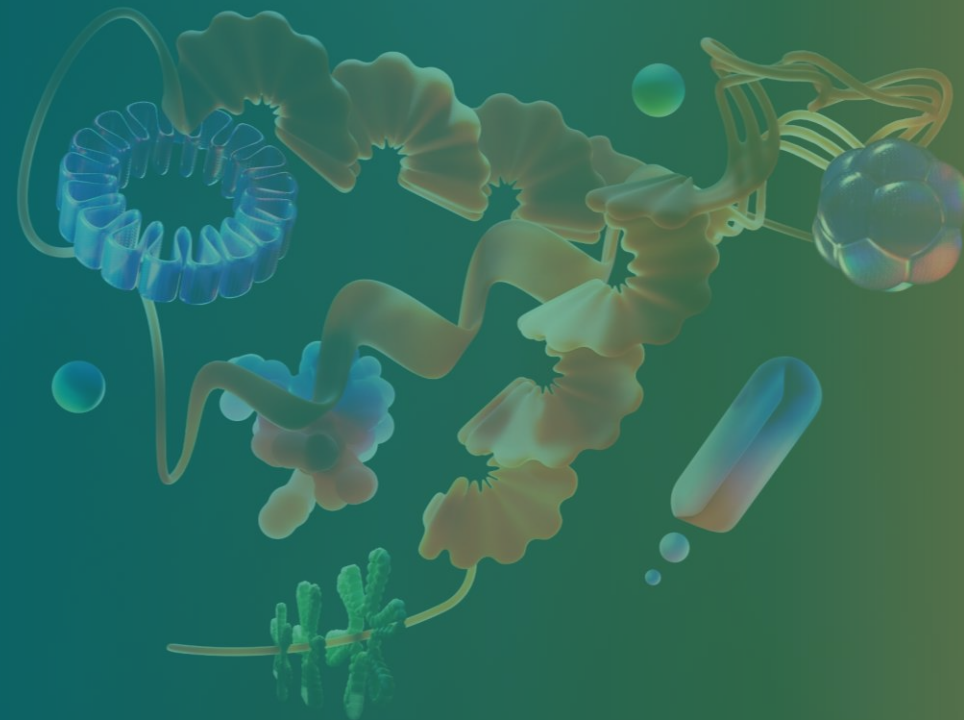


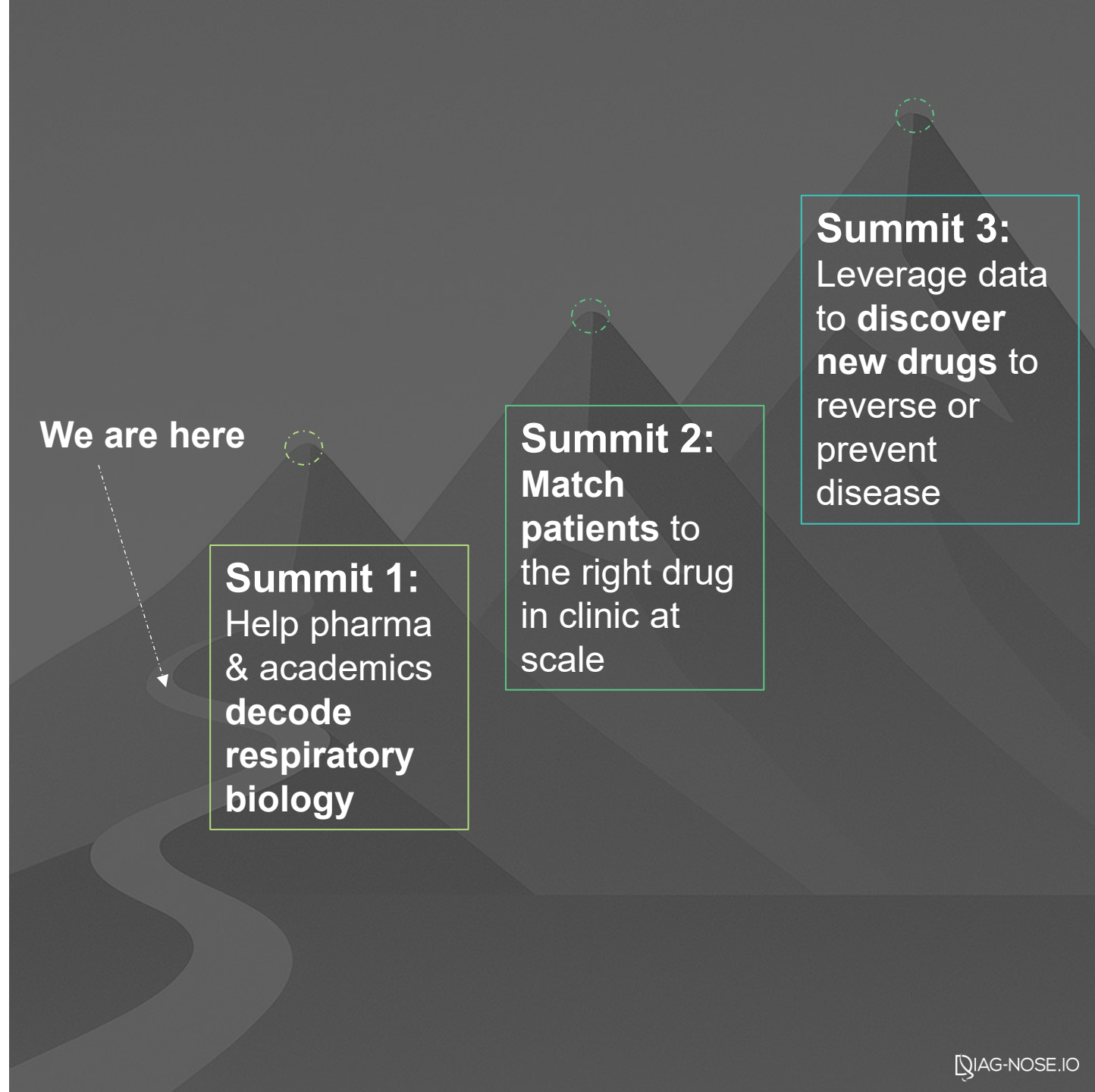
# Foundational **biological model** for breakthrough **respiratory** diagnostics and drug discovery

