

Annual General Meeting

November 28, 2022

Authorised by the Board of Directors of Genetic Technologies Limited

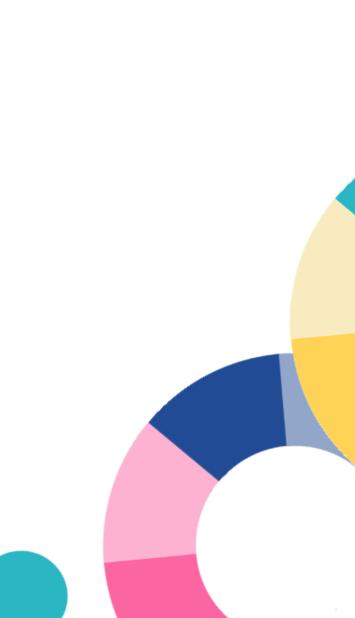
ASX: GTG NASDAQ: GENE



Agenda

- Chairman's address Mr Peter Rubinstein
- Business of the Meeting
 - 2022 Annual Report and auditors' report
 - Resolutions
 - 1. Remuneration report
 - 2. Re-elect Mr Nick Burrows
 - 3. Increased placement capacity
 - 4. Amendment to the Constitution
- CEO address Mr Simon Morriss

• Q&A



Questions

To ask a written question, select the "Q&A" icon and select the topic your question relates to

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<u>Р</u>
Q&А
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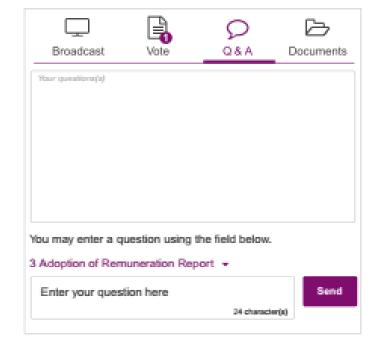
Type the question into the chat box at the bottom of the screen and press "Send"



Your question will be sent immediately for review

Received

To ask a verbal question follow the instructions below the broadcast window.







Voting Instructions

When the poll is open, select the "Vote" icon and voting options will appear on your screen

Vote

To vote simply select the direction in which you would like to cast your vote. A tick will appear to confirm receipt of your vote



Against 🔿 🗛

Abstain C

To change or cancel your vote, select "Click here to change your vote" and select a different option to override. You can change your vote any time before the poll is closed

Broadcast	Vote	<u>р</u> 98А	Documents
Items of Bus	iness		
2A Re-elect Mr John Brown as a Director			
FOR	AGAINS	ſ	ABSTAIN
2B Re-elect Mr Peter Nolan as a Director			
FOR	AGAINS	ſ	ABSTAIN



Chairman's Address Mr. Peter Rubinstein



Items of business

First item of business: to receive and consider the financial statements and reports for the year ended 30 June 2022



Resolution 1: Adoption of the Remuneration Report

"That for the purpose of Section 250R(2) of the Corporations Act and all other purposes the Remuneration Report as set out in the Directors' report for the Company for the year ended 30 June 2022 be adopted."



Resolution 1: Adoption of the Remuneration Report

Proxy Voting:

Vote type	Voted	%	
For	541,123,404	83.3%	
Against	101,153,924	15.6%	
Open-Usable	7,467,502	1.1%	
Abstain	85,254,478		



Resolution 2: Re-Election of Mr Nick Burrows

"To elect Mr Nick Burrows who retires by rotation in accordance with clause 20.3 of the Company's Constitution and being eligible offers himself for re-election as a Director."



Resolution 2: Re-Election of Mr Nick Burrows

Proxy Voting:

Vote type	Voted	%
For	739,948,815	86.7%
Against	105,946,465	12.4%
Open-Usable	7,977,502	0.9%
Abstain	83,645,835	



Resolution 3: Approval of increased placement capacity

"That pursuant to and in accordance with Listing Rule 7.1A and for all other purposes, Shareholders approve the increase in capacity of the Company to issue of Equity Securities up to 10% of the issued capital of the Company (at the time of the issue) calculated in accordance with the formula prescribed in Listing Rule 7.1A.2 and otherwise on the terms and conditions in the Explanatory Statement accompanying this Notice of Meeting."



