NYSE American:VNRX
Corporate Deck

September 2026

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Recent Achievements

nu·q vet

- Cat Paper Submitted; if published a $5 million contractual milestone payment expected
- Fujifilm Vet Systems launch on automated i10 platform

nu·q nets

- Expansion into non-sepsis disease areas
  - Mayo Clinic Publication in Trauma. **PLUS** automated platform installation in Q3 2026
  - KOL Preprint for Hidradenitis Suppurativa (HS)
- Demonstrated Utility of Rapid, Point-of-Care Finger-Prick Test in Sepsis Patients
- DETECSEPs on track to launch Q3

nu·q cancer Lung

- Reimbursement Submission in Preparation
- Certification Completed at three French hospitals
- Manuscripts submitted for peer review and available as preprints

capture seq

- Peer reviewed paper published
- Research ongoing into competing conditions / other clinical utility such as MRD
- KOLs being cultivated
- Technical Evaluations completed / ongoing / in preparation

nu·q discover

- Co-Marketing Agreement in place with Hologic
- Some larger scale programs in confidential discussions

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Executive Summary

Our mission is to save lives and improve outcomes for millions of people and animals worldwide.

VolitionRx	NYSE American: VNRX	Medical Devices	IP Powerhouse
Focus	Licensing IP	Cancer, Sepsis	Low-cost testing
Commercial	Worldwide Animal	$23M in licensing	$1.4M of Rev H1 26
Large Unmet Needs	Cancer	Sepsis	Veterinarian
Team	100s yrs experience	51 patent families*	15 years together
Catalysts	Cancer Licensing	NETs Licensing	$5m Cat Milestone

Derisked R&D and Commercial Strategy

* As of 30th June 2026

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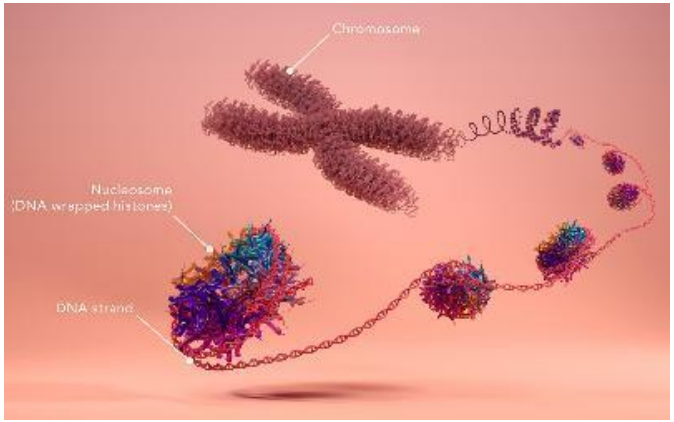
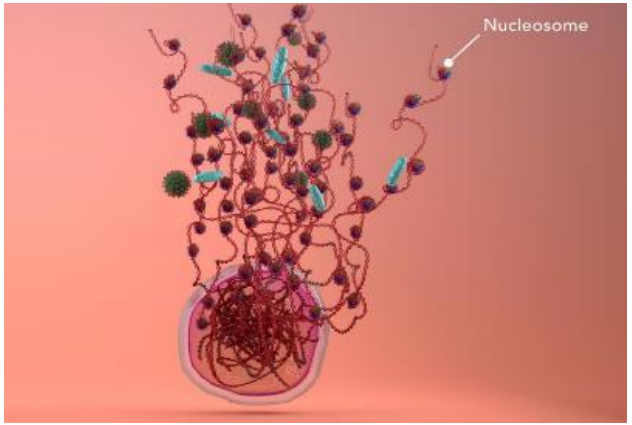
Working at the Cutting Edge of Epigenetics

Volition

Measuring chromatin fragments



Cancer



NETs

Global Experts in Quantifying Nucleosomes

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Low-cost routine tests

***Platform agnostic;** can be adapted to any diagnostic workflow*

6 hours

Manual

45 minutes

Automated

<10 minutes

Point of Care

<15 minutes

Lateral Flow

Asset light - no need for own machines, labs or sales reps

Commercialization Strategy

Underlying principles: low capex, low opex *business model focused on commercial partnerships and out-licensing*