Round size: \$US 4 million



# Company **summary**

- **Platform:** Nasal liquid biopsy + machine learning + multi-omics
- **Stage:** Clinical development
- **Team size:** 15
- **Raised to date:** \$5.5M (inc. \$3M in grants)
- **Revenue 2025/26:**
  - **Contracted:** ~\$12,000
  - **Signing stage:** ~\$180,000
- **FDA-registered devices:** 1
- **Clinical sites (active):** 3
- **Customer waitlist value:** \$ 20m
- **Patents filed:** 7



# For millions, **every breath** is one step closer to the ER

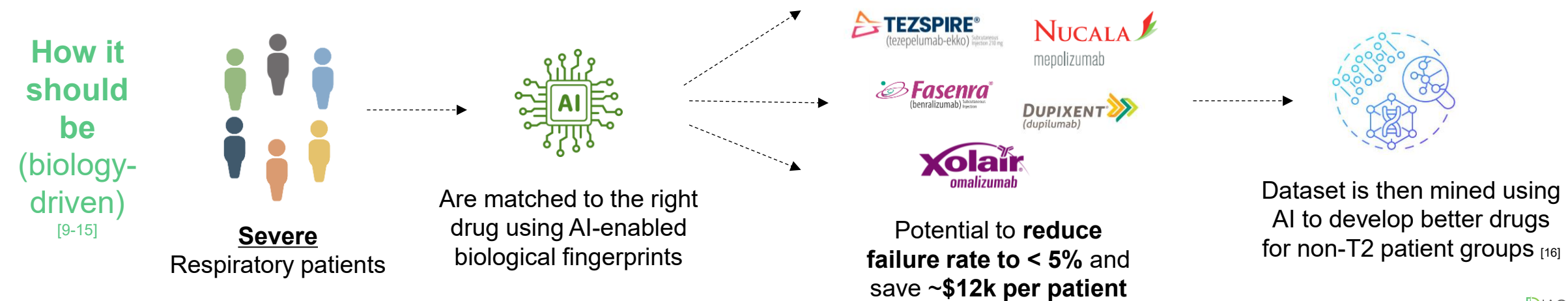
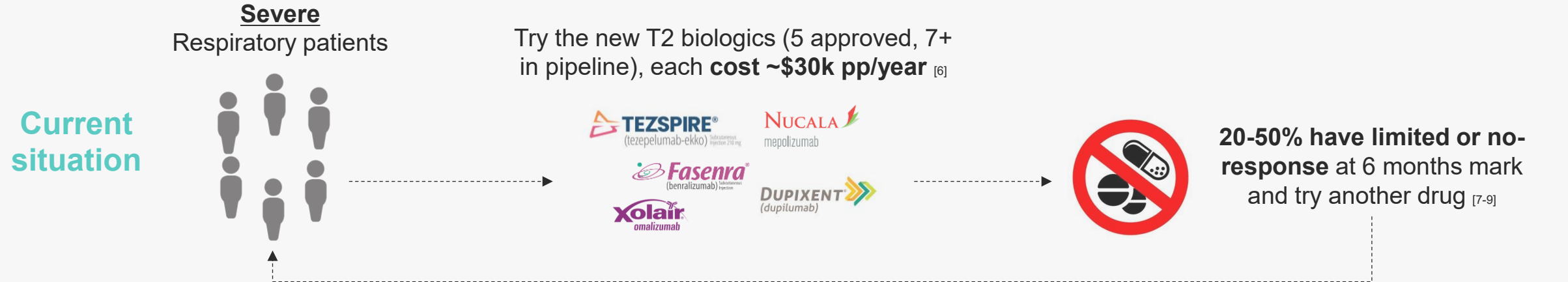
Millions *suffer daily*. Thousands *die yearly*.

