ANGELO RAGO: Thank you, Chen. Hello everyone. I am honoured today to present to you our molecular and license technology businesses. To ensure that our strategy creates value for our customers and for our partners today and into the future, we focus on understanding the market trends that shape their environment for the foreseeable future. On the graphic, you will see that we start with aging…the aging global population. This is a challenge around the world and one of the consequences of this is that we love to have loved ones around, but the consequence is that, of course, they have increased prevalence of chronic and complex conditions that drives patient volume in an already stressed healthcare environment.

Secondly, there is a trend to…as the patient becomes a consumer. What does that really mean? That really means that care is moving closer to the patient and they want the convenience to ease of having that, and that is going to continue to accelerate. If I just take a simple statistic, the penetration of smartphone technologies by age group. Those above the age of 65, the penetration is well above 60%. Those above the age of 50 have a penetration of greater than 95%. So that will fundamentally change the expectation that we will have as patients moving forward and how connected we are to the data that's created from our health but also where and when we are treated and evaluated.

Thirdly, we look at staffing challenges. This challenge is consistent, and we see a large challenge for laboratories and healthcare systems where they have turnover that causes them inefficiencies and it's really driving the need for automation and simplification of the processes.

Then of course the rising cost of healthcare, something that's a topic around the world. It kind of went away during the pandemic because we all were focused on ensuring we can get through the pandemic, but it's coming back and the challenge is still there. How do we ensure that we create the right value clinically for the right cost? Severe challenge that will continue to grow as the population ages. And when

we look at all these trends together, we finally see that all these trends really have a common link around the digitization of data that will really be used to enable machine learning and automation to further optimize the overall process but even more importantly the patient experience.

These trends together with…that were created from the conditions as well of the COVID pandemic, we see an acceleration in the polarization of diagnostics between decentralization and consolidation and we are very confident that we have built a strategy that serves the needs of the market as it polarizes into these 2 areas. So now that we've gone through the trends, what we try to do on this graphic is try to give you an overview of how we look at the molecular diagnostic market.

To orient you to the graphic, on the X-axis you see the number of samples analysed per run. On the Y-axis, what you see is the number of targets analysed per run. We have broken the graph down into what we call 4 quadrants. The top of the graph is syndromic testing. The bottom of the graph is targeted testing, and you can see there that syndromic testing is focused more on on-demand or batch testing, whereas targeted testing really can be anything from a single test at point of care all the way to hundreds or even thousands of tests done in a very large laboratory environment.

Now, in this next slide what we've done is we've taken those 4 quadrants and we've over-layered the clinical areas. So you see the one interesting thing is that the respiratory clinical area overlays and straddles all 4 of those quadrants and that's an interesting element because in the case of respiratory, patients of different levels of care needs and locations can present themselves. Healthy patients in an urgent care centre could also end up going to an ER or an immuno compromise patient might show up in an ER.

The speed at which you need responses and answers all creates kind of that third dimension, if you want to call it that to this graphic. Things like sepsis might require only a panel or hospital acquired infections are leveraging really only targeted. So this is some of the complexity that's added on top of what typically is looked at with respect to the technologies in the market and why is it necessary to have all the these different types of devices with these different technologies. It's really to ensure that they are meeting the needs in these quadrants.

So here what've done is now, we've taken an overlay our technologies into those quadrants and you see the Diasorin is very well positioned and the Luminex acquisition brining multiplexing to us really supports and compliments what Diasorin had with respect to targeted testing.

Our strategic programs around NES, PLEX and MDx plus are really about further strengthening our position in these quadrants. So here what we've shown in this graphic is the spectrum from decentralization to consolidation. On the far left, you see the NES point of care really focused on that new segment that we talked about outside of the lab. In the middle, you see MDx plus to add menu to the existing lab space, and on the far right, PLEX to expand in the multiplexing lab space.

