



# Defining the Future of Life-Saving Diagnostics at the Point of Care

**Corporate Presentation | January 2022**

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# Forward Looking Statements

This presentation includes “forward-looking statements” within the meaning of the “safe harbor” provisions of the Private Securities Litigation Reform Act of 1995. Hyperfine’s actual results may differ from its expectations, estimates and projections and consequently, you should not rely on these forward-looking statements as predictions of future events. Words such as “expect,” “estimate,” “project,” “budget,” “forecast,” “anticipate,” “intend,” “plan,” “may,” “will,” “could,” “should,” “believes,” “predicts,” “potential,” “continue,” and similar expressions (or the negative versions of such words or expressions) are intended to identify such forward-looking statements. These forward-looking statements include, without limitation, Hyperfine’s expectations with respect to financial results, future performance, development and commercialization of products and services, the potential benefits and impact of Hyperfine’s products and services, potential regulatory approvals, and the size and potential growth of current or future markets for Hyperfine’s products and services. Most of these factors are outside of Hyperfine’s control and are difficult to predict. Factors that may cause such differences include, but are not limited to: the completion and audit of Hyperfine’s financial statements for the year ended December 31, 2021; the success, cost and timing of Hyperfine product development and commercialization activities, including the degree that Swoop is accepted and used by healthcare professionals; the impact of COVID-19 on Hyperfine’s business; the inability to maintain the listing of Hyperfine’s Class A common stock on the Nasdaq following the recently completed business combination; the inability to recognize the anticipated benefits of the business combination, which may be affected by, among other things, competition and Hyperfine’s ability to grow and manage growth profitably and retain its key employees; changes in applicable laws or regulations; the inability of Hyperfine to raise financing in the future; the inability of Hyperfine to obtain and maintain regulatory clearance or approval for its products, and any related restrictions and limitations of any cleared or approved product; the inability of Hyperfine to identify, in-license or acquire additional technology; the inability of Hyperfine to maintain its existing or future license, manufacturing, supply and distribution agreements; the inability of Hyperfine to compete with other companies currently marketing or engaged in the development of products and services that Hyperfine is currently marketing or developing; the size and growth potential of the markets for Hyperfine’s products and services, and its ability to serve those markets, either alone or in partnership with others; the pricing of Hyperfine’s products and services and reimbursement for medical procedures conducted using Hyperfine’s products and services; Hyperfine’s estimates regarding expenses, future revenue, capital requirements and needs for additional financing; Hyperfine’s financial performance; and other risks and uncertainties indicated from time to time in Hyperfine’s filings with the Securities and Exchange Commission, including those under “Risk Factors” therein. Hyperfine cautions readers that the foregoing list of factors is not exclusive and that readers should not place undue reliance upon any forward-looking statements, which speak only as of the date made. Hyperfine does not undertake or accept any obligation or undertaking to release publicly any updates or revisions to any forward-looking statements to reflect any change in its expectations or any change in events, conditions or circumstances on which any such statement is based.

# Preliminary Financial Information

The preliminary financial information included in this presentation is unaudited and is subject to completion of Hyperfine's quarter and year-end closing procedures and further financial review. In certain cases, Hyperfine has provided expected ranges, rather than specific amounts, because these results are preliminary and subject to change. Actual results may differ from these estimates as a result of the completion of our quarter and year-end closing procedures, review adjustments and other developments that may arise between now and the time such financial information for the period is finalized. As a result, these estimates are preliminary, may change and constitute forward-looking information and, as a result, are subject to risks and uncertainties. These preliminary estimates should not be viewed as a substitute for full financial statements prepared in accordance with United States generally accepted accounting principles (GAAP), and they should not be viewed as indicative of our results for any future period. Hyperfine's independent registered public accountants have not audited, reviewed, compiled, or performed any procedures with respect to these estimated financial results and, accordingly, do not express an opinion or any other form of assurance with respect to these preliminary estimates.



Today, brain diagnostics are  
single point-in-time and  
delay the time from  
door to discharge.