## Severe chronic respiratory diseases\*:

- **Top 10 drivers** of healthcare costs, hospitalizations, disabilities & deaths <sup>[1-4]</sup>
- **14M US** patients & **77M globally** <sup>[5]</sup>
- **\$10B US** & **\$54B global** market opportunity at \$700/test



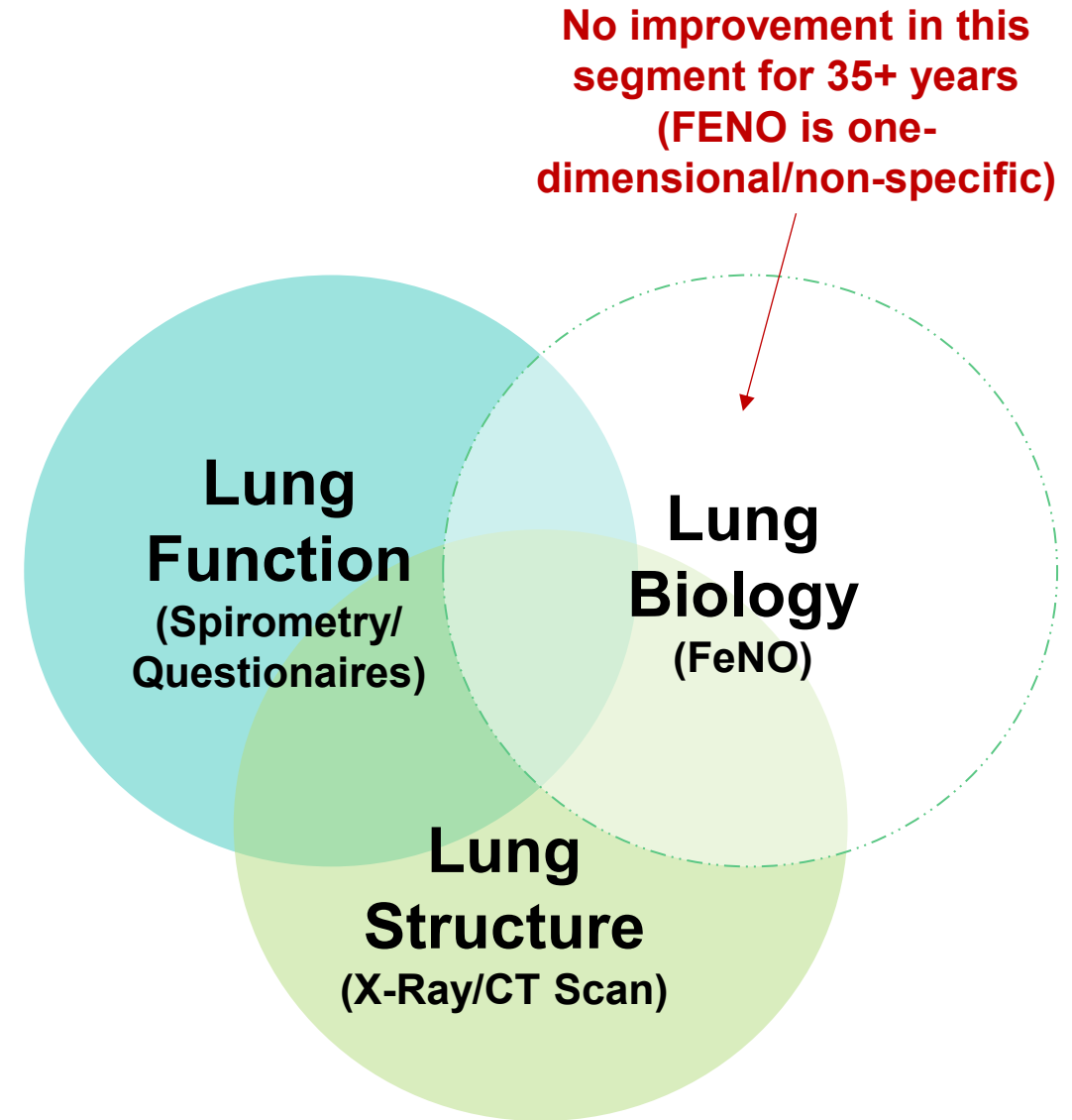
# Yet, choosing the right drug is still **guesswork**.



**Over 250+ independent experts agreed\***

*“Targeted, biology-driven care is the inevitable future of respiratory medicine”*

**Multi-modal biological data is the missing layer to unlock true precision respiratory care**



*Data layers for precision medicine*

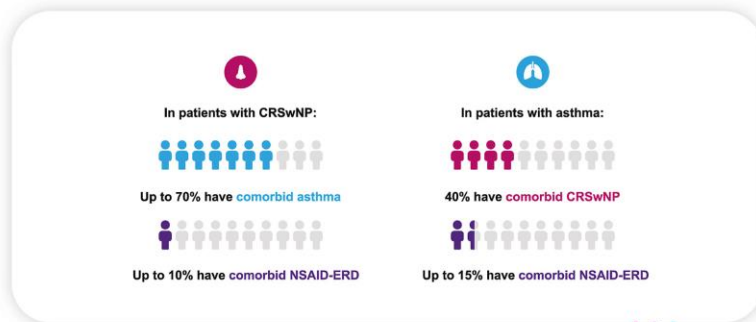
\* Experts = Otolaryngologists, Allergists and Pulmonologists

\*\*Internal market research data (40 interviews, 147 survey responses via SERMO, 95 publication extracts)

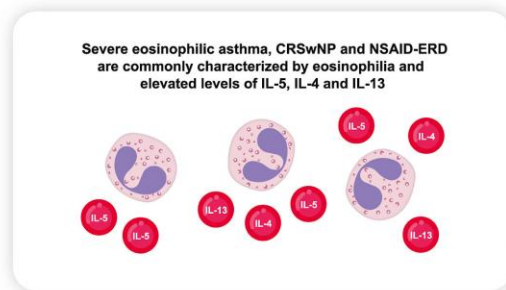
# The solution? A new biological model called the **Unified Airway**

The **unified airway** model helps turns nasal fluid into a **non-invasive window** for lung health [17-19]

