1H 2026 Investor Presentation

August 10th 2026

Imricor's vision is to bring iMR to every cardiac centre in the world

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Contents

Imricor in 60 seconds

The only company in the world supplying the toolset required to perform cardiac ablations and other cardiac catheterisations inside an iMR lab.

1 What we make

Capital equipment, software and single-use consumables engineered to function safely and effectively inside a magnetic resonance field. A category pioneered by Imricor to replace X-ray guidance.

2 Why it matters

MR shows soft tissue (the heart). X-ray does not. MR shows scars that lead to irregular heartbeats. X-ray does not. Operators see what they are operating on with iMR, and they can visually verify the therapy they deliver. All with no radiation and no lead garments.

3 How we earn

Capital sale of US$500–700k per lab installation, then a high-margin consumable and software licence annuity that recurs every year and scales with utilisation.

4 Where we are

Commercial in Europe and expanding indications to VT; U.S. platform now substantially cleared with commercial launch currently underway.

An iMR lab: real-time MR guidance replaces X-ray fluoroscopy for cardiac ablation and cardiac catheter-based interventions.

1H 2026 Key highlights

4
FDA clearances secured in 1H26

ALL
remaining 510(k) devices now submitted**

US$70m/A$100m*
net cash — funded into CY2028

REGULATORY

FDA CLEARANCES — 4

- ✓ Vision-MR Diagnostic Catheter — 510(k) cleared
- ✓ NorthStar — FDA cleared
- ✓ Vision-MR Diagnostic Catheter — pediatric label expansion
- ✓ NorthStar — pediatric label expansion

SUBMITTED TO FDA — 3

- ✓ Advantage-MR System submitted to FDA
- ✓ 3rd PMA module submitted to FDA
- ✓ All remaining 510(k) devices now submitted**

CLINICAL

- VCU and Oklahoma Heart added to the VISABL-AFL clinical trial
- First-in-human iMR-guided VT ablation published in ***Circulation***

BALANCE SHEET

- Net cash of **US$70m/A$100m*** — funded into CY2028

CORPORATE

- Imricor becomes U.S. SEC registered
- Launch of **Imricor Finance** backed by DLL Group

** Pro forma — includes marketable securities and options exercised after period end*
*** Final 510(k) devices submitted after period end*

A new era is here for image guided therapies

Radiation-free, real-time soft tissue visualization — the capability an x-ray cath lab cannot deliver

From inferring

Radiation exposure
Lead protection required
No soft tissue visible under x-ray
Point by point mapping
Additional devices and costs
Cannot assess lesion quality or durability

To visualizing

- **No radiation**
- **No lead aprons**
- **Soft tissue visible in exquisite detail**
- **Maps generated in minutes with NorthStar**
- **No need for ICE or mapping catheters**
- **Lesion quality and durability assessed in real time**

Ionizing Radiation : Shield or Remove

JULY 2026 — SIX SOCIETIES CALL FOR 'MANDATORY AND URGENT ACTION'

Shielding the Operator Is Not the Same as Removing the Radiation

Heart Rhythm Society

JULY 14, 2026

Six Medical Societies Call for Immediate Adoption of Enhanced Radiation Protection in Fluoroscopy Labs

2,500–10,000
Chest X-ray equivalents per 30-year career

85%
Operator brain tumours on the left side — facing the source

59.8%
Orthopaedic injury from lead aprons (49.4% in 2014)

0.4–6.0%
Of a child's lifetime cancer risk, per fluoro ablation

The Radiation

- Career scatter dose equals thousands of chest X-rays
- Left-sided brain tumours cluster where the beam hits
- Pediatric ablation adds measurable lifetime cancer risk

The Lead

- Aprons shield dose but transfer load to the spine
- Musculoskeletal injury now affects six in ten operators
- Injury prevalence has risen more than ten points since 2014

Imricor removes the hazard rather than shielding it — iMR delivers zero ionising radiation to patient, operator, and staff.

Sources: joint statement of six professional societies, July 2026; peer-reviewed occupational health literature.

