ANS1 SYSTEM:
Sudopath Hardware & TM Oxi Hardware

- Assessment of:
  - Autonomic Nervous System
  - Cardiovascular System
  - Sudomotor Function
  - Endothelial Function

- Clinical Applications:
  - Early Detection of Peripheral Small Fiber Neuropathy
  - Detection of Cardiac Autonomic Neuropathy (CAN)
  - Early Detection of Endothelial Dysfunction & Cardiovascular Disease
  - Cardio-Metabolic Risk Markers
  - Adjunct in Diabetes Treatment Management
The Benefits To a Physician

• Tests are non-invasive
• Tests are easy to perform
• Equipment is not complicated to learn or use
• Fast Tests = 2 to 7 minutes per test
• Easy Data Interpretation
• New source of revenue!
• Attractive Insurance Reimbursement!!
• FDA 510K Clearance on all of our devices.
• Clinical studies validating our product & technology conducted at the University of Miami, University of Campinas (Brazil), IPC India, and other institutions around the globe.
Autonomic neuropathy is a nerve disorder and is often associated with the following diseases:

- Diabetes
- Liver disease
- Thyroid disease
- Kidney disease
- Autoimmune disease
- HIV

Certain medications could be responsible for autonomic neuropathy.

Symptoms associated with Autonomic neuropathy:
- Pain, numbness, tingling or burning in the feet or hands,
- Headaches, fatigue,
- Nausea, constipation, or diarrhea,
- Dizziness, syncope, Headaches
- Exercise intolerance
As an early detection modality for sudomotor dysfunction and peripheral distal neuropathy, Sudopath should be the “go to” solution for physicians desiring to help their patients.
TEST METHOD & PROCEDURE

METHOD:

- **SUDOMOTOR FUNCTION TEST** - early detection of potential risk for small fiber neuropathy
  - Galvanic Skin Response using electrodes and steel plates

- **AUTONOMIC NERVOUS SYSTEM TEST** - detection of potential risk for cardiac autonomic neuropathy (CAN)
  - Photoplethysmography “Pulse Wave Analysis” - technique via the finger probe
  - Heart Rate Variability (HRV) Assessment
  - Cardiac Autonomic Reflex Tests (CARTs)
  - Oscillometric Blood Pressure – automatic blood pressure device
  - Beat to Beat blood pressure recordings

- **ENDOTHELIAL FUNCTION TEST** - early detection of risk for endothelial dysfunction
  - Photoplethysmography “Pulse Wave Analysis” - technique via the finger probe

PROCEDURE:

- Testing is performed in roughly 7 minutes and is completely non invasive. The recordings include a base line phase where the patient is relaxed, and a testing phase (CARTs) where the patient is asked to perform basic breathing exercises and one active postural change. Scores are calculated based on several recorded parameters, and it allows for a fast and intuitive interpretation of the color coded results.
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>95921</td>
<td>TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; CARDIOVAGAL INNERVATION (PARASYMPATHETIC FUNCTION), INCLUDING 2 OR MORE OF THE FOLLOWING: HEART RATE RESPONSE TO DEEP BREATHING WITH RECORDED R-R INTERVAL, VALSALVA RATIO, AND 30:15 RATIO</td>
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<td>95923</td>
<td>TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; SUDOMOTOR, INCLUDING 1 OR MORE OF THE FOLLOWING: QUANTITATIVE SUDOMOTOR AXON REFLEX TEST (QSART), SILASTIC SWEAT IMPRINT, THERMOREGULATORY SWEAT TEST, AND CHANGES IN SYMPATHETIC SKIN POTENTIAL</td>
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<td>95943</td>
<td>This code has been established to report when an autonomic function testing does not include beat-to-beat recording, or for testing without the use of a tilt table. This is a simpler, automated procedure compared to the other autonomic codes. Simultaneous, independent, quantitative measures of both parasympathetic function and sympathetic function, based on time–frequency analysis of heart rate variability concurrent with time–frequency analysis of continuous respiratory activity, with mean heart rate and blood pressure measures, during rest, paced (deep) breathing, Valsalva maneuvers, and head–up postural change.</td>
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<td>250.6</td>
<td>DIABETES WITH NEUROLOGICAL MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED - DIABETES WITH NEUROLOGICAL MANIFESTATIONS, TYPE I [JUVENILE TYPE], UNCONTROLLED</td>
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<td>277.30</td>
<td>AMYLOIDOSIS, UNSPECIFIED - OTHER AMYLOIDOSIS</td>
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<td>OTHER DEGENERATIVE DISEASES OF THE BASAL GANGLIA</td>
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<td>337.00</td>
<td>IDIOPATHIC PERIPHERAL AUTONOMIC NEUROPATHY, UNSPECIFIED</td>
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<td>OTHER IDIOPATHIC PERIPHERAL AUTONOMIC NEUROPATHY</td>
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<td>REFLEX SYMPATHETIC DYSTROPHY UNSPECIFIED - REFLEX SYMPATHETIC DYSTROPHY OF OTHER SPECIFIED SITE</td>
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<td>356.8</td>
<td>OTHER SPECIFIED IDIOPATHIC PERIPHERAL NEUROPATHY</td>
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<td>UNSPECIFIED IDIOPATHIC PERIPHERAL NEUROPATHY</td>
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