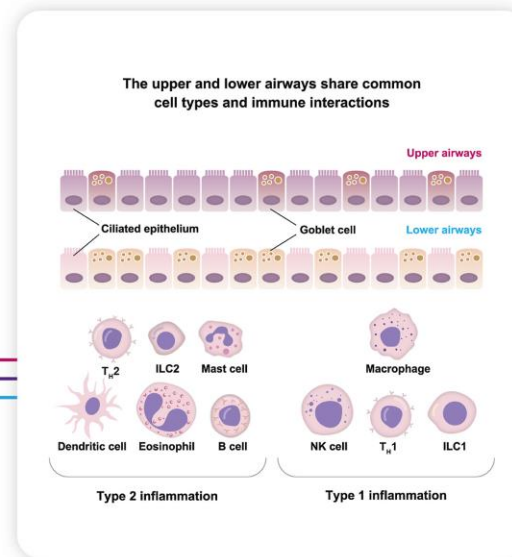
## Epidemiologic evidence



## Pathophysiologic evidence

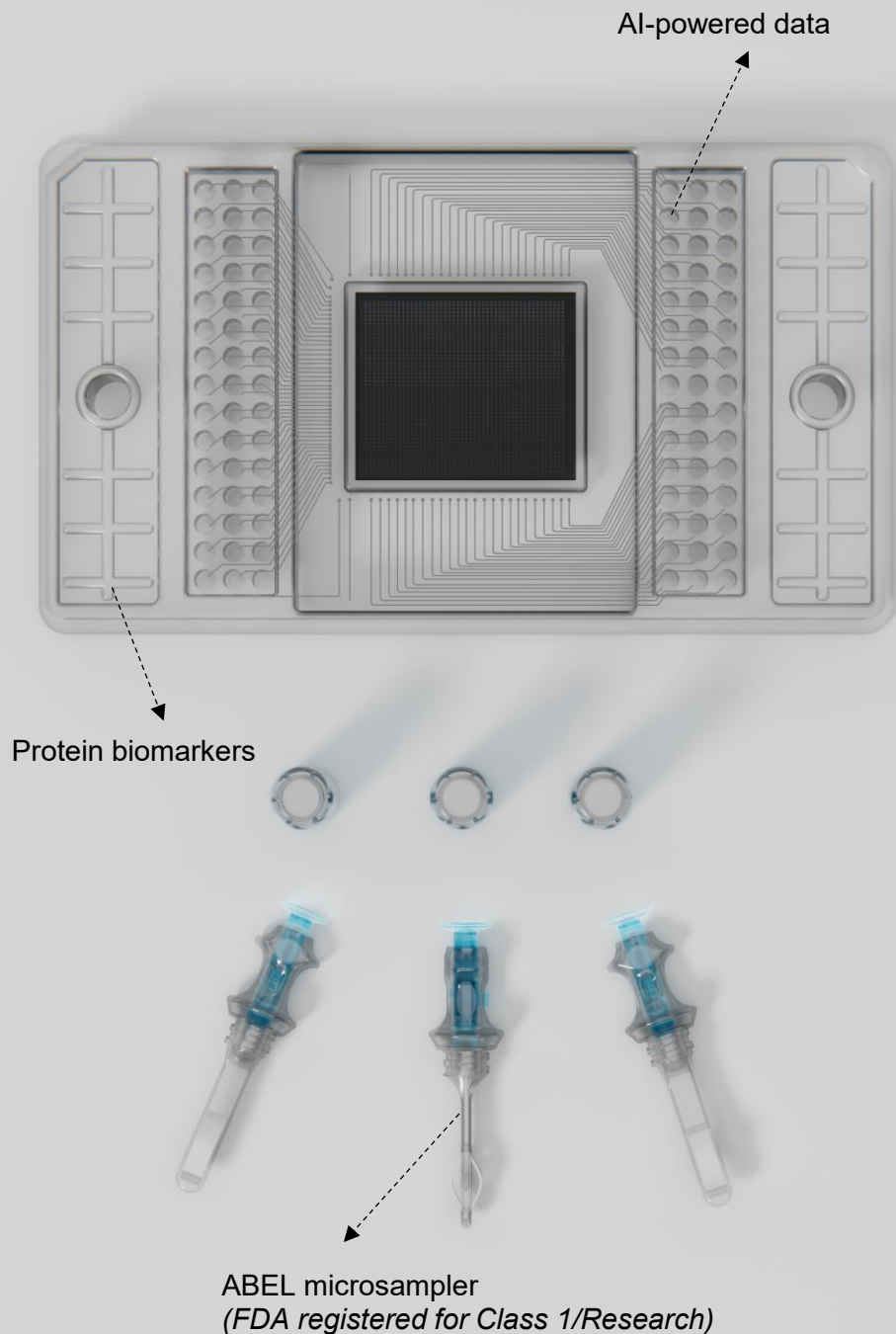


## Functional and pathophysiologic evidence



The model is **grounded in global studies** and patient outcomes, with leaders from:





# Meet **RhinoMAP**: A first-in-class precision respiratory platform



1 – Clinician or Researcher collects nasal liquid biopsy (*via ABEL*)