Regulatory momentum

Earning the right to treat patients

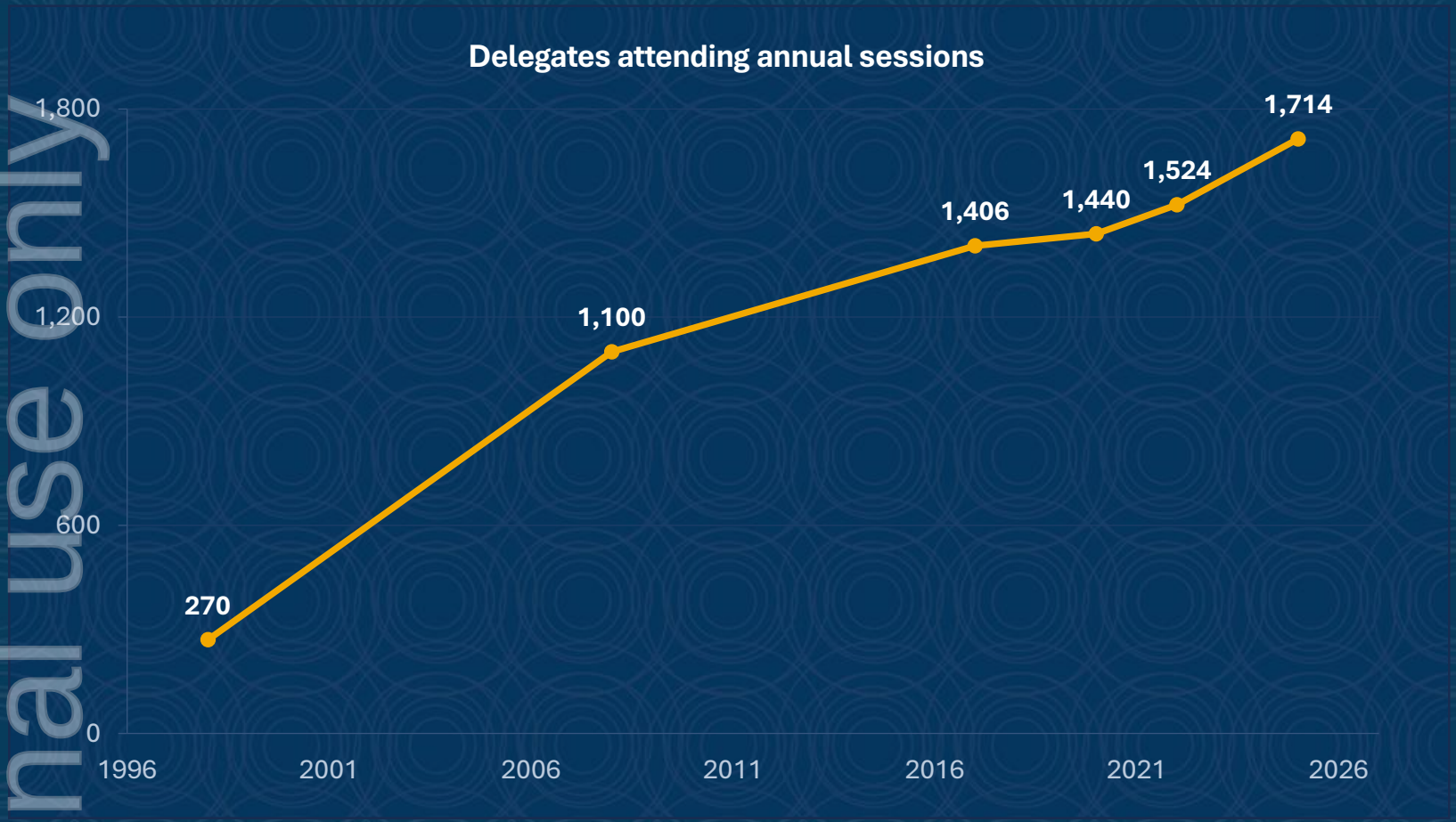
Regulatory progress: FY25 result vs 1H26 result

A stand out half of regulatory progress – few companies have ever pushed a platform of this scale through FDA approval at once

UNITED STATES — device / submission	Pathway	STATUS AT FY25 RESULT (Feb 2026)	STATUS AT 1H26 RESULT (Aug 2026)
NorthStar	510(k)	APPROVED	APPROVED
Vision-MR Diagnostic Catheter	510(k)	APPROVED	APPROVED
Vision-MR Diagnostic Cable	510(k)	APPROVED	APPROVED
NorthStar – Pediatric Label Expansion	510(k)	Pending	APPROVED
Vision-MR Diagnostic Catheter – Pediatric Label Expansion	510(k)	Pending	APPROVED
Vision-MR Diagnostic Cable – Pediatric Label Expansion	510(k)	Pending	APPROVED
Vision-MR Dispersive Electrode	510(k)	Submitted	Submitted
Advantage-MR EP Recorder/Stimulator	510(k)	Submitted	Submitted
NavTrac-MR Steerable Introducer and Dilator	510(k)	Pending	Submitted
NavTrac-MR Cable	510(k)	Pending	Submitted
NavTrac-MR Steerable Introducer and Dilator (x-ray use)	510(k)	Pending	Submitted
Vision-MR Ablation Catheter 2.0 / Cable Set 2.0 / RF5000 — PMA Module 1	PMA	Submitted	Submitted
Vision-MR Ablation Catheter 2.0 / Cable Set 2.0 / RF5000 — PMA Module 2	PMA	Submitted	Submitted
Vision-MR Ablation Catheter 2.0 / Cable Set 2.0 / RF5000 — PMA Module 3	PMA	Pending	Submitted
Vision-MR Ablation Catheter 2.0 / Cable Set 2.0 / RF5000 — PMA Module 4	PMA	Pending	Pending

Cardiac MR is a structurally growing field

Society for Cardiovascular Magnetic Resonance (SCMR) Annual Scientific Sessions, 1998–2025



+535%

Attendance growth

270 delegates (1998) to 1,714 delegates (2025)

+643%

Accepted abstracts

98 (1998) to 728 accepted from 849 submitted (2025)

80+

Countries represented

Up from 50+ in 2022; first Latin American meeting held Feb 2026

Interventional CMR (iCMR) now has a standing pre-conference track alongside the physician and paediatric/congenital streams.

