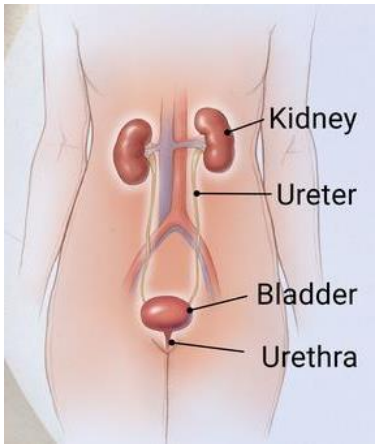
URINARY TECHNOLOGIES CORP.

Faster, better UTI testing, so clinicians can prescribe the *right* antibiotic the *first* time

THE PROBLEM

Urinary tract infections (UTIs) are the second most common bacterial infections, affecting about 20 million people in the U.S and over 200 million addressable people world-wide, mostly women. *13,000* US patients *die* each year of urosepsis – sepsis caused by a UTI – making UTIs the third most lethal infectious disease.

The current 1950s-era gold standard is a Petri dish-based test to diagnose UTIs, followed by an antibiotic susceptibility test (AST), which is required because over half of UTIs are resistant to common antibiotics. The tests take 2-3 days. Worse, urine samples often are contaminated, requiring re-sampling and re-starting the clock.



Since the tests take so long, most patients are not initially tested for a suspected UTI. Instead, they are sent home with a best-guess prescription for antibiotics, half of which will not be effective and just further contribute to the problem of antibiotic resistance. The patients who come back are tested and finally get the right antibiotic.

This approach causes about $30 billion in worldwide healthcare costs to treat UTIs. Just having a faster test would *eliminate* about $20 billion of those costs.

OUR APPROACH

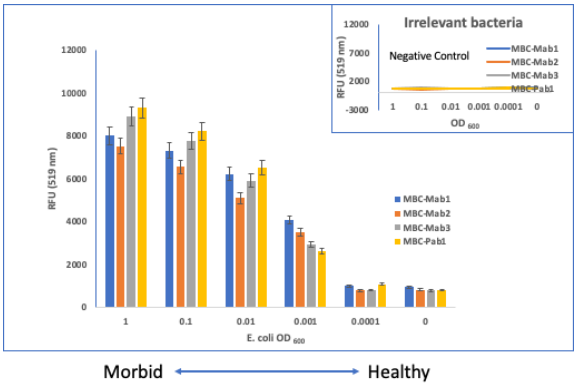
Urinary Technologies Corp. (UTC) uses antibodies to identify biomarkers on the 9 species that cause over 99% of UTIs in the US. This approach makes our testing inherently contaminant resistant. We conduct automated and miniaturized ASTs at the same time we identify the bacteria – not afterward. Running both tests will take less than 2 hours and can be done on-site at a clinic or hospital, eliminating transport time.

Our patented system is based on a single-use lab-on-a-chip in an automated benchtop medical instrument. The instrument will automatically analyze and report the results and will require minimal training to use. We use well-established technologies in new, unique ways. The test time is fast enough to enable rapid discharge of in-hospital patients with Catheter Associated UTIs (CAUTIs), substantially reducing unreimbursed hospital costs and Medicare penalties.

In the end, allowing clinicians to prescribe the *right* antibiotic the *first* time will provide better care, reduce pain and discomfort and be far less expensive.

DEVELOPMENT STATUS

UTC has demonstrated proof-of-concept using off-the-shelf antibodies and bacterial samples. As shown in the chart, we can measure *E. coli* from morbid infection levels down to healthy levels, while ignoring other bacteria (chart insert). The initial cartridge channel design has been developed. Our third generation working prototype instrument can accurately measure and handle cartridges for the system.



UTC has assembled a highly experienced and proven team to commercialize this product. Regulatory approval for the product requires only desktop testing, so is fast and simple.

FUNDING REQUEST

UTC is seeking $3 million in a SAFE, which will complete development (other than regulatory) in about 1.5 years. An additional $1-2 million will be needed to complete regulatory and ramp up for a launch in the US about 1 year after development is completed. Expansion outside the US will require product adaptation and additional regulatory, costing $2-4 million, which may be fundable from US sales. For more information, please contact Chuck Dennis at charles.l.dennis.ii@urinarytechnologies.com