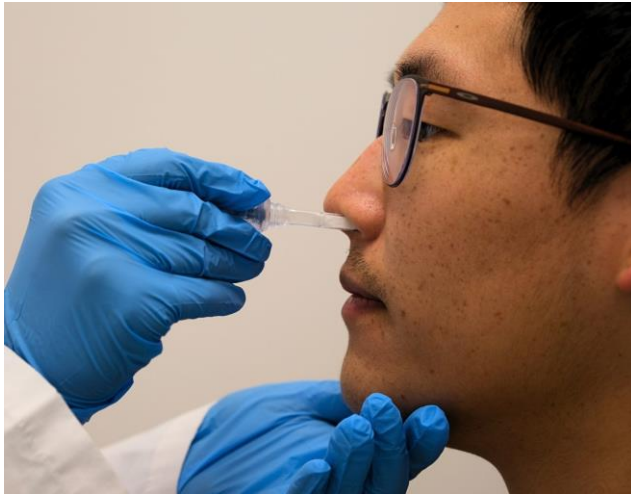
2 – Sample is analysed in the lab (*via Olink/LC-MS*) and ML algorithms on the cloud



3 – Bio data + clinical data informs treatment decisions or uncovers new drug discovery pathways

# The first **network biology model** of human airway disease

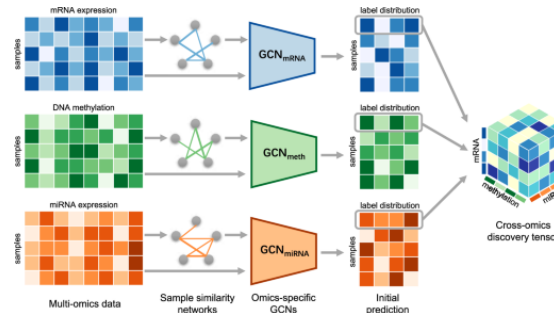
## Nasal Liquid Biopsy



### Non-invasive | Repeatable | Scalable

- ABEL Microsampler® Patented, Award-Winning Device
- Registered with FDA (US) + TGA (Australia)
- Precise volume (40uL ± 23uL), site specific, gentle passive absorption mechanism, less debris/cells

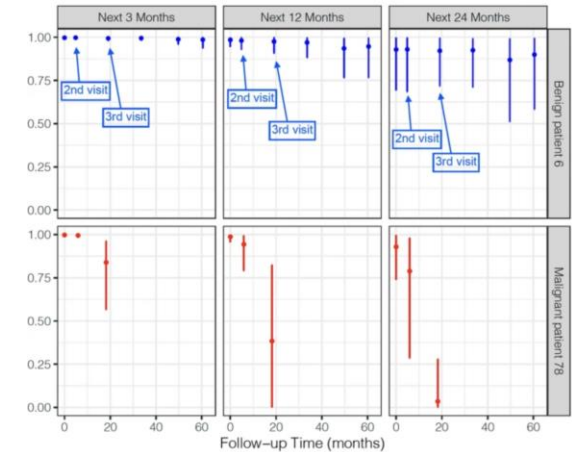
## Multi-Omics



### Biomarkers | Molecular profiling

- Biomarkers generated per sample: 300 (2026 goal: 800+)
- Type of biomarker data: Clinical features, functional (inc. spirometry), proteins, cytokines, microbiome, lipids, metabolites, RNA
- Algorithms/classifiers: Regressions, Random Forest, LASSO, Stochastic Gradient Boosting, SVM, Logistic regression

## AI Engines



### Longitudinal learning | Pattern recognition

- RhinoMAP - our biomarker platform to monitor and predict treatment response in chronic respiratory disorders
- NEBULA - our biomarker discovery and drug development database

# RhinoMAP has a **clear and proven** path to scale

Consultants



## 2026/27 (For use in research)

- Launch RhinoMAP in research settings/clinical trials
- Generate data, revenue (~\$1m-\$2m), feedback and publications (credibility)
- Leverage above for pharma partnerships



## 2028/29 (Laboratory test via CLIA LDT pathway)

- Launch RhinoMAP in routine pathology to match patients to the right drug
- Generate more data, (\$10m-\$20m) revenue, KOL feedback/publications
- Pharma drug discovery deals and/or licensing deal with LabCorp/Quest



## 2030-32 (FDA DeNovo prior to worldwide distribution)

- Launch RhinoMAP worldwide and scale up drug discovery pathway
- Revenue at scale (\$50m+)
- Scale up offering and pathway to IPO

# We will use a similar models to peers to unlock **\$100M+ growth**



## 1. Research / Pilots

*Generate evidence and insights for academics and pharma*



**\$20k to  
\$200k**

*Per Study*



## Build the data engine and clinical evidence base

- ✓ RUO assays (academics)
- ✓ Pilot studies (pharma)
- ✓ Data flywheel improves model/IP



## 2. Pharma partnerships

*Accelerate drug discovery or make approved assets more competitive*



**\$1M to  
\$50M+**

*Per deal*



## Monetise biomarkers in high-value pharma use cases

- ✓ R&D assets: Trial enrichment/patient stratification
- ✓ On market assets: Improve top of funnel
- ✓ Multi-year partnerships drive high milestone payments



## 3. Clinical diagnostics

*Deliver clinical tests embedded in standard of care*



**\$700-  
\$900**

*Per test*

*(>80% margin)*



## Commercialise clinically validated tests

- ✓ CLIA laboratory developed test on market
- ✓ Reimbursed via CPT/PLA pathway
- ✓ High-margin, repeat testing revenue

# Commercial **proof-points** by early access/research customers

## Contracted / Signing stage



Top 50 global  
pharma  
(Confidential /  
Unannounced)

