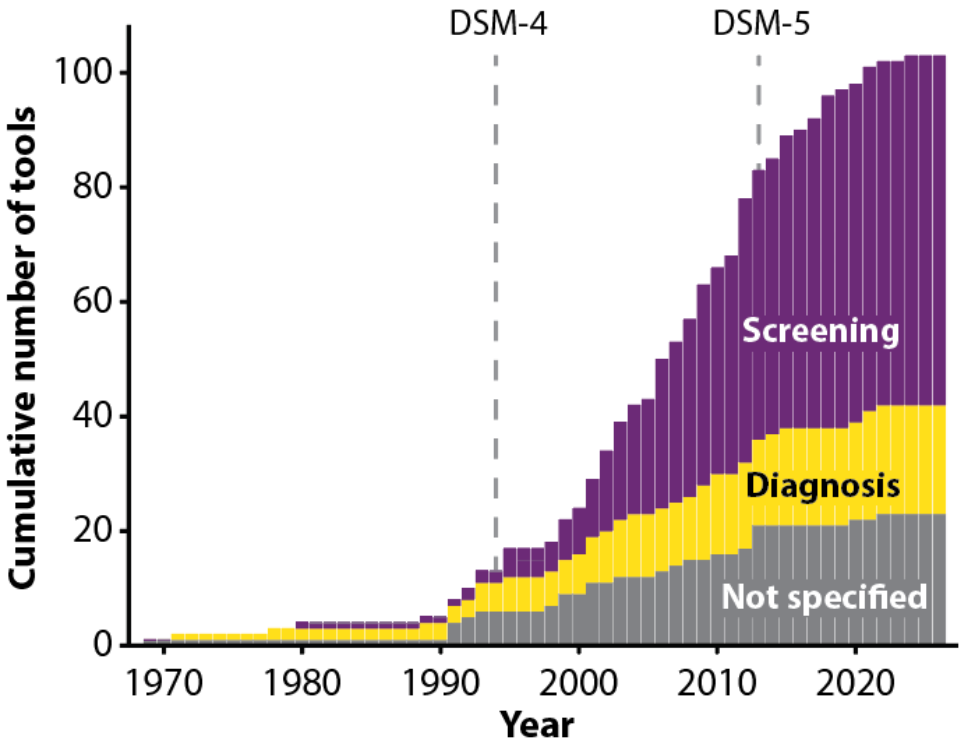
- 800 specialists for **19M children** with developmental concerns
- Autism clinical evaluation time is between **3-8 hours**
- Average wait time for an autism assessment is over **2 years**

(8) March2023, https://cognoa.com/waitlist-crisis-report/

Autism diagnosis still lacks an objective medical test

CURRENTLY NO BIOMARKER, SUCH AS A BLOOD TEST OR BRAIN SCAN, USED IN CLINICAL PRACTICE.

Diagnosis relies on **behavioral assessments** based on DSM-5 criteria, using questionnaires and clinician observations.



Over 100 autism questionnaires have been developed since 1969, no FDA approval.

Data extracted by BlinkLab from PubMed search.

Consensus: Early diagnosis and intervention helps children to develop crucial skills and reduces long-term support needs and costs

➢ Early detection and diagnosis is crucial [1-5]

The American Academy of Pediatrics recommends that all children must be screened for autism at ages 18 and 24 months.

➢ Early intervention is cost-effective [6-12]

Every dollar spent on early treatment saves more than three dollars in future support costs by the time a child turns 13 (Segal, using NDIS data)[13].

TAM: Children born annually in US 3.6M, EU 3.7M, AU 296K

Image from Southwest Autism Research & Resource Center's (SARRC), one of the sites participating in BlinkLab's 510(k) pivotal study

1.National Research Council, Committee on Educational Interventions for Children with Autism. *Educating Children With Autism*. Lord, C., McGee, J. P., eds. Washington, DC: National Academies Press; 2001.
2.Olley, J. G. (2005). Curriculum and classroom structure. In: Volkmar, F. R., Paul, R., Klin, A., Cohen, D. (Eds.), *Handbook of Autism and Pervasive Developmental Disorders*. 3rd ed. Vol II (863–881). Hoboken, NJ: John Wiley & Sons.
3.Helt, M., Kelley, E., Kinsbourne, M., Pandey, J., Boorstein, H., Herbert, M., et al. (2008). Can children with autism recover? If so, how? *Neuropsychology Review, 18*(4), 339–366.
4.Rogers, S. J., & Lewis, H. (1989). An effective day treatment model for young children with pervasive developmental disorders. *Journal of the American Academy of Child and Adolescent Psychiatry, 28*(2), 207–214.
5.Reichow, B., & Wolery, M. (2009). Comprehensive synthesis of early intensive behavioral interventions for young children with autism based on the UCLA young autism project model. *Journal of Autism and Developmental Disorders, 39*(1), 23–41.
6.Pye K, Jackson H, Iacono T, Shiell A. Economic Evaluation of Early Interventions for Autistic Children: A Scoping Review. J Autism Dev Disord. 2024 May;54(5):1691-1711.
7.Tinelli M, Roddy A, Knapp M, et al. Economic analysis of early intervention for autistic children: findings from four case studies in England, Ireland, Italy, and Spain. *European Psychiatry*. 2023;66(1):e76.
8.Hope For Three. (2025). Understanding the High Costs of Autism Care.
9.University of California. (2015). Autism's costs estimated to be $500 billion, potentially $1 trillion, by 2025. ScienceDirect. (2020).
10. The lifetime social cost of autism: 1990- 2029.
11. Above and Beyond Therapy. (2025). How Much ABA Therapy Really Costs with Insurance.
12. Cross River Therapy. (2025). ABA Therapy Insurance Coverage for Autism (By State).
13.Preemptive therapy prior to autism diagnosis may be highly cost-effective, article originally appeared in Autism Research Review International, Vol. *37, No. 2, 2023, by* Leonie Segal