**Our mission is to  
transform patient care by  
creating access to life-  
saving diagnostics and  
actionable data at the  
point-of-care.**

**HYPERFINE**

# The Hyperfine Ecosystem

Democratizing **Imaging**, **Sensing**, and **Guided Intervention** to cover the care continuum

## Imaging

(FDA cleared)



## Intervention

(in development)



## Sensing

(in development)



**A full ecosystem solution:** Hardware, software, consumables and applications powered by artificial intelligence

# Imaging, Sensing, and Guided Intervention are Large Markets Poised for Disruption

Estimated \$70+ billion opportunity across the ecosystem

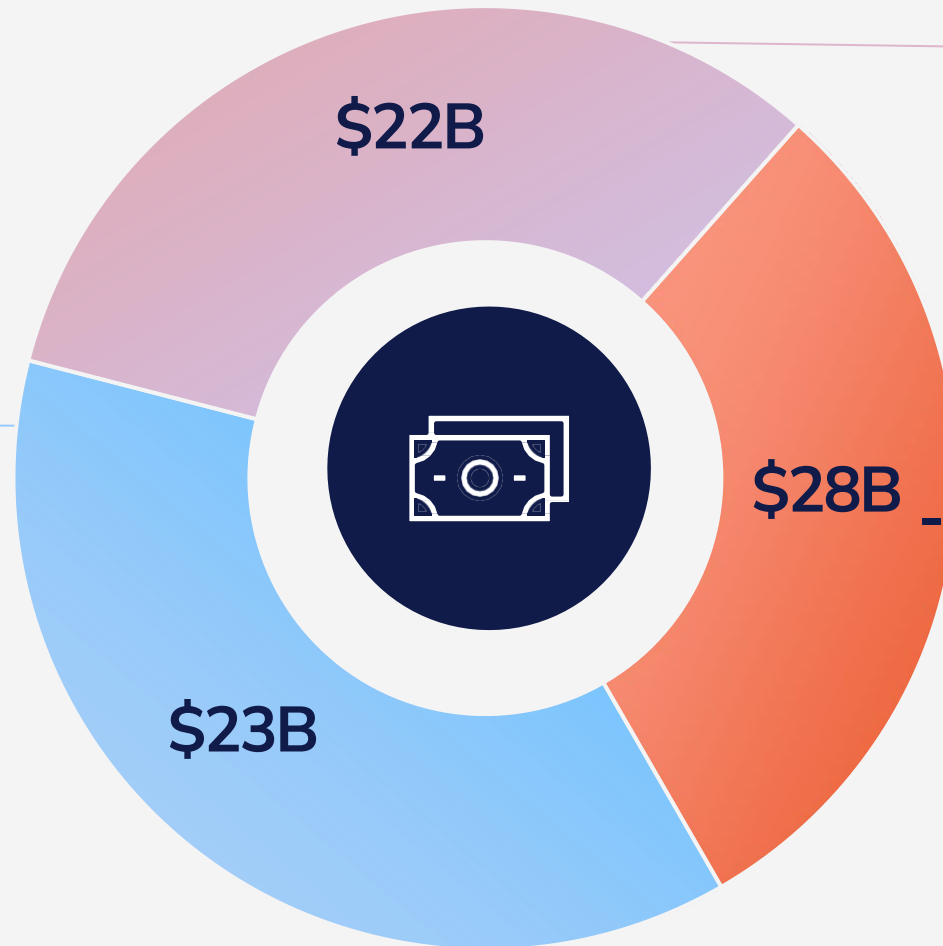


## Imaging

Hospitals, Outpatient

>100,000

Potential installation targets



## Sensing

ICUs, Expanded Hospital, Surgical Centers, Outpatient, At-home

~4M

Potential unit sales



## Guided Intervention

Hospitals and Health Systems

>50M

Potential image guided procedures



# We are Transforming Medical Imaging with Swoop®

Swoop is the world's first FDA-cleared portable MRI system™



**MRI 1.0**  
1980



**MRI 2.0**  
1990



**MRI 3.0**  
FDA Cleared 2020

# Swoop® is the Next Generation of MRI

Patent protected noise cancellation system enables clinical-grade images



Portable low-field MRI



FDA Cleared in 2020



Reimbursed under existing imaging codes:  
MRI Brain without Contrast: 70551



Installed base of **70 units\***  
as of year-end 2021



Current primary clinical uses:

- Hydrocephalus and Pediatrics
- Neuro ICU Follow-Up and Post-Operative
- Stroke



\*Installed base includes commercial system installations (which make up total revenue), grant fulfillment installations, and research unit installations

**HYPERFINE**



# Swoop® Brings MRI to the Patient



Acute Care Settings



Intensive Care Units  
and Operating Rooms



Global Health

- Swoop is designed to enable **rapid diagnoses and treatment** for patients regardless of income, resources, or location
- Produces **high-quality images at low magnetic field strength**, allowing clinicians to quickly scan, diagnose, and treat patients
- Wheeled **directly to a patient's bedside**, plugged into a **standard electrical wall outlet**, and **controlled by an iPad®**

