

Reimagining Genomics

CORE TEAM: Diverse Expertise to Solve A Real Problem



Dr. Anirvan Chatterjee Co-founder and CEO



Prof. Kiran Kondabagil Co-founder and CSM



Gauray Srivastaya Co-founder and COO



Ex-COO in a Unicorn 20+ cities operations 500+ team managed \$20M+ fund raised \$100 M + fund managed



0 to 1 growth journeys as an



Priyanku Konar CTO



Institute of **Management Technology** Ghaziabad, Delhi NCR

30+ Keystone enterprise projects

across Travel, healthcare & BFSI Mentored & built agile teams



15+ years of experience in Software

Design and Architecture

15+ years in Finance, Technology & entrepreneur











30+ Years of Cumulative Research Experience from Ivy League and Top World Universities 100+ High Impact Research Publications 2000+ Research Citations





nature publishing group npg







15+ Years of Infectious Genomics, AMR and Virus Discovery Experience as a researcher

25+ Years in Evolutionary Biology, Protein Interactions & Genomics

CAHO:: Haystack

Modernising Clinical Microbiology

Enabling Genomic Screening for Pathogens in Every Hospital

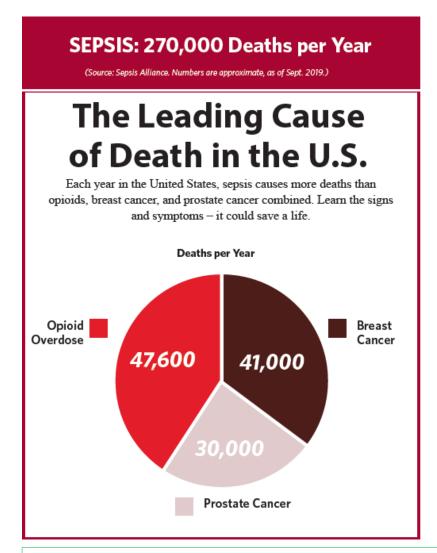
Global Network of Pathogen Genomes

Leading Antimicrobial Stewardship Program

Saving Lives, Saving Life Saving Drugs



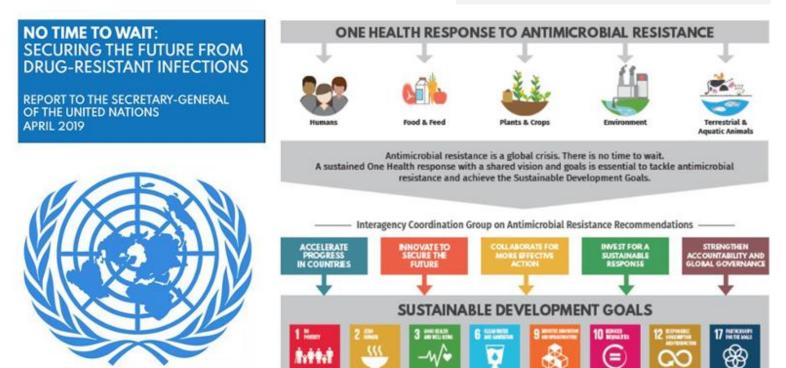
Infections: The Greatest Threat To Human Health



30 New Infectious Agents Have Emerged In The Last 35 Years

By 2050, 50 million deaths due to AMR USD 100 trillion: Cost of AMR

*AMR: antimicrobial resistance



COVID-19 Exposed A Global Health System III-Prepared for Handling Infectious Disease

Even Pre-COVID-19, It Was Known That Only 37% of Sepsis Cases Were Rightly Diagnosed In The First 4 Days Of Entering The Healthcare System

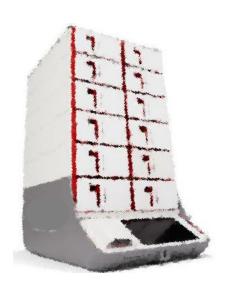
It Is Getting Challenging To Treat Infections

- A 60+ year old patient, battling lung cancer for 5 years
- · Under heavy chemotherapy, patient is severely immunocompromised
- Admitted to one of India's most famous hospitals
- Despite several therapies, admitted to ICU
- >5days in ICU, not responding to selected therapy, and fighting a losing battle

- Otherwise healthy 40 year old complaining of recurring fever
- Empirical therapy failing
- After few weeks of treatment admitted to one of India most recognizable hospital brands
- Not responding to selected therapy, and fighting a losing battle