AUTISM RESEARCH INSTITUTE

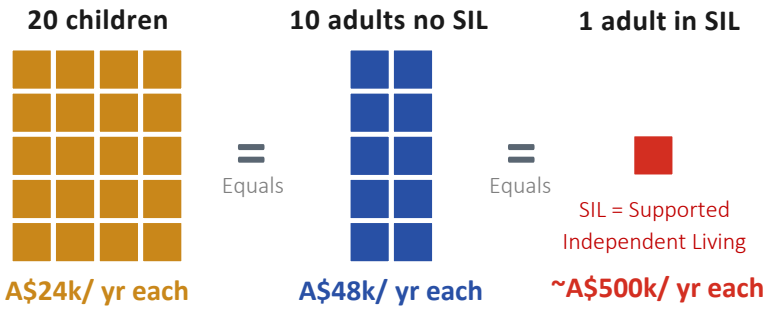
American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®

BlinkLab is not only a diagnostic technology; it could become an economic intervention that helps reduce the long-term cost of autism care

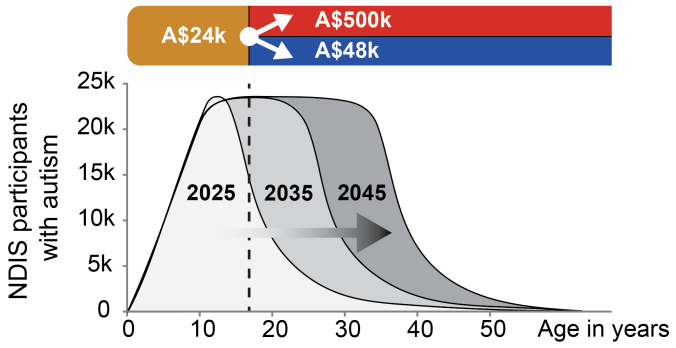
The Present: NDIS Autism Costs: A$9.9B

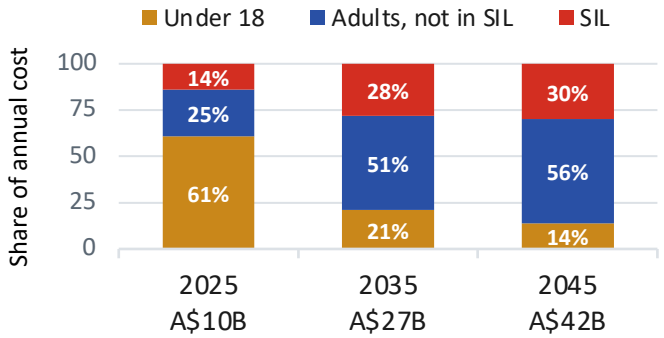
In 2025 autism accounted for 41% of all NDIS participants, making it the most common disability. Adults in SIL is most expensive group.



The Future: Today's diagnosed children become the wave of tomorrow's adult cost

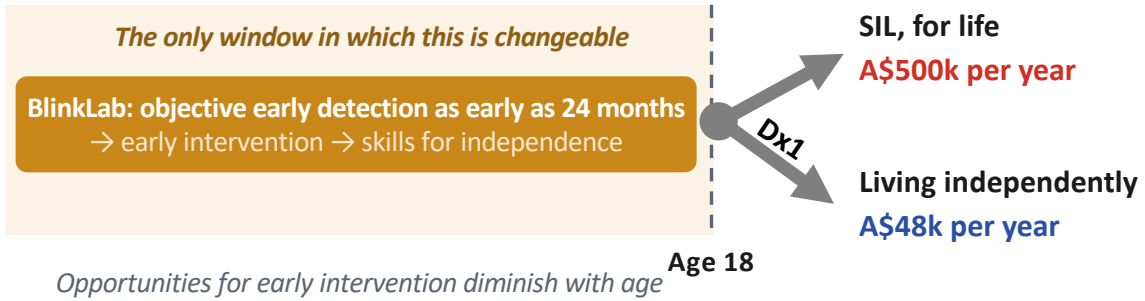
Without early screening, spend will shift over the next decades dramatically from children to adults in SIL.





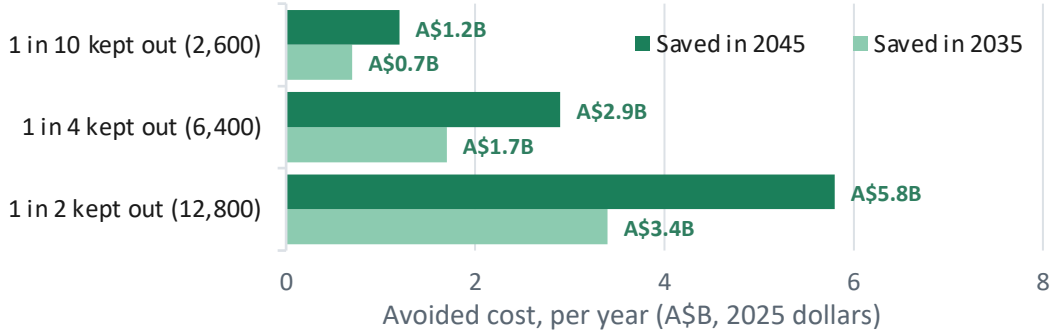
Why early is the only lever and where BlinkLab acts

SIL entry is settled before 18. Early detection is the first step and the step currently missing.



What keeping people out of SIL is worth

Every person kept out of SIL saves NDIS at least A$452k a year.



Inputs as published on dataresearch.ndis.gov.au. Data extracted, extrapolated and visualized by BlinkLab.