Source: Lee, Markl et al., "The growth and evolution of cardiovascular magnetic resonance: a 20-year history of the SCMR annual scientific sessions", Journal of Cardiovascular Magnetic Resonance (2018); SCMR annual meeting highlights papers, JCMR (2008, 2020, 2022, 2025). Attendance shown for years with published figures.

Imricor Cardiovascular : A New Vertical

Extending real-time MR guidance from electrophysiology into cardiac catheterisation

NEW VERTICAL

Launched July 2026

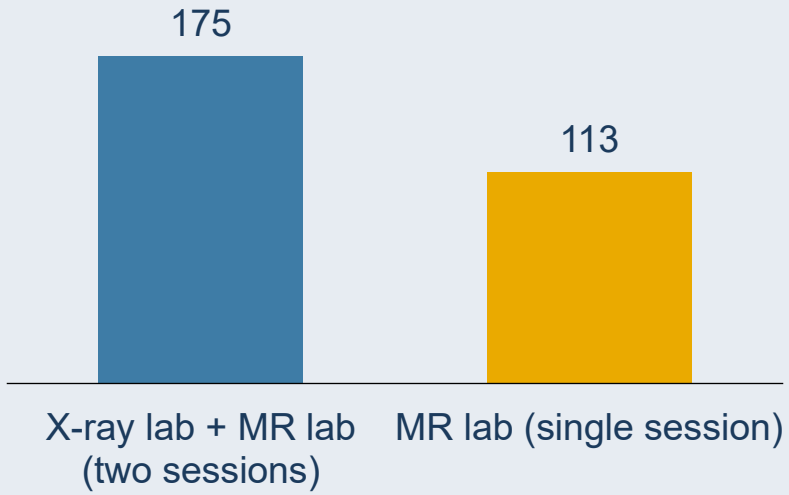
Cath in the MR

under real-time MR guidance

Cardiac catheterisations, radiation-free, in one session, using the same iMR lab as EP, with a clear path to a growing number of procedures performed by interventional cardiologists

THE ECONOMIC CASE — iMR-GUIDED RIGHT HEART CATH

One MR session replaces two. In-facility minutes per patient



- **Per-patient procedural time −35%**
- **Per-patient operational cost −43%**
- **Savings per 100 cases/yr $114,000**

$2.3M

added X-ray cath/EP lab revenue per 100 RHCs moved into the iMR lab

The strategic logic: moving catheterisation into the iMR lab cuts procedure time 35% and per-patient cost 43% — ***and frees the X-ray cath lab*** for higher-revenue interventional work.

[1] Total X-Ray Lab + MR Lab time = ~175mins, iMR lab single session = ~113min
[2] Based on time-driven activity-based costing (TDABC) methodology and modeled at the hospital direct cost level considering staff labor, facility/room cost, consumables, anesthesia medications and admin overhead.

Imricor Cardiovascular : A New Growth Engine

A new segment that drives NorthStar sales, licence revenue and consumables pull-through

NEW VERTICAL

New growth segment

A new growth engine

capital, licence and consumables

Imricor Cardiovascular is a new vertical for the Company. It drives NorthStar sales, which generate upfront capital revenue and ongoing licence revenue, and it also pulls through consumables revenue as procedures are performed.

HOW THE REVENUE BUILDS

One NorthStar sale, three revenue streams

Each NorthStar sale creates one new installed lab

Capital revenue

Upfront revenue on the NorthStar system sale.

Licence revenue

Ongoing licence revenue for as long as the iMR lab is live.

Consumables revenue

As IC devices for iMR are released, consumable revenue grows with every procedure performed.

Capital revenue lands on installation; licence and consumables (once released) revenue recur and build as the installed base and procedure volume grow.

Early stages of commercialisation: Imricor will provide more detail on the per hospital economics to the business over the coming quarters as the installed base and procedure volume scale.

Illustrative of the revenue model only. No per hospital economics, figures or guidance implied.

