



Investor Presentation

NASDAQ: OCX



oncoocyte.com

Forward looking statements

Safe-Harbor Statement

This presentation and the accompanying oral presentation contain “forward-looking” statements that are based on Oncocyte’s management’s beliefs and assumptions and on information currently available to management. Any statements that are not historical fact (including, but not limited to statements that contain words such as “will,” “believes,” “plans,” “anticipates,” “expects,” “estimates,” “may,” and similar expressions) are forward-looking statements. These statements include, among others, those pertaining to the Oncocyte’s development and commercial model (including margin and cost, reimbursement, revenue and profitability, strategic partnerships, market positioning and competitive advantage, global scalability, capital efficiency, accelerated adoption and clinical development), anticipated timing of regulatory clearances, product development and launch and milestone opportunities, along with other statements about the future expectations, beliefs, goals, plans, or prospects expressed by management. Forward-looking statements involve risks and uncertainties, including, without limitation, risks inherent in the development and/or commercialization of diagnostic tests or products, uncertainty in the results of clinical trials or regulatory approvals, the capacity of Oncocyte’s third-party supplied blood sample analytic system to provide consistent and precise analytic results on a commercial scale, potential interruptions to supply chains, the need and ability to obtain future capital, maintenance of intellectual property rights in all applicable jurisdictions, obligations to third parties with respect to licensed or acquired technology and products, the need to obtain third party reimbursement for patients’ use of any diagnostic tests Oncocyte or its subsidiaries commercialize in applicable jurisdictions, and risks inherent in strategic transactions such as the potential failure to realize anticipated benefits, legal, regulatory or political changes in the applicable jurisdictions, accounting and quality controls, potential greater than estimated allocations of resources to develop and commercialize technologies, or potential failure to maintain any laboratory accreditation or certification.

Oncocyte has based these forward-looking statements largely on its current expectations and projections about future events and trends that Oncocyte believes may affect its financial condition, results of operations, business strategy, short-term and long-term business operations and objectives, and financial needs. Moreover, Oncocyte operates in a very competitive and rapidly changing environment, and new risks may emerge from time to time. It is not possible for Oncocyte’s management to predict all risks, nor can it assess the impact of all factors on its business or the extent to which any factor, or combination of factors, may cause actual results to differ materially from those contained in any forward-looking statements the Oncocyte may make. In light of these risks, uncertainties and assumptions, the forward-looking events and circumstances discussed herein may not occur and actual results may differ materially from the results anticipated in these forward-looking statements and accordingly such statements should be evaluated together with the many uncertainties that affect the business of Oncocyte, particularly those mentioned in the “Risk Factors” and other cautionary statements found in Oncocyte’s Securities and Exchange Commission (“SEC”) filings, which are available from the SEC’s website. Although Oncocyte’s management believes that the expectations reflected in its forward-looking statements are reasonable, the Company, the placement agent, and their respective representatives, cannot guarantee that the future results, levels of activity, performance or events and circumstances described in the forward-looking statements will be achieved or occur. You are cautioned not to place undue reliance on forward-looking statements, which speak only as of the date on which they were made. The Company, the placement agent, and their respective representatives, undertake no obligation to publicly update any forward-looking statements, whether written or oral, that may be made from time to time, whether as a result of new information, future developments or otherwise.

MISSION

**Democratize access to novel
molecular diagnostic testing to
improve patient outcomes**

Experienced leadership

Pioneering Molecular Diagnostics & Disruptive Growth



Josh Riggs

President & Chief Executive
Officer



**Ekkehard Schütz, MD,
PHD, FADLM**

Chief Science Officer



**Yuh-Min (Johnson)
Chiang, PHD**

Chief Technology Officer



Andrea James

Chief Financial Officer



Securities



Innovative science **meets** simple business model

Oncocyte Investment Summary

- **Disruptive approach** to molecular diagnostic testing: Empower local labs with kits, versus central lab model
- **Proven credibility** in first strategic market: Kidney transplant
- Go-to-market **strategic partner** and equity investment **secured**
- **Science-driven** team, experienced in molecular diagnostics and rapid **growth**
- **Full R&D pipeline** to fuel growth and portfolio expansion over the next decade
- **IP portfolio** attractive to partners and enables value protection

Why invest in molecular diagnostics?

High value creation

Empowers doctors to reduce uncertainty to **make better decisions** to save lives.
Enables researchers to measure biomarkers to **inspire innovation**.

High value capture

Intellectual property protects our market position, commands high reimbursement rates, and therefore, can lead to **potential high margins and profitability**. Capital-light business model enjoys potential software-like gross margins.

High-quality recurring revenue

Once a standard of care is proven or adopted, customer **life-time value** often exceeds 30 years.

Why kitted products?

Disruptive & superior business model

Empower our customers (the labs) to capture value. **Counter-positioned** to the central lab model, which is ripe for disruption with high cash burn.