Participants 310,269 (2025) nominal cost totals A$10B · A$28B · A$48B. Cost per person per year, held constant at the 2025 rates: under 18 A$24k; adult not in SIL A$48k; SIL A$500k. Australia's NDIS publishes participant and payment data at a granularity no other country matches, which is what makes this analysis possible. Cohorts solved from the published participant and cost totals with SIL held at 5.0% of adult participants — a share the 2045 panel confirms. Solved under-18 counts (256k / 238k / 249k) match the published age distributions when digitised. Cost recomputed at constant rates: A$10B · A$27B · A$42B. Break-even = A$452k ÷ A$24k = 18.

Assumptions and limitations

Constant 2025 dollars: no inflation, wage growth or cost escalation, so real growth comes only from more participants and the cohort ageing into adulthood. Diagnosis continues at the current rate; incidence held constant. Children needed per SIL entry prevented is unknown, so this is a break-even threshold, not a net saving, counting one year of avoided cost only

US autism assessments can cost US$1,200–$6,000+

TRADITIONAL DIAGNOSIS REQUIRES MULTIPLE SPECIALISTS AND EXTENSIVE REPORTING TIME

Average self-pay cost by evaluation tier

Indicative US pricing before insurance

Basic screening	**US$0–$25**	Routine pediatric screening (e.g. M-CHAT-R)
Basic / developmental	**US$250–$900**	Screening tools + clinical interview
Standard diagnostic	**US$1,200–$3,000**	Core battery may include ADOS-2, parent interview and cognitive testing
Comprehensive neuropsychological	**US$2,500–$6,000+**	Full battery, scoring and report writing; complex cases may reach US$9,000
Adult evaluation	**US$2,000–$5,000**	Often more expensive and less consistently covered

WITH COMMERCIAL INSURANCE

US$20–$100 copay

or 10–40% coinsurance after deductible

Coverage and medical-necessity rules vary materially by state, plan and provider network.

Coverage is broad, but not uniform

- All 50 states and DC have autism insurance requirements, but benefits and age limits vary; self-funded employer plans may be exempt.
- Regional variance is substantial: comprehensive evaluations may cost US$2,500 in mid-sized markets versus US$3,000–$6,000+ in LA, SF or NYC.

Published provider examples

CHLA virtual assessment	**US$875**
UCSB standard assessment	**US$2,591**
William James comprehensive	**US$3,500**

Indicative ranges only. Actual patient cost depends on insurance, geography, provider and assessment scope. Dx1 positioning remains subject to regulatory clearance and final intended use.

US Pilot Study Confirms High Diagnostic Accuracy and FDA Trial Readiness

BLINKLAB DX1 U.S. PILOT STUDY IN AUTISM · UNBLINDED 17 OCTOBER 2025

84%
SENSITIVITY

85%
SPECIFICITY

485
CHILDREN ENROLLED, AGED 2–11

FDA endorsed the pivotal 510(k) design

At a formal meeting on 16 October 2025 the FDA agreed with BlinkLab's pivotal study design and confirmed a minimum threshold of >65% sensitivity and >65% specificity for clearance.

Tested in a real-world clinical population

485 children recruited spanning the full spectrum of developmental concerns.

Ahead of FDA-cleared digital peers

Accuracy exceeds Cognoa Canvas Dx (59% sensitivity / 19% specificity) and EarliPoint (71% / 81%) as reported in their pivotal trials.

Leaner, faster pivotal study

Main study refined to ~528 participants, down from 1,000 — reducing cost and duration. New repetitive-behaviour markers to be locked in before the pivotal trial.

ASX announcement (ASX:BB1), 22 October 2025 — “Pilot Study Confirms High Diagnostic Accuracy and Readiness for FDA Trial”

blinklab

Why 100% sensitivity and 100% specificity is impossible

PERFORMANCE CEILING IS 85-90% DUE TO DIAGNOSTIC AMBIGUITY AND AUTISM HETEROGENEITY

Diagnostic Stability

Autism clinical diagnostic stability is estimated around 80-90% stability. [1–5]

Expert Consensus

Autism expert consensus is estimated around 70-80% accuracy. [6– 8]

If ground truth is not 100%, a digital biomarker trained on that label can't be 100% either.

[1] Elias et al. (2022). *Diagnostic stability in individuals with autism spectrum disorder: Insights from a longitudinal follow-up study.*

[2] May et al. (2021). *Parent-reported autism diagnostic stability and trajectories in the Longitudinal Study of Australian Children.*

[3] Pierce et al. (2019). *Evaluation of the diagnostic stability of the early autism spectrum disorder phenotype in the generalpopulation starting at 12 months.*

[4] Chawarska et al. (2009). *A prospective study of toddlers with ASD: Short-term diagnostic and cognitive outcomes.*