Electrophysiology : iMR Lab Economics

How recurring revenue builds at **each** new customer lab

ONE-TIME

Capital revenue

US$500k–700k

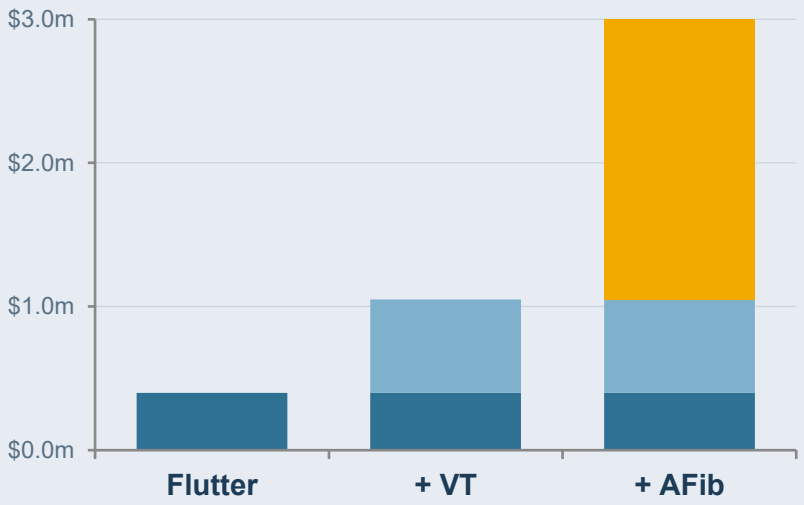
per lab installation

Hardware, integration and commissioning of the iMR lab. Earned once, in Year 1.

+

RECURRING — EVERY YEAR

Consumable revenue per lab, built from procedure mix



Atrial Flutter 100 × US$4.0k
$0.40m

VT 100 × US$6.5k
$0.65m

AFib 300 × US$6.5k
$1.95m

US$3.0m

recurring per lab, per year

The investment engine: capital revenue is earned ***once*** at install — the ~US$3.0m consumable stream then recurs ***every year***, scaling with utilisation and with each new lab.

THE MARKET WE ARE MOVING INTO

7,500+ labs × US$3.0m per lab

*Assumes ~500 procedures/yr (~2/day, 5 days/wk). Larger hospitals exceed this. Future products (e.g. biopsy probe) and NorthStar software revenue not included.

Delivering key milestones in 1H 2026

Regulatory & Clinical

- FDA paediatric clearance — NorthStar and Vision-MR Diagnostic Catheter now cleared for all ages
- NavTrac Introducers submitted for 510(k); 14 of 15 submissions complete or under review
- Third PMA module submitted for the Vision-MR Ablation Catheter
- VISABL-AFL enrolling final patients across seven U.S. and EU sites
- VISABL-VT continuing at Amsterdam UMC; further EU sites to come online
- First-in-human MR-guided VT ablation published in Circulation

Commercial

- U.S. launch commenced — Rady Children's San Diego is first U.S. customer
- Imricor Cardiovascular launched — 250+ children's and 2,000+ adult hospitals
- Further U.S. hospitals in final stages of purchasing
- Initial NorthStar revenue to exceed CY2025 European revenue
- U.S. capital sales and operations team expanding
- Philips Declaration of Compatibility received, opens Philips sites to NorthStar
- Saudi ablations and first sales hard to predict given regional conflict

Financial

- A$60m placement completed at A$1.85 per CDI
- Q2 CY2026 revenue of US$60.5k
- Operating cash outflow of ~US$6.1m, down from US$7.9m in Q1
- Cash and securities of ~US$70m at 30 June 2026, pro forma for options — funded into CY2028
- Imricor Finance launched with DLL Global — hospitals finance over one to seven years, Imricor paid upfront

Financial Performance

Profit and loss

US$'000	Q2 2026	Q2 2025
Revenue	61	65
Costs and non-R&D expenses	(3,725)	(2,792)
R&D expenses	(3,611)	(2,787)
Other income (expenses), net	19	241
EBITDA	**(7,256)**	**(5,273)**
Depreciation & amortization	(149)	(178)
EBIT	**(7,405)**	**(5,451)**
Finance income (costs), net	376	370
Foreign exchange gain (loss)	(683)	1,285
Fair value change	330	(3,999)
Net loss before tax	**(7,382)**	**(7,795)**
Income tax benefit	-	-
Net loss after tax	**(7,382)**	**(7,795)**
Underlying net loss after tax	**(7,028)**	**(5,081)**

Commentary

- Revenue flat on prior comparative period (pcp) is the result of customer sites continuing to enrol trial patients.
- Costs and non-R&D expenses increased primarily due to sales & marketing costs ($444), staffing costs ($316), and professional services ($150).
- R&D expenses increased due to higher staffing ($563) and clinical trial spend ($281).
- Underlying net loss of $7 million up 38% on pcp

Balance sheet

US$'000	30 Jun 2026	31 Dec 2025
Cash and cash equivalents	60,539	19,502
Marketable securities	6,922	21,278
Accounts receivable	255	241
Inventory	1,346	1,096
Other current assets	635	800
Total current assets	**69,697**	**42,917**
PP&E, net	2,091	1,538
Inventory, long term	1,065	415
Operating lease right of use assets	531	604
Other long-term assets	207	282
Total long-term assets	**3,894**	**2,839**
Total assets	**73,591**	**45,756**
Accounts payable	1,190	496
Accrued expenses	1,587	1,620
Current portion of convertible notes	33,187	11,746
Current portion of option liabilities	4,287	3,158
Other current liabilities	341	351
Total current liabilities	**40,592**	**17,371**
Convertible notes, net of current	-	13,269
Option and warrant liabilities, net of current	2,257	1,829
Long-term contract liabilities	1,086	1,086
Other long-term liabilities	589	678
Total long-term liabilities	**3,932**	**16,862**
Total liabilities	**44,524**	**34,233**
Share capital	221,804	179,121
Accumulated losses	(192,737)	(167,598)
Total equity	**29,067**	**11,523**