Now, let's start with targeted testing. The MDx plus is our vehicle for growth here evolving the MDx to the MDx plus with fully integrated enhance connectivity software aligned to the needs and expectations today and into the future. We will migrate the entire MDx menu, both direct amplification disc and universal disc on to the MDx plus, and you know, we have specialty testing that's really loved by our current customers such as congenital CMV for neonates or HSV1 and HSV2 or even VZV for meningitis. Now, in part of this transition, we are going to discontinue the Luminex ARIES product because of the given overlap in positioning and menu. The LIAISON MDX+ will be finalized in 2024 and we will start submitting to the FDA in waves the

stages on different panels on the MDX to bring them onto the MDX+ over 2024 and 2025.

Now, we move to the LIAISON NES, and this truly addresses what I've already said several times, decentralization, but really focusing on the topic of moving care closer to the patient, truly a strong trend that will continue to grow, and of course aging population. Why there? Well, we see a trend of aging in place. This is actually addressing healthcare costs in the future. So you can think about services coming to a patient versus a patient going to the services. That drives a lot of the design decisions that we've made on NES. And we have done very careful research in this space to truly understand the needs today, but tomorrow as well, because this is a new area for Diasorin, but it's also a new area for healthcare. And we need to be prepared that these technologies really create a platform for the future.

Now, NES is going to be able to multiplex up to 6 targets. It's very fast. It's very light. It's portable, which is very important, as I mentioned earlier. And the quality and performance is equal to that of a laboratory assay, which is going to give clinicians the confidence to be in front of their patient with a test that only took a few minutes instead of days, and be sure that the decision they make for treatment, they can have confidence in. We're going to submit the product for differential diagnosis of Flu-A, Flu-B, RSV, and COVID-19 in Q2 of 2025 after the flu season of 2024 and 2025, and Group A strep in Q3 of 2025.

Now, we move to multiplexing and the LIAISON PLEX. This is where we feel that we have a new concept in syndromic testing that I'm going to go into, the main thing here is that, of course, the PLEX will replace the very successful Verigene that is currently in the install base, and overtime, as customers are comfortable, we will transition them onto the PLEX. The other important message here is NES tag is

a very solid product that addresses high volume syndromic testing, and we aim to grow that through geographic expansion.

So now start at the PLEX. There are 3 very critical values that we are very strong on with respect to the PLEX. And that is clinical value to provide all the information needed for all the patients served. 2, simplicity, really thinking about simplifying the workflow, room temperature reagent storage, limited trading needed, low hands-on time, what does this do? This really deals with the shortage of labor that we talked about at the very beginning that laboratories and healthcare systems have.

And then lastly, PLEX testing, labs are not going be locked into all-in-one testing. They can choose the targets they need for specific patients. Why is this important? Well, let's take an example of respiratory, like we talked about earlier. A patient…relatively healthy patient, presents themselves in an urgent care setting. And they have the NES, and they do the targets we talked about, Flu-A, Flu-B, COVID. Negative on all, but they have the symptoms. The clinician may decide to have them go and have a full test and look at other potential targets.

Now, in that case, why would we require of that facility to redo all the tests that were done already in the urgent [ph] care center? That's waste. It's cost that the healthcare system doesn't need. So that allows the clinician to tailor the next set of targets to what they might suspect that patient needs to be checked for, that is the power of PLEX testing and the power that we believe we're bringing in diagnostic stewardship to molecular diagnostics.

The PLEX instrument with the respiratory panel has been submitted to the FDA this year in 2023, and we expect clearance in early 2024. Of course, we also will submit our blood products, which will be gram

positive, gram negative, and yeast in 2024, and then GI in 2025. We're very excited about this product.

And then as I bring this to a close, we are confident that we are developing the technologies and solutions that our customers and our partners need, not today, but also into the future. And this is truly critical, understanding the trends that I mentioned earlier and really bringing that altogether through these technologies. We have tailored our products, as I mentioned earlier, to the quadrant, the customer needs, the patient needs. We haven't just duplicated technologies across, but we're truly trying to target. Liaison NES, if we talked about decentralization, point of care, care closer to the patient. Liaison PLEX, flexibility, diagnostics stewardship, high clinical value, give up nothing.

And then lastly, LIAISON MDX+, truly strengthening our position in specialty targeting testing, we are so excited with the work that we are doing and we are confident that we're going to continue to create value for our partners and customers into the future.

Now, I will be transitioning to our LTG business.