[5] Lord et al. (2006). *Autism from 2 to 9 years of age.*

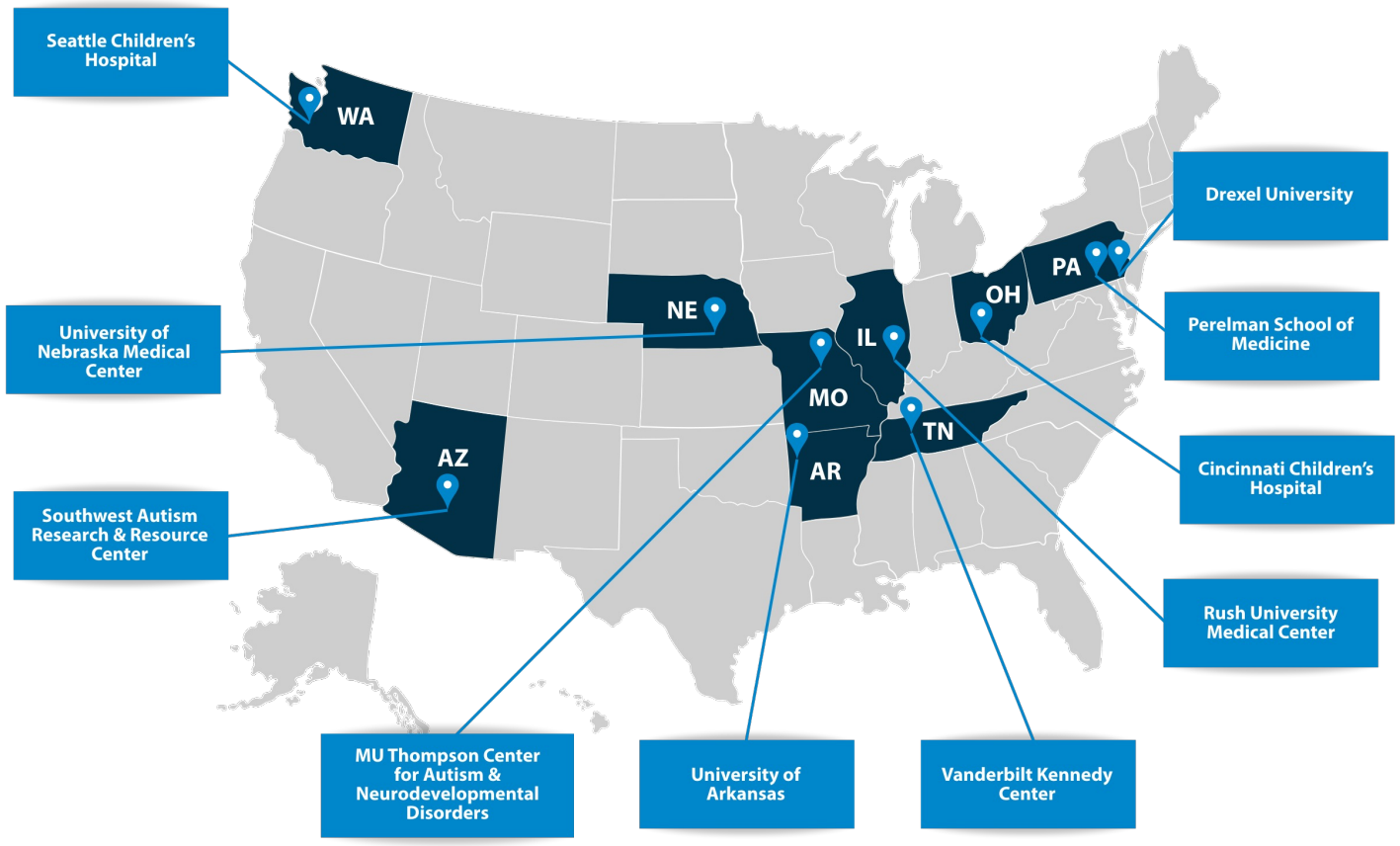
[6] Esler et al. (2015). *The Autism Diagnostic Observation Schedule, Toddler Module: Standardized severity scores.*

[7] Mazefsky et al. (2013). *Comparability of DSM-IV and DSM-5 ASD research samples.*

[8] de Bildt et al. (2013). *How to use the ADI-R for classifying autism spectrum disorders?*

BlinkLab Commenced Pivotal Validation Program

FDA 510(K) SUBMISSION · FIRST PARTICPANT ENROLLED IN MARCH 2026 · SUBMISSION EARLY 2027



Ten Leading US Autism Centers will Participate in the 510(k) Pivotal Study

- Perelman School of Medicine, University of Pennsylvania
- Cincinnati Children's
- SARRC Southwest Autism Research & Resource Center
- Thompson Center for Autism & Neurodevelopment, University of Missouri
- University of Nebraska Medical Center, Nebraska Medicine
- Vanderbilt Kennedy Center for Excellence in Developmental Disabilities
- Seattle Children's Hospital · Research · Foundation
- Rush University Medical Center
- Drexel University
- University of Arkansas

Prospective, multicenter in US, double-blinded, within-subject comparison study, led by CRO partner IQVIA

ASX Announcement 24 March 2026 - BlinkLab Commences Pivotal Validation Program for FDA 510(k) Submission: First Participant Enrolled

Dx1 is prescribed when developmental concerns warrant autism assessment

A CLINICIAN-PRESCRIBED DIAGNOSTIC AID · NOT A STAND-ALONE TEST

Potential prescription triggers

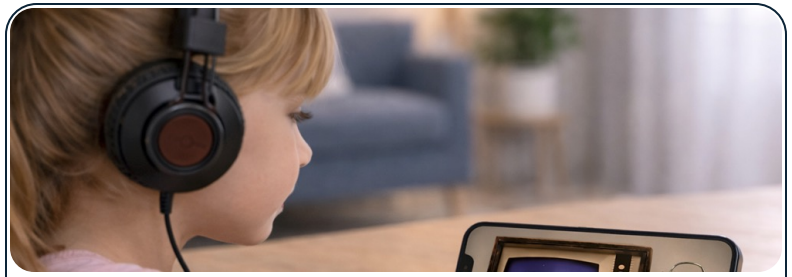
Concerns do not need to be autism-specific

1. **Healthcare provider observation**
   Developmental delay or atypical behaviour
2. **Caregiver-reported concerns**
   Developmental or behavioural changes
3. **Childcare or school concerns**
   Social, communication or behavioural observations
4. **Developmental screening result**
   A failed or concerning developmental screener
5. **Elevated developmental risk**
   For example, family history or prematurity

Dx1

Qualified clinician prescribes Dx1

Primary care or specialist setting



Dx1 assessment completed

Smartphone + headphones · at home or in clinic
Neurometric data securely transmitted for analysis

Clinician reviews and interprets Dx1 results

Results are integrated with clinical history, observation and other assessment information.