Commentary

- Cash, cash equivalents, and marketable securities balances total $67.5 million
- Convertible note held at fair value under US GAAP; outstanding principal and interest at 30 June was $6.9 million
- Option and warrant liabilities relate to securities issued as part of previous financing activities and are held at fair value under US GAAP.

Cash flow

US$'000	Q2 2026	Q2 2025
Net loss	**(7,382)**	**(7,795)**
Other non-cash adjustments	921	3,316
Change in other assets and liabilities	351	(79)
Operating cash flows	**(6,110)**	**(4,558)**
Purchases of property and equipment	(268)	(186)
Proceeds from maturity of marketable securities	13,315	-
Investing cash flows	**13,047**	**(186)**
Proceeds from issuance of common stock (net)	41,584	(4)
Other financing activities	-	(140)
Financing cash flows	**41,584**	**(144)**
Net change in cash	48,521	(4,888)
Cash at beginning of period	12,675	53,928
Effect of foreign currency changes on cash	(657)	1,304
Cash at 30 June	**60,539**	**50,344**
Marketable securities	**6,922**	**-**
Total cash and marketable securities	**67,461**	**50,344**

Commentary

- Other non-cash adjustments decrease vs. pcp primarily due to decreases in the change in fair value charges.
- Proceeds from issuance of common stock in Q2 26 reflect proceeds from the Company's May placement.
- Total cash and marketable securities increased 34% vs. pcp

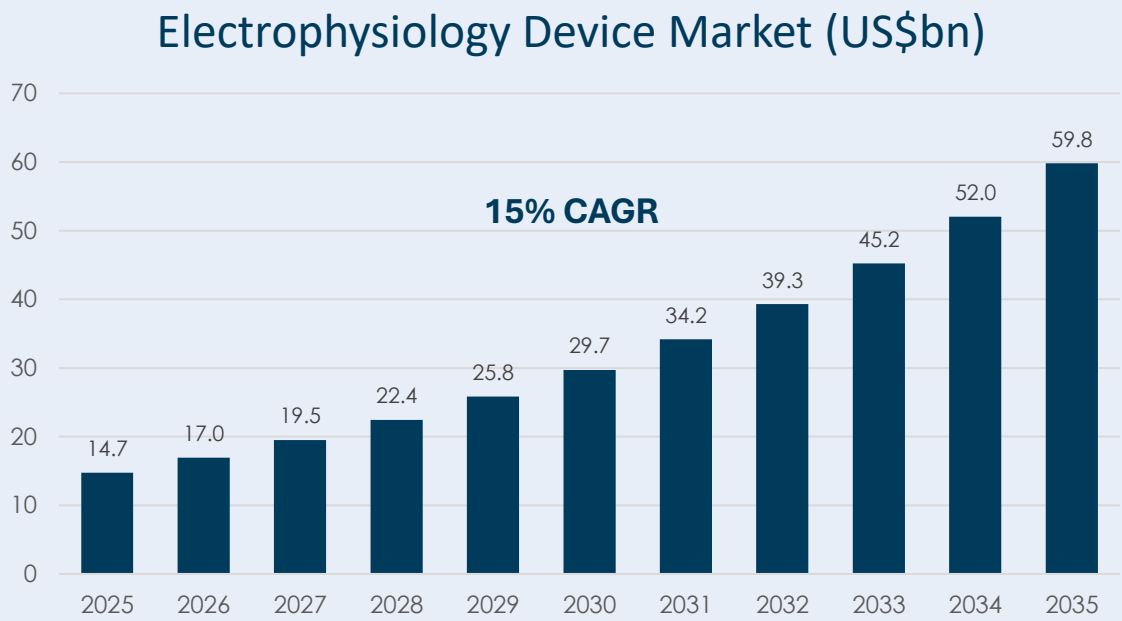
Looking ahead to
2H 2026 & into 2027

The largest and fastest growing market in MedTech[1]

A large global addressable market with high growth supported by favourable growth drivers

Drivers of global catheter ablation market

- Increased incidence of cardiac disease
- Shift towards minimally invasive procedures
- Cost effectiveness of catheter ablation as treatment option



Source: S&S Insider Strategy and Stats

[1] JP Morgan Research

Several key value drivers during 2H 2026 and beyond

FDA decisions on remaining submissions to complete the US platform

- Multiple 510(k) clearances
- VISABL-AFL clinical trial completion.
- Final PMA submission / approvals

VISABL-VT clinical trial

- Expansion of trial in EU to high volume sites with strong KOL's
- VT trial data has the potential to redefine the field

