

# How can you help?

If you would like to be part of a team working with a public health and infectious disease solution and have the skills to contribute, we would like to hear from you.

## Research

1. You have experience in evidence-based research
2. You have experience in grant writing for funding
3. You have experience in writing white papers
4. You have experience in the fields of data science, epidemiology or medical specialty

## Innovation

1. You have experience in innovation or being part of a innovation team
2. You have experience in clinical practice and leading departments
3. You have strategy &/or business education or experience

## Ventures

1. You have high level relationships with governments, institutions, universities or businesses that you would like to pitch our product to
2. You are interested in leading a healthcare venture effort in your home country

# Research Topic examples

We are a digital screening test aiming to develop a tool that has a high sensitivity and specificity for viruses.

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1. **Disease modelling** - each virus has specific characteristics. Research into the different viruses and developing a disease model. For this a systematic review or meta-analysis is useful in addition to developing machine learning models.
2. **Exposure mapping** - developing evidence based insights into risk based on location is helpful to our risk mapping and contact tracing data analytics team.
3. **Risk prediction scoring** - this is the next step to disease modelling. To use the disease, genetic, biometric and exposure risk data to develop a risk prediction score.
4. **Telemedicine** - Recent legislation has meant telemedicine is now reimbursed. Ideally a team can prepare a comprehensive report on how telemedicine can be used in infectious diseases.
5. **Cost benefit analysis** - health economics is important in medicine. Performing research on how screening tests can provide a cost-effective solution will have significant impact.



Research for publication in journals



Grant writing and white papers



Newsletters, blogs, social media writing

# Venture Team

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**To implement a universal screening platform we need government, institutional and hospital partners globally.**

1. The FMG graduates are part of a global diaspora
2. To provide solutions in your home country can increase your value and unite the global community
3. You can be part of the VirusIQ country partnerships team.
  - a. Either be a country leader or work with the team to champion and help roll out the platform.
  - b. The VirusIQ platform is modular. So we work with country partners to adapt the module(s) that are needed.
  - c. The partnerships role will be remunerated with revenue share on deal closures
  - d. We are rebuilding our corporate and solution websites, [www.cliniq.health](http://www.cliniq.health) & [www.virusiq.health](http://www.virusiq.health)

# Graduates of Externship

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- ❖ ClinIQ is building a advisory platform for healthcare professionals to share their knowledge with the technology sector.
- ❖ The physician advisors will function as innovation consultants.
- ❖ Graduates of the externship who show exceptional skill may be invited to show the advisory team.

# The systematic process needed to early detect, prevent and contain the virus starts and ends with a comprehensive Screening Service!

Second wave is guaranteed by many experts including Dr. Michael Osterholm: 60-70% infection rate before decrease in activity.