Resolution 3: Approval of increased placement capacity

Proxy Voting:

Vote type	Voted	%	
For	783,009,659	83.8%	
Against	142,988,184	15.3%	
Open-Usable	7,967,502	0.9%	
Abstain	3,553,272		



Resolution 4: Amendment to the Constitution

"That for the purposes of section 136(2) of the Corporations Act, the existing constitution of the Company be amended as detailed in the Explanatory Memorandum, effective at the close of this meeting."



Resolution 4: Amendment to the Constitution

• Proxy Voting:

Vote type	Voted	%	
For	696,223,379	83.8%	
Against	126,326,114	15.2%	
Open-Usable	8,074,645	1.0%	
Abstain	106,894,479		



Chief Executive Officer Address Mr. Simon Morriss

The Future: Unlocking personalised preventative medicine

World leading portfolio

Most comprehensive guideline driven portfolio for human and animal health.

- Patented GeneType Multi Risk Test
- Non-Invasive Prenatal Testing (NIPT)
- Carrier screen testing
- Pharmacogenomics
- Oncogenetic diseases
- Pet care

Revenues anchored by our 3 brands to seize a multi Billion-dollar opportunity.









Patented* Genetype tests Integrate polygenic risk and clinical risks for critical medical conditions

Genetype tests integrate individual's familial, clinical and genetic information to actionable clinical insights.

A non-invasive saliva based test combines genetic and clinical risk models with cutting-edge research. We're leading a personalised healthcare revolution.

Our medical practitioners, scientists and technicians have developed the next generation of integrated predictive genetic testing and assessment tools – empowering physicians and patients to proactively manage health.

- ✓ 10 Patent families covering the GeneType products
- ✓ 4 Patents granted in the US
- ✓ 2 Patents granted in China
- 9 Patents pending Worldwide



Global Overview



14

Categories



51

Tests



Patents Granted* (9 Pending Worldwide*)

Partner Laboratories

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Delivering Revenue and Growth – Q1 FY23



Strategic & Operational Highlights:

- Cash receipts from customers A\$2.06m with +145% on last year;
- Revenue A\$1.93 million for the quarter, up 375% from (Q1FY22)
- 5 consecutive qtrs. of growth on prior year
- GeneType Multi-Risk Test is implemented in 64 clinics building our geneType hub strategy
- Promoting to over 10,000 General practitioners (GPs) across Australia by leveraging Breast Cancer Awareness Month

- Clinical utility demonstrated by the peer review publication of Genetype for Breast Cancer in the Journal of Precision Medicine
- GeneType Risk Test outperforms traditional risk assessments for breast cancer in identifying risk by up to 9 times
- Material progress in USA with Alva10 and large payer engagement
- New USA business manager is making great progress with concierge medicine groups and independent doctor network







GeneType Multi-

Our Innovation – Multi-Risk Test

GeneType can identify patients 'at risk' before onset and aid in the early detection and treatment.

