



FIZE Medical: Strategic Growth Plan 2025

AGENDA

 Vision

 High level goal

 Expected outcomes

 Key activities

 Branding, positioning, mission statement and tagline

 High level strategy, risks, mitigation, objection handling, competition

 Inbound Marketing Drilldown: Product Enhancements

 Outbound Marketing Drilldown: Markets & Verticals

 Key Success Factors

 Goals/Metrics

VISION

SHORT TERM:

Dr.'s 1st choice for risk management of AKI, advanced ICU's gold standard.

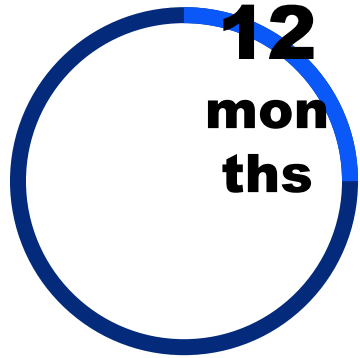
LONG TERM:

Monitoring 50% of all catheter connected patients.

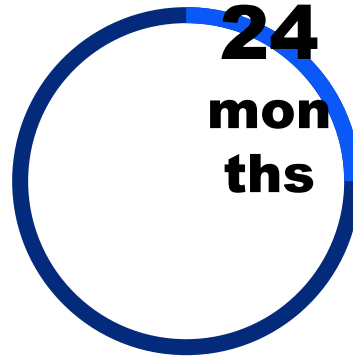


HIGH LEVEL GOAL

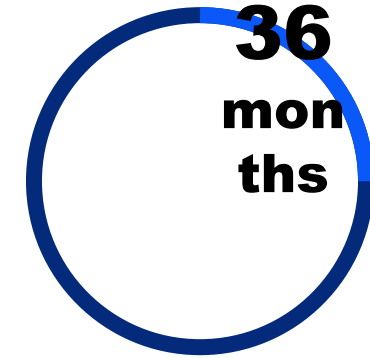
Maximize sales, profit and market dominance



- Comprehensive marketing material and sales tools kit (including a **gold standard level clinical study**).
- 3+ additional strategic distributors and 4K units install base increase (TBD).
- Successful launch in Japan, Germany, UK and sales boost in US & Israel.



- Increasing sales velocity, reducing sales expenses and boosting sales volume and profitability.
- Penetrating 10 different verticals.
- Sales in 10+ territories with a total of 16K operative systems in our install base (TBD).



- ICU's standard of choice and 27K units in our install base (TBD).
- Full commercial global launch of a 3 years product roadmap addressing 50%+ of patients using catheters.

Expected Outcomes: ~25-fold sales growth (7 years) with market dominance and wide clinical adoption (install base of ~125K).



KEY ACTIVITIES

Business Operations & Infrastructure

- RA: Ongoing updates of features, intended use and indications: FDA, CE Mark, MDR, PMDA fast-tracks.
- Strategic Collaborations (OEM): **Baxter**, **Hospira**, Philips, GE, Medtronic, **B-Braun**, **Fresenius**, Pfizer, BD, **Eitan Medical**, (potentially producers of current urine bags), etc.
- Production Scale-Up to meet demand, reduce COGS and increase profitability.
- Sales Force Expansion.
- Contracts with military/health institutions (NATO, DoD, IDF), hospital chains, insurers and NGOs.



KEY ACTIVITIES

Inbound Marketing

- Product Enhancements
- CPT codes, DRG coverage pathways, etc.
- Global education & training for clinical staff.
- Build clinical reference/beta sites for high credibility, feedback and anonymized data gathering.
- KOL engagement and clinical advisory boards
- Peer-reviewed articles validating clinical/economic value, case reports, testimonials and white papers.
- Robust economic studies proving cost savings, ROI for distributors, sales force, insurers, hospitals, etc.
- Positioning products emphasizing long-term ROI for premium segments (**cost reduction will take time**).



KEY ACTIVITIES

Outbound Marketing

- Lead generation channels
- Distribution partnerships (**hybrid**).
- Penetrate top-priority markets first (US, EU, Japan).
- Vertical Expansion (ICU, Surgery, Cardiology, etc.)
- Sales campaigns: limited-time offers for first 3 years of customer adoption (addressing the two main customer objections).
- Bundle with complementary products to boost adoption.
- Conventions Dominance (Medica, ESICM, ASN Kidney Week, SCCM Congress, etc.)
- Awareness avalanche: Digital/social media awareness & testimonials campaign (**start with low-cost A/B testing and withdraw/improve**).