Source: CNN

## 1. Screening Test

\*first line of defence

Inexpensive, scalable, mobile, sustainable

## 2. Diagnostic Tests

\*\* second line of defence

Useful, confirmatory, needed if screen positive

## 3. Antibody Tests

\*\*\* third line of defence

**No test** is available with satisfactorily low false positive rates. ~30-50% false positives!

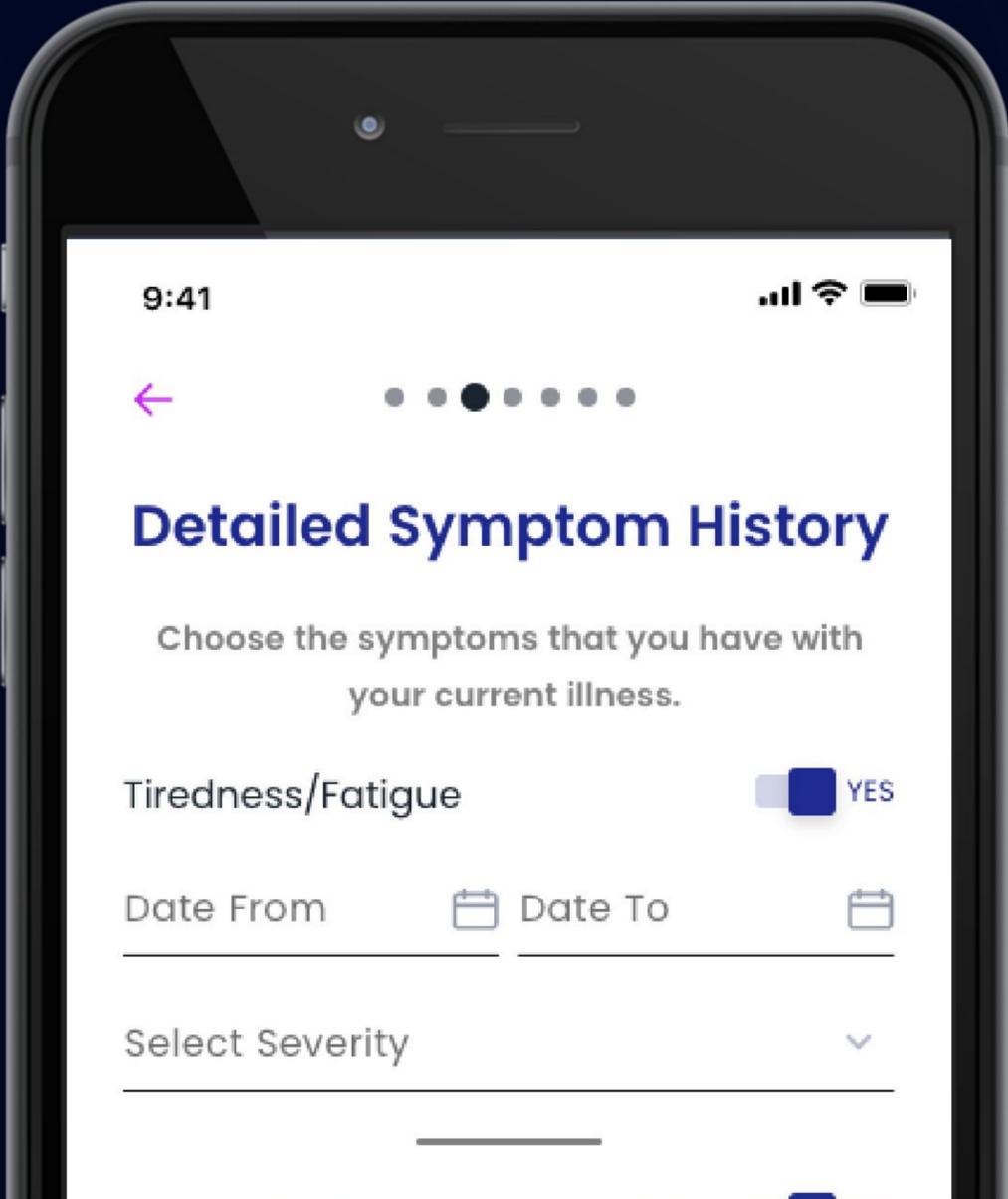
## Screening Test

## Diagnostic Tests

## Antibody Tests

	Screening Test	Diagnostic Tests	Antibody Tests
<b>Purpose</b>	Early detection – risk & insights of disease indicators	Confirmation of disease	Confirms Immunity, time-limited
<b>Target Population</b>	At risk individuals, asymptomatic or exposed	Individuals with positive screening test	Recovered community members
<b>Test Method</b>	Simple, digital, at-home or point-of-care ***US FDA cleared clinical algorithm. Information based on CDC, PHE, WHO	Swab or blood test, laboratory	Blood test, laboratory +/- rapid
<b>Positive Result</b>	High sensitivity = avoid missing disease	High specificity = confirm disease	High specificity and sensitivity
<b>Positive Result</b>	Indicates risk of disease and triages to either diagnostic test or antibody testing	Specific diagnosis. Warrants contact tracing	Indicates prior infection with immunity
<b>Cost</b>	Cheap and scalable to whole population	Expensive and triaged population	Moderate pricing
<b>Accessibility</b>	Mobile App – android & iOS. Website application	Limited resource Clinic or Lab visit = increase transmission risk	Limited resource. Physician visit.
<b>Physician Contact</b>	Integrated telemedicine portal for physician consultation if symptomatic.	In-person consultation with clinic staff, doctors and lab staff	Telemedicine potential