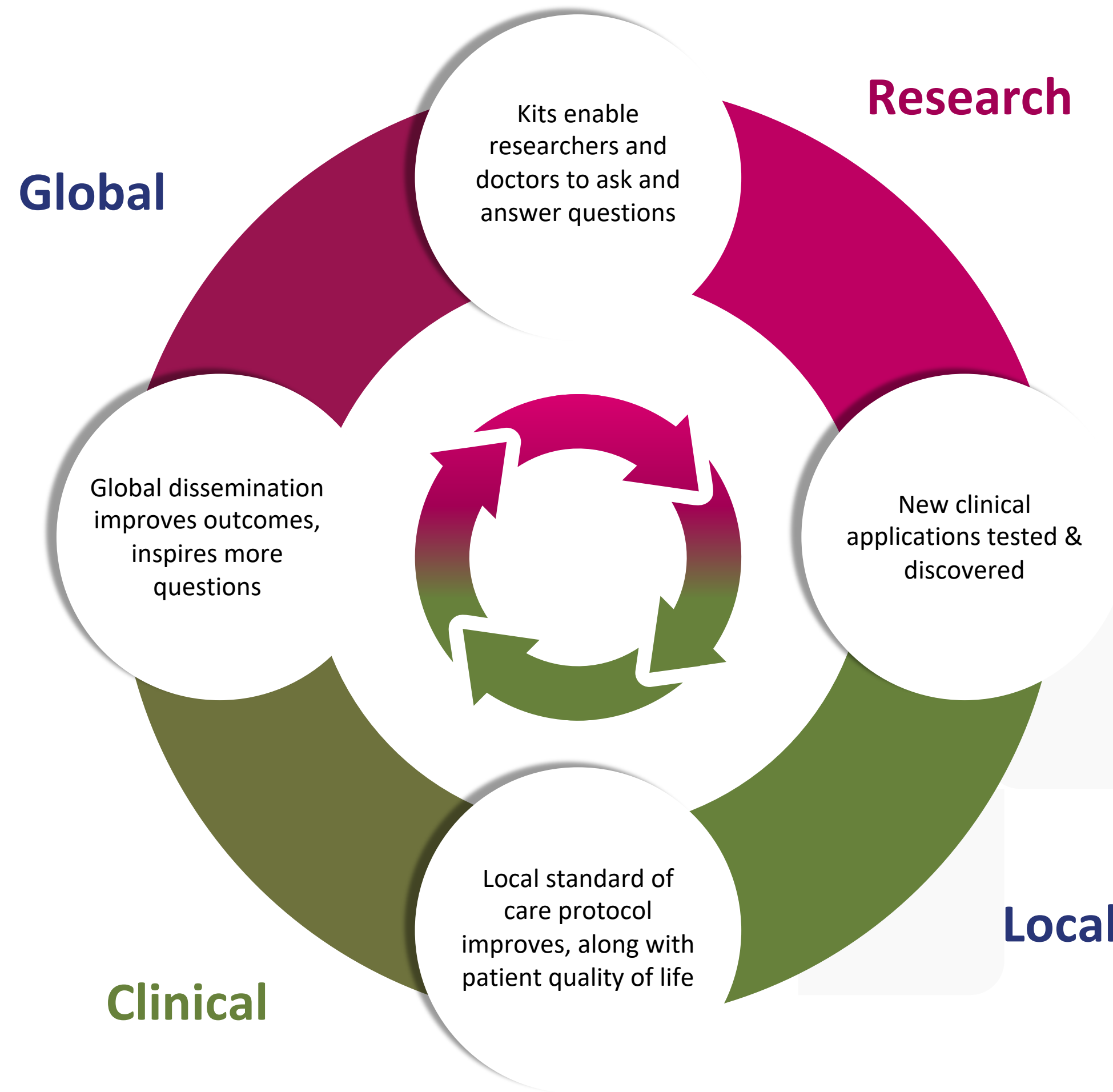
Compelling flywheel

Our decentralized approach puts testing in the hands of researchers to enable more studies. Innovation drives more testing, which drives more innovation, which drives more testing. Highly scalable.

Social good

Democratizes access to testing to foster scientific innovation and treatment, and ultimately, reduces the cost of care while **improving outcomes**.

Innovation flywheel



Every clinical indication is
a recurring revenue
opportunity



Oncocyte's first strategic market

Organ Transplant

Transplant testing matters

Kidney transplant patients face a 1 in 5 chance that their body will reject the donor kidney.



Oncocyte's test finds *early* evidence of organ damage in the blood.

US transplant market

Ripe for disruption

In the U.S., donor-derived cell free DNA (dd-cfDNA) testing is delivered in **restrictive central lab service model**. Two companies command ~90% market share¹.