Dx1 supports and not replaces clinical judgment and the overall diagnostic evaluation.

Illustrative prescription pathway. Final patient population, prescriber requirements and intended use remain subject to regulatory clearance and product labelling.

We follow a conventional revenue model for medical devices

B2B PRESCRIPTION SaMD (SOFTWARE as MEDICAL DEVICE) · PAY PER ASSESSMENT

What a clinic pays

BlinkLab Dx1 — **TBD**

30 minutes, fully automated, runs on a phone, scalable

EarliPoint Health — **US$599[1]**

FDA cleared, eye-tracking, runs on in-clinic hardware, requires trained staff

Canvas Dx (Cognoa) — **US$1,860-$2,008[2]**

FDA cleared, remote autism assessment, requires clinician

Private specialist evaluation — **US$1,200-$6,000+**

3 to 8 clinician hours

How we sell BlinkLab Dx1

- **Prescription device, sold to providers**
  Not a consumer app and not direct to consumer. The prescribing clinician is the customer, as our indication requires. Every cleared peer is the same.
- **Per procedure, like every diagnostic**
  One assessment is one unit, which is the unit a CPT code pays for. No subscription, no site license, volume-based site agreements.
- **Adoption first, reimbursement later**
  Median wait from FDA authorisation to Medicaid coverage: 5.7 years[3]. Competitive pricing buys us adoption now, and adoption is what builds the evidence base a code application is judged on. We arrive at reimbursement ready, not waiting.

THE CLINIC *buys throughput*
More evaluations completed with the same staff

THE PAYER *buys clinician time*
Less specialist time funded per child

BOTH *buy a better and quicker decision*
No child is ruled out on the device alone

1 EarliPoint Health pricing: https://www.trifectamedicalgroup.com/autism-evaluations; 2 Cognoa pricing: Https://www.singlecare.com/prescription/canvas-dx-diagnosis-aid-autism; BlinkLab's own price point is under review and is deliberately not stated here.
3 Sexton et al., JAMA Health Forum 2023: median 5.7 years from FDA authorisation to Medicare coverage across 64 novel technologies; 44% achieved coverage. The CPT application itself runs 18–24 months, on top of 2–5 years of evidence collection.

US commercialization strategy following FDA clearance

SPECIALIST-FIRST LAUNCH · SCREENING AS A SEPARATE LABEL EXPANSION

2027	2028	2029	2030	2031+

INITIAL DIAGNOSTIC AID

~600K

referred children annually[1]

FUTURE SCREENING

~3.6M

children per annual US birth cohort[2]

COMMERCIAL ADOPTION

Launch readiness

Workflow and site agreements

Late-2027 paid lighthouse launch

8–12 specialist centres prove throughput, clinical utility and provider ROI

Specialist and health-system network expansion

Scale through autism networks, qualified paediatric and primary-care settings, early-intervention programs and enterprise contracts

EVIDENCE + REIMBURSEMENT

HEOR + coding pathway

Embed capacity, time-to-diagnosis and budget-impact endpoints from first commercial use

Medicaid + commercial payer pilots

State-focused pilots, existing-code billing tests and coverage-with-evidence programs

Coverage and scale

Initial coverage wins, enterprise contracting and value-based pricing

SCREENING EXPANSION

Screening validation + regulatory submission

New population, predictive-value and workflow evidence

Primary-care screening

Launch only after appropriate regulatory clearance

Specialist-first launch, working on reimbursement-readiness from day one; screening is a distinct evidence and regulatory expansion.

[1] Illustrative referred diagnostic-aid population from company strategy. [2] Approximate annual US birth cohort—not screening events. Screening opportunity is subject to additional evidence and FDA clearance.

KOL engagement has been the strategy from day one

KEY OPINION LEADERS · WE HAVE BEEN IN THIS FIELD FOR DECADES · WE'RE NOT SELLING INTO IT

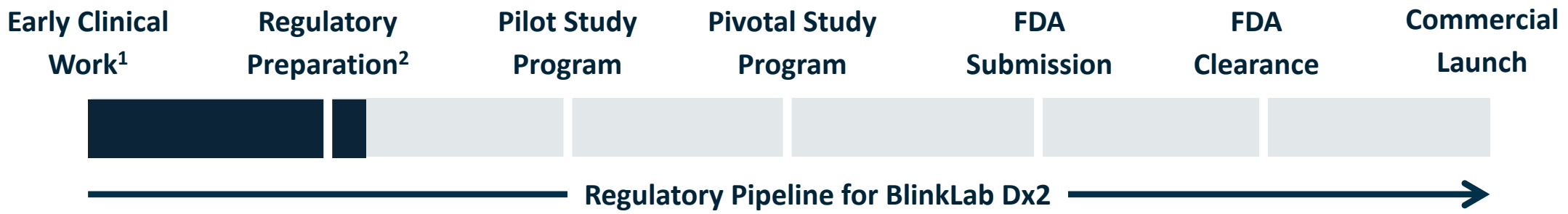
May 2024	**Turning Pointe Autism Foundation, USA**	First US partnership after IPO.
Jul 2024	**Mental Care Group, Netherlands**	The Dx2 ADHD model.
Nov 2024	**Monash University, Australia**	Autism and ADHD. Genotyping and deep behavioural phenotyping across a 1,000-family cohort.
Mar 2025	**Netherlands Autism Register, Netherlands**	Adults with autism, extending the platform beyond paediatrics.
Jan 2026	**Simons Foundation, SFARI, USA**	Invited to present, and later featured in SFARI's workshop on quantifying visible behaviours in autism.
Mar 2026	**SHANK2 Autism Foundation, USA**	US. Genetically confirmed cohorts. Opens precision diagnostics and trial enrichment.
Mar 2026	**National Autism Program, Morocco**	3,000 centres, 600,000 children a year, state funded. We retain the data and the IP.
Mar 2026	**Ten premier autism centres for 510(k) study, USA**	The 510(k) pivotal with IQVIA-MCRA, first participant enrolled. These become our first customers at launch.