## Pipeline (Awaiting grants/budget)



# Respiratory disease: A **billion-dollar crisis** growing faster than ever

**\$150M+**

## **MARKET SHARE BY 2031-32**

(US Pathology)

*415 providers x 10 tests/week x  
\$700 per use*

*Equivalent to 200k patients  
tested per year*

**\$10B**

## **SERVICEABLE MARKET**

(US Respiratory  
Biologics)\*

*14M severe nasal & lung  
patients  
x \$700 per use*

**\$54B**

## **BEACH-HEAD TAM**

(Global Respiratory  
Biologics)\*\*

*77M severe nasal & lung patients  
x \$700 per use*

**\$545B+**

## **PLATFORM TAM**

(Broader pipeline market  
including worldwide prevalence  
of all nasal & lung disease)

*779M+ patients x \$700 per use*

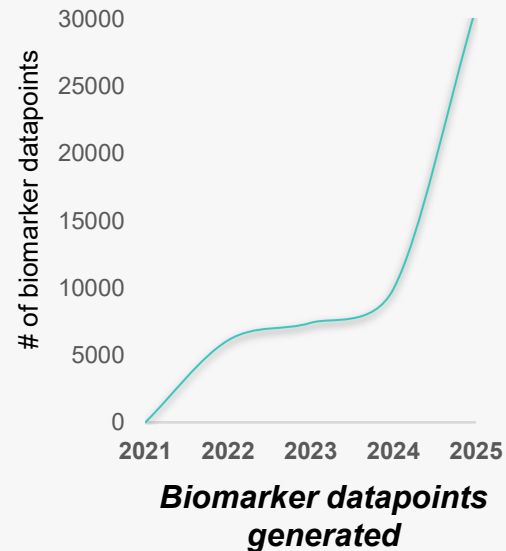
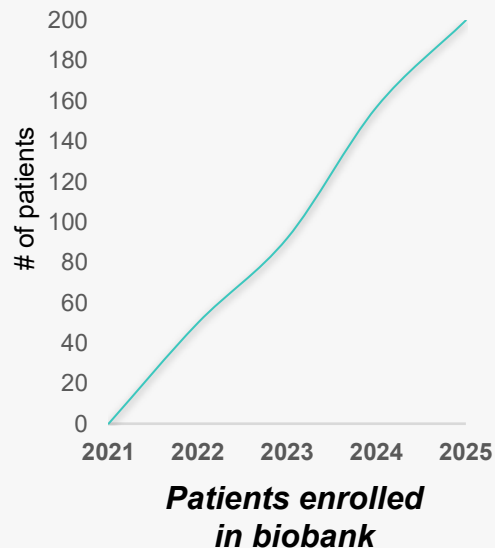
*\*Market size calculations are available within the data room.*

*\*\*Global market countries = US, DE, FR, UK, IT, ES, JP, CN and AU only*

*\*\*\* \$700 = \$700 US Dollars based on US CPT codes*

# We are building a **data flywheel** which will power future **drug discovery** projects

We have one of the world's biggest respiratory "omics" dataset, aiming for **drug discovery partnerships in 2026/27**