Highly concentrated

About 250 kidney transplant centers nationwide. Fewer than 100 generate ~80% of transplant volume²

Established science

More than **90% of U.S. transplant surgeons** order dd-cfDNA tests. Physicians send more than 200,000 tests per year¹ to two California labs **because they do not have a way to run tests in house**

1. Internal estimate based on publicly available data

2. UNOS data; As of 2021, <https://unos.org/about/national-organ-transplant-system/>

Global transplant underserved

**Market wants
affordable, easy-
to-use, rapid
testing**

- Central lab model is difficult to implement outside the US, leaving **significant unmet demand**
- More than **\$1 billion** global transplant testing opportunity*
- Global transplants **growing** ~9% per year
- **Concentrated customer base** with fewer than 1,000 labs

Oncocyte's product appeal

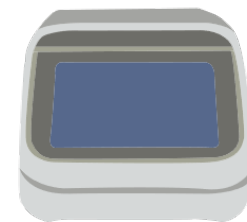
**Transplant centers
want a test that is**

- ✓ easy to use and
- ✓ returns a same day answer that is
- ✓ clinically actionable and
- ✓ cost effective

PCR workflow: Easy, fast, actionable, affordable

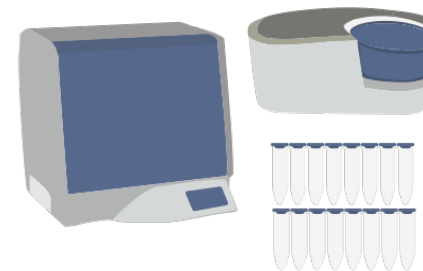
GraftAssure™
(RESEARCH USE ONLY)

Pre-amplification



40 minutes

Digital PCR



3 – 7 hours

Results available in
4-8 hours*



*1 sample – 6 samples

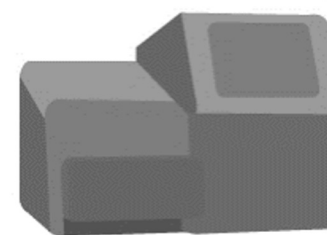
Example Typical **NGS**
Workflow
(Competitors)

Library Preparation



6 hours

NGS



21 hours

Sequence Analysis and
Result Calculations



1.5 hours*

Results available in
~30 hours



Oncocyte's proven credibility in transplant . . .

- ✓ Transplant Product Design, 2012
- ✓ Initial Peer-Reviewed Publication, 2013¹
- ✓ Definitive Clinical Publication, 2019²
- ✓ US Patent Issued, 2021³
- ✓ US LDT Validation, 2022

CMS – Center for Medicaid Services
LDT – Lab Developed Test
RUO – Research Use Only
FDA – US Food and Drug Administration
IVD – In Vitro Diagnostic

✓ Medicare (CMS) Reimbursement, 2023

major milestone

1. Beck et al. ddPCR for Tx Injury, Clinical Chemistry 59:12 1732–1741 (2013)
2. Oellerich et al. Kidney Validation Cohort 2019 AJT
3. U.S. Patent No. 11,155,872

➡ LDT and RUO Launched 2024

□ FDA IVD Clearance For Clinical Use Targeted Late 2025

Transplant credibility, continued . . .

New England Journal of Medicine study

- Favorable Oncocyte VitaGraft kidney study results **published in NEJM**, May 30, 2024
- Data show potential to monitor for therapeutic efficacy and recurrence
- **Potential** repeat testing opportunities with **claims expansion**



The NEW ENGLAND
JOURNAL of MEDICINE

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

A Randomized Phase 2 Trial of Felzartamab in Antibody-Mediated Rejection

K.A. Mayer, E. Schrezenmeier, M. Diebold, P.F. Halloran, M. Schatzl, S. Schranz, S. Haindl, S. Kasbohm, A. Kainz, F. Eskandary, K. Doberer, U.D. Patel, J.S. Dudani, H. Regele, N. Kozakowski, J. Kläger, R. Boxhammer, K. Amann, E. Puchhammer-Stöckl, H. Vietzen, J. Beck, E. Schütz, A. Akifova, C. Firbas, H.N. Gilbert, B. Osmanodja, F. Halleck, B. Jilma, K. Budde, and G.A. Böhmig

ABSTRACT

BACKGROUND

Antibody-mediated rejection is a leading cause of kidney-transplant failure. The targeting of CD38 to inhibit graft injury caused by alloantibodies and natural killer (NK) cells may be a therapeutic option.

METHODS

In this phase 2, double-blind, randomized, placebo-controlled trial, we assigned patients with antibody-mediated rejection that had occurred at least 180 days after transplantation to receive nine infusions of the CD38 monoclonal antibody felzartamab (at a dose of 16 mg per kilogram of body weight) or placebo for 6 months, followed by a 6-month observation period. The primary outcome was the safety and side-effect profile of felzartamab. Key secondary outcomes were renal-biopsy results at 24 and 52 weeks, donor-specific antibody levels, peripheral NK-cell counts, and donor-derived cell-free DNA levels.