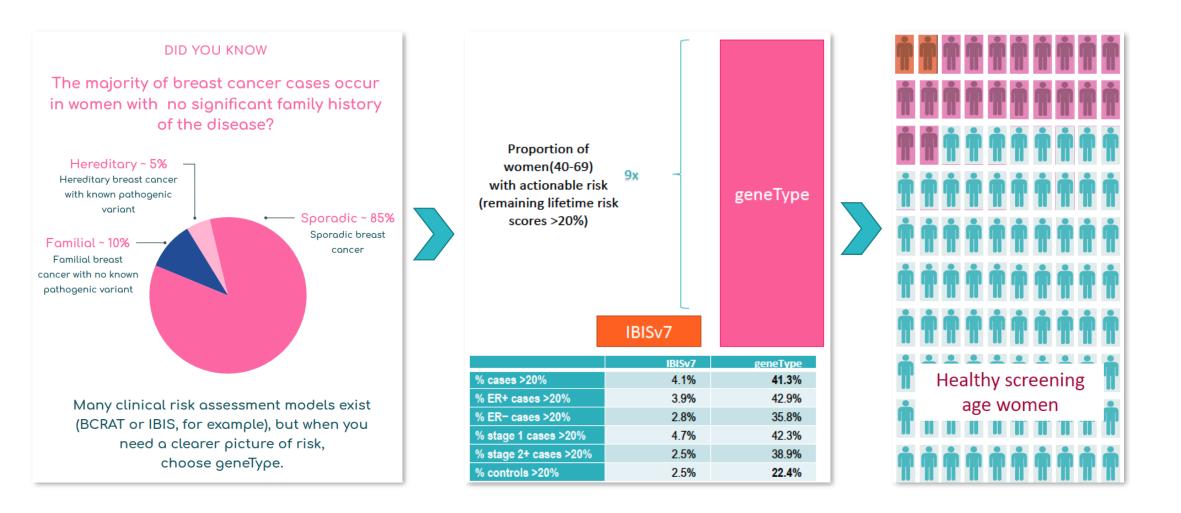
GeneType Risk assessment test for breast cancer has demonstrated improved early stage detection by 18% and saving approx. US\$1.4B per annum⁴ for the US payer



. TGA, FDA and EU regulatory approval granted to the sponsor, DNA Genotek

- 2. Commercial availability expected Q1 CY2022
- 3. Commercial availability upon regulatory approval
- 4. Budget Impact Model prepared by Alva10

GeneType Identifies up to **9** Times More Cancer Risk Patients Compared to Existing SoC Models¹



The paper, titled *"Integrating Personalised Medicine into Preventative Care through Risk Stratification" Published in the Journal of Precision Medicine* ¹ <u>https://www.thejournalofprecisionmedicine.com/wp-content/uploads/integrating-personalized-medicine-preventive-care.pdf</u>

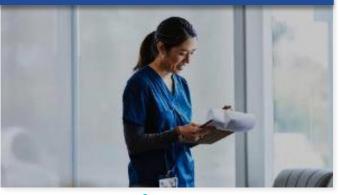




Pathways to Market

Executing a multi-brand strategy

Medical & Payer Business to Business (B2B)



geneType

Oncology – GTG Cardiovascular Prenatal NIPT Carrier testing Clinical & Molecular Metabolic

Consumer initiated testing (CIT)

with medical supervision



geneType

Expanded Carrier testing & NIPT Oncology – MultiTest Cardiovascular – MultiTest Metabolic – MultiTest COVID Rick Test Pharmacogenomics

Direct to Consumer Testing (DTC)

with no medical supervision







Ancestry Paternity Health & Wellbeing Pharmacogenetics Animal Drug testing Relationship DNA Storage



Pathways to Market – highest priority

Medical & Payer Business to Business (B2B)

Revenue Drivers	Health Economic modeling completed by ALVA10*	
	Certifying reimbursable testing platform: BRCA test & LYNCH Syndrome test	
Partners	A plan curated for: Payers / Insurers* Primary Care Physicians, Specialists, Surgeons, Concierge Medicine Groups	
Products	geneType Multi-test	
	NGS platforms with Germline, Carrier Screening and NIPT	
	BRCA test & LYNCH Syndrome test	
	geneType	

Payer coverage is the key driver of revenues for geneType

Coverage from payers in the US will accelerate adoption of geneType Risk Assessment Tests more widely

Budget Impact Model (BIM) demonstrates significant health & economic benefits of implementing the geneType Breast Cancer Risk Assessment Test

11 Active conversations with payer groups in the US

US Payers include:

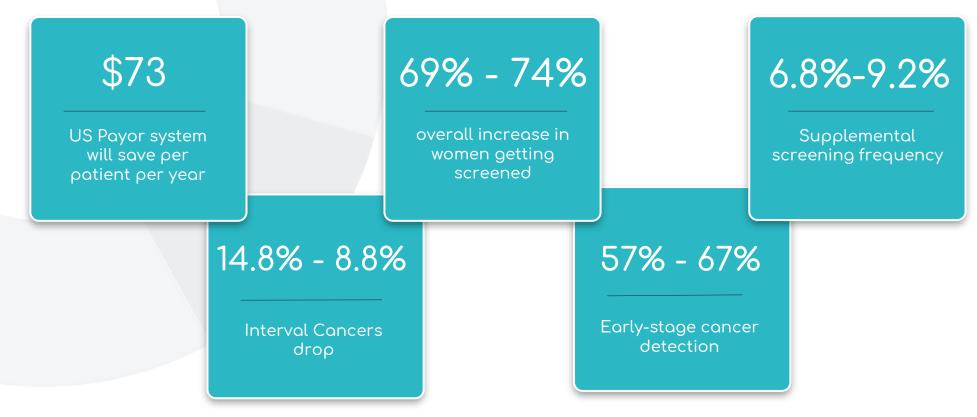
- Humana 17 million lives covered
- Aetna 22.1 million live covered
- Independence Blue Cross 3 million lives covered

Smaller payers such as employer groups have potential to move quickly

BIM validates the benefits of implementing geneType



Economic Modeling in the US Payer System¹ The economic benefit to the payers in the US is US\$1.4B per annum

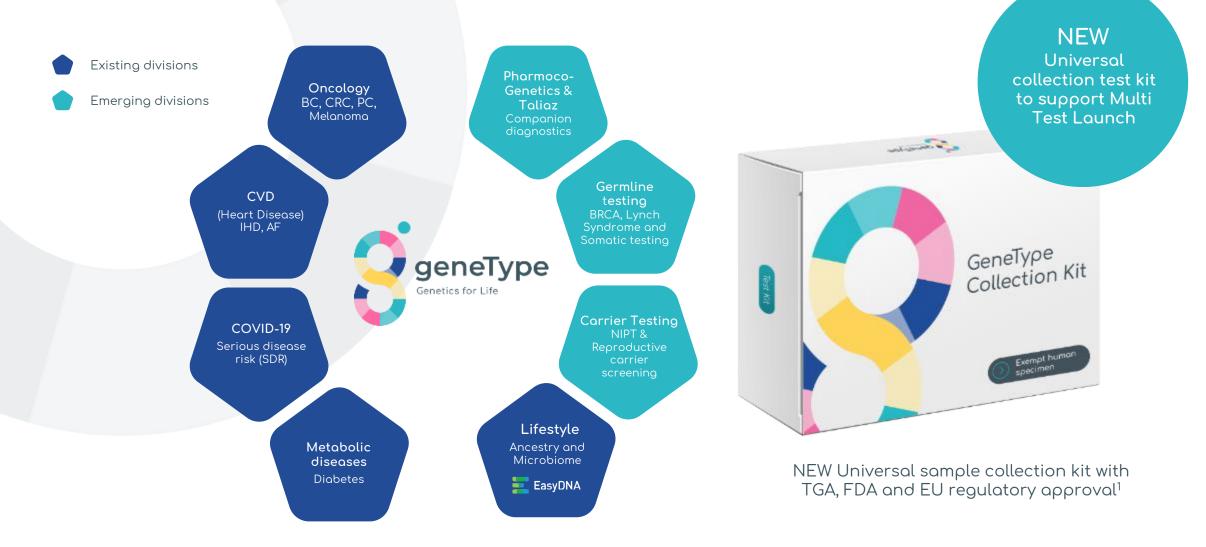


<u>3.6% in annual savings to</u> a payer system in the screening and treatment of breast cancer.