**Comparable playbooks**  
(AI-powered tests + drug discovery):



OWKIN

Oncology  
Current val >\$1B



Auto-immune  
Acquired for \$11B

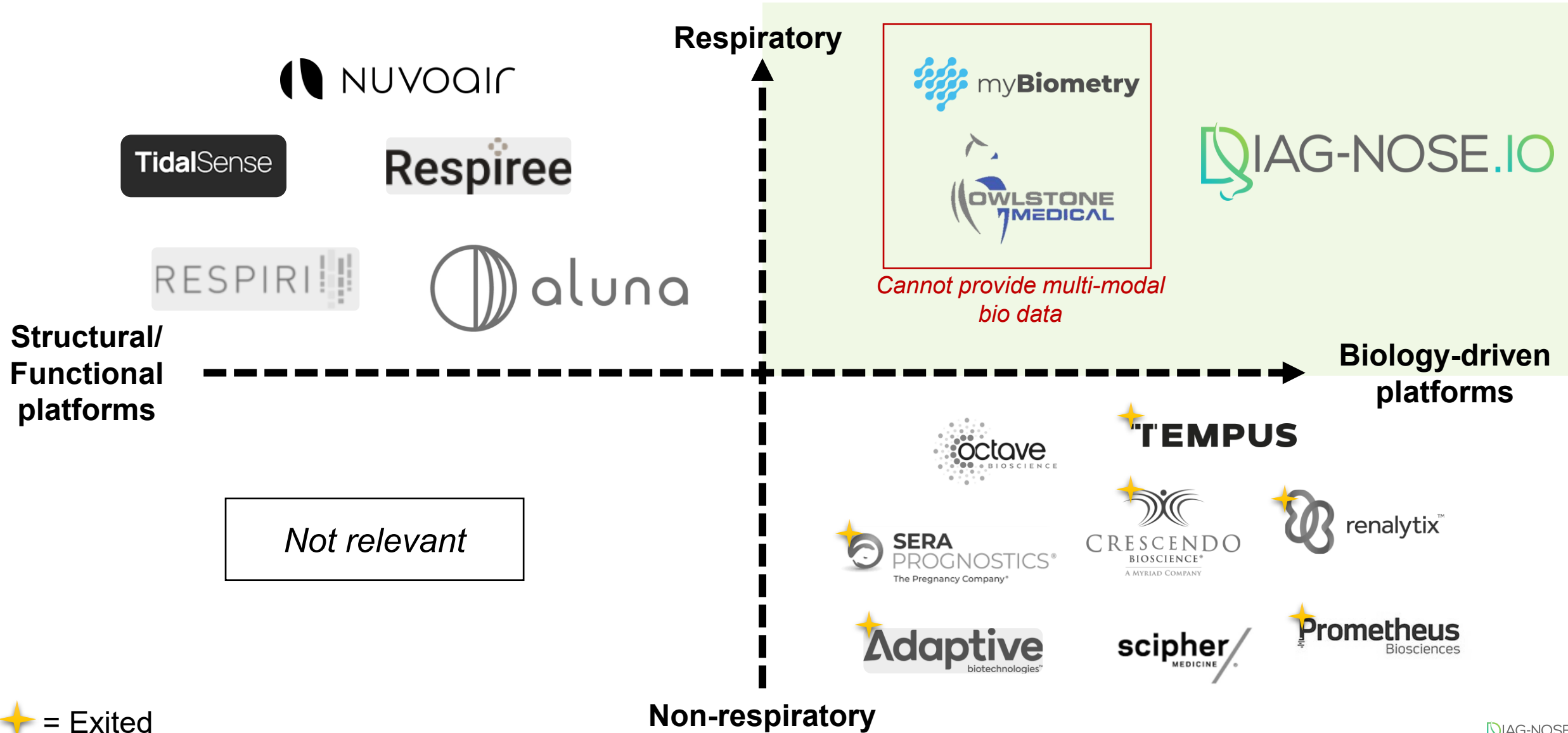


Psychiatry  
IPO at \$529M market cap

## Our drug discovery engine process:

Deeply phenotyped biobank → Multi-omics dataset → AI (NLP) models → Drug discovery insights → Target identification  
(Currently in process of producing 10-30 targets)

# While competitors focus on **symptoms**, we focus on **biology**



# Built by founders with **lived experience**, as respiratory patients and **clinicians**



**Eldin Rostom**  
(CEO/Founder)  
8+ years in MTP startups  
Forbes 30U30



**Dr. David Yen, MD**  
(CMO/Founder)  
20+ years in ENT practice  
KOL for pharma



**A/Prof. Adam Damry**  
(Co-CSO /Founding scientist)  
15+ years in protein  
chemistry/clinical diagnostics



**Dr. Brian Wang, MD**  
(Co-CSO/Founder)  
20+ years in ENT practice  
Based out of Houston methodist



**Dr. Josie Xu, MD**  
(Founder)  
9+ years in ENT practice

## Board members

- David Van Sickle – Prev. Propeller Health (acq. \$225M)
- Carl Stubbings – Prev. Quest Dx, Benitec Bio (IPO \$200M val.) & Sienna Cancer Dx (acq. \$25M)
- David Yen – Founder / ENT specialist
- Eldin Rostom – Founder / Tech transfer specialist

### Advisors:

- James McCullough (Commercial) – Renalytix AI (IPO \$200M val.) & Prev. Exosome Dx (Acq. \$575M)
- Keith Kardos (Chemistry) – Prev. CD Diagnostics (Acq. \$80M) & OraSure (IPO \$200M val.)
- Rohit Girotra (Engineering) – Prev. Acclarent (Acq. \$785M) & Tusker Medical (Acq. \$225M)

## Development partners



## Top tier investors



## Angel investors from leading organizations



# We are gaining **traction** with those who matter most

**3** paid pilot customers

*“The ABEL micro sampler is a gamechanger for my biomarker studies and was pivotal in securing a recent NIH grant on studying respiratory biologics”*

**A/Prof. Jennifer Mulligan (University of Florida)**

**5** corporates in discussion

*“Nasal omics has opened a new frontier in precision care, and we are thrilled to be at the forefront of this transformation with our nasal Percepta product. We are interested in finding out ways to expand this portfolio with Diag-Nose.io”*

**Dr. William Bullman (Veracyte) at ATS 2025**

**\$27m** in waitlists

*“The utility of this diagnostic tool cannot be understated. Being able to effectively endotype in a manner that can be translated directly into clinical use and application would have a significant impact on my practice.”*

**Dr. Abib Agbetoba (Memorial Hermann Health System)**

# \$4m Seed to unlock Clinical Validation, Research Partnerships, and Commercial Readiness

Now: Seed (\$4m equity + 4m grants\*)

## 1. Clinical Validation at Scale

Algorithms trained on 1,500 patients (2 studies), building the largest nasal respiratory omics dataset

## 2. Revenue & Strategic Partnerships

\$500k-\$1m in pharma/research partnerships secured

## 3. Commercial Readiness

Robust IP, regulatory, reimbursement, and GTM evidence to enable rapid CLIA LDT launch and scaling

By 2028: Series A (\$15m equity)

I. Market access expansion (US & Global)

II. \$10m-20m revenue target

III. Pharma joint venture

\*Note: \$2M CRCP secured in Sep 2025, \$2M IGP pending final due diligence in H2 2026

# DIAG-NOSE.IO

Join us in eliminating respiratory disease forever

## Next steps?

- [Investor FAQs] → Get clarity on our market, model, and milestones
- [Book a meeting] → Connect directly with Eldin to access to our non-confidential data room and deal terms