NorthStar Mapping System U.S. Market launch and acceleration

New Philips site activations following receipt of Declaration of Compatibility

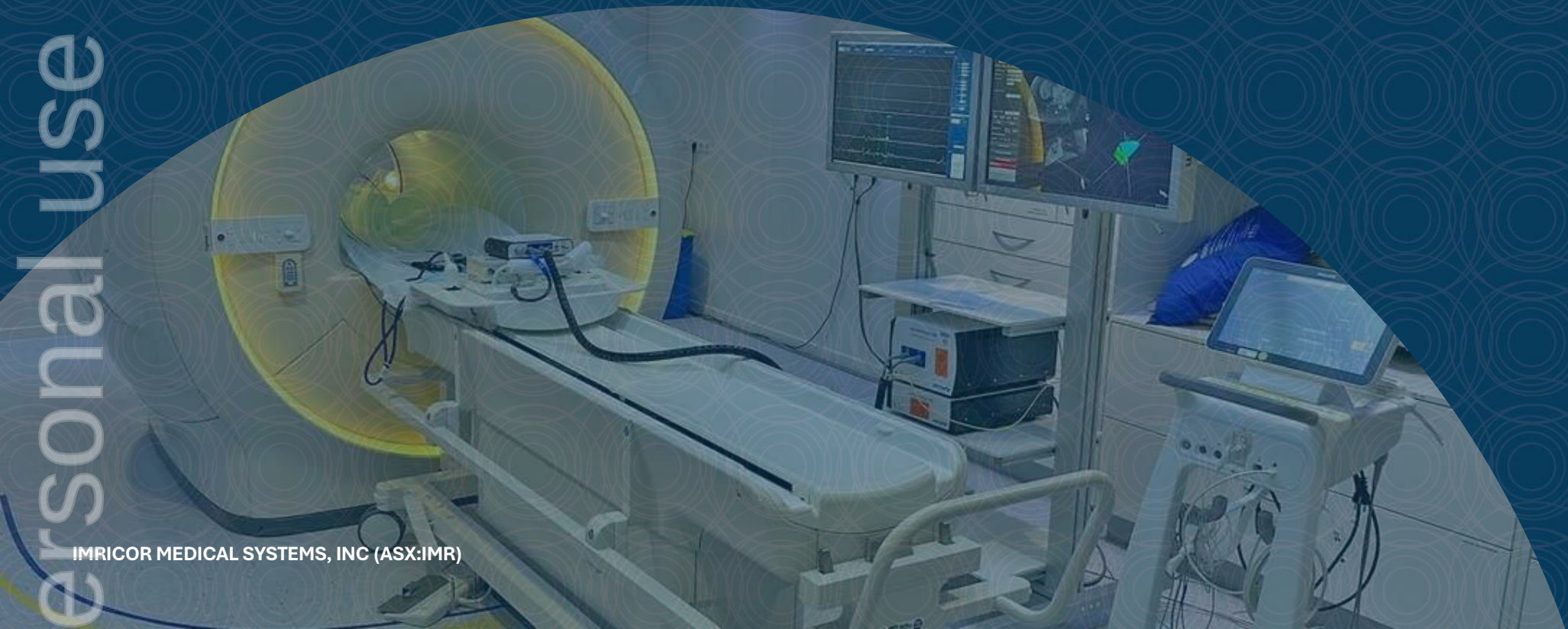
NorthStar capabilities expanding which drives annual license revenue

Pipeline building in United States following NorthStar approval with strong interest in EP platform

Pulsed Field Ablation (PFA) research, publications, and product development

Questions?

Appendix 1 – Additional Information



VISABL-AFL Clinical Trial Sites

DR. AV KOLANDAIVELU

Johns Hopkins University

"MRI is the gold standard for imaging arrhythmia causing heart characteristics, like fibrosis, and for visualizing the effects of ablation. We are enthusiastic to be a part of the FDA approval study for the Imricor ablation system."

DR. AJAY PILLAI

Virginia Commonwealth University Health

"Imricor's Northstar mapping system and Vision-MR mapping and ablation catheters represent a paradigm shift in cardiac ablation. The potential to visualize arrhythmogenic substrate and, crucially, the effects of ablation is extraordinarily impactful and meaningful for patient outcomes."

DR. MARCO GÖTTE

Amsterdam University Medical Center

"With MRI-guided treatment of heart conditions, we are working towards fewer procedures per patient, hospital admissions, and less medication. Perhaps MRI-guided treatment of heart disease will become the norm and replace X-ray-driven treatments."

PROF. JUERG SCHWITTER

MD, Director Cardiac MR Centre, University Hospital Lausanne (CHUV)

"Many years ago in San Francisco, we did pioneering work on coronary artery disease detection by MRI. Now ischemia diagnostics by MRI is in all international guidelines. Similarly, pacemakers and defibrillators were not compatible with MRI 10 years ago. We started a collaboration with industry, and now all leading device manufactures offer a full spectrum of devices, all MRI compatible, reaching market shares up to 100%. **I believe strongly, that this evolution will also happen to the iCMR field, as it allows for high precision interventions**, where we expect higher success rate, lower relapse rate and less complications compared to conventional techniques, and all these advantages go without radiation exposure and potentially shorter interventions times."

