



Investor Update

AI-powered blood tests for the early detection of cancer and the prevention of chronic disease — affordable, accurate, actionable, and at-home.

For Investors & Commercial Partners | October 2026

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A diagnostics company addressing the most exciting and urgent healthcare opportunities

Formerly 2020 GeneSystems • CAP-accredited, CLIA-licensed laboratory



Protein tumor-marker science

FDA-approved IVD biomarker kits run in our own CLIA lab — proven analytics, not an unvalidated novel assay, with strong, growing base of repeat consumers. Strong blinded performance in NCI studies.



AI on real-world longitudinal data

Machine-learning models trained on tens of thousands of people tested months to years before diagnosis. biomarker approach supported by MD Anderson and other academic centers. Patented approach now sought by major labs



Longevity Platform

At home biomarker tracking powered by proprietary algorithms from world leaders in inflammation, diet and health. Expected to improve responses to therapies for most chronic diseases.



What changed since our last update

Two developments reshaped the outlook this quarter — one regulatory, one commercial

THE FDA PANEL

An FDA advisory panel backed approval of a multi-cancer blood test

On Sept. 23, 2026 the FDA's Molecular and Clinical Genetics Panel voted in favor of Grail's Galleri — the first time an MCED has cleared an advisory panel, validating blood-based multi-cancer screening as a category.

THE FRANCHISE PROGRAM

A partner-laboratory channel that scales without our own sales force

Exclusive vertical territories for regional laboratories that fund their own customer acquisition. Early, non-binding interest from a number of labs; no definitive agreements have been executed.

WHY IT MATTERS

A validated category, and a capital-efficient way into it

With Medicare reimbursement opening in 2028, the question shifts from whether MCED gets covered to which tests are affordable and repeatable enough for population-scale screening.

Others are validating the category. Our work is to be the affordable, at-home, repeatable test that actually reaches the population.

Screening today misses the deadliest cancers

The market gap 20/20 BioLabs was built to close

\$949+

Typical price of a leading DNA-based MCED, largely uncovered by insurance and out of reach for population-scale screening.

~5

Cancers with routine screening guidelines — lung, pancreatic, ovarian and liver patients are usually found late.

Late

Stage at which ctDNA-based tests shed enough signal; sensitivity in Stage I disease remains their core weakness.

Friction

Phlebotomy appointments suppress participation in employer, union, and health-system programs.

Result: MCED has enormous clinical promise but almost no affordable, high-participation delivery model at scale.

OneTest™ for Cancer: a patented protein MCEd

Likelihood of being diagnosed with cancer in the coming 12 months compared to others in your age group

OneTest™ Premium reports risk across eight cancer types — lung, liver, colon, stomach, pancreatic, prostate, breast and ovarian — representing ~93% of US cancer diagnoses.

11 biomarkers

AFP, CEA, CA 19-9, CA 125, CA 15-3, PSA, CYFRA 21-1 plus five inflammation markers

From \$199

Consumer-accessible pricing; Premium panel at \$345

Annual trending

Year-over-year biomarker movement, not a one-time snapshot

At-home collection

Painless upper-arm capillary device — no phlebotomy required



OneTest vs. Grail Galleri

Where a protein-biomarker MCED structurally outperforms ctDNA

	OneTest™ (20/20 BioLabs)	Grail Galleri
Signal	Protein tumor antigens via FDA-approved IVD kits	Circulating tumor DNA methylation
Price	From \$199 (Premium \$345)	Just under \$1,000
Collection	At-home, painless upper-arm capillary device	Venous blood draw at a clinic
Early stage	Detects lung, pancreatic, ovarian, liver risk earlier	Sensitivity weakest in Stage I disease
Cadence	Designed for affordable annual trending; more frequent for higher risk	Cost limits repeat testing
Validation	Blinded NCI studies; MD Anderson-supported biomarkers	Large proprietary trials, high cost per detection

Patented approach: affordability + at-home access + annual repeatability = far higher program participation.

The FDA panel validated the MCED category

Sept. 23, 2026 — the FDA's Molecular and Clinical Genetics Panel reviewed Grail's premarket approval application for Galleri

7–2

Panel vote that Galleri's benefits outweigh its risks, with one abstention. Panel recommendations are non-binding, but the FDA generally follows them.

10–0

Unanimous vote supporting the test's safety — settling a question that had hung over blood-based screening as a whole.

6–4

A far narrower vote on effectiveness. The reservations were about demonstrated clinical benefit, not about the blood-test approach itself.