# References

1. Institute for Health Metrics and Evaluation (IHME). (2016). Disease Expenditure Study. <https://vizhub.healthdata.org/dex>
2. Healthcare Cost and Utilization Project (HCUP). (2018). National Inpatient Sample (NIS). Agency for Healthcare Research and Quality. <https://hcup-us.ahrq.gov>
3. Vos, T., Abajobir, A. A., Abate, K. H., Abbafati, C., Abbas, K. M., Abd-Allah, F., ... & Murray, C. J. L. (2017). Global, regional, and national incidence, prevalence, and years lived with disability for 328 diseases and injuries for 195 countries, 1990–2016: A systematic analysis for the Global Burden of Disease Study 2016. *The Lancet*, 390(10100), 1211–1259. [https://doi.org/10.1016/S0140-6736\(17\)32336-6](https://doi.org/10.1016/S0140-6736(17)32336-6)
4. Centers for Disease Control and Prevention. (2023). Final Death Data, 2022. National Center for Health Statistics. <https://www.cdc.gov/nchs>
5. Internal epidemiology data based on public datasets by AstraZeneca.
6. Laidlaw, T. M., & White, A. A. (2024). Should biologics be used before aspirin desensitization in aspirin-exacerbated respiratory disease? *The Journal of Allergy and Clinical Immunology: In Practice*, 12(1), 79–84. <https://doi.org/10.1016/j.jaip.2023.09.019>
7. Laorden, D., Domínguez-Ortega, J., Romero, D., Villamañán, E., Mariscal-Aguilar, P., Granda, P., ... & Álvarez-Sala, R. (2025). Efficacy assessment of biological treatments in severe asthma. *Journal of Clinical Medicine*, 14(2), 321. <https://doi.org/10.3390/jcm14020321>
8. Klimek, L., Förster-Ruhrmann, U., Olze, H., Beule, A. G., Chaker, A. M., Hagemann, J., ... & Bachert, C. (2024). Monitoring mepolizumab treatment in chronic rhinosinusitis with nasal polyps (CRSwNP): Discontinue, change, continue therapy? *Allergologie Select*, 8, 26–39. <https://doi.org/10.5414/ALX02460E>
9. Scelo, G., Tran, T. N., Le, T. T., Fagerås, M., Dorscheid, D., Busby, J., ... & Price, D. B. (2024). Exploring definitions and predictors of response to biologics for severe asthma. *The Journal of Allergy and Clinical Immunology: In Practice*, 12(9), 2347–2361. <https://doi.org/10.1016/j.jaip.2024.05.016>
10. Kyriakopoulos, C., Gogali, A., Bartziokas, K., & Kostikas, K. (2021). Identification and treatment of T2-low asthma in the era of biologics. *ERJ Open Research*, 7(2), 00309-2020. <https://doi.org/10.1183/23120541.00309-2020>
11. Staudacher, A. G., Peters, A. T., Kato, A., & Stevens, W. W. (2020). Use of endotypes, phenotypes, and inflammatory markers to guide treatment decisions in chronic rhinosinusitis. *Annals of Allergy, Asthma & Immunology*, 124(4), 318–325. <https://doi.org/10.1016/j.anai.2020.01.013>
12. Sidhaye, V. K., Nishida, K., & Martinez, F. J. (2018). Precision medicine in COPD: Where are we and where do we need to go? *European Respiratory Review*, 27(149), 180022. <https://doi.org/10.1183/16000617.0022-2018>
13. Schepel, I. R. M., Banzon, T. M., & Phipatanakul, W. (2024). Future of biologics in pediatric asthma: Optimizing response, early introduction, and equitable access to treatment. *Annals of Allergy, Asthma & Immunology*, 132(1), 13–20. <https://doi.org/10.1016/j.anai.2023.08.597>
14. Dragonieri, S., Portacci, A., Quaranta, V. N., & Carpagnano, G. E. (2024). Advancing care in severe asthma: The art of switching biologics. *Advances in Respiratory Medicine*, 92(2), 110–122. <https://doi.org/10.3390/arm92020014>
15. García-Rivero, J. L., & García-Moguel, I. (2024). Personalized medicine in severe asthma: Bridging the gaps. *Open Respiratory Archives*, 6(4), 100368. <https://doi.org/10.1016/j.opresp.2024.100368>
16. Quoc, Q. L., Choi, Y., Hur, G. Y., & Park, H. S. (2024). New targets for type 2-low asthma. *The Korean Journal of Internal Medicine*, 39(2), 215–227. <https://doi.org/10.3904/kjim.2023.299>
17. McDougall, C. M., Blaylock, M. G., Douglas, J. G., Brooker, R. J., Helms, P. J., & Walsh, G. M. (2008). Nasal epithelial cells as surrogates for bronchial epithelial cells in airway inflammation studies. *American Journal of Respiratory Cell and Molecular Biology*, 39(5), 560–568. <https://doi.org/10.1165/rcmb.2007-0325OC>
18. Valenta, R. (2017). Mucosal lining fluid biomarkers in asthma: Basis for rational use of new targeted therapies? *EBioMedicine*, 19, 12–13. <https://doi.org/10.1016/j.ebiom.2017.04.016>
19. Ambrosino, P., Marcuccio, G., Raffio, G., Formisano, R., Candia, C., Manzo, F., Guerra, G., Lubrano, E., Mancusi, C., & Maniscalco, M. (2024). Endotyping chronic respiratory diseases: T2 inflammation in the united airways model. *Life*, 14(7), 899. <https://doi.org/10.3390/life14070899>