V1EWPOINT

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Right vein, first time, every time.

Visualise and access difficult veins
with assistive AI.

Viewpoint Medical Ltd, est. 2019

TEAM

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Product Development, Design Language

Georgia Lee, Founder, CEO
Biomedical Scientist, Operations Lead

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Software, AI, Imaging, Embedded Hardware

Dr. Rex de Ryke, Clinical Lead
Lead Sonographer, Educator at Christchurch Hospital

INDUSTRY

MedTech, Assistive Technologies, Intravenous (IV) Access

STAGE

Pre-Seed

TRACTION TO DATE

NZD$400k non-dilutive R&D funding, Initial proof of concept lab tested (TRL 4) with novel AI, Multiple clinical partners ready to test, Validation of market with 150+ in-person interviews with stakeholders (USA, CA, EU, AU, NZ).

UNIQUE SELLING POINT

Existing vein imaging solutions are either; easy to use, but poor at seeing veins, **or** are very good at seeing veins, but require specialist training to use.

Powered by AI, **V1EWPOINT** bridges this gap with a unique technical approach that is both easy to use **and** very good at seeing difficult veins.

MARKET SIZE USD

Portable Ultrasound: **$4.2bn** (2021) - **$6.0bn** (2026)

Hospitals: **TAM = $2.8b SAM = $2b SOM = $393m**

INVESTMENT ASK

$750k NZD, SAFE note

USE OF INVESTMENT

- Build MVP (Minimal Viable Product)
- Feasibility testing in 3 clinical locations, data collection for AI. (NZ Clinical Research, Christchurch Hospital, Amsterdam Medical Centre)
- Trial data used for machine learning and product automation.

REVENUE FORECAST USD (base case) *

2023: **$0.1m**	2027: **$11.1m**
2024: **$1.7m**	2028: **$20.2m**
2025: **$3.2m**	2029: **$27.1m**
2026: **$6.5m**	2030: **$30.8m**

** Revenue forecast using outright purchase and subscription model.*

Problem

Difficult venous access (DVA):
Defined as 3 or more needle sticks

9 in 10 patients need venous access - essential for blood analysis, diagnostics, fluids, and medication delivery. However, 30% of adults and up to 50% of children have difficult veins, requiring 3 or more needle stick attempts. Conventional (unaided) vein access techniques fail in difficult patient groups, therefore, imaging aids such as 'infrared projection' or 'ultrasound' are used. Infrared projection devices are easy to use, but have poor efficacy and cannot see the needle or vein depth. Ultrasound is very effective at imaging veins as well as the needle, however to operate this tool, a trained ultrasound specialists is necessary.

Difficult IV access is material-intensive, time-consuming, and painful for patients. For example, a medium sized 400-bed hospital can spend ~$5.5 - 8.4m USD on failed IV procedures each year (see Table 1). Our costs are for failed IV sticks only, and do not account other costs such as delayed surgery, diagnosis and medical escalations.

Solution

Easy-to-use vein imaging device:
A window to underlying vasculature

V1EWPOINT brings the benefits of ultrasound to all. Powered with AI, **V1EWPOINT**'s solution is a portable point-of-care vein imaging device that guides vein access on the first attempt (Page 3). AI guides the user step by step, ensuring correct needle and cannula placement, whilst reducing failure.

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Point of Difference

Ultrasound and near-infrared (NIR) light is supported by AI to enable guided procedures.

ULTRASOUND

- Specialist training required in US imaging and analysis
- High-resolution imaging: Deeper veins (>5mm)
- Handheld transducer with digital interface either a tablet/phone/monitor

+

NEAR-INFRARED LIGHT (NIR)

- Minimal training: Point and shoot vein visualisation
- Low-resolution imaging: Superficial veins (<5mm)
- Handheld device or supported with stand for hands free use

V1. ULTRASOUND + NIR + AI GUIDANCE

- Intuitive interface for untrained ultrasound operator(s)
- Vascular imaging focus — Deeper and superficial veins
- Portable hands-free device that rests on skin surface
- Display screen is located at point of insertion!

Market

Point-of-care ultrasound:
Peripheral (IV) access

$16 - 25b USD is the global cost to hospitals for multiple jabs each year (USA $1.3 - 2.1b, AU $442 - 671m, NZ $50 - 77m). **V1EWPOINT**'s device will improve success rates by >90%[1]. Target markets include hospitals, emergency medicine and blood banks. Other markets include defence force, disaster relief, (pre)-hospital, home care, clinics, and animal health.