1 Corporates and Insurance market entry assessment - Health Economic Model completed by ALVA10 May 2022.



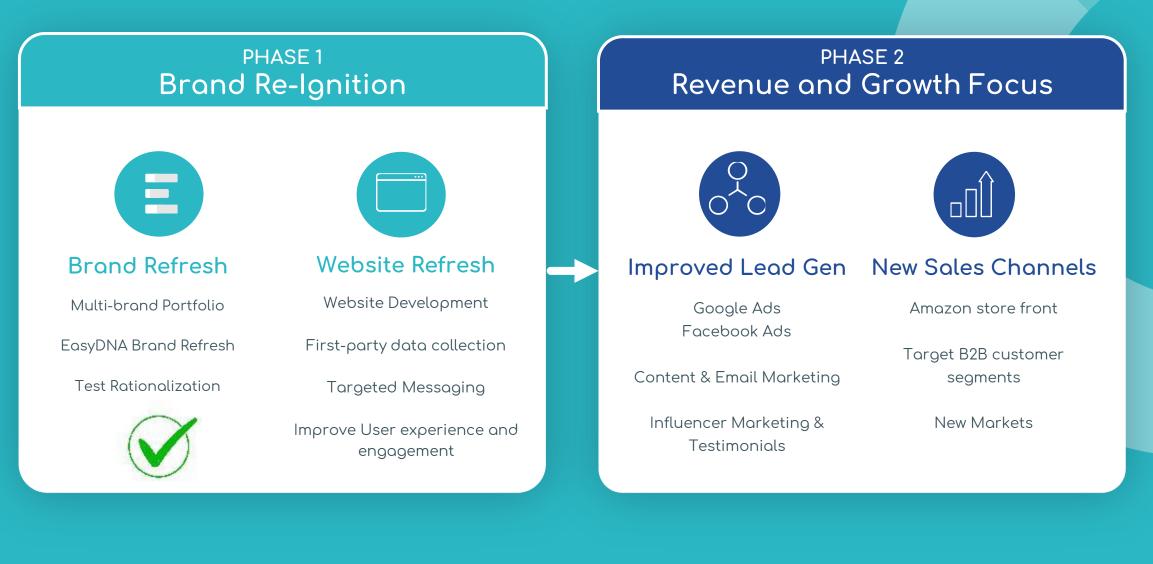
Divisions of Operations



BC = Breast Cancer; CRC = Colorectal Cancer; PC = Prostate Cancer; CVD = Cardiovascular Disease; IHD = Ischemic Heart Disease; Atrial Fibrillation 1. TGA, FDA and EU regulatory approval granted to the sponsor, DNA Genotek

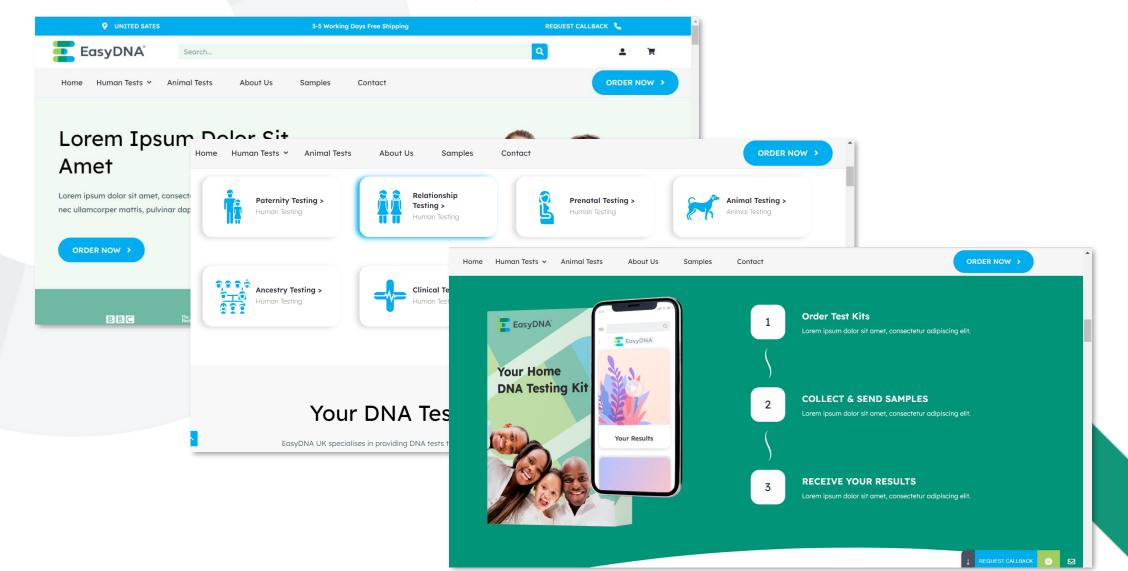


DTC - Growth strategy for EasyDNA





DTC - Growth strategy for EasyDNA



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Collaborations

Professor Bernard Rosner

Professor Graham Colditz

Professor John Hopper



Channing Division of Network Medicine, Brigham and Women's Hospital and Harvard Medical School, Boston, Massachusetts, USA – Principal Investigator of the Nurses' Health Study (International expert in Biostatistics and breast cancer epidemiology).