# Clinical & Workflow Benefits



Adverse events  
occur in  
**22-46%**  
of cases  
during transport

# Numerous challenges with conventional MRI :

High-cost limits accessibility



Complex site requirements and upgrades



Scheduling delays lead to longer length of stay



Consumption of valuable personnel resources



Risk of adverse events during transportation



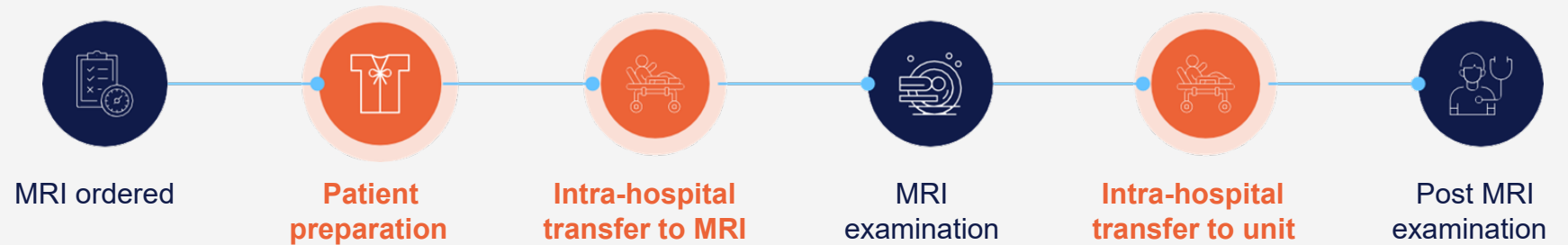
Maintaining connection to life support equipment



# Hyperfine Workflow Benefits



## Traditional MRI workflow (25.8 hours)



## Hyperfine workflow (90mins, 94% reduction in total workflow time)



# Swoop Clinical Use Cases Today

## Intensive Care Unit

- Acute Mental Status Change
- Ataxia
- Cerebral Edema
- Cerebrovascular Disease
- Cranial Neuropathy
- Extra Ventricular Drain Placement
- Follow-up Intracranial Hemorrhage
- Follow-up Ischemic Stroke
- Follow-up Hematoma
- Stroke
- Tumor Pre- and Post-Op

## Emergency Department

- Blurred Vision
- Cranial Neuropathy
- Dizziness
- Headache
- Numbness
- Stroke
- Tingling
- Traumatic Brain Injury
- Vertigo
- Weakness

## Rehabilitation Clinic

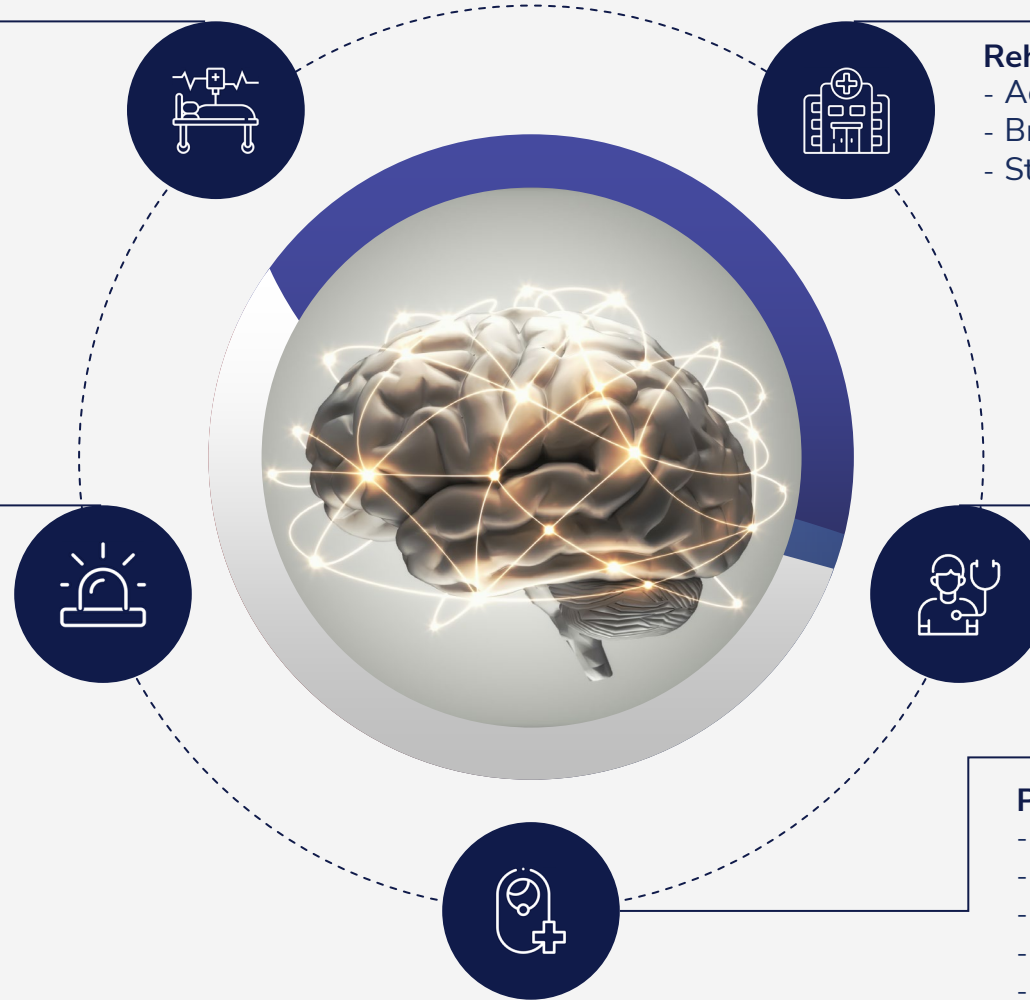
- Acute Mental Status Change
- Brain Injury After Fall
- Stroke Recovery