Business Model

B2B, B2M & B2G

Partner with OEM's to leverage distribution channels to sell outright + subscription services. Licensing options include hardware integration, image processing techniques. Other revenue streams include data output, driven by feedback across a range of medical settings.

Go To Market

NZ – Q4-23
USA – Q3-24

Phase I - Validation in hospitals, emergency services and blood banks - 2022

- Complete technical development and validation with clinical partners.
- Compliance testing and regulatory protocol (MedSafe) in preparation for NZ sales.
- Strengthen market entry points along with implementation strategy for adoption.
- Streamline value and business case using cost-benefit and reimbursement codes.

Phase II - First generation sales NZ - Q4-23

- Finalise manufacture and distribution channels.
- Support sales with educators, key opinion leaders and in-person or online workshops.
- Local partnerships with education centres and govt. to promote a new standard of care.
- Regulatory and compliance protocols (510k, FDA approval Class II).

Phase III - Scale up, USA market entry - Q3-24

- Scale manufacturing and device regulatory processes with international OEM (e.g., Taiwan).
- Agreements with MedTech distribution channels within target regions (USA, AU, EU, UK).
- Develop strategic partnerships with existing players for market penetration and share.
- Expand into AU and EU, along with secondary markets i.e., defence, disaster relief and aid organisations.

Exit Strategy

MedTech player to form strategic partnership or acquisition of **V1EWPOINT** technology.

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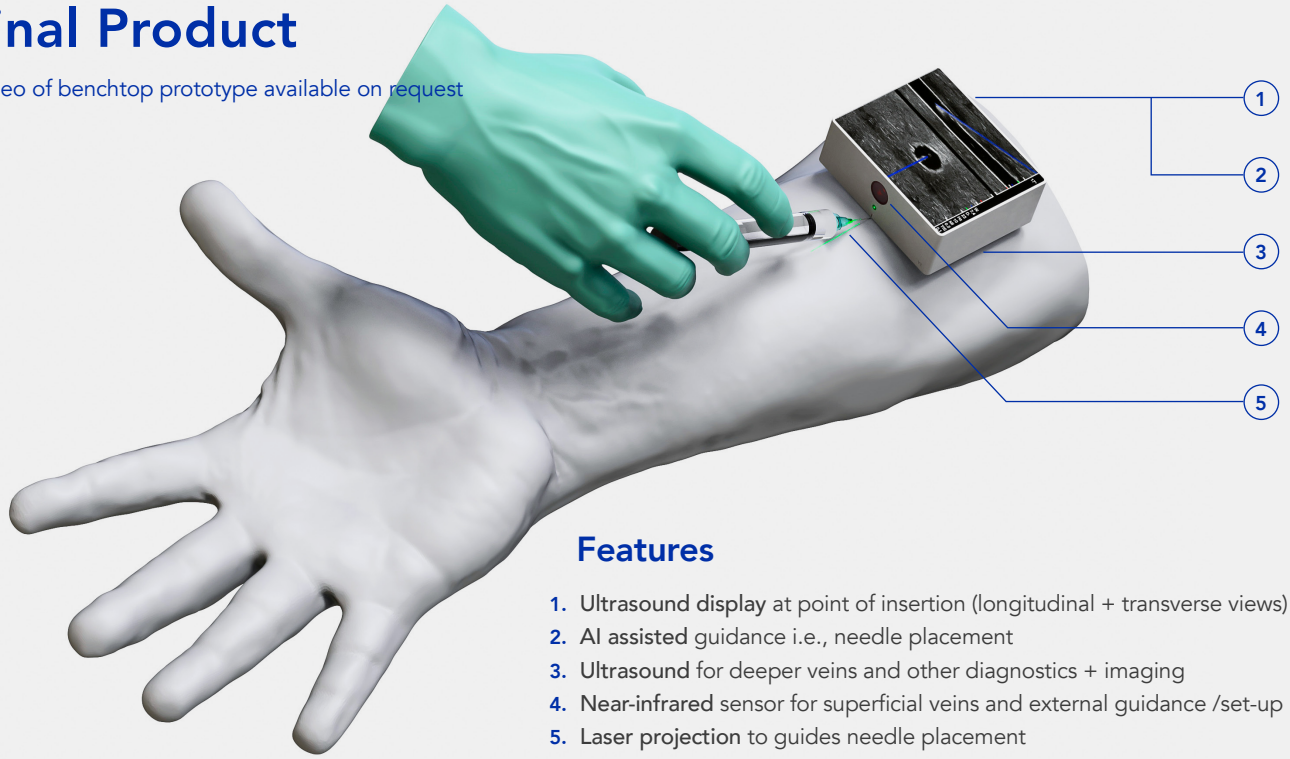
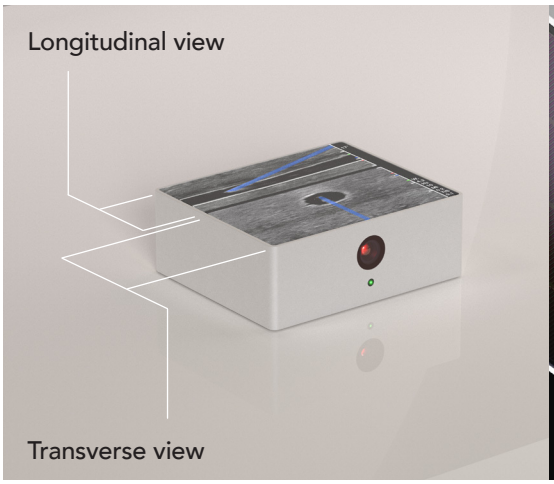
Final Product