# SCREENING, TESTING, TRACING, SUPPORTED ISOLATION PACK



**ENTERPRISE PLATFORM**  
**WHITE-LABEL + SEAMLESS + MODULAR**  
**RISK ANALYTICS, DATA INSIGHTS &**  
**ENTERPRISE-GRADE SECURITY**

[www.virusiq.health](http://www.virusiq.health)



# User Journey Map



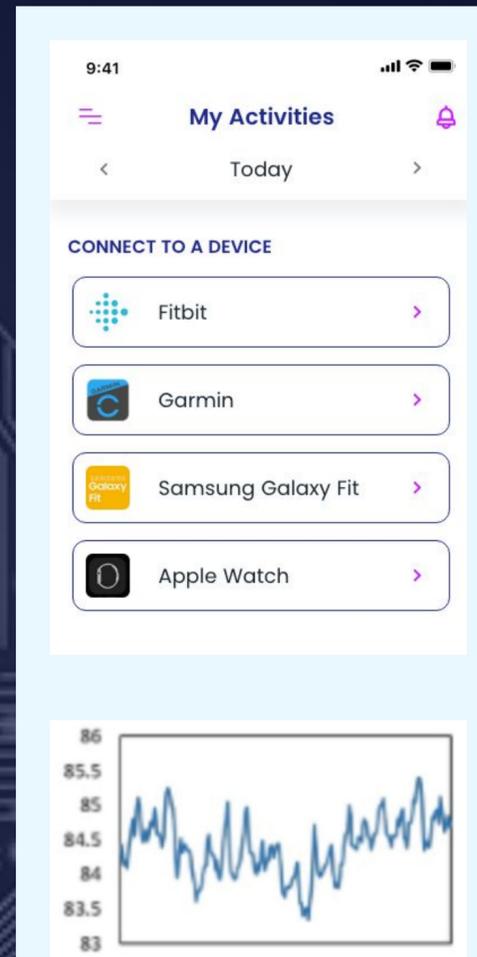
- Screening +/- testing
  - 14 days prior.
- Dynamic informed consent.