2028

When Medicare reimbursement opens for FDA-approved MCEDs — an approved test would be first through that door.

The hardest argument in our category — that a blood test can screen for multiple cancers — has now been made successfully to a regulatory panel, on someone else's dossier.

The press read the vote as a split decision

Re-typeset press excerpts from September 2026 coverage. Publication names shown as attribution, not original page captures.

U.S. News

HEALTHDAY / SEPTEMBER 24, 2026

FDA Panel Narrowly Backs Multi-Cancer Blood Test Despite Doubts It Works

Reported that several advisers voted yes with open reservations. Committee member Dr. Victor van Berkel: “perhaps my ‘yes’ is a hopeful [vote] rather than an accurate one.”

The BMJ

NEWS / SEPTEMBER 25, 2026

Galleri cancer test fails to meet main aim in NHS trial, but FDA still endorses it

Published a day after the NHS-Galleri miss appeared in NEJM. NIH senior investigator Stanley Lipkowitz, who voted no on effectiveness, on patient outcomes: “we don’t have that data.”

MD+DI

MEDICAL DEVICE NEWS / SEPTEMBER 2026

FDA Advisory Panel Narrowly Backs Multi-Cancer Blood Test Despite Effectiveness Concerns

Reported sharp disagreement over whether the test works well enough to approve, with critics noting that **it misses roughly 85% of stage 1 cancers.**

Every criticism lands on early-stage sensitivity and cost — the two gaps a low-cost, repeatable protein panel is designed to close.

What the panel vote means for OneTest

Category validation is a tailwind; the panel's reservations are our opening

Tailwind

Payers, employers and health systems now treat multi-cancer blood screening as a real category rather than an experiment — shortening every sales conversation we have.

Still open

The 6–4 effectiveness split and the NHS-Galleri endpoint miss leave early-stage detection and real mortality benefit unresolved for ctDNA.

\$199 vs \$949

Price remains the gate. A panel vote does not make a ~\$1,000 venous draw practical for annual, population-scale screening.

Our path

Protein markers on FDA-approved IVD kits, collected at home, priced for annual trending — and a regulatory strategy aimed at the same 2028 pathway.

A rising tide we did not have to pay for — and a gap in the leading test that OneTest was built to fill.

Congress created a Medicare MCED pathway

On Feb. 3, 2026 the Multi-Cancer Early Detection Screening Coverage Act passed Congress and was signed into law

THE LAW

First statutory pathway for Medicare coverage of MCED blood tests

CMS gains authority to reimburse MCEDs beginning in 2028 for FDA-approved tests deemed clinically appropriate, with initial rollout to older Medicare cohorts.

THE MARKET

~67 million Medicare beneficiaries in the United States today

Coverage should accelerate private payer and Medicare Advantage adoption, moving MCEDs from employer and self-pay funding into routine preventive care.

OUR POSITION

OneTest may be well-positioned for reimbursement under the pathway

Subject to obtaining FDA authorization and satisfying CMS clinical-appropriateness criteria — supported by a totality-of-evidence strategy already underway.

A rising tide for the category — and a reimbursement path for a test already priced and designed for population-scale screening.

Medicare coverage transformed Cologuard

The closest precedent for what national coverage does to a screening test

FDA approval

Aug 11, 2014 — first stool DNA test approved

Medicare NCD issued

Oct 9, 2014 — coverage for 50M+ beneficiaries

Revenue explosion

\$2M → \$266M within three years of coverage

133x

revenue growth, 2014–2017

following the Medicare national coverage determination

Exact Sciences' historical revenue growth is presented for contextual purposes only. OneTest is at a fundamentally different stage of development, and past performance of another company's product is not indicative of future results. There can be no assurance that OneTest will achieve similar regulatory outcomes, market adoption, or revenue growth.

Projected revenue post Medicare Coverage

Modeled at a 20% premium to Exact Sciences' post-coverage ramp

20% premium

Projections benchmarked to Cologuard's post-coverage revenue curve.