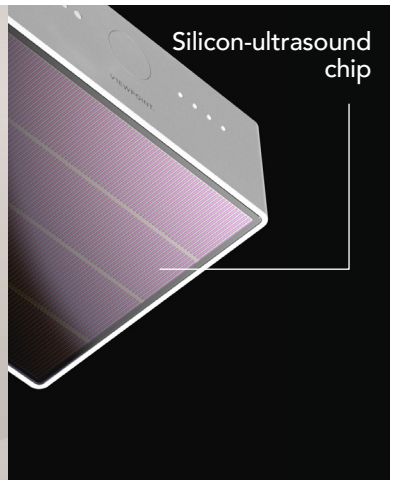
*Video of benchtop prototype available on request



Features

1. **Ultrasound display** at point of insertion (longitudinal + transverse views)
2. **AI assisted** guidance i.e., needle placement
3. **Ultrasound** for deeper veins and other diagnostics + imaging
4. **Near-infrared** sensor for superficial veins and external guidance /set-up
5. **Laser projection** to guides needle placement





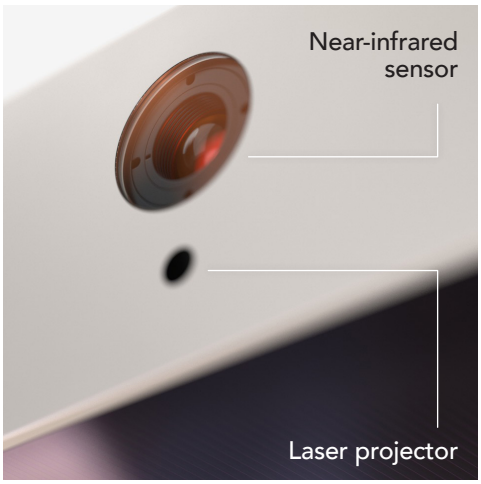


Table 1. Cost Savings: 400 Bed Hospital ($,USD)

	IV's per year	*Additional* average attempts[1]	Additional needle jabs per year	Average cost per vascular access attempt [2]	Annual cost of failed IV access with no aided vein access	Annual cost saving with **V1EWPOINT.** 90% improvement
Visible Veins	91,980	1.05	96,579	$32	$3m	**$2.7m**
Difficult Veins	39,420	2	77,840	$32 - 69	$2.5 - 5.4m	**$2.2 - 4.8m**
Total	**131,400**		**175,419**		**$5.5 - 8.4m**	**$4.9 - 7.5m**

1. LaRue GD. Efficacy of Ultrasonography in Peripheral Venous Cannulation. Journal of Infusion Nursing 2000; 23: 29-34.
2. Santolucito JB. A retrospective evaluation of the timeliness of physician-initiated PICC referrals. Journal of Vascular Access Devices. 2001; 6 (3): 20-26