BRANDING, POSITIONING, MISSION STATEMENT AND TAGLINE

- Knowing Is Caring...
- No More Guesswork in Fluid Management
- **It's All Digital Now**
- The NEW ICU Standard Is Digital



HIGH LEVEL STRATEGY, RISKS, MITIGATION, OBJECTION HANDLING AND COMPETITION

Our key competition is the current manual urine bag (current standard).

PRICING



CHALLENGE

Existing lower cost standard

MITIGATION

Sales promotion: 1-3 years
subsidize disposable cost?
(TBD), Positioning, product dev.

HIGH LEVEL STRATEGY, RISKS, MITIGATION, OBJECTION HANDLING AND COMPETITION

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SIMPLICITY



CHALLENGE

Learning curve

Alarms management

Overall, potentially more demanding

MITIGATION

On screen guidance movie with an X1, X2, X3 speed/incentives for nurses watching our YouTube guidance video ([Starbucks coffee credit?](#)).

EMR/HER integration with a potential [split](#) to nurse and doctors, [smart alarm mode](#).

Minimize need for urine tests by [automatically testing and updating the EMR](#).



HIGH LEVEL STRATEGY, RISKS, MITIGATION, OBJECTION HANDLING AND COMPETITION

Our key competition is the current manual urine bag (current standard).

REACH



CHALLENGE

ICU sale of a single device is challenging

Building a sales force is costly

Costly reach

MITIGATION

Collaborate with other ICU's distributors capable of offering a wide portfolio and strategically aim for distributors with AKI related products, global, novel, etc.

Hybrid model combining some direct sale securing partial revenues in higher margins combined with regional and global distributors.

Pareto based customer targeting: Integrated Delivery Networks (IDNs), etc.



HIGH LEVEL STRATEGY, RISKS, MITIGATION, OBJECTION HANDLING AND COMPETITION

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VALUE



CHALLENGE

Install base future readiness concerns / Lack of critical mass of value / **competition with current labs accuracy, speed & cost**

MITIGATION

A smart ability to upgrade the install base making it “future proof” will ease customer concern from being a “too early adaptor” (central AI processing system sold separately/SaaS based through the EMR plus additional sensors as part of the disposable (TBD)).

HIGH LEVEL STRATEGY, RISKS, MITIGATION, OBJECTION HANDLING AND COMPETITION

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PROFIT



CHALLENGE

Profitability

MITIGATION

Aim for clinical settings favoring a <14 days catheter replacement

HIGH LEVEL STRATEGY, RISKS, MITIGATION, OBJECTION HANDLING AND COMPETITION

Our key competition is the current manual urine bag (current standard).

STRATEGIC PREFERRED SOLUTION

1

Gold standard / Mandatory – malpractice risk of not using Fize technology

2

Roadmap towards all other friction points

INBOUND MARKETING

Selected topic for a slightly deeper drilldown

PRODUCT ENHANCEMENTS

- EMR/HER integration (Epic, etc.)
- A cloud based /on premise Wi-Fi based AI solution is assumed avoiding the need to GPU the device and complementing wards with multiple devices.
- Creatinine levels (**up to 10X sales boost shifting from ~2% acute care hospital beds penetration to 20%, while all other parameters together may add ~ 30% more, in addition to the potential critical mass of data required to provide clinical insights and predictions such as AKI, sepsis and more).** Initiate a series of AI based feasibility studies including image processing).
- Protein level
- Urea levels
- Electrolytes (Na⁺, K⁺, Cl⁻, Ca²⁺, Mg²⁺)
- All other relevant electrolytes (please specify).
- Glucose
- Blood
- PH
- Leukocytes
- Nitrites



INBOUND MARKETING

Selected topic for a slightly deeper drilldown

PRELIMINARY ASSESSMENT (R&D DISCUSSION IS NEEDED):

- **TBD:**
- **lab tests costs vs. Fize Medical disposable cost business case, BOM estimations.**
- **Image processing based on AI working as a preliminary alert for a test need with a roadmap for a test replacement**

PARAMETER	METHOD	FEASIBILITY	PROTOTYPE TIME	VALIDATION TIME	RISK LEVEL
Creatinine	Electrochemical/enzymatic	Moderate	12–18 mo	18–24 mo	Moderate
Protein	Optical/Immunoassay	High	12 mo	18 mo	Low
Urea	Enzymatic/potentiometric	High	12–18 mo	18 mo	Moderate
Electrolytes (K ⁺ , Na ⁺)	Ion-selective electrodes	High	8–12 mo	18 mo	Low
Other Electrolytes (Cl ⁻ , Ca ²⁺ , Mg ²⁺)	Ion-selective electrodes	High	12 mo	18 mo	Low
Glucose	Enzymatic (glucose oxidase)	Very High	6–12 mo	12–18 mo	Low
Blood (Hematuria)	Optical	High	8–12 mo	12–18 mo	Low
pH	Electrochemical	Very High	6 mo	12 mo	Very Low
Leukocytes/Nitrites	Optical/Electrochemical	Moderate	12–18 mo	18–24 mo	Moderate