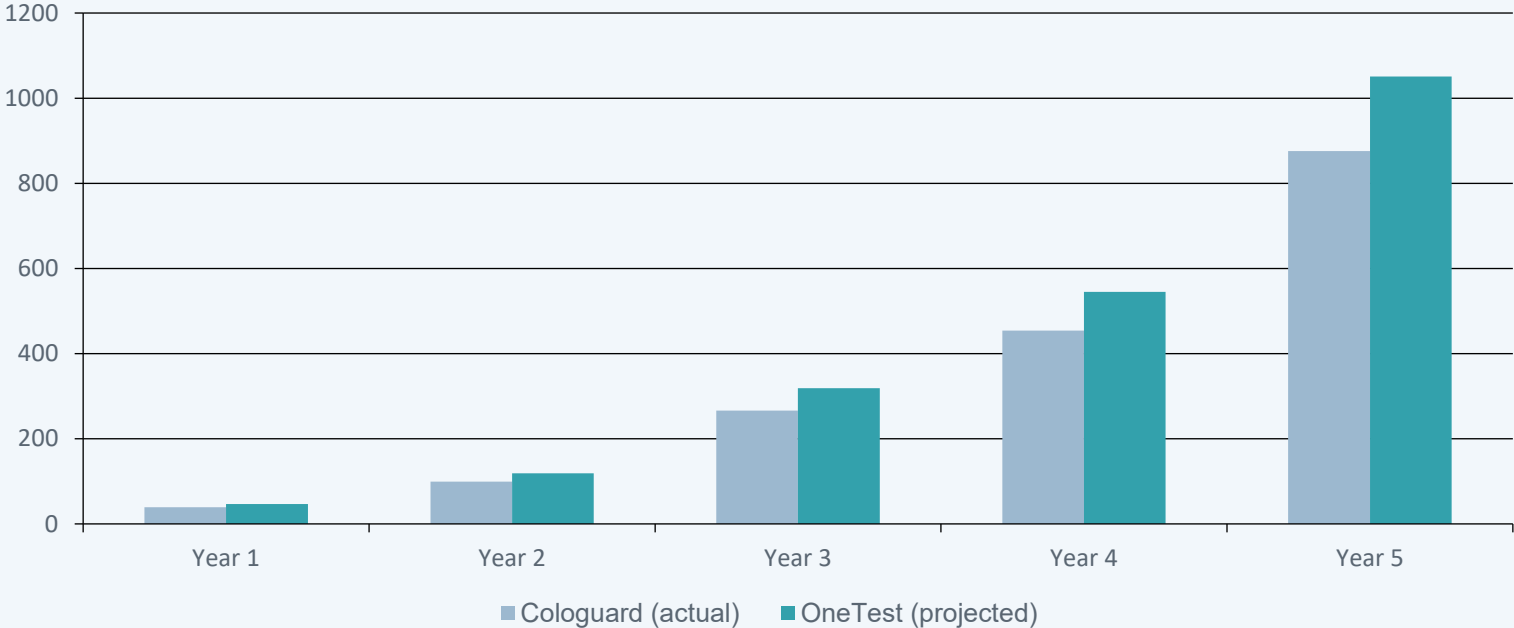
Marketing Costs Shared

Cooperative advertising with franchisees reduces capital expenditures and burn rate.

Two revenue streams

Direct sales plus royalties from franchise partners.

Projected revenue by year following CMS approval (US\$ millions)



These projections assume that 1) the Company obtains FDA approval, 2) the Company obtains CMS reimbursement, and 3) a successful franchise model. Revenues combine those from sales by 20/20 and franchisees. We cannot provide assurance that these conditions will be met.

A franchise model for vertical expansion

Partner laboratories build the channel; 20/20 BioLabs keeps the science

EXCLUSIVE MARKET SEGMENTS

Limited verticals per franchisee

Each partner laboratory receives exclusive rights to a one more defined verticals, removing channel conflict and giving each a reason to invest in building its own market.

ILLUSTRATIVE VERTICALS

Where the model extends next

Occupational cohorts beyond fire and police (20/20's domain) including, medical specialties, longevity and concierge clinics, and employer benefits programs — shown as examples, not committed segments.

WHAT WE RETAIN

The platform stays with us

The machine-learning models, the patented method, and the longitudinal data asset remain wholly owned by 20/20 BioLabs all useful to provide evidence for Medicare reimbursement

Why it matters: franchisees fund vertical-specific customer acquisition, so the channel scales without 20/20 BioLabs building a national sales force.

A number of regional laboratories have expressed early, non-binding interest in the franchise model. No definitive agreements have been executed, and no assurance can be given that any such arrangement will be entered into or, if entered into, will generate revenue. Verticals shown are illustrative only.