RESULTS

A total of 22 patients underwent randomization (11 to receive felzartamab and 11 to receive placebo). The median time from transplantation until trial inclusion was 9 years. Mild or moderate infusion reactions occurred in 8 patients in the felzartamab group. Serious adverse events occurred in 1 patient in the felzartamab group and in 4 patients in the placebo group: graft loss occurred in 1 patient in the placebo

Transplant: Leading the science

Our centralized assay, VitaGraft, has been validated in clinical studies with an aggregate of ~800 patients and >3,000 samples.

215 Liver Recipients

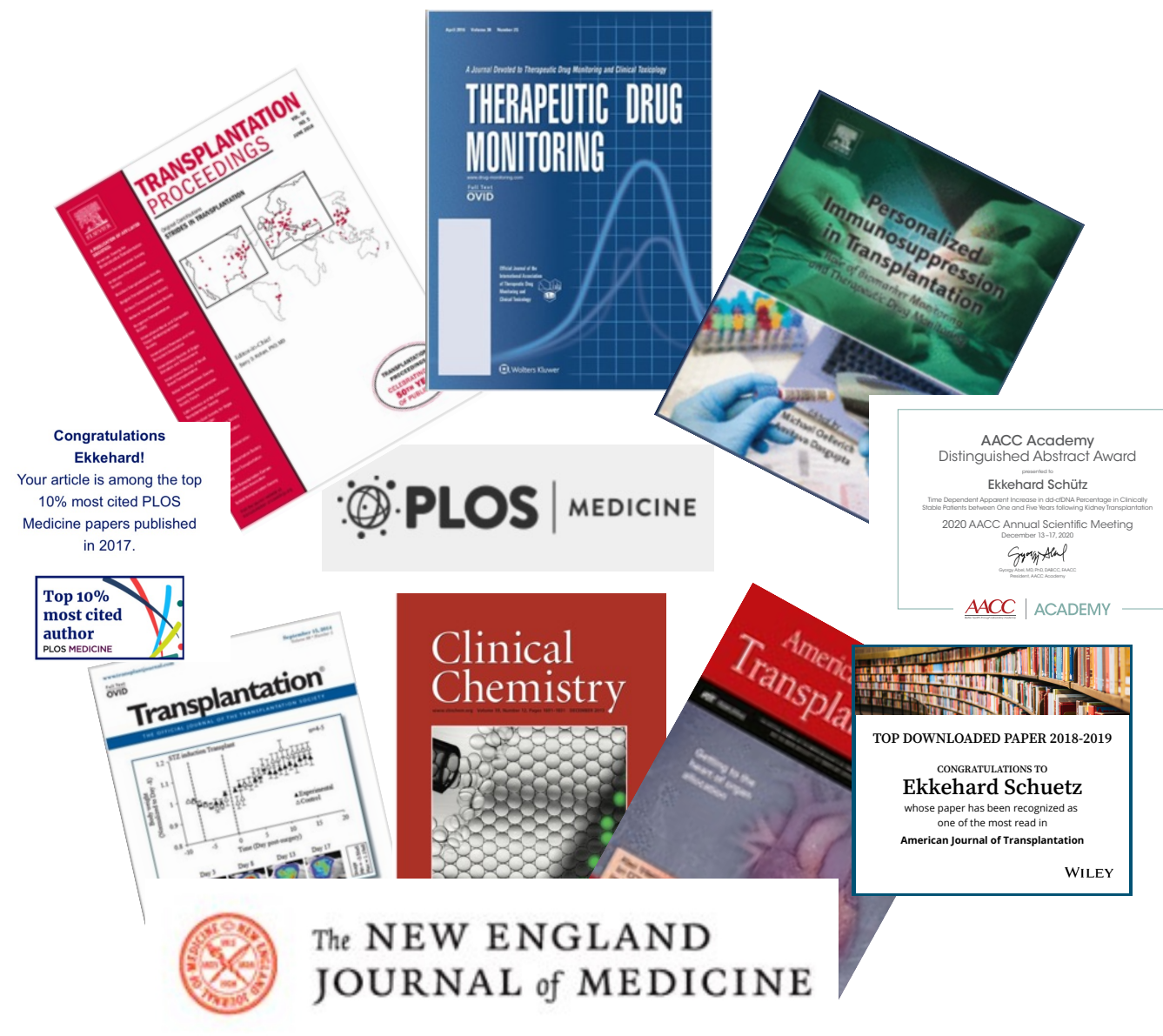
PLoS Med (2017)¹, Liver Transpl (2022)²

631 Kidney Recipients

Am J Transplant (2019)³, Clin Chem (2020)⁴,
Transplant Direct (2021)⁵, Kidney International Reports (2023)⁶, J Clin Med (2023),⁷ New England Journal of Medicine (2024)⁸

87 Heart Recipients

Transplantation (2022)⁹



Transplant, continued . . .