OUTBOUND MARKETING

Selected topic for a slightly deeper drilldown

MARKETS & VERTICALS

- Markets selected based on ICU maturity, AKI burden, procurement readiness, GDP, combined population and GDP considerations.
- Denmark due to its central governmental ~fully digital healthcare system despite the small population. Additionally, they are now building the country's biggest hospital in a top-notch standard.

RANK	COUNTRY	ENTRY TIMING	ENTRY MODEL	REGULATORY PATH	ASP (\$)	EST. 3Y UNITS
1	USA	Immediate	Direct + IDNs	FDA (pending)	\$4,500	5000
2	Germany	Q3 2025	Distributor-led	CE mark	\$4,200	2500
3	Japan	Q4 2025	Local Partner	PMDA	\$4,600	2000
4	UK	Q3 2025	NHS Integration	UKCA	\$4,300	1800
5	Canada	Q4 2025	Provincial MOH	Health Canada	\$4,400	1500
6	France	Q1 2026	Hospital Chains	CE mark	\$4,000	1200
7	Australia	Q3 2025	Hybrid	CE-equivalent	\$4,500	1000
8	South Korea	Q1 2026	Public Hospitals	MFDS	\$4,200	1000
9	Denmark	Q2 2026	Central Tender	CE mark	\$4,400	800