R&D

- R&D conducted by Volition and its research partners
- Monetize IP through licensing agreements with:
  - upfront payments,
  - milestone payments,
  - recurring revenue from sales of key components & royalties

Licensing and partnering capabilities:

- *Broad geographic reach*
- *Large installed base*
- *Experience of tech transfer*
- *Regulatory and clinical affairs*
- *Large sales and marketing teams*

2026: Targeting multiple licensing deals in the human space

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Recent Deals Signed

- **Research License and Exclusive Commercial Option Rights Agreement for Antiphospholipid Syndrome ("APS") for Nu.Q® NETs**
- **Co-Marketing and Services Agreement for Nu.Q® Discover**
- **Collaboration to optimize Nu.Q® NETs assay in diseases associated with NETosis**

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Powered by Nu.Q®

74 patents granted with coverage up to 2044[1]

	TAM[2]	Regulation	Product	Status	Strategy
nu·q cancer	$4Bn	Lab Developed	Screening/ Management	Reimbursement Submission	Sales & Licensing
capture seq	$23Bn	CE Mark/ FDA	Multi-Cancer Early Detection	Proof of Concept	Sales & Licensing
nu·q nets	>$3Bn ICU/ED	CE Mark/ FDA	NETosis	First sales in EU	Sales & Licensing
nu·q vet	$170Mn	Non-Regulated	Companion Animal Tests	Launched Worldwide	Licensing
nu·q discover	~$1Bn	Research Use	Service & Assay Kit	Launched Worldwide	Sales

* 1. As of 30th June 2026. 2. Data on File: Volition TAM Model

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A world first in isolating 99% pure tumor-associated DNA in cancer patient from a liquid biopsy[1]

capture seq

- World first isolation of transcription factor-DNA from blood
- World first preparation of tumor-associated DNA sequence data sets
- A novel class of thousands of new biomarkers
- Compelling proof of concept clinical data

Early detection
Find cancer early
Improve outcomes

Finding MRD after treatment
Adjust treatment
Improve outcomes

Treatment monitoring
Assess treatment response
Adjust treatment
Improve outcomes

1. Pamart et al., Clinical Epigenetics, 2026 doi 10.1186/s13148-026-02205-x

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Rapid, Point-of-Care Finger-Prick Test in Sepsis Patients

- **Highly correlated** our established automated Nu.Q® NETs test in critically ill sepsis patients[1]
- **Expands use-cases** beyond centralized laboratory testing
- Materially **reduces barriers** to testing patients and facilitates nucleosome measurement at the bedside
- Also creates a **compelling pathway** into underserved low-income countries, where laboratory infrastructure may be weak or non-existent.

1. Data on File

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Projected Catalysts

Multiple licensing deals in 2025 and 2026

	Catalyst	2025	2026	2027
nu·q cancer	Licensing cancer technology		✓	✓
	Reimbursement / Adoption into routine clinical practice		✓	
capture seq	Adoption into national program(s)		✓	✓
	Licensing Multi-Cancer Early Detection		✓	✓
nu·q nets	Licensing for Human NETosis / Sepsis	✓	✓	✓
	Sales of CE marked product in Europe		✓	✓
nu·q vet	Potential $5M milestone payment linked to use in felines		✓	
	Automation of Test		✓	
	Wellness plan adoption to drive sales ramp		✓	✓
nu·q discover	Co-Marketing agreement	✓		
	Distribution agreement		✓	✓
	Assays used in Phase III clinical studies with pharma		✓	✓

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Volition Highlights

- Multiple products already launched
- Proven Licensing model, validated in Vet
- Strong IP
- Multiple multi-billion TAM markets
- Low-cost, scalable platform with high margins
- Asset light - no need for own machines, labs, or sales reps
- In confidential licensing discussions with **more than a dozen** large diagnostic and liquid biopsy companies worldwide, first deals signed in Q3 2025
- Anticipate use in ***routine*** clinical practice in 2026

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Thank You!

