



15 June 2015

NEW FUNDING & UPDATE

Optiscan is pleased to announce a \$1.19m funding round.

The funding will consist of \$500,000 in debt and a fully underwritten 1:15 non-renounceable rights issue raising approximately \$690,074.

The key terms of the debt funding are:

- \$500,000 closed on 12 June 2015
- Maturity date 30 November 2015
- 15% coupon, payable upon maturity
- Secured against Optiscan's 2015 R&D tax incentive claim (est \$700,000)

The key terms of the rights issue:

- 1:15 pro rata issue at 5cps to raise approximately \$690,074
- Fully underwritten
- Offer opens 22 June 2015
- Offer closes 6 July 2015

This funding comes at a true transitional point for Optiscan as it nears the launch of its first imaging systems using Optiscan's latest second generation technology platform. This platform is the outcome of more than 20 years R&D and \$100m of investment and possesses proven, efficacious, protected, real time in vivo imaging at sub-micron resolution.

Optiscan's second generation animal imaging system, CellLIVE, is expected to generate its first sales in the September quarter. CellLIVE is being marketed and distributed by UK based MR Solutions and will be exhibited at the preeminent World Molecular Imaging Congress (WMIC) to be held in Hawaii in early September.

Optiscan's lead clinical product using the latest second generation imaging platform is its neurosurgery imaging system. This system is in the final stages of development with activities now focussed on regulatory submission. The system has been developed for Carl Zeiss, the world leader (>50% market share) in visualisation systems for neurosurgery.

Optiscan is in continuing discussions with Carl Zeiss in relation to enhancing the commercial arrangements between the parties. Such discussions are likely to reach a conclusion in the September quarter.

Optiscan is delighted with the support it has received for this funding round and looks forward to establishing its second generation imaging platform in multiple markets, both pre-clinical and clinical.

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