CHEN EVEN: Thank you, Carlo. And allow me to present our LTP immunodiagnostic strategy. We at the Diasorin are the diagnostic specialists. During the last 20 years, we developed the most complete menu of automated immunoassays. This occurred in 3 phases. Phase 1, we focused on a conversion of our RIA analyzer manual assays to our fully automated LIAISON CLIA platform. During this phase, we launched 6 to 8 assays per year, and soon enough we reached 80 assays. Phase 2 started in 2010 and was about expansion of our CLIA menu via strategic partnerships and acquisitions. We acquired Murex, which allow us the expansion into hepatitis and HIV products, and Biotrin with a test for Parvovirus that complemented our infectious disease menu.

We partnered with Meridian for stool-based assays and with QIAGEN for IGRA technology. During Phase 2, we upgraded automation abilities to launch the floor-standing LIAISON XL. By the end of Phase 2, our CLIA menu reached 120 tests. It was time to advance forward and start Phase 3, which is about value-based products. It is about the development and association of new biomarkers to allow clinical prognosis and disease management. These types of assays harness a great economical value but require a clear regulatory and reimbursement strategies and a sophisticated go-to-market approach. They require clinical education and promotion outside the walls of the lab.

In the next few slides, I will focus on the LIAISON QuantiFERON TB, LIAISON LymeDetect, LIAISON MeMed BV, and Calprotectin 3.0, which are the first examples of our Phase 3 assays. Please note that in parallel to these tests, we continue adding specialty assays to our infectious disease menu, such as Legionella, Streptococcus, and pro-ADM.

As a reminder, the total IVD market is estimated to be €60 billion, growing annually at 2%. Immunoassays are 23% of the total, or about

€14 billion. Within the immune segment, Diasorin focused area are infectious disease, stool, gut protection, renal metabolism, hypertension, and bone and mineral Vitamin D. In general, the field of play can be crowded, but with our specialty position, we are the market leader in many of those disciplines. For example, looking at the European EDMA data for '22-'23, Diasorin has 40% market share of ID, 22% market share in bone and mineral, 37% share in Calprotectin testing, and 31% share of renal metabolism. Our strategy is to continue driving our growth with innovative third-generation value-based products addressing unmet clinical needs and extending demand in the ID and GI fields.

Let's talk about our products. One of our main partnerships is with QIAGEN around the IGRA QuantiFERON technology. Diasorin is a leader in immunoassays which exploit the interaction of antibodies and antigen, namely B cells. QIAGEN is the leader in QuantiFERON IGRA technology, which is T-cell based. Combining the 2, we achieve superior unique test that can be fully automated on our LIAISON platforms. We already launched latent TB test and the line detect assay is next.

So far, this is a great win-win partnership that continues to build on the addition of more products. Tuberculosis is caused by mycobacterium tuberculosis and can have an acute disease and a latent infection. Historically, latent TB was tested with a complicated skin test, but in recent years, IGRA blood tests become the test of choice. It is estimated that the latent TB market is between 70 million to 80 million tests per year. 30% was already converted to IGRA, but over 20 million tests can still be converted. Plenty of room to grow in a very large market.

Next is the Lyme early detection. LIAISON LymeDetect. How to detect Lyme disease early. Lyme disease, or Borreliosis, is a potentially severe infectious disease. It is caused by Borrelia and

spread by certain ticks. Clinical symptoms can appear in days or months following a tick bite, typically during the spring or the summer when people are active outdoors. The most common sign is a bull's-eye skin rash at the site of a bite, which can occur within 1 to 2 weeks post-exposure. If left untreated with antibiotics, Lyme can turn into a severe disease of the CNS, heart, and joints. Early diagnostic of Lyme is key, but if done with only IgG and IgM serology, it is limited and inaccurate.

Our third-generation assay is combining the results from IgG, IgM, and IGRA individual tests to create a unique diagnostic algorithm that improved the clinical determination of the current reference method, standard 2-tier test by 30% to 50%. Therefore, allowing if used early in the diagnosis of Lyme infection, a better antibiotic treatment. We estimate that the value of the annual Lyme acute testing in the US is $120 million.