DR. KENNETH BILCHICK

University of Virginia Health

"Interventional CMR, particularly for electrophysiology applications, promises to advance our therapeutic strategies for patients with atrial and ventricular arrhythmias by facilitating visualization of the catheters used for ablation simultaneously with real-time CMR imaging."

DR. EDWARD MARTIN

Oklahoma Heart Institute

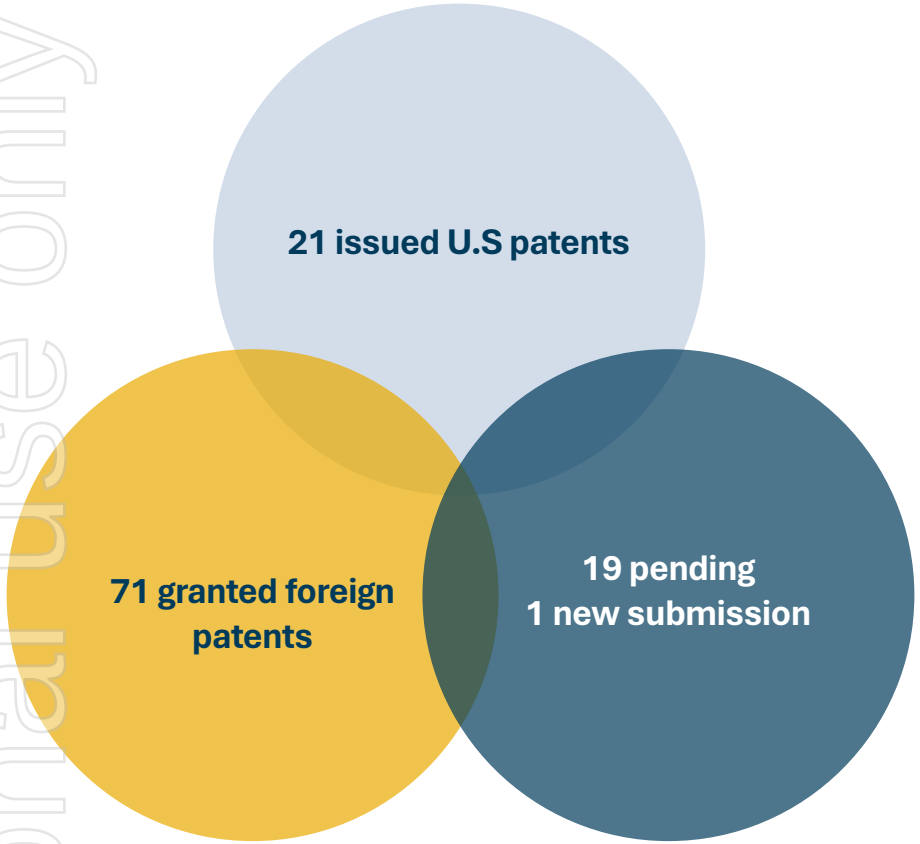
"I have been involved with the imaging aspect of cardiac MRI for the last 30 years, and I have seen and participated in many exciting technological advances over that time. I am extremely excited to see the advancements… that allow expansion of cardiac MRI into interventional electrophysiology."

DR. LAURENT FIORINA

Cardiovascular Institute of South Paris

"Performing procedures with Imricor's NorthStar 3D Mapping System is a game changer for this field, and it will have a transformative impact. I look forward to the continued partnership with Imricor."

A strong intellectual property portfolio



Imricor's patents protect technology that allows Imricor to manufacture medical devices that are uniquely MRI compatible. Trade secrets, 3rd party relationships and difficult regulatory environment leave a deep moat behind Imricor.

In addition to protecting Imricor's devices and procedures, its patents provide an opportunity for the Company to license its technology to 3rd party medical device companies (particularly implant manufacturers) to help make their devices compatible with MRI.

To date, Imricor has executed 3 separate agreements where it has licensed its own patents to 3rd parties for use in implantable devices under which Imricor has received over **US$12.9m of payments (revenue) to date.**

Imricor Leadership: Management

STEVE WEDAN

President and Chief Executive Officer, and Board Chair

35 years industry experience

Designed MRI and ultrasound systems for GE Healthcare. United States appointed expert on MR safety and devices. **Credited with establishing the 4th known hazard interaction in the MRI**

JONATHON GUT

Vice President of Finance and Chief Financial Officer

15 years industry experience

Previous experience at Gail Medical and Boston Scientific driving financial performance, supporting business growth, and ensuring regulatory compliance. **Expexpertise spans various aspects of financial management, strategic planning, and operational efficiency within the medical device industry.**