Collaborating on a project to improve the GeneType Breast Cancer Test and to Cross-validate the Ovarian cancer test in the Nurses Health Study Washington University in St. Louis INSTITUTE FOR PUBLIC HEALTH

Deputy Director, Institute for Public Health. Washington University School of Medicine, St. Louis, Missouri (International expert in Biostatistics and breast cancer epidemiology).

Collaborating on a project to validate the GeneType for Breast Cancer Test in African American patients



Professorial Fellow at the Centre for Epidemiology and Biostatistics in the School of Population Global Health, Melbourne University

Collaborating on a project to improve the Genetype for Breast Cancer Test and on a joint project with Prof Emery to develop clinical utility evidence for the GeneType tests



Collaborations

Professor Jon Emery

Memorial Sloane Kettering Cancer

Ohio State University





Professor of Primary Care Cancer Research at the University of Melbourne, and the Victorian Comprehensive Cancer Centre

Collaborating on a joint project with Prof Hopper to develop clinical utility evidence for the GeneType tests Memorial Sloan Kettering Cancer Center

Collaborating on a project to investigate modification of risk in BRCApositive patients by polygenic risk scores



Collaborating on a project to investigate modification of risk in BRCApositive patients by polygenic risk scores



Snapshot and Achievements last 12 months

GeneType commercialization

- Phase 1 commercial release of the geneType Multi-Risk test in US
- >90 medical practices on-boarded launching the foundation of geneType Hubs in Australia
- ✓ AffinityDNA
- ✓ Completed 2 Acquisitions EasyDNA and
- ✓ Presentations by Dr Erika Spaeth at:
 - ✓ San Antonio Breast Cancer Symposium,
 - ✓ Precision Medicines leaders summit
 - ✓ Precision Medicine World Conference

Partnerships

- ✓ Launch with A/Prof Charles Siles providing immediate access to more than 1,000 referring primary care physicians and 15,000 patients annually in Australia
- Partnerships with Australian Breast Care Centre and Dr Nicole Yap
- ✓ Launch of screening for breast cancer risk with Prof Bruce Mann at Royal Women's Hospital in Melbourne

EasyDNA integration activities

- ✓ NEW EasyDNA Website ready for launch
- ✓ NEW eCommerce Platform ready launch
- ✓ Launch Carrier Testing and Non-Invasive Prenatal Tests (NIPT) into Europe
- Partnering in India with stud farms extending paternity infrastructure into the equine industry
- Launch DNA storage solution in GTG NATA approved facility

Reimbursement activation

- Independently developed Budget Impact Model (BIM) identifies US\$1.4 billion dollars in annual saving by ALVA 10
- ✓ 11 Active payer conversations
- Progress on US Payer meetings to enable coverage across millions of lives

Clinical Validity and IP Strategy

- Published in Journal or Precision Medicine
- Published in European Journal of Cancer prevention
- ✓ 10 Patents granted
- ✓ 5 new provisional patents filed
- 4 papers published
- ✓ 3 papers under review

Laboratory Capability

- Gained NATA and CMS-CLIA accreditation and certification for 6 polygenic risk score tests
- ✓ Successful ARTG notification to TGA for company IVDs for all tests on the multirisk test



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www.linkedin.com/company/genetype-limited