- Digital Health Pass
- Receive Badge

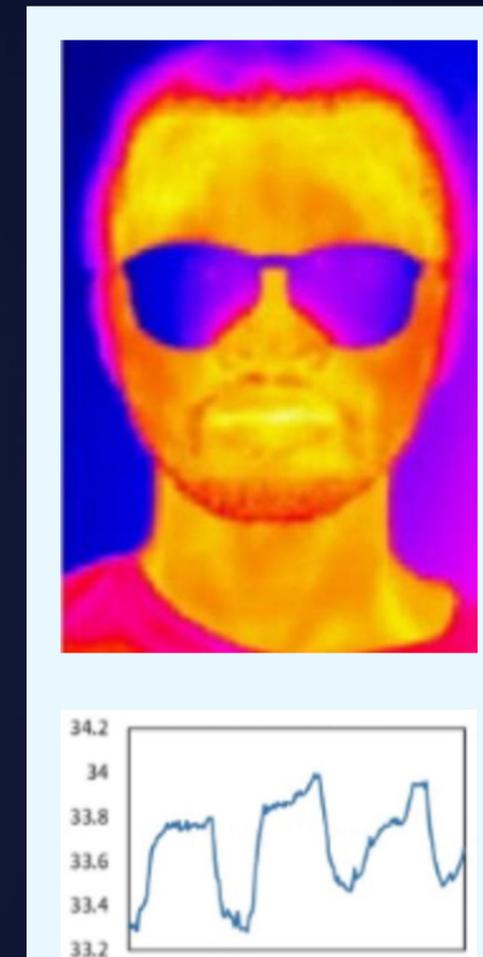
- Continue Screening
- Telemedicine

- Continue with VirusIQ screening project

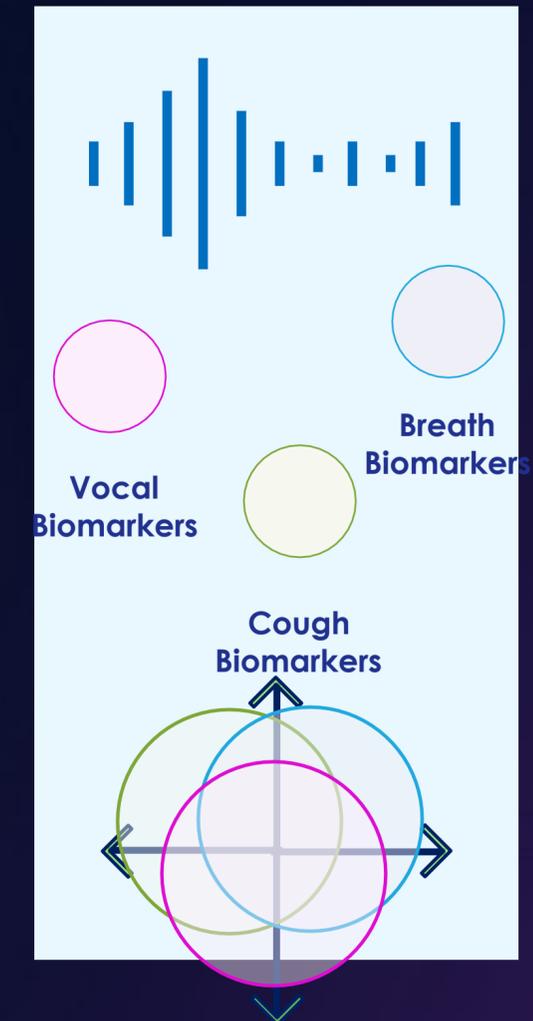




1. Heart Rate



2. Thermal Scan  
+/- Breathing Rate



3. Audio -  
Voice, Cough,  
Breathing Rate

# VirusIQ Timeline

First mover in January 2020 - proactive and predictive

**Regulatory:** US FDA guided clinical algorithm implemented.

**IP protection:** Provisional patent filed - utility patent for biomarker use in viral disease.

**February 2020**



**28 January 2020**

Ideation pre-pandemic to early detect, prevent, contain. Build initial team & start development.

**March - Apr 2020**

Join **Oxford University Innovation**

**Launch:** ClinIQ app launched. Initial version available on iOS and via current Android via website.

Develop global collaborations with our supplier partnerships.

**Launch:** VenCHUR App.

Grow team ~20 to 40 ppl. Staff, interns, global advisory board, clinical investigators

**May 2020**

**June 2020**

Fundraising and establish pilot with clients. Operationalise distribution partnerships

Industry shakeout, sustainable growth for VirusIQ (specialist product)

Continue to build partnerships for universal solution.

# VirusIQ: Private, secure and safe tool for risk mitigation

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**You will be partnering with a customizable and rapidly scalable biointelligence platform to mitigate public health risk.**

**Developed by** seasoned executives delivering a product in our area of speciality expertise with a clear market need.

**Completed:** development of mobile and web app B2C applications to function as B2B working prototype.

**Fact:** Disaster relief personnel, armed forces, and the public need access to a cheaper, faster, virtual way to detect personal and community health risk levels, and to quality and timely information.

**New opportunity:** assist a global certification body. Currently working with MIT contact tracy privacy group to draft privacy framework.

**Potential:** A sizeable and sustainable future in remote healthcare & dry lab diagnostics for viral disease.



[www.cliniq.health](http://www.cliniq.health)



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