One IP drives land & expand strategy

 VitaGraftTMK_{idney}

Laboratory
Developed Tests
(LDT)

Innovation center is
monetizable

 GraftAssureTM

Research
Use Only Kit
(RUO)

Land

 VitaGraftTM

In Vitro
Diagnostics Kit
(IVD)

Expand

Transplant commercialization strategy (1 – 3 years)

Where
Tomorrow
LIVES

Proof points			Targeted initial revenue
Innovation center	Perform testing at our clinical lab.	Medicare reimbursement achieved August 2023	Actively pursuing a partner
Land	Transplant centers and major research universities adopt research-only product	US funnel of confirmed interest represents 25% of transplant volumes ¹ . As of November 2024, we have signed several leading transplant centers, including a top-five transplant center in the U.S. and another top-five center in Germany.	2025
Expand	Achieve FDA clearance for the tests to make clinical decisions. Favorable to margins and testing volumes.	FDA review of clinical validation plan expected complete by December 2024. Final data submission mid-2025. FDA decision targeted late 2025.	2026
Expand II	EU approval for clinical use	Pursuing dual-pathway regulatory submission.	Late 2026
Expand III	Claims expansion. Clinical application use cases expand, such as from “for cause” to “monitoring”	NEJM article published May 2024 Phase II clinical trial began June 2024 with European pharma co. Case series study published August 2024	Ongoing TAM expansion

1. Based on management's estimates
oncocyte.com

Transplant total addressable market

Annual recurring revenue potential

VitaGraftTM
Kidney

Laboratory
Developed Tests
(LDT)

US market supports
\$500 million annual revenue, which is
currently generated by competitors¹

GraftAssureTM

Research Use
Only Kit (RUO)

VitaGraftTM
+

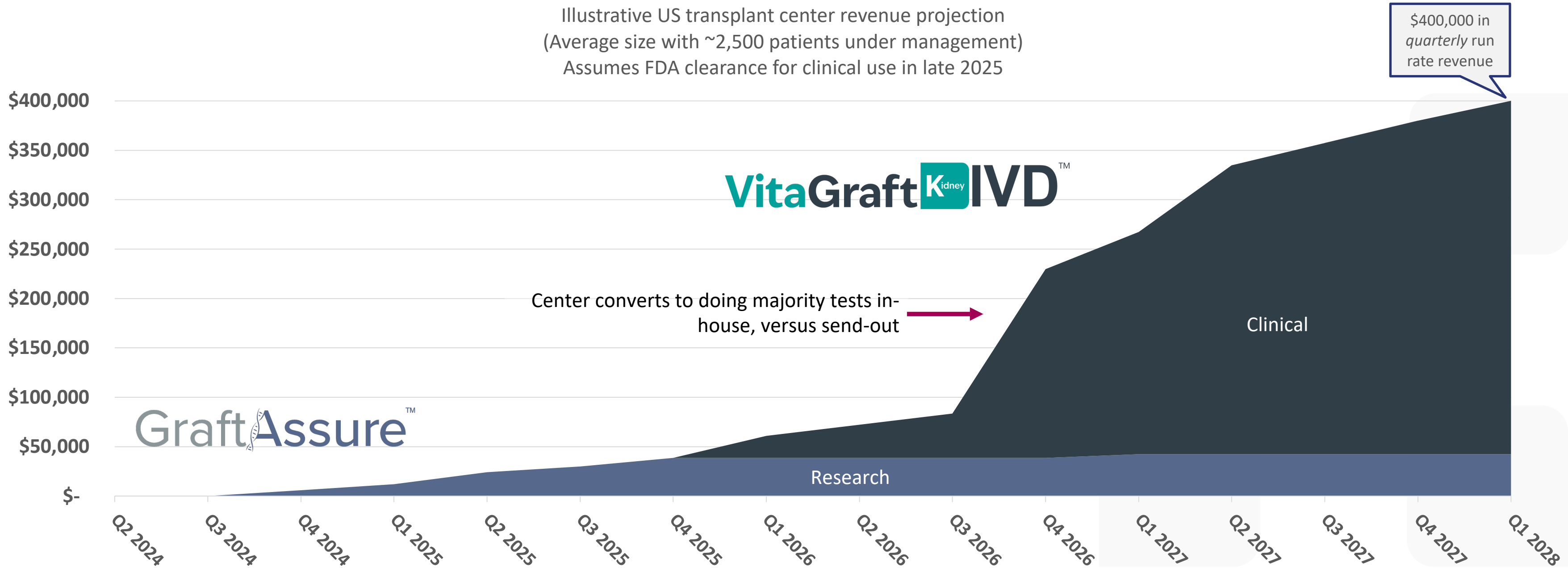
In Vitro
Diagnostics Kit
(IVD)

Main long-term focus

\$1 billion global TAM today¹
Can expand to approximately \$2 billion with claims expansion¹