NICK CORKILL

Vice President of Corporate Strategy

16 years industry experience

Experienced capital markets professional having spent 15 years as an equity analyst and portfolio manager at Perpetual Investments, BlackRock Inc and Lennox Capital. **Deep analytical and financial modelling skills across multiple sectors, disciplined approach to capital management.**

JENNIFER WEISZ

Vice President of Regulatory and Quality

20 years industry experience

Contributed to the continuous improvement of the quality and regulatory strategy, development, and implementation during tenure at Medtronic's Global Clinical Operations Quality division. **Experienced in bringing medical devices to market and ensuring their compliance with global standards.**

VIC FABANO

Vice President of Operations

25 years industry experience

Held executive positions in Operations, Quality, and Product Development throughout his tenure including VP of Operations and Quality at Osprey Medical. **Expert in supply chain scaling and operations infrastructure to support rapid growth, profitability, and quality for start-up to midsize medical device firms**

GREG ENGLEHARDT

Vice President of Global Sales

20 years industry experience

Led global business development initiatives, identifying and capitalizing on new market opportunities to drive international sales growth at NeuroMetrix. **Former combat medic in the U.S. Army**

GREGG STENZEL

Vice President of Research and Development

25 years industry experience

Led the Instrument Technical Operations division at Beckman Coulter, Inc., a leading manufacturer of In Vitro Diagnostic Systems. **Seasoned executive with expertise in new product development, supply chain management, quality and regulatory systems, and customer support.**

NICK TWOHY

Vice President of Marketing and Business Development

20 years industry experience

Directed international market strategies for Medtronic's Cardiac Resynchronisation Therapies business **Led the successful US launch of the Medtronic Revo MRI pacemaker system, enhancing market.**

KATE LINDBORG, PHD

Vice President of Clinical Affairs

13 years industry experience

Managed a portfolio of clinical trials within Medtronic's Cardiac Rhythm and Heart Failure and Diagnostics Clinical division to gain and maintain market approval of novel devices. **Oversaw the generation and dissemination of clinical evidence, enhancing the scientific credibility and market positioning of Medtronic's products.**

ERIKA MERRICK

Vice President of Enterprise Performance

15 years industry experience

Ms Merrick joined Imricor in 2026 and is responsible for driving enterprise-wide performance and execution of strategic goals. **She has over 15 years of medical device experience, including senior roles at Coloplast, Boston Scientific, Medtronic, and American Medical Systems, spanning quality systems, product development, M&A integration, and global portfolio management.**

Imricor Leadership: Board of directors

STEVE WEDAN

President and Chief Executive Officer, and Board Chair

Designed MRI and ultrasound systems for GE Healthcare. United States appointed expert on MR safety. Mr Wedan is a member of various international standards committees in the fields of MRI safety and the compatibility of implanted and interventional products in MRI

Credited with establishing the 4th known hazard interaction in the MRI

MARK TIBBLES

Deputy Chair and Lead Independent Director

Entrepreneur, business owner, company director and active venture investor in and advisor to technology, life science and medical device companies

Owner and managing member of STEM Fuse, LLC, one of the largest providers of digital K-12 STEM curriculum in the U.S.

Managing Director of Strategic Stage Ventures, LLC.

PETER MCGREGOR

Non-executive Director

Extensive finance management background including partner positions at Goldman Sachs JBWere, and managing director in the institutional banking & markets division of Commonwealth Bank of Australia

Currently serves as a Director of Treasury Corporation of Victoria and True Infrastructure Management Pty Ltd.

ANITA MESSAL

Non-executive Director

Comprehensive background in health care and benefits industry, including the successful integration of merged and acquired entities across all areas of the business at AccentCare

Vast background in working with both Fortune 100 and startup companies in public, private and non-profit sectors in both domestic and international markets

JEFFREY LEIGHTON

Non-executive Director

Dr Leighton is a cognitive neuroscientist with extensive experience in both academic and corporate settings. He holds a PhD in Cognitive Psychology from Grand Canyon University and has a robust research, teaching, and leadership background.

Beyond his academic achievements, Dr Leighton has demonstrated strong business acumen as CFO at NDS Wellness.

Dr Leighton has held key corporate governance and advisory roles.

ALDO DENTI

Non-executive Director

Mr Denti has over 30 years of global experience in the medical device industry. Mr Denti is currently the Chief Commercial Officer for Dentsply Sirona. Prior to this role, he was the Company Group Chairman of Global Orthopaedics for Johnson & Johnson MedTech. Since becoming Company Group Chairman in 2019, Mr Denti grew the business to US$9 billion in annual sales, making it the world's largest orthopaedics company. Mr Denti was responsible for leading a staff of over 25,000 employees.
Prior to his role in orthopaedics, Mr Denti served as Global Leader at Johnson & Johnson Vision, where he modernized the organization and introduced critical new skill sets in strategic planning, insights & analytics, e-commerce, and business model innovation. Mr Denti holds a Bachelor of Arts, with Specialised Honors, from York University

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