Volition Nu.Q® NETs. H3.1 evidence base *2020 to 2026*

Basic science, models and assay above the line. Sepsis cohorts below the line. Beyond sepsis bottom row.

2023. Garcia et al.
Critical Care

Histone neutralisation reduces vasopressor need, IL-6 and H3.1 in septic sheep.

2023. Cayford et al.
Cayford et al
Understanding NETosis Priming and Induction through Nucleosome Changes and Real-Time Monitoring in Isolated Neutrophils and in an Ex-Vivo Model.

2024. Zukas et al.
Zukas et al
First whole-blood ex vivo NETosis model. Three physiological triggers required.

384-well throughput.

2024. Atteberry et al.
Atteberry et al
ATAC-Seq maps chromatin opening during PMA-induced NETosis.

2025. Retter, Singer, Annane.
Retter et al

The NET effect - NETs as a central component of the dysregulated host response in sepsis.

2025.Cayford et al
Cayford et al

Underscores the importance of studying NET formation within a whole blood environment to capture the complexity of neutrophil responses and immune cell interactions.

2025. Wargnies et al.
Wargnies et al
Validated chemiluminescent immunoassay for circulating H3.1 nucleosomes.

Fully automated. IDS-i10. CE-IVDD.

2026. Cayford et al.
Cayford et al
Cytokine-induced chromatin accessibility in whole-blood neutrophils links to sepsis transcriptional states.

ATAC-Seq with 5 NFs.

2021 2022 2023 2024 2025 2026

2021. Cavalier et al.
Cavalier et al
H3.1 and citrullinated nucleosomes rise with COVID-19 severity.
Two cohorts. BE (93 subjects) and DE (52 subjects)

Retrospective Analysis

2022. Morimont et al.
Morimont et al
Nu.Q H3.1 separates septic shock from critical COVID-19.
46 septic shock. 22 COVID. 48 controls. BE

Observational Study

2023. Haem Rahimi et al.
Rahimi el al
H3.1 peaks at admission in septic shock. Independent predictor of day 5 and 28 mortality.
151 patients. Median 1515 ng per mL day 1. Fr.
Retrospective Analysis

2025. Neumann et al.
Critical Care Medicine
Neumann et al
Admission H3.1 independently predicts 28-day mortality and 28-day RRT.
971 patients. 33 ICUs. Adj HR 1.80. DE multi-center
Retrospective Analysis

2025. Filippini et al.
Filippini et al
H3.1 separates sepsis from non-sepsis. Predicts RRT independent of mortality.

MARS. 1,713 patients. HR 2.00 per log10. NL multi-center
Observational Study

2025. Kotronoulas et al.
DXOCRO. Manuscript in prog.

H3.1 with lactate and creatinine predicts ED sepsis. Independent of routine markers.
832 participants. AUC 0.865. NRI 0.383. US multi-center
Prospective Study

2026. Retter et al.
DETECSEPS threshold. Internal.

IVDR normal range 38 ng per mL. Lower discharge cut-off from 100 to 50.

234 healthy donors plus DXOCRO.

2020. Bouvier et al. Pre-eclampsia
J Thromb Haemost

Nucleosomes and free DNA rise in pre-eclampsia. Distinct profile from IUGR.

115 women. 3 groups. Fr.

2024. Park et al. Stroke.
Blood Research

Plasma H3.1 elevated in acute ischemic stroke. Independent risk factor.

89 AIS plus 20 controls. AUC 0.907. Korea.

2025. Navarro et al. Trauma.
Shock

H3.1 and citrullinated H3R8 elevated after trauma. Higher in patients who develop VTE.

674 patients. H3.1 830.9 vs 259.2 in VTE. Mayo Clinic.

Coming readouts.
H2 2026. RHU Records **Sept 2026 launch** DETECSEPS