Beta customer revenue path

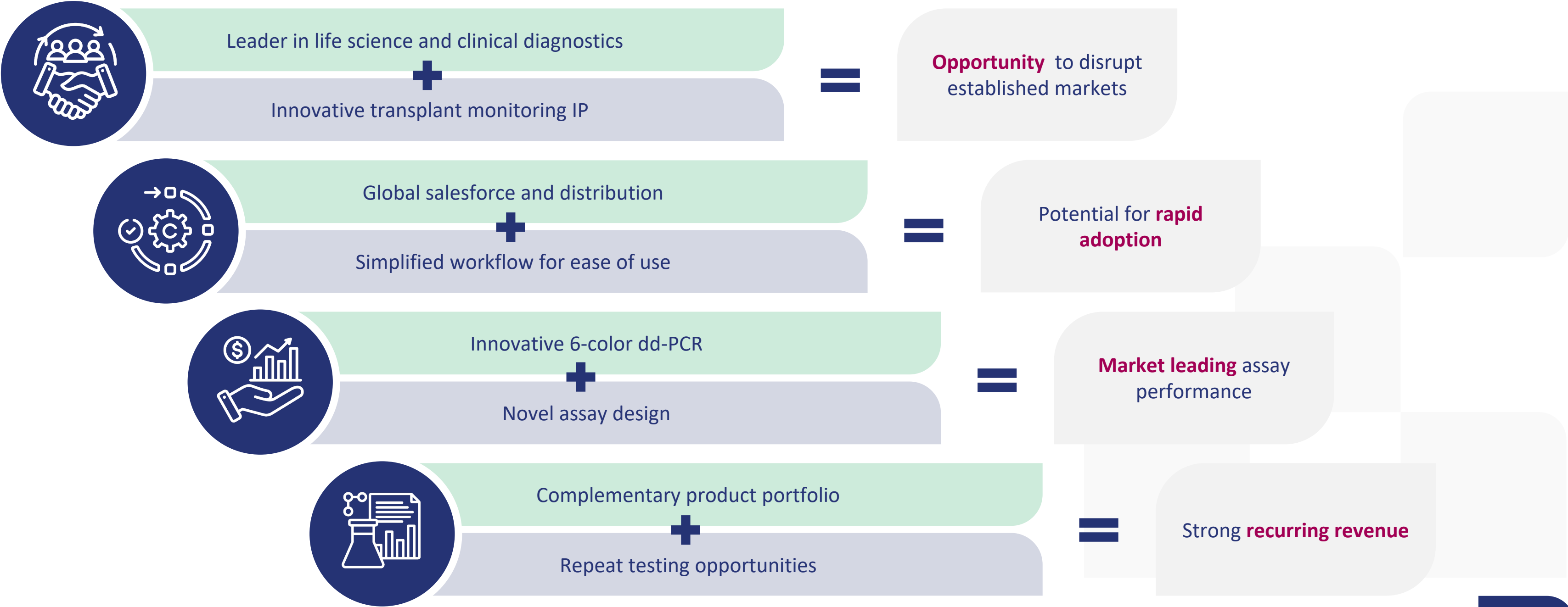
Illustrative US transplant center revenue projection
(Average size with ~2,500 patients under management)
Assumes FDA clearance for clinical use in late 2025



Transplant: Key go-to-market strategic partner signed Q2 2024

Where
Tomorrow
LIVES

ONCOCYTE™ / BIO-RAD Partnership



ONCOCYTE™ / Partnership

- BioRad (NYSE: BIO) became second largest shareholder with **upfront equity investment**
- Commercial mutual exclusivity in dd-cfDNA monitoring
- Coordinated **rapid development** of IVD platform
- At FDA clearance, **option for** Bio-Rad to acquire commercial rights with **additional investment**

Bio-Rad to help commercialize GraftAssure

- Co-marketing in US and Germany, Oncocyte to act as commercial lead
- Bio-Rad exclusive commercial and distribution rights in rest of world

What comes after transplant?

Full R&D pipeline, to fuel a decade of growth

VitaGraft ™
VitaGraft **K**idney™
VitaGraft **L**iver™
GraftAssure™

Transplant

DETERMA **IO**™
DETERMA **CNI**™
OncoTIME™

Oncology



Oncocyte's second strategic market

Oncology

oncocyte.com

Oncology Pipeline

DETERMA ™

\$2 billion estimated TAM (US only)

2.6 million estimated annual global testing opportunities

Sources: Haslam, et al. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7063495/> Study estimates 43.6% of all cancer cases are eligible for immunotherapy. American Cancer Society estimates 2.0 million new cancer cases in United States in 2024 (<https://acsjournals.onlinelibrary.wiley.com/doi/10.3322/caac.21820>). (2.0 million x 43.6% = 872,000 US testing opportunities annually.) Management estimates global addressable market to be 3x US market. (872,000 testing opportunities x 3 = 2.6 million global opportunities).