## Outpatient

- Atrophy Monitoring
- Hydrocephalus (Shunt Check)
- Multiple Sclerosis

## Pediatric

- Brain Volumetrics
- Hypoxic Ischemic Encephalopathy
- Hydrocephalus (Dx and Monitoring)
- Sports Injury
- Suspected Abuse





# Clinical Validation of Hyperfine

“Game changer is a good way to put it [...] being able to do the level of sophisticated imaging in an ICU that MRI can provide.”

**Dr. Fady Charbel, MD, FAANS, FACS**



“Hyperfine provides me with an opportunity to acquire the information, to interpret the information, and to make a decision based on the information that’s in front of me.”

**Dr. Shahid Nimjee, MD, PhD, FAANS, FAHA**



“Portable MRI should be used to image any patients in ICUs in any [clinical] setting.”

**Dr. Michael Schulder, MD, FAANS**



**Over 25 conference presentations and publications discussing clinical benefits for:**

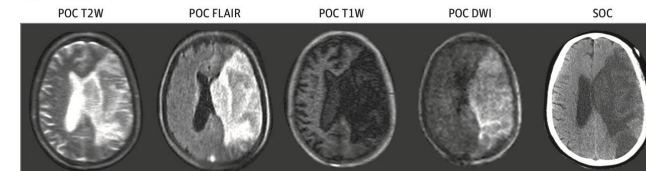
Stroke | Hydrocephalus | Hematoma | Multiple sclerosis | Tumor resection

JAMA Neurology | **Original Investigation**

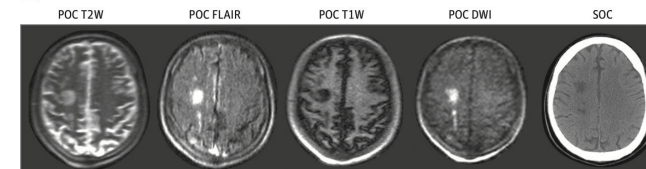
## Assessment of Brain Injury Using Portable, Low-Field Magnetic Resonance Imaging at the Bedside of Critically Ill Patients

Kevin N. Sheth, MD; Mercy H. Mazurek, BS; Matthew M. Yuen, BA; Bradley A. Cahn, BS; Jill T. Shah, BA; Adrienne Ward, RN; Jennifer A. Kim, MD, PhD; Emily J. Gilmore, MD; Guido J. Falcone, MD, ScD, MPH; Nils Petersen, MD, PhD; Kevin T. Gobeske, MD, PhD, MPH; Firas Kaddouh, MD; David Y. Hwang, MD; Joseph Schindler, MD; Lauren Sansing, MD, MS; Charles Matouk, MD; Jonathan Rothberg, PhD; Gordon Sze, MD; Jonathan Siner, MD; Matthew S. Rosen, PhD; Serena Spudich, MD, MA; W. Taylor Kimberly, MD, PhD

**C** Large left middle cerebral artery



**D** Right anterior cerebral artery and middle cerebral artery watershed infarctions





# Use Case: Stroke

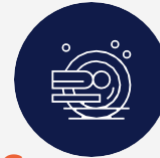
# Hyperfine Provides Compelling Platform for Stroke Diagnosis

**15 million**

people worldwide suffer a stroke annually



MRI scans are better at **detecting ischemic stroke damage** compared to CT scans



Stroke is the **2nd leading cause of death** globally



MRI use for stroke has been limited due to **lack of access** to this expensive equipment and experienced neuroradiologists to interpret the results.