Let us shift to the MeMed BV. 3 years ago, we signed with MeMed a license agreement to develop the LIAISON MeMed BV test, which solved the clinical dilemma of bacteria or viral infection. As a reminder, every year 4.7 million paediatric patients in the US arrive in the ER with suspected infection. Emergency department physicians must quickly decide on the use of antibiotics. Current data shows 40% over usage of antibiotics in viral infection and 20% under usage in bacterial.

The LIAISON MeMed BV is a third generation assay which determined the ratio between 3 immuno-host proteins, TRAIL, IP-10, and CRP, scoring a clinical result that accurately distinguish between bacterial and virus infections. One example of real-world data was published earlier this year, demonstrating the tremendous clinical value of the MeMed test. 131 patients are scored for antibiotic use before and after the MeMed test.

On the 39 patients that antibiotic was considered before the MeMed test, 9 were wrong. On the 54 patients that antibiotic was not considered before the MeMed kit was used, 11 were wrong. On the rest, the doctors were not sure. The conclusion was that MeMed BV test was more accurate than clinician suspicion with high degree of sensitivity and specificity.

The next 2 slides are capturing the large amount of studies, presentations, and publications of the MeMed test, independently confirming its high performance. With LIAISON MeMed BV, we are now laser-focused on the US market with reimbursement and demand creation. Since receiving FDA approval in 2021, a PLA code was obtained in October of 2022, followed by a reimbursement payment fee of $260. To be effective with coverage, 2 additional projects are in play. One is to unbundle the test from overall flat ER fee. The other is to provide insurance payers Class A clinical data from the Jupiter study, which we co-sponsor. Both projects should be completed within 2025.

In parallel, we continue to invest in our hostel strategy in the US, where the market opportunity for the MeMed test can reach $400 million. We expanded our commercial footprint by adding a 5th region, 15 additional sales rep, and 6 scientific professionals. More on our go-to-market strategy, including our digital campaign, will be presented in our dedicated session on the US market.

Let's shift to third generation stool-based assays. Chronic abdominal pain requires a differentiation between the diagnostic of IBD and IBDS. As part of our growing stool testing franchise, we developed a few years ago a test to measure Calprotectin in stool. When the levels of Calprotectin in stool is high, IBD is suspected. However, in practice, when measuring the level of Calprotectin in stool, there is a wide zone between the normal level, under 20 microgram, and a high level, over 300 microgram, which pose an issue for clinicians. To

resolve the issue of the wide-grey zone range, we used a machine learning tool and created a new algorithm that combines our Calprotectin assay with 2 novel biomarkers, hence Calprotectin 3.0. This approach increases the patient's identification from 70% to 99%, which will reduce unnecessary colonoscopy and better patient care.

The testing of Calprotectin is growing double-digits year-on-year, and the opportunity for our new test is estimated to be $140 million annually. How Calprotectin 3.0 will affect patient pathway? Statistically, about 3 in 10 patients with chronic abdominal pain have IBD. Testing with current Calprotectin in stool will leave about 20% of patients in the grey zone, thus requiring repeated tests in colonoscopy, additional 8% false positive will go through unnecessary colonoscopy. Using Calpro [ph] 3.0 with 2 additional biomarker will increase the accuracy of the test to 99%, another great example of a value-based care product. The LIAISON XXL, the LIAISON XL was launched in 2010 and has proven to be very successful instrument with over 7,000 placed worldwide and over 1,000 connected to total level automation.

It is time for an upgrade and add another member to the LIAISON immunoassay instrument family. The LIAISON XS, XL, LAS and now XXL are all using the same CLIA technology and cartridge. The LIAISON XXL is a perfect fit for the large laboratories, hospital consolidation and customers with products add-ons. It will have the following features: High efficiency, productivity, more result per footprint, increased throughput, specifically when using diverse mix of products including 2 and 3-step assays and when connected to total automation, and improved connectivity to lab automation including large sample bay and direct water supply.

The LIAISON XXL will protect and grow the XL install base. We plan to gradually convert the existing XLs allowing customers to grow and increase our market share. It will be a great additional platform

from our third generation products. The plan calls for submission of the new platform in 2025.

In conclusion, today, we presented our continuous ability to develop clinically relevant diagnostic solutions. We presented a solid long-term plan and a commitment to continue our mission to be the undisputed leader of immunodiagnostics specialty testing.

With this, I conclude the immuno presentation and pass it to Angelo. Thank you.