<u>www.genetype.com</u>

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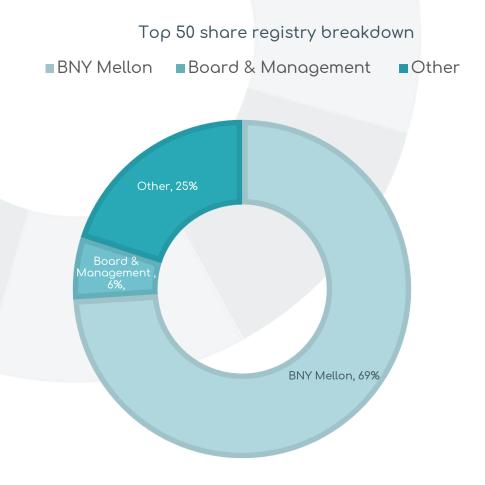


Appendices





Corporate Overview



Dual Listed on the ASX and Nasdaq

Financial Information

Share price (AUD) as at 25 October 2022	0.3c
ADR price (USD) as at 25 October 2022	\$1.20
Ord Shares on Issue (M)	9,234
ASX 52-week trading (AUD low/high)	0.3/0.8c
Nasdaq 52-week trading (USD low/high)	0.95/3.04
Market Cap (A\$M/US\$M)	32.31/18.47
Cash at 30 September 2022	A\$7.9m
Cash at 30 June 2022	A\$11.7m
Debt (30 June 2022 and 30 September 2022)	nil



Financial Overview

- Net cash outflow of A\$3.4 million in Q1 FY'22 (compared to Q4 FY'22 inflow of: A\$197k) as we continue to grow EasyDNA and Affinity DNA brand sales and develop and commercialize our geneType tests
- Cash reserves of A\$7.9 million at 30 September 2022 will be directed to:
 - Drive the commercialization of geneType products in United States, Europe and Australia
 - Develop the direct-to-consumer sales channel through EasyDNA and AffinityDNA
 - US Payer model development for geneType for breast cancer;
 - General product research and development; and
 - For general working capital.

A\$'000	30-Sep-22	30-Jun-22	Change
Net operating cashflow	(3,410)	197	-1831%
Receipts from customers	2,056	2,013	2%
Research and Development and Staff costs	(2,126)	(1,429)	49%
Cash	7,495	11,733	-32%



Board and Management: Sales and Scientific expertise leading GTG



Mr. Peter Rubinstein BEc, LLB Chairman Non – Executive Director



Dr. Lindsay Wakefield MBBS Non – Executive Director



Mr Nick Burrows B.Comm, FAICD, FCA, FGIA, FTIA, F Fin Non – Executive Director



Simon Morriss GAICD Chief Executive Officer



Dr. Jerzy "George" Muchnicki MBBS Non-Executive Director



Erika Spaeth PhD Director of Clinical & Scientific Affairs



Richard Allman BSc, PhD Scientific Advisor



Tony Di Pietro B. Comm, CA, AGIA, MAICD CFO & Company Secretary



Carl Stubbings Chief Commercial Officer



Strong Scientific Leadership: Advisory Board



Professor Jon Emery

MBBCh MA DPhil FRACGP MRCGP Research & Education Lead, Primary Care Integration, Victorian Comprehensive Cancer Centre Herman Chair of Primary Care Cancer Research, University of Melbourne

Professor Finlay Macrae AO

MBBS, MD, FRACP, FRCP, AGAF MWGO is Principal Fellow and Professor, Department of Medicine, University of Melbourne, and Head of Colorectal Medicine and Genetics, The Royal Melbourne Hospital



Ora K. Gordon, M.D.

MD, MS, FACMG Regional Medical Director, Center for Clinical Genetics & Genomics. Clinical Director, PSJH Population Health Genomics Program. Chair, Integrated Network Cancer Program, Professor of Genetics, St John Cancer Institute



A.Prof Ron Dick

MBBS, FRACP, FCSANZ, Chairman of Cardiovascular Institute at Epworth Healthcare, an Honorary Cardiologist at the Alfred Hospital and Bendigo Healthcare Group.

Completed his MBBS in 1979 and became a Fellow of the Australian College of Physicians in 1986. His interventional cardiology fellowship was from the University of Michigan Medical Centre USA.