**87%** strokes are ischemic strokes

Hyperfine offers an affordable MRI platform that can perform **diffusion imaging**

for stroke diagnosis at the patient's bedside, images can be shared securely with neuroradiologists around the world



# Stroke Diagnosis Confirmed

**62-year-old male**

Presented with new left sided weakness and tremor



# Use Case: Hydrocephalus

# Radiation Exposure and Imaging Access for Hydrocephalus Shunt-Checks is an Overlooked Problem

## Hydrocephalus:

The **buildup of fluid in ventricles**, treated with shunt placement.

Any symptoms **cause trips to hospital for a shunt check.**



## Problem:

Children can receive **1-12 CTs<sup>1</sup> each year**, increasing their risk for radiation-associated malignancy<sup>2</sup>

High field **MRI is generally more resource intensive and expensive** to perform than CT

50% of shunts **fail in <2 years** and **98% of shunts fail by year 10.<sup>3</sup>**



## US Market:

36,000 shunt surgeries in the US each year<sup>4</sup>

2 scans/patient/year for shunt follow-up<sup>1</sup>

\*1: <https://link.springer.com/article/10.1007/s00381-019-04345-3> | \*2: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6166961/> |

\*3: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7053664/> | \*4 <https://www.hydroassoc.org/powerful-facts/>

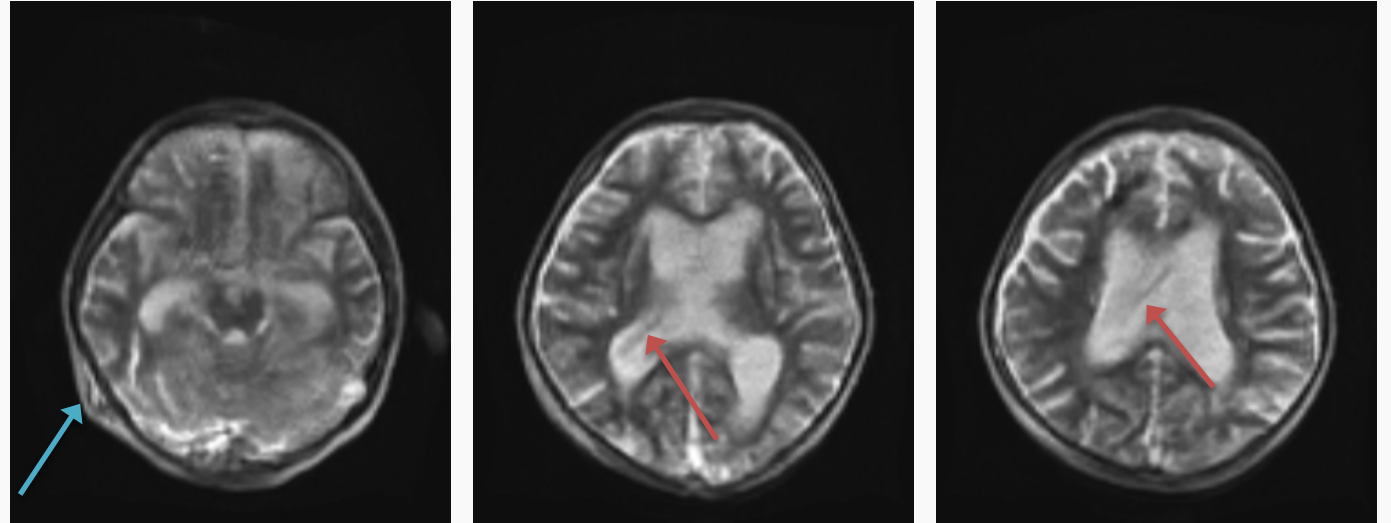
# Hydrocephalus: Swoop's Potential from Early Cases

“

Hyperfine is a fit in the neurosurgery clinic to screen hydrocephalus patients. The cost of the machine is not prohibitive so you could have one of these in each of the neurosurgery clinics and it would probably pay for itself if you did a few a week

-Radiologist

”



5 y/o presents to Neurosurgery clinic with headache. Swoop scan performed in the clinic demonstrates ventricular catheter (without artifact from valve) along with enlarged ventricles – child admitted to hospital for shunt revision immediately, saving radiation and delay.



