

Question and Answer session of the General Program Presentation:

P13: A New Robotic Solution for Aseptic Compounding of Non-Hazardous Medications

Gaspar DeViedma, Health Robotics s.r.l.

Question (Q): Any plans for future installations of i.v.STATION in the Middle East?

Answer (A) Gaspar DeViedma: Yes, we have signed three agreements for either late 2009 or 2010 installations in Turkey, Dubai, and Al-Ain.

(Q): Does your company sell i.v.STATION or do you have distributors that sell it and support it?

(A) GDV: We are mostly an engineering company, a small European unit; we are not a large marketing or sales organization. Our primary core competences are Intravenous and Injectable Therapy, Parenteral Nutrition Workflow, IV Robotics Engineering, and Software Automation research and development. We currently have a network of indirect channels that markets, installs, interfaces, and supports our robots and software applications throughout the world. For the Gulf Cooperation Council countries that are mostly represented at DUPHAT, our local partner is Arabian Health Care Supply Corporation, and you can meet their representatives at the end of this session.

(Q): Do you plan to change your distribution partners as you grow larger or do you plan to directly market and support your robots to hospitals?

(A) GDV: We do not plan to change our distribution partners unless there are cases where we see incompetence or lack of focus in marketing or supporting our products. We believe that we have the right strategy with indirect partnerships because it permits us to focus on our core competencies but we have occasionally (and we will continue to do so) marketed and supported our products directly in geographical areas where it makes sense to do so either because they are close to our headquarters or due to other reasons. I fully expect to make some changes to our sales channels this year by replacing some distributors that are not performing up to expectations, by entering into joint ventures where it makes sense to do so, and also by directly entering into contracts with hospitals if appropriate,

but I do not foresee any of those potential changes taking place in the Middle East at least during 2009.

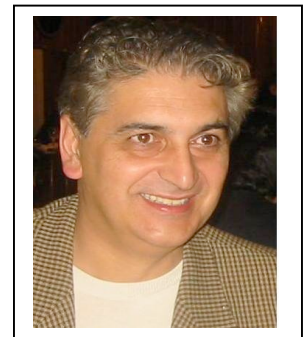
(Q): For you to claim that i.v.STATION truly prepares ready-to administer patient doses you need to have the robot cap the syringes automatically with a tamper evident mechanism, and additionally the robot should place a bar-coded label on the syringe or IV Bag. Are these possible?

(A) GDV: Yes to both, i.v.STATION automatically caps syringes with a tamper-evident cap (BIBraun's TEC 1000) and it places a Bar-Coded (or RFID) label with drug infusion data and patient data (in case of patient-specific prescription).

(Q): Is the label size adequate for all of that data?

(A) GDV: We believe so, it is 6.5 times 5.5 centimeters; we ran it by several hospitals and it was deemed adequate both in the USA and EU.

(Q): Does it support only 1 size of syringes like the For Health machine and does it utilize only your own syringes?



(A) GDV: No to both, we do not believe in tying our technology to proprietary consumables and forcing hospitals to buy IV disposables from us. i.v.STATION utilizes standard syringes such as BD and in sizes ranging from 1 cc to 60cc.

(Q): How about IV Bags, we can use any Bags?

(A) GDV: The word "any" is too strong of a word for Robotics. Our CytoCare experience has taught us that some Bags are just not pre-disposed to Robotics such as Hospira LifeCare Bags that have belly-button ports. i.v.STATION supports standard IV bags brands and sizes ranging from 50ml to 1 Liter from Baxter, Hospira, Impromediform, BIBraun, and other global manufacturers.

Q): Other than the 1 meter x 1 meter x 2 meter size you presented are there any other installation requirements for i.v.STATION such as venting, abnormal electricity voltage or consumption, water lines, floor load, etc.?

(A) GDV: The only two minimum requirements other than space are standard voltage (110 or 220), and an Ethernet network port for communications with Hospital Information System and VPN support access for upgrades and maintenance. It only weighs 300 Kg and it's on wheels. No venting.

Q): Can it do powder reconstitutions?

(A) GDV: Yes, absolutely, it is designed for that with two shakers for medication reconstitution.

Q): How many doses can it make per day?

(A) GDV: That depends on many factors such as how many hours per day a hospital uses it. We warrant i.v.STATION to be capable of producing up to 60 syringes per hour or 30 to 40 IV bags per hour, or a mixture of both.

Q): Can i.v.STATION make syringes and IV Bags at the same time?

(A) GDV: Yes, of course it can and I would expect that this would be the typical case with daily workflow unless the unit is placed in Surgery to make OR syringes only.

Q): I read a Press Release discussing the Profile option for i.v.STATION; is this like Pyxis Profile?

(A) GDV: Yes, similar concept to Pyxis or other Medication Cabinets Profile options such as Omnicell or McKesson's AccuDose. This is primarily designed for Pharmacy workflows in North America that require by law to have Pharmacist review of medications, or to regions in the world such as Spain, Holland or here at GCC that tend to follow American recommended pharmacy practices such as ASHP, JCAHO, and/or USP guidelines.

Q): I use Pyxis Profile for Tele-Dispensing, can I do the same with i.v.STATION?

(A) GDV: Yes, that is one of the reasons I designed the Profile option, so the unit can be placed at patient care locations or satellite pharmacies than

do not have 24/7 pharmacy coverage and thus enable remote pharmacists to approve the IV preparation that the robot did compared to the prescription and patient clinical profile, including looking at robot logs with actual pictures of the IV Admixture process, before the remote pharmacist releases the IV Bag or syringe for the nursing personnel to retrieve from i.v.STATION.

Q): You mentioned biometric identification as an optional security mechanism for robot access. I have had many issues with my Pyxis fingerprint reader not recognizing Asian nurses or other personnel that are not White. How do you solve this problem as you install this outside North America?

(A) GDV: Yes, I am familiar with the problems you mention, I have even seen them in London and the issue is not Pyxis per-se, is the algorithm driving recognition that was created for common ethnic groups in the United States. For this reason, our biometric option is based on optical facial recognition as opposed to fingerprint reading.

Q): How is waste disposal handled?

(A) GDV: Automatically. i.v.STATION has two waste containers (glass items, and non-glass items) where discarded vials, syringes, and needles are automatically packed for waste disposal.

Q): You mentioned that i.v.STATION does not require to be placed in a clean room, but is the compounding chamber of the robot a clean environment I suppose?

(A) GDV: Yes, i.v.STATION airflow engineering means the compounding chamber contains ISO Class 5 environment, supplementary supported by HEPA Class H14 filters and UV-C lamps.

Q): Does i.v.STATION require a special Baxa vented needle like CytoCare does?

(A) GDV: No it does not need a specific needle for patient doses, it can use standard needles such as BD. However the powder reconstitution set does require the same Baxa vented needle (Two-Fer Purple 16G) than CytoCare, but that is only 1 or 2 needles per day, not on a per dose basis.