- The same clinical leaders who validate our technology as investigators and peer reviewers are also its earliest adopters and customers. This creates a highly aligned ecosystem that accelerates clinical validation, adoption and commercialisation.
- BlinkLab is embedded within this community, not selling into it from the outside.

Per BlinkLab ASX announcements and company disclosures. Autism and ADHD collaborations only; separate studies in dementia with Erasmus MC are not shown. SFARI dates cover an invited presentation and a subsequent workshop feature in 2026.

Our second product: BlinkLab Dx 2

DIAGNOSTIC AID FOR ADHD ASSESSMENT · SAME SMARTPHONE TECH AS DX1 · DIFFERENT USE CASE



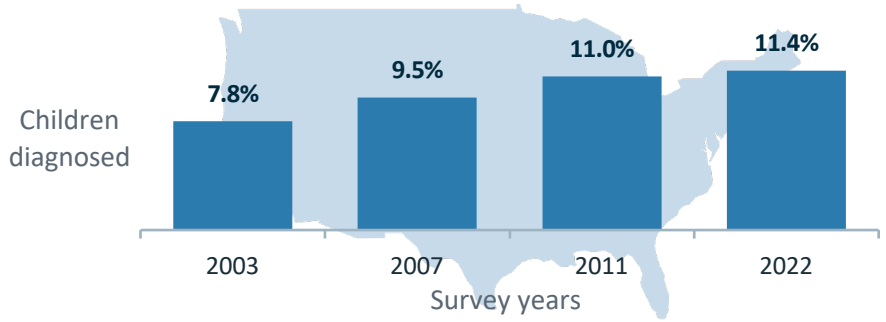
BlinkLab Dx 2, ADHD model	Calendar Year
Study preparations (CRO, study protocols, SOPs, onboarding sites, IRB)	3Q 2026
Start Pre-FDA Pilot Study in US	2Q 2027
Complete Pre-FDA Pilot Study in US	2H 2027
Start Dx2 Pivotal Study	2028
Complete Dx2 Pivotal Study	2028
Submit Dx2 Pivotal Study results to FDA (and CE/MDR)	2028
FDA responses on 510(k) clearance for Dx2	2028

ASX Announcements 1 Early Clinical Work. ASX 5 Aug 2026 European ADHD Study Delivers Positive Results: 82% sensitivity, 83% specificity, n=208 aged 6 to 17 (117 diagnosed, 91 comparison), run with Mental Care Group in the Netherlands; ASX 14 Jul 2026 Company Update: recruitment complete at 375 of 375 .**2 Regulatory Preparation.** ASX 16 Apr 2026 A$17.5M placement funds the Dx2 ADHD program; ASX 5 Aug 2026 states the intent to advance Dx2 through the same FDA 510(k) route as Dx1. No Dx2 pre-submission meeting has been announced.

The unmet need in ADHD is diagnostic

7 MILLION US CHILDREN · 56% OF ADULTS DIAGNOSED AFTER 18 · NO OBJECTIVE TEST

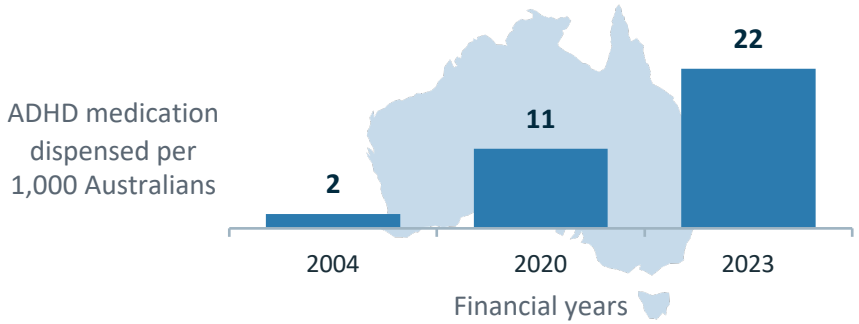
United States: prevalence keeps climbing [1-3]



11.4%	15.6% / 8.2%	6.0%	55.9%
7.0m children 3–17 current ADHD	boys / girls ever diagnosed	15.5m adults 18+ current ADHD	of adults diagnosed at 18 or older

(1) Danielson ML et al. (2024) J Clin Child Adolesc Psychol 53(3):343–360; CDC/NCBDDD, National Survey of Children's Health 2003–2022. (2) CDC, 2024 National Survey of Children's Health; CDC/NCHS FastStats, National Health Interview Survey 2024. (3) Staley BS et al. (2024) MMWR 73(40):890–895; NCHS Rapid Surveys System, Oct–Nov 2023.

Australia: an 11-fold increase in ADHD medication prescribed [4-7]



7.4%	2027	13 of 20
of 4–17 year-olds have ADHD, but measured in 2013–14	next national child prevalence survey in Australia	highest-prescribing areas are in WA

(4) Lawrence D et al. (2015) Young Minds Matter, fielded 2013–14: ADHD 7.4% of 4–17 year-olds; no national child survey since. (5) AIHW, ADHD medications dispensed, financial years, latest 2023–24. (6) ABC News / UNSW Medicines Intelligence (Apr 2026), PBS and RPBS dispensing FY2017–25 by SA3; expected adult prevalence 2.5–3%. (7) National Child and Adolescent Mental Health and Wellbeing Study (Curtin, UQ, Roy Morgan), reporting 2027.