# Pipeline Opportunities

# Innovative R&D Engine Designed to Expand Product Roadmap

## Potential benefits:



Improved  
usability



Expanded  
Addressable  
Market



Lower cost  
of goods



Automated  
Stroke  
Detection



# Developing a Non-Invasive Brain Vital Sensor

Breakthrough AEG™ Technology designed to unlock access to blood flow and pressure



## Non-Invasive

Non-invasive use on every patient to enable broader access and earlier diagnosis



## Continuous Trend Analysis

Designed for continuous sensing to build trends for data-backed treatment



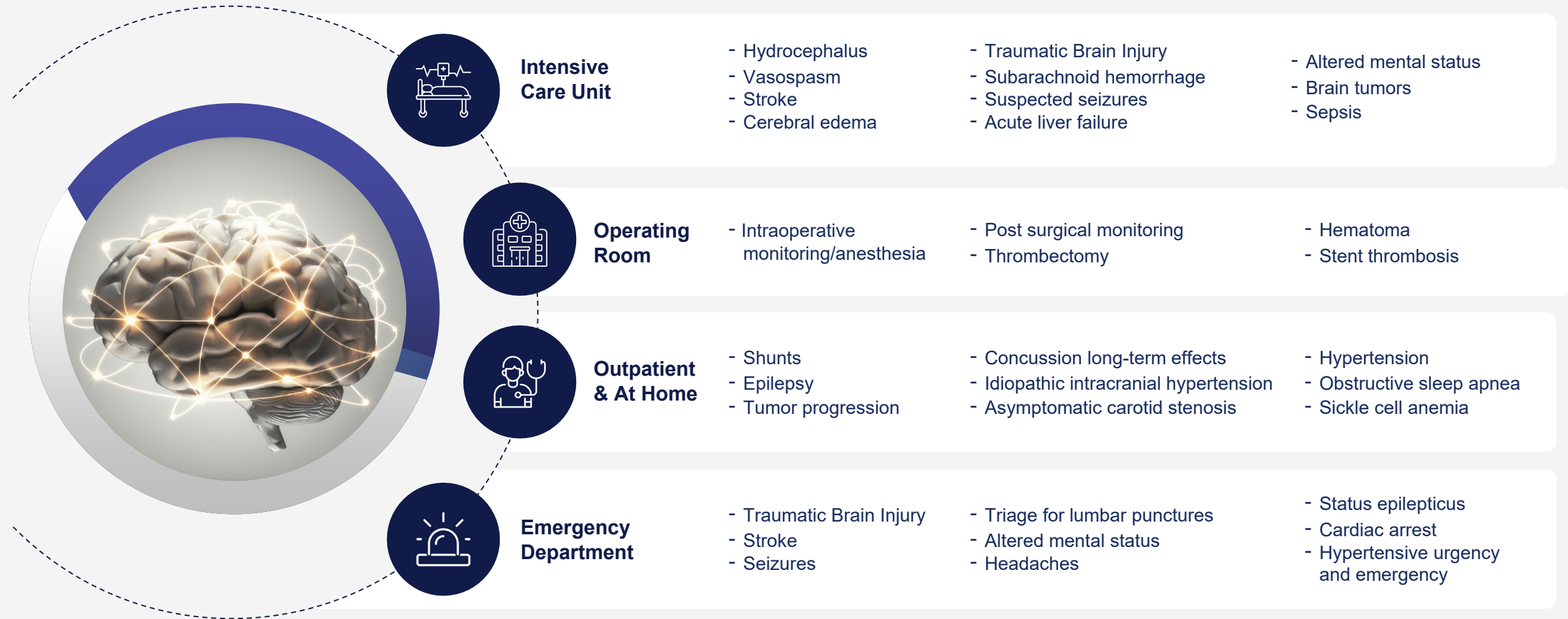
## Easy to use

Designed to be easy to use for immediate, precise care

\*The first AEG™ device is being developed, subject to regulatory authorization, to aid in the diagnosis and management of brain disorders through the development of novel acoustic sensing techniques and innovative algorithms for measuring key metrics of brain health.