Poor Diagnostics Incorrect Therapy Poor Outcome





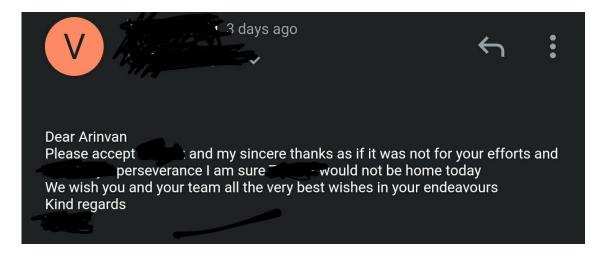




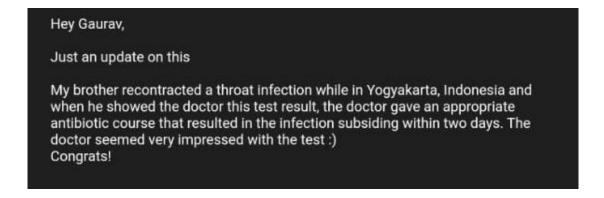
Changing The Paradigm

- A 60+ year old patient, battling lung cancer for 5 years
- Under heavy chemotherapy, patient is severely immunocompromised
- Admitted to one of India's most famous hospitals
- Despite several therapies, admitted to ICU
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- Otherwise healthy 40 year old complaining of recurring fever
- Empirical therapy failing
- After few weeks of treatment admitted to one of India most recognizable hospital brands
- Not responding to selected therapy, and fighting a losing battle



"Your test identified the true cause of the infection, which we failed to identify with any of our tests. The patient has responded to the therapy and is being released from the ICU" -HOD, Cardiology



The Solution Exists: Genomics

Whole Genome Sequencing to diagnose TB

march 29, 2017 at 12:46 pm

Public Health England has announced that Whole Genome Sequencing (WGS) is now being used to identify different strains of tuberculosis (TB).

LETTER

doi:10.1038/nature16996

Real-time, portable genome sequencing for Ebola surveillance



But It Is Locked up



Two Companies In The World Are Making Infectious Genomics A Reality





2014 Started 2019

2020 Launched Infectious
Genomic Solution 2021

Central Lab Model.

Operating Model

Operating Model

Distributed / Enabling Every Lab to Start with Genomics. Tech Heavy

U-ID IP + Early Access to US

Market

Key Moat

U-ID IP + Distributed Genomics

Technology

^{*} U-ID = Universal Infectious Disease Test. A Single Test for identifying more than 1200 Pathogens

Universal-ID Platform With Nanopore Sequencer: A \$4K Deployment, Upgrading PCR Labs To Genomics



Nanopore & Haystack U-ID Platform Makes The Lab Genomics Ready

One Time CapEx: \$4k



Our Kit Makes Genomics
Workflow Fit Into The Current
Molecular (PCR) Workflow.

OpEx: \$50-60 per test



Our Software Makes Clinical Genomic Reporting A One Click Outcome

Universal ID

We Would be Scaling in 2022

1st deployment done @ Aster Hospital Calicut (10th June 22)

Enabling Screening for All Bacteria, Fungi &
 Parasite Within 12 Hours Making U-ID The Best
 Solution For <u>Sepsis</u>

> AMR Reporting for Enabling AntibioticStewardship & Right Treatment

Final Cost to Patients (via Partners): <\$100 per Test

The Universal ID Test: A Genomic Solution

A direct-from-sample, single-test genomic solution for detecting pathogens and antimicrobial resistance

Direct-from-sample

TAT of 12 hrs

On-site

1200+ pathogens

Antimicrobial susceptibility

Preventing every Avoidable Death

Antimicrobial Resistance Summary

Antibiotic Class	Antibiotics	Gene	Reads
Betalactamase	Penicillin Cephalosporin Monobactam Carbapenem	blaCTX-M	281

Pathogens Summary

Pathogen Detected	No of Reads	Proportion of Reads
Escherichia coli	1164	93.12

Sample Summary

Sample ID	Sample Type	Client ID	Sample Source
Sample37	DNA	Haystack	Culture

Genome Sequence Summary

Sequencer	Run on	Device	FlowCell	Library Date	Library Kit
MinION	25-Jun-2022	MN35383	FAT53212	25-Jun-2022	SQK-LSK109

Genome Analysis Summary

Analysis	Application	Barcode	Filtered	Test ID	Total
Date	Run By	ID	Reads		Reads
04-Jul- 2022	HAPL	barcode53	1259	OmegalDv1.0.0- master-76a7762	1700

No. IVD/Misc/093/2022 Government of India Directorate General of Health Services Central Drugs Standard Control Organization (Diagnostics Division)

> FDA Bhawan, Kotla Road, New Delhi – 110002 Dated 12 6 MAY 2022

To,

M/s. HaystackAnalytics Pvt. Ltd.,

CM03, 4th Floor, KReSIT building,

IIT-Bombay, Powai, Mumbai-400076

Sub: Information on software for analysis of infectious diseases using next generation sequencing- Reg.

Sir.

Please refer to your letter dated 12/04/2022 received by this office vide no. P-2626399 dated 25/04/2022 on the above cited subject.