No objective test; most cases missed [3,8,9]

- 56% of US adults with ADHD were not diagnosed until age 18 or older; childhood detection is missing most cases
- Diagnosed from clinical interview and parent, teacher or self-report rating scales. No biomarker
- Half of child providers and two-thirds of adult providers report inadequate ADHD training

(8) Adult ADHD: Diagnosis, Treatment and Implications for Drug Development (2024), NCBI Bookshelf NBK606341; (9) CDC provider survey, Fall 2023, reported in (8). Age-at-diagnosis figure from (3).

Assessment is scarce, slow and costly [3,10,11]

- Australia: of 736 clinicians contacted, only half could book an assessment; waits reach 2 years
- A$1,400 on average for a full assessment, up to A$4,000; A$530+ for an adult's first session alone
- US: comprehensive assessment US$2,500–$5,000. 46% of adults with ADHD already use telehealth

(10) O'Toole C et al. (2026) Accessibility of ADHD Assessments in Australia: A Secret Shopper Study, J Atten Disord, 736 clinicians, May–Aug 2024; 49.8% available to book. (11) Grow Therapy (2026), indicative US price ranges. Telehealth figure from (3).

The economic burden [1,3,12-14]

- Australia: A$20.4B a year — A$12.8B financial plus A$7.6B wellbeing loss; A$25,071 per person
- United States: US$122.8B a year for adults, US$33.2B for children and adolescents
- 37% of US adults and 30% of US children with ADHD receive no treatment at all

(12) Deloitte Access Economics (2019) The social and economic costs of ADHD in Australia, for AADPA, 2019 values; (13) Schein J et al. (2022) J Manag Care Spec Pharm; (14) Schein J et al. (2022) J Med Econ, both 2018 US values. Treatment gaps from (1) and (3).

ADHD assessment is costly and already shifting online

US EVALUATIONS CAN COST US$200–$5,000+; TELEHEALTH IS ALREADY EMBEDDED IN ADULT ADHD CARE

Average cost by evaluation tier

Indicative US pricing; patient cost depends on insurance and deductible status

Basic clinical evaluation	**US$200–$900** US$20–75 insured	60–90 min interview, rating scales and behavioral observation
Standard psychological testing	**US$1,000–$2,500** US$100–500 insured	Multiple standardized tests; often requires prior authorization
Comprehensive neuropsychological	**US$2,500–$5,000+** US$500–2,500+ insured	6–10 hours testing plus 15–25 hours scoring and report writing
Online screeners / quick checks	**US$150–$400** Rarely covered	Low-barrier screening only; does not provide an official diagnosis

ADHD CARE IS ALREADY DIGITAL

46%

of US adults with current ADHD have used telehealth for ADHD services

18.4% were diagnosed wholly or partly through telehealth

A large addressable population

15.5M
US adults with current ADHD
6.0% of adults

7.0M
US children with current ADHD
11.7% ages 3–17

BLINKLAB ADHD OPPORTUNITY

Dx2 could plug into an established telehealth workflow, adding objective data without requiring every assessment to begin in a specialist clinic.

Indicative ranges from Grow Therapy, updated June 2026. Costs vary by provider, plan, location and assessment scope. Dx2 positioning remains subject to regulatory clearance and final intended use.

European ADHD study delivers positive results

EXPANDING OUR PLATFORM BEYOND AUTISM · FIRST STEP TOWARDS BLINKLAB Dx2 · WORLD FIRST

82%
SENSITIVITY

83%
SPECIFICITY

208
CHILDREN, AGED 6–17

Foundation for BlinkLab Dx2

First evidence that smartphone-derived digital neurobehavioural biomarkers can detect ADHD, supporting an AI model that covers ADHD in addition to autism.

One of the largest ADHD case-control datasets

117 children with a confirmed clinical ADHD diagnosis and 91 neurotypical controls — both arms exceed the 50-per-arm threshold used in published meta-analyses.

A much larger opportunity than paediatric autism

Higher prevalence, combined with an assessment pathway that is subjective and resource-intensive, makes ADHD a substantially larger addressable market.

Capital-efficient, and heading for the clinic

Completed with Mental Care Group in Europe at no cost to BlinkLab, with data and IP retained. A U.S. pilot and FDA registrational study will follow the Dx1 pathway.

ASX announcement (ASX:BB1), 5 August 2026 — “European ADHD Study Delivers Positive Results, Supporting Expansion of Diagnostic Platform Beyond Autism”

blinklab

Our expanding clinical study portfolio

NINE EXPLORATORY PROGRAMS · FOUR READOUTS IN CY2026, FIVE IN CY2027

Early Clinical Work[1]	Regulatory Preparation[2]	Pilot Study Program	Pivotal Study Program	FDA Submission	FDA Clearance	Commercial Launch

Regulatory pipeline for potential indications* other than paediatric autism and ADHD

*Not all programs target a regulated diagnostic; some may lead to research or consumer products..