Our Intellectual Property

4 Patents granted in the US

- Patent No: US 11,257,569, Methods of assessing risk of developing a severe response to Coronavirus infection
- Patent No: US 11,072,830, Methods for breast cancer risk assessment
- Patent No: US 10,683,549, Methods for assessing risk of developing breast cancer
- Patent No: US 10,920,279, Methods for assessing risk of developing breast cancer

2 Patents granted in PRC (China & HK)

- Patent No. 201080033130.5 Methods for Breast Cancer Risk Assessment
- Patent No. 201580063966.2 Methods for assessing risk of developing breast cancer

9 Patent families pending

- Breast cancer risk assessment
- Methods for assessing risk of developing prostate cancer
- Methods for assessing risk of developing ovarian cancer
- Methods of assessing risk of developing a severe response to Coronavirus infection
- Methods of assessing risk of developing a disease
- Methods for assessing risk of developing breast cancer
- Improved methods for assessing risk of developing breast cancer
- Methods of assessing risk of developing breast cancer
- Methods for assessing risk of developing colorectal cancer



Defined Terms

Common Complex Diseases (CCP) - A complex disease is caused by the interaction of multiple genes and environmental factors. Complex diseases are also called multifactorial. Examples of common complex diseases include cancer and heart disease.

Polygenic risk score - a number associated with one's disease risk based on the aggregated effects of individual risk variants through a multiplicative algorithm.

Variant - Single Nucleotide polymorphism (SNP), an alteration in DNA that may be a common or rare event.

Genomic - pertaining to function of genetics from structure to relationship between genetic events.

Genetic - pertaining to a gene.

GWAS - genome-wide association studies are large population level studies which enable scientists to identify genes and genetic markers involved in human disease. This method searches the genome for SNPs that occur more frequently in people with a particular disease than in people without the disease. Each study can look at hundreds or many thousands of SNPs at the same time. Researchers use data from this type of study to pinpoint genetic variations that may contribute to a person's risk of developing a certain disease.

SNP - Single nucleotide polymorphisms, frequently called SNPs (pronounced "snips"), are the most common type of genetic variation among people. Each SNP represents a difference in a single DNA building block, called a nucleotide. For example, a SNP may replace the nucleotide cytosine (C) with the nucleotide thymine (T) in a certain stretch of DNA.

Serious Disease Risk (SDR) - Risk associated with acquiring COVID-19 and requiring hospitalisation withs its associated morbidities and mortalities.

Germline Testing – Germline testing is done on cells that do not have cancer. It is done to see if a person has a gene mutation that is known to increase the risk of developing cancers and other health problems. This test uses cells (such as blood or skin cells) that do not have any cancer cells. Germline mutations can sometimes be passed down from parents.

Clinical Laboratory Improvement Amendments (CLIA) - Regulates laboratory testing and require clinical laboratories to be certified by the Center for Medicare and Medicaid Services (CMS) before they can accept human samples for diagnostic testing

National Association of Testing Authorities (NATA) - the authority responsible for the accreditation of laboratories, inspection bodies, calibration services, producers of certified reference materials and proficiency testing scheme providers throughout Australia. It is also Australia's compliance monitoring authority for the OECD Principles of GLP. NATA provides independent assurance of technical competence through a proven network of best practice industry experts for customers who require confidence in the delivery of their products and services.

Next Generation Sequencing (NGS) – Next-generation sequencing (NGS), also known as high-throughput sequencing, is the catch-all term used to describe a number of different modern sequencing technologies. These technologies allow for sequencing of DNA and RNA much more quickly and cheaply than the previously used Sanger sequencing, and as such revolutionised the study of genomics and molecular biology.

Laboratory Developed Tests (LDT) – A type of in vitro diagnostic test that is designed, manufactured and used within a single laboratory.

Consumer Initiated Tests (CIT) - laboratory testing that is initiated by the consumer without a physician order but reviewed and communicated back to the consumer via a physician.

Direct to Consumer (DTC) – laboratory testing that is initiated by the consumer without a physician order. The results are reported back directly to the consumer.

Health Care Professionals (HCP) – physician, GP, or specialist authorized to receive the patient results