Inside the franchise program

What a partner laboratory gets, where the pipeline stands, and what it does to our economics

THE OFFER

An exclusive vertical, a validated test, and a turnkey platform

Franchisees license OneTest for defined verticals. Our CLIA lab runs the testing, our models generate the reports, and our clinical evidence and brand stand behind the sale.

THE PIPELINE

Early, non-binding interest from a number of regional laboratories

Conversations are underway across several US regions. No definitive agreements have been executed, and no assurance can be given that any will be entered into or will generate revenue.

THE ECONOMICS

Royalty revenue plus shared customer-acquisition cost

Partners fund vertical-specific selling and cooperative advertising, adding a second revenue stream while reducing our own sales and marketing burn.

The channel scales with partner capital; the lab, the models, the data and the patents stay wholly with 20/20 BioLabs.

Why this is defensible

Four compounding advantages



Patented protein-marker method

Issued IP around multi-marker, AI-interpreted tumor antigen risk scoring.



Proprietary longitudinal dataset

Pre-diagnosis biomarker histories from tens of thousands of people — hard to replicate.



Structural cost advantage

Off-the-shelf FDA-approved IVD kits keep COGS a fraction of sequencing-based MCEDs.



Owned access channel

At-home upper-arm collection plus CAP/CLIA lab — we control the full experience.

OneTest for Longevity: the inflammation link

Available now — our newest test



Measures biomarkers of chronic inflammation linked to heart attacks, cancers, dementia, diabetes, and mental health — then returns specific diet and lifestyle guidance to lower them for healthier aging.



One draw, many diseases

A single inflammation panel informs cardiometabolic, oncologic, neurologic and metabolic risk.



Actionable and repeatable

Patients act, retest, and see biomarkers move — a built-in engagement loop.



Expands the same infrastructure

Runs on our existing CLIA lab, AI stack and at-home collection device.

Two tests, one engine, compounding revenue

How the platform scales

NOW

Cancer screening at scale

Expand fire/EMS and union programs; launch OneTest for Longevity into the same accounts.

NEXT

Therapy companion partnerships

Co-marketing and monitoring deals with chronic-disease therapy and longevity providers.

THEN

Platform & payer expansion

Broader biomarker menu, health-system and payer coverage, international distribution.

Every new test sold through an existing channel carries the lab, AI and collection infrastructure we have already built.

Q3 2026 | Sales Highlights

Preliminary, unaudited results indicate revenue growth for Q3 year-over-year

~40% new business in Q3

- New customer activity continued during Q3, expanding our commercial base across fire service, police, non-profits.
- ~40/60 split new business and returning customers

Occupational health

Increased activity with new partners supporting our one-to-many distribution strategy.

- 6 orders from a new partner in North Carolina
- 2 orders from a new partner in Texas

TF-7294

Signed purchase agreement expanding our nonprofit partnership channel.

- Military Veterans
- Intelligence Community
- Fire Service

Q4 2026 | Commercial Momentum

Converting an expanding pipeline into revenue opportunities

Vermont | ~\$500K opportunity

Previously anticipated to begin in Q3; following delays, the program is now expected to begin in Q4.

- Selected to screen up to 4,500 firefighters

Broader commercial pipeline

- Enabling new occupational health partners to expand and securing new partners
- Large opportunities in the fire service and police
- Private-sector employers seeking new health benefits
- Motivated physician groups focused on health optimization and wellness

Focus: program launches, partner activation and conversion of large opportunities.

State Programs | Expanding Opportunity

Building on prior program participation and new state initiatives

Maryland | Increased funding

Announced funding increased from \$480K to \$900K.

20/20 BioLabs served as the primary screening provider in prior programs, positioning us to pursue this expanded opportunity.

State Initiatives | New

- Virginia Firefighter Cancer Screening Grant Program
 - \$4M biennial budget
- Louisiana State-Mandated Screenings for Firefighters
- Texas – Wade Cannon Act
 - Mandated screening
- Massachusetts Program - \$250,000 Budgeted 2027
 - Legislation to expand access
- Pennsylvania HB 2826
 - ~\$2k per firefighter

Funding allocations and prospective opportunities are not recognized sales.



Partner with 20/20 BioLabs

Affordable, accurate, actionable, at-home — the only MCED built for annual, population-scale screening, now paired with a longevity test that makes chronic-disease therapy measurable.

Investors

AIDX trades on the Nasdaq stock market

Commercial partners

Employer, union, clinic and laboratory
franchise / distributor programs

Therapy partners

Companion inflammation monitoring pilots