US TAM based on US testing opportunities of 872,000/year and estimated reimbursement ASP of \$2,400/test. $872k * \$2,400 = \2 billion

Oncology Pipeline

Tumor Immune Micro- Environment

DETERMA  TM

Will patient benefit from immuno-therapy?

 **OncoTIME** TM

What is immune status at tumor site?

(RESEARCH USE ONLY)

- ✓ Published/Presented data: ~1,400 patients across 6 tumor types
- ✓ Medicare (CMS) coverage submission in Q4 2022
- ✓ Ongoing 800+ patient NIH funded study
- ✓ Favorable study in Clinical Cancer Research, September 2024

Oncology Pipeline

DETERMA ™

\$4 billion estimated TAM (US Market)

7.8 million estimated annual global testing opportunities

Haslam, et al. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7063495/> Study estimates 43.6% of all cancer cases are eligible for immunotherapy and CNI IO therapy monitoring. American Cancer Society estimates 2.0 million new cancer cases in United States in 2024 (<https://acsjournals.onlinelibrary.wiley.com/doi/10.3322/caac.21820>). Assumes 3 CNI monitoring tests per patient. (2.0 million x 43.6% x 3 = 2.6 million US testing opportunities annually.) Management estimates global addressable market to be 3x US Market. (2.6 million x 3 = 7.8 million global testing opportunities.)

US TAM based on 2.6 million testing opportunities/year) and estimated reimbursement ASP of \$1,600-\$1,900/test. (2.6 million x \$1,600 = ~\$4 billion)

Oncology Pipeline

Copy Number Instability (CNI)

DETERMA CNI™

Is the cancer therapeutic drug working?

- ✓ Published data: 1,300+ samples across 9 tumor types
- ✓ CMS submission expected Q4 2024
- ✓ Patents issued in US and EU
- ✓ Pre-existing Medicare coverage (established LCD) for Therapy Efficacy

MolDX: Minimal Residual Disease Testing for Cancer, Local Coverage Determination:
<https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdId=38779&ver=4>

US Patents: US10047397; US10214775; US9909186; US10378064; US10378064;

EU Patents: EP2576837; EP2558854; EP2768985; EP2931922; EP3201361

IP attractive to industry partners

Multiple strategic partnership opportunities



IP Category	Products	Product Partner	Service Lab Partner
Organ Transplant	   	✓ Bio-Rad signed Q2 2024	Actively pursuing
Oncology Therapy Selection	 	Actively pursuing	
Oncology Therapy Monitoring			

Oncocyte Investment Summary Recap

- ✓ **Disruptive approach** to molecular diagnostic testing
 - Empower local labs with kits
 - Better business model
 - Proven, more affordable, faster tests
- ✓ **Proven credibility** in first strategic market: Kidney transplant
 - U.S. Medicare (CMS) reimbursement for VitaGraft Kidney received 8/25/23
 - New England Journal of Medicine (NEJM) study published May 2024
- ✓ Go-to-market **strategic partner** and equity investment **secured**
 - Industry leader Bio-Rad Laboratories, Inc. (NYSE:BIO) signed and invested in Q2 2024
 - Opportunities for future milestone-based investments
- ✓ **Science-driven** team, experienced in molecular diagnostics and rapid **growth**
- ✓ **Full R&D pipeline** to fuel growth and portfolio expansion over the next decade
- ✓ **IP portfolio** protects market position and is attractive to potential partners



 **ONCOCYTE™**

Thank You





Appendix



Molecular diagnostic testing combines laboratory testing with the precision of molecular biology and has revolutionized the way clinical and public health laboratories investigate the human, viral, and microbial genomes, their genes, and the products they encode.

Molecular diagnostic tests are increasingly being used, and have supplanted numerous conventional tests, in many areas of laboratory medicine including oncology, infectious diseases, clinical chemistry, and clinical genetics.

Advancements in molecular diagnostic testing will continue to improve the accuracy and speed by which we can detect microbial pathogens or analyze a patient's genes, and is becoming an essential aspect of patient-tailored interventions and therapeutics.

-- U.S. Department of Health and Human Services

Molecular – relating to or consisting of molecules, which are groups of atoms bonded together, representing the smallest fundamental unit of a chemical compound that can take part in a chemical reaction

Molecular biology – the branch of biology that studies the molecular basis of biological activity

DNA – a molecule that stores the genetic information of living beings, and the substance on which molecular biology focuses its research.