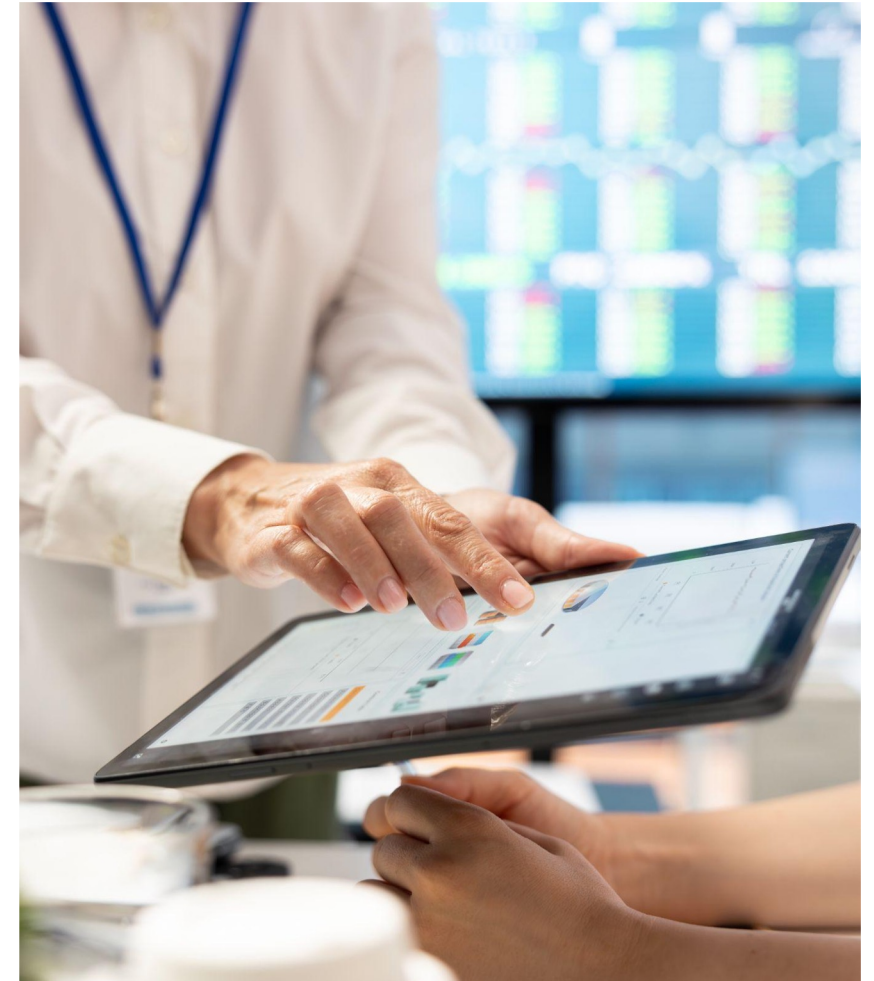


OUTBOUND MARKETING

Selected topic for a slightly deeper drilldown

MARKETS & VERTICALS

- Potential verticals expansion (**prefer a <14 day disposable cycle like OR's, consider team's qualification, patient benefit**):
 - **Operating Rooms (ORs):** Monitoring during major surgeries to detect early signs of renal stress.
 - **Emergency Departments (EDs):** Rapid assessment of renal function in acute presentations.
 - **Nephrology Wards:** Continuous monitoring for patients with acute or chronic kidney conditions.
 - **Cardiology Units:** Managing fluid balance in heart failure patients.
 - **Oncology Departments:** Monitoring nephrotoxic effects of chemotherapy.
 - **Post-Anesthesia Care Units (PACUs):** Early detection of postoperative renal complications.
 - **Pediatrics:** Tailored monitoring for children at risk of AKI.
 - **Drug based:** antimicrobial, antifungal and chemotherapy to monitor nephrotoxic effects.





KEY SUCCESS FACTORS

- Clear pathway to **rapid regulatory and reimbursement approvals**.
- Evidence-based **clinical adoption** strategies supported by health economics.
- Strong, well-defined **distribution and partnership** model.
- Clear and powerful **brand messaging and marketing execution**.
- Effective use of **digital and educational channels** to accelerate awareness and adoption.
- **Salesforce effectiveness** through structured training, targeted segmentation, and support.
- Well-defined **go-to-market plan with clear milestones**, accountability, and adaptive mechanisms.
- 150 hospital customers across top 10 markets within 3 years
- 10 distributors/partners within 2 years
- 25 clinical publications or studies within 3 years
- \$XXXM+ revenue by 2032
- 30% of users adopting future AI urine analytics
- 70-90% Net Promoter Score (NPS) from ICU leads

GOALS/ METRICS



APPENDIX

Country-Specific Branding & Positioning (very preliminary draft)

1. United States

- **Message:** "Elevate ICU performance. Prevent AKI proactively."
- **Key Channels:** IDNs, VHA, private hospital systems
- **Tactics:** Peer-reviewed studies, ROI calculators, ICU workflow integration tools

2. Germany

- **Message:** "Sicherheit in Echtzeit – Nierenversagen vermeiden."
- **Key Channels:** Academic hospitals, procurement platforms
- **Tactics:** Clinical trial with top teaching hospital, reimbursement dossier

3. Japan

- **Message:** "AIと連携する次世代の尿出力監視。"
- **Key Channels:** Tertiary hospitals, nephrology societies
- **Tactics:** Partner with device distributor, Japanese-language training portal

4. United Kingdom

- **Message:** "Prevent AKI. Save Lives. Reduce Costs."
- **Key Channels:** NHS procurement pathways
- **Tactics:** NICE evidence submission, NHS innovation accelerators

5. Canada

- **Message:** "Real-time renal insights for patient-centered care."
- **Key Channels:** Provincial health ministries, ICUs
- **Tactics:** Pilot trials in Toronto and BC, public procurement support

6. France

- **Message:** "Suivi urinaire intelligent pour soins intensifs."
- **Key Channels:** AP-HP hospitals, ICU units
- **Tactics:** French-language collateral, EU MDR case study deployment

7. Australia

- **Message:** "Redefining renal response time in ICU."
- **Key Channels:** ICU network associations, government tech councils
- **Tactics:** Launch in VIC & NSW, Australia-first tele-ICU module

8. South Korea

- **Message:** "실시간 당장 동작하는 유입\uC 랑 검사 기술"
- **Key Channels:** MOHW hospitals, Samsung/Seoul hospitals
- **Tactics:** MFDS guidance engagement, tech showcase events

9. Netherlands

- **Message:** "Realtime inzichten. Minder fouten."
- **Key Channels:** Academic consortia, public-private ICU alliances
- **Tactics:** Reimbursement pilot with Erasmus MC, public health grants

10. Denmark

- **Message:** "Avanceret overvågning af urinproduktion i realtid."
- **Key Channels:** University hospitals, regional health authorities (Regioner), procurement platforms (SKI)
- **Tactics:** Collaborate with MedTech Innovation Consortium (MTIC), launch pilot programs with leading "superhospital" sites like Rigshospitalet or Aarhus University Hospital, and align with Denmark's national digital health strategies.

**Thank you for this interesting
and important challenge.**

Amir