**HYPERFINE**

# Brain-Sensing Clinical Opportunities



# Financial Profile

# 2021 Preliminary Financial Results\* & Total Installed Units

- Approximately \$1.42 to \$1.50 million preliminary unaudited 2021 total revenue
- Realized approximately \$1.45 million in grant funding for the full year 2021 as part of grant fulfillment for Swoop installations

	TOTAL INSTALLED UNITS					
	2020	2021				
		Q1	Q2	Q3	Q4	TOTAL
Commercial Systems Installations	4	5	7	4	7	27
Grant Fulfillment Installations	0	2	2	4	10	18
	4	7	9	8	17	45
Research Units	15	2	2	3	3	25
<b>Total Installed Units</b>	<b>19</b>	<b>9</b>	<b>11</b>	<b>11</b>	<b>20</b>	<b>70</b>

\*See slide above titled "Preliminary Financial Information" for important information about our preliminary unaudited financial information.

\*\*The Swoop total installed base consists of three components: Commercial system installations (which make up total revenue), grant fulfillment installations, and research unit installations. The Swoop total installed base (or total installed units) is the number of Swoop devices deployed to hospitals, other healthcare providers, and research institutions.



# 2021: A Milestone Year

- **July:** Announced Definitive Agreement to be Listed on Nasdaq through a Business Combination with HealthCor Catalio Acquisition Corp.
- **August:** Swoop® Demonstrates High Accuracy for Detection of Brain Hemorrhage in Study Published in Nature Communications
- **September:** Announced Plans for Global Expansion Starting with Launches in the United Kingdom and Pakistan
- **September:** Announced Receipt of Additional \$3.3 Million Grant from Bill & Melinda Gates Foundation to Improve Access to Neonatal and Pediatric Brain Imaging in Low-Resource Settings Globally
- **November:** Received FDA Clearance for Deep Learning Portable MRI, Defining the Future of Life-Saving Diagnostics
- **December:** Announced Expansion into Canadian Market with Medical Device License Issued by Health Canada
- **December:** Closed Business Combination with HealthCor Catalio Acquisition Corp. and Liminal Sciences, Began Trading under the Ticker "HYPR" on the Nasdaq Global Market

# Leadership Team

# Management Team with Proven Track Record of Success



**Dave  
Scott**

Chief Executive Officer



**Alok  
Gupta**

Chief Financial Officer



**Dr. Khan  
Siddiqui**

Chief Strategy Officer &  
Chief Medical Officer



**Tom  
Teisseyre**

Chief Product Officer



**Mark  
Hughes**

Chief Operating Officer



**Scott  
White**

Chief Commercial Officer



**Kyla  
Pavlina**

Chief People Officer



**Neela  
Paykel**

General Counsel

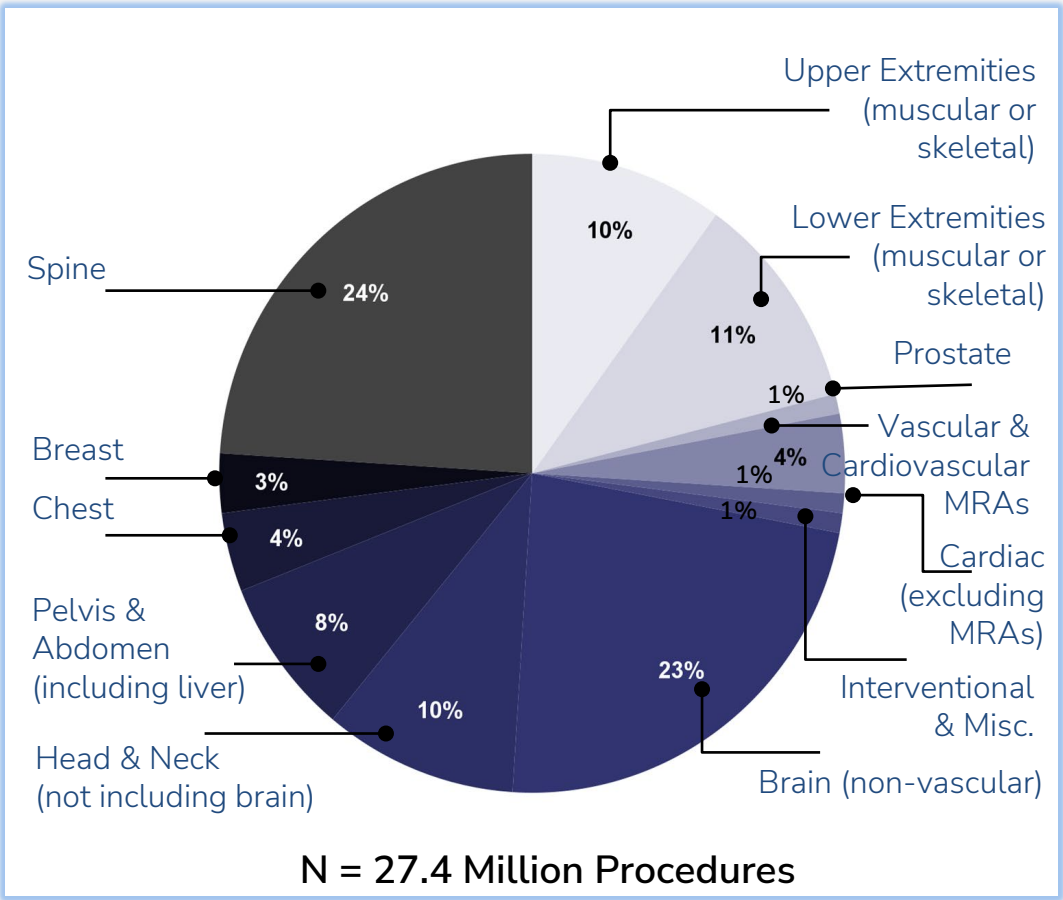
# Thank You!