Neurodevelopmental Study Programs	Collaboration	Recruitment status	Readout (CY)
Adult autism diagnostic assessment[2]	VU Amsterdam	145/145 (complete)	Q4 2026
Adult autism and lifestyle monitoring[3]	Erasmus MC / internal	552 tests in 23 people (complete)	Q4 2026
Genetically defined autism[4]	SHANK2 Foundation	17/17 (complete)	Q1 2027
Paediatric autism and nutrition[5]	ESPOCH	120/300	Q2 2027
Paediatric and adult autism & ADHD deep phenotyping[6]	Monash University	105/150	Q2 2027

Adult Neurology Study Programs	Collaboration	Recruitment status	Readout (CY)
Early dementia detection[7]	Erasmus MC	224/250	Q4 2026
Spinocerebellar ataxia[8]	Columbia University	42/80	Q1 2027

Pharmacological Treatment Monitoring Programs	Collaboration	Recruitment status	Readout (CY)
Pharma intervention with ketamine[9]	Monash University	37/37 (complete)	Q4 2026
Pharma intervention[10]	Erasmus MC	1/25	2H 2027

Erasmus MC · MONASH University · MentalCareGroup · VU VRIJE UNIVERSITEIT AMSTERDAM · COLUMBIA UNIVERSITY · Escuela Superior Politécnica de Chimborazo · the SHANK2 foundation

Neurodevelopment. 1 ASX 30 Jul 2024 BlinkLab partners with Mental Care Group in Europe to improve and accelerate the diagnostic evaluation of ADHD; 2 ASX 19 Mar 2025 BlinkLab Expands Autism Diagnostics into Adults Through a New Collaboration with VU Amsterdam and NAR; 3 Erasmus MC and internal, no separate ASX announcement cited; 4 ASX 13 Mar 2026 Partnership with SHANK2 Autism Foundation in the United States; 5 ASX 16 Jun 2026 BlinkLab Partners with ESPOCH on Large-Scale Multicenter Ecuador Autism and Sensorimotor Study Program; 6 ASX 13 Nov 2024 BlinkLab to Participate in the Landmark Monash University Autism/ADHD MAGNET Project. **Adult neurology.** 7 ASX 5 Jun 2024 BlinkLab to participate in a clinical study on early diagnosis of dementia in partnership with Erasmus University Medical Center; 8 ASX 24 Jul 2024 Study with Columbia University on Spinocerebellar Ataxias. **Treatment monitoring.** 9 ASX 6 Aug 2024 The Pharmacology of Human Decision Making Study with Monash University; 10 ASX 19 May 2026 BlinkLab Expands into Therapy Evaluation for Neurodevelopmental Conditions with Erasmus MC. **Scope.** All ten programs are exploratory and are not intended to support regulatory submissions at this stage. Collaborators use the research-use platform and app, BlinkLab Cortex, not the regulated product BlinkLab Dx1. Source: ASX 14 Jul 2026 Company Update on Clinical Development Programs Beyond Paediatric Autism.

A deep, global and now granted patent estate

FOUR PATENT FAMILIES · 30 FILINGS · SEVEN JURISDICTIONS · FIRST US PATENT GRANTED JUNE 2026

4	30	21	7	CY2041+
PATENT FAMILIES	**FILINGS WORLDWIDE**	**LIVE APPLICATIONS**	**JURISDICTIONS**	**PROTECTION RUNWAY**
Priority filings in 2020, 2022, 2023 and 2024	Provisionals, PCT and national stage	One granted, one allowed, 19 pending	US · EP · AU · CA · CN · JP · KR	Earliest family runs to 2041

GRANTED **US Patent No. 12,653,444 B2** — "System and Method for Remote Neurobehavioral Testing", granted and announced to the market on 18 June 2026. Exclusively licensed worldwide from Princeton University; protects remote neurometric assessment on a mobile device.

PATENT FAMILY	US	EP	AU	CA	CN	JP	KR	FILINGS
System and method for remote neurobehavioral testing Princeton University · exclusive worldwide licence to BlinkLab · the foundational platform patent	Granted	Pending examination	Pending examination	Pending examination	—	Allowed, grant expected	Pending examination	10
Psychopharmacological system and method using eyelid tracking BlinkLab · treatment monitoring and pharmacological response	Pending examination	Pending examination	Pending examination	Pending examination	Pending examination	Pending examination	Pending examination	9
Measuring brain reflexes and the modulatory effect of engagement and lifestyle BlinkLab · engagement, attention and lifestyle modulation of reflex responses	Pending examination	Pending examination	Pending examination	Pending examination	Pending examination	Pending examination	Pending examination	9
System and method for detecting neurodevelopmental conditions BlinkLab · diagnostic classification underpinning BlinkLab Dx1	*PCT filed · national phase entry across the US, Europe and Asia-Pacific*							2

● Granted ○ Allowed, grant expected ● Pending examination — Not filed in this jurisdiction

EPO application, if granted, can be validated in up to 39 European states.

One IP counsel, the same firm Princeton University uses

Meagher Emanuel Laks Goldberg & Liao, LLP — the intellectual property firm Princeton University uses for its own patent work, on Palmer Square in Princeton, New Jersey. The foundational family is a Princeton patent, so we kept Princeton's counsel and have used the same team for every BlinkLab family since. They instruct local associates at each national office, so one team that knows the technology holds claim strategy across all seven jurisdictions.

Owned and licensed

The foundational platform family is exclusively licensed worldwide from Princeton University. Every family filed since 2022 is owned outright by BlinkLab and tracks the product roadmap: eyelid tracking (2022), engagement and lifestyle (2023) and neurodevelopmental detection (2024).

ASX announcement (ASX:BB1), 18 June 2026 — "BlinkLab Granted Foundational U.S. Patent Covering Remote Neurobehavioural Testing Platform". US Patent No. 12,653,444 B2, "System and Method for Remote Neurobehavioral Testing". Portfolio position per BlinkLab IP register at 19 May 2026, updated for the US grant. Filings count all applications made in each family, including expired provisionals and PCT applications that have entered national phase. Pending applications may not proceed to grant and claim scope may change during examination.

For more info, please contact:

Brian Leedman
Non-Executive Chairman
brian@blinklab.org
M: +61 (0) 412 281 780

Henk-Jan Boele, MD, PhD
Co-founder and MD/CEO
henkjan@blinklab.org
M: +31 (0) 611 132 247

info@blinklab.org
BlinkLab Limited (ASX:BB1)
@BlinkLab Ltd
@BlinkLab2193
@BlinkLab.App