Molecular diagnostics 101

Transplant: US research market share potential

GraftAssureTM

(RESEARCH USE ONLY)

~800,000

estimated testing
opportunities US
market

~2 million

estimated testing
opportunities
rest-of-world



By providing a cost-efficient test for dd-cf DNA, we enable researchers to explore new indications



Strong international demand for access to technology that has largely been trapped in central lab model

* Home - GODT (transplant-observatory.org)

* [Clinical Rationale for a Routine Testing Schedule Using Donor-Derived Cell-Free DNA After Kidney Transplantation](#) - PMC (nih.gov)

Transplant: US clinical market share potential

VitaGraftTM Kidney + **VitaGraftTM**

~\$500 million

US revenue currently generated by competitors

VitaGraft Kidney LDT

US Reimbursement –

\$2,222 first contact**, **\$1,030** repeat



Mature clinical market, with strong reimbursement



Growing demand for decentralized testing at local lab



Single-site de novo pathway to establish predicate device at FDA

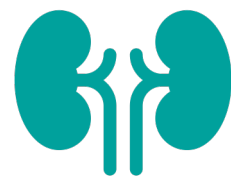
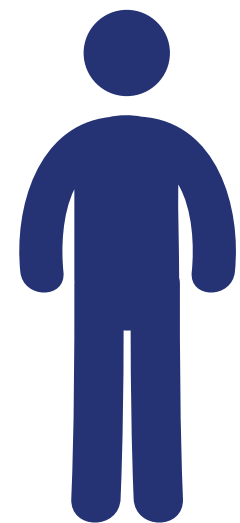
* Management estimate based on public disclosures from competitors. Calculation includes competitor tests for heart, lung, and other organs in addition to kidney

** <https://app.dexzcodes.com/>



For-cause testing example

Without better testing, most high-risk patients require invasive biopsy



Elevated
Kidney Function
Tests



Biopsy

Potential Problems with Biopsy

- Expensive compared to blood test
- Increases risk of complications including hospitalization
- Invasive procedure



For cause testing example

But with VitaGraft, many biopsies are unnecessary



Up to 86%

(lower CI: 59%)

of biopsies in patients with elevated Creatinine may possibly be avoided by using VitaGraft¹

1. Oellerich M, Shipkova M, Asendorf T, et al. (2019) Absolute quantification of donor-derived cell-free DNA as a marker of rejection and graft injury in kidney transplantation: Results from a prospective observational study. Am J Transplant 19(11):3087.

Q3 2024 GAAP P&L

\$'s in thousands

Results demonstrate prudent capital management and financial discipline ahead of revenue ramp.

ONCOCYTE CORPORATION
UNAUDITED CONDENSED CONSOLIDATED STATEMENTS OF OPERATIONS
(In thousands, except per share data)

	Three Months Ended September 30,		Nine Months Ended September 30,	
	2024	2023	2024	2023
Net revenue	\$ 115	\$ 429	\$ 395	\$ 1,189
Cost of revenues	43	159	184	593
Cost of revenues – amortization of acquired intangibles	22	22	66	66
Gross profit	50	248	145	530
Operating expenses:				
Research and development	2,817	2,185	7,582	6,747
Sales and marketing	1,043	713	2,742	2,213
General and administrative	2,565	2,487	7,645	9,430
Change in fair value of contingent consideration	7,140	(435)	9,421	(16,947)
Impairment losses	—	1,811	—	6,761
Impairment loss on held for sale assets	—	—	169	1,283
Total operating expenses	13,565	6,761	27,559	9,487
Loss from operations	(13,515)	(6,513)	(27,414)	(8,957)
Other (expenses) income:				
Interest expense	(31)	(14)	(54)	(39)
Unrealized (loss) gain on marketable equity securities	—	(89)	—	8
Other income, net	53	127	316	125
Total other income, net	22	24	262	94
Loss from continuing operations	(13,493)	(6,489)	(27,152)	(8,863)
Loss from discontinued operations (Note 11)	—	—	—	(2,926)
Net loss	\$ (13,493)	\$ (6,489)	\$ (27,152)	\$ (11,789)



Condensed Consolidated Balance Sheets

\$'s in thousands

oncocyte.com

ONCOCYTE CORPORATION CONDENSED CONSOLIDATED BALANCE SHEETS (In thousands, except per share data)

	September 30, 2024 (Unaudited)	December 31, 2023
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents	\$ 3,363	\$ 9,432
Accounts receivable, net of allowance for credit losses of \$2 and \$5, respectively	209	484
Inventories	232	—
Deferred financing costs	330	—
Prepaid expenses and other current assets	627	643
Assets held for sale	32	139
Total current assets	4,793	10,698
NONCURRENT ASSETS		
Right-of-use and financing lease assets, net	3,001	1,637
Machinery and equipment, net, and construction in progress	3,494	3,799
Intangible assets, net	56,529	56,595
Restricted cash	1,700	1,700
Other noncurrent assets	699	463
TOTAL ASSETS	\$ 70,216	\$ 74,892
LIABILITIES AND SHAREHOLDERS' EQUITY		
CURRENT LIABILITIES		
Accounts payable	\$ 872	\$ 953
Accrued compensation	1,906	1,649
Accrued royalties	1,116	1,116