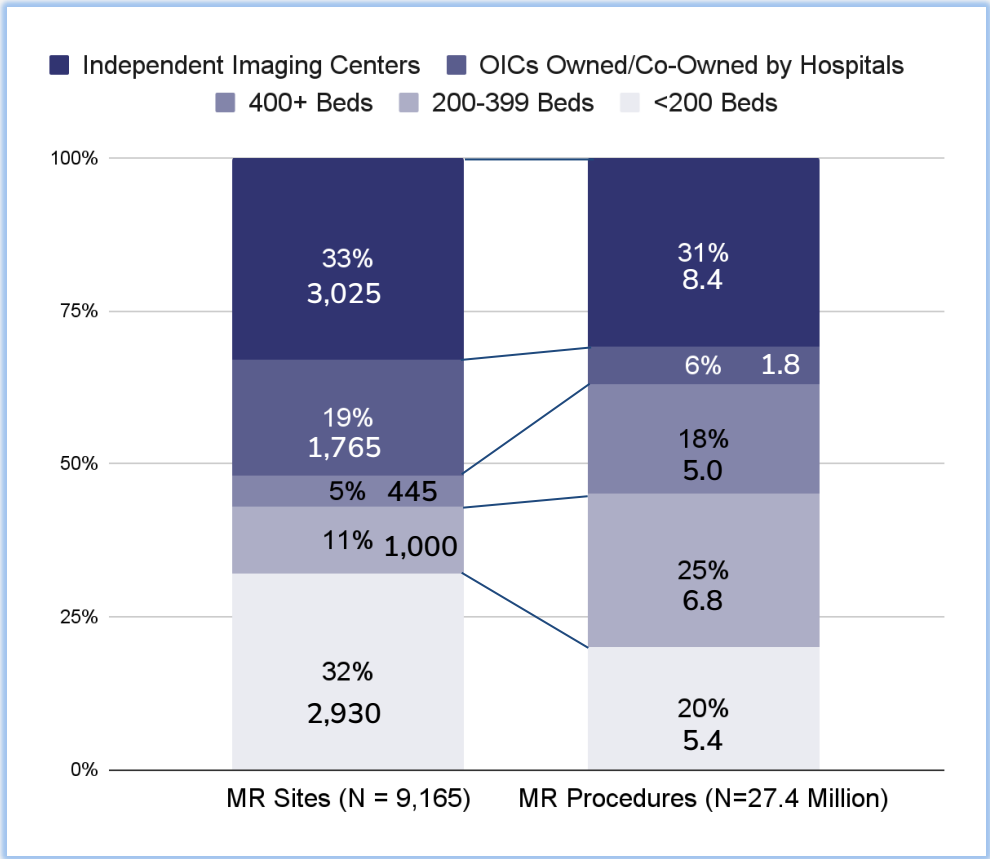
# Appendix

# Brain is the Largest MRI Market with Nearly 25% of MR Procedures

MR Procedure Mix, All Sites, by Percent, 2020



Distribution of MR Sites and Procedures, by Site Type, 2020



\*Source: 2020 IMV MR Benchmark Report