The matter has been examined in light of documents submitted by you. In this connection, you are informed that the proposed product i.e. ΩID^{TM} software intended for analysis of infectious diseases using next generation sequencing, is currently not under licensing as per the provisions of Drugs & Cosmetics Act, 1940 and Medical Devices Rules, 2017 thereunder.

However, you are requested to register the said product on the portal established by CDSCO as per the G.S.R. 102(E) notification dated 11.02.2020 under Medical Devices Rules. 2017.

Yours faithfully,

(Dr. Ravi Kant Sharma) Deputy Drugs Controller (I)

Universal-ID Unlocks the Opportunity To Make Genomics Accessible To "Every Lab"

Partnerships in 9 months



With Our U-DST product for TB **Market Reachout** started

















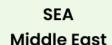
K. J. Somaiya













US & Europe





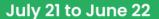












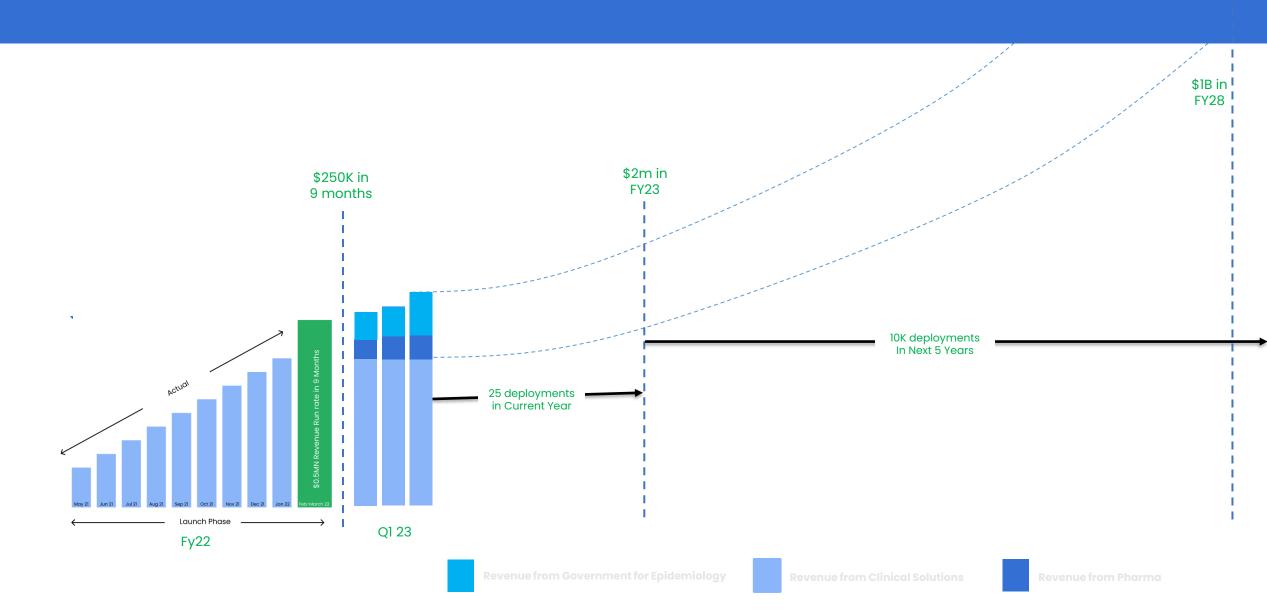
July 22 to June 23

Post July 23

Pilot of Universal ID started from June 2022

Scaling of Universal ID

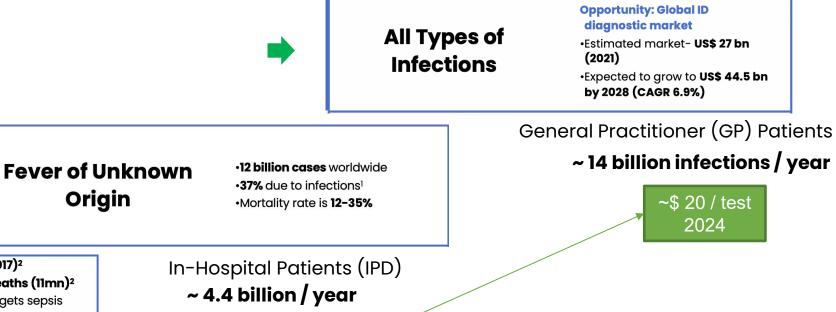
Pilot Revenues: A 'POC' Of Monetizing All Stakeholders



Progressively Reduce Diagnostic Delays

~\$ 50 / test

2023



Sepsis

·49 Million cases (2017)²

•20% of all-cause deaths (11mn)²

- •48.7% ICU patients gets sepsis (50% mortality)²
- 33.3% cases of hospitalacquired sepsis is by drugresistant bacteria²

ICU Patients

~49 million / year

~\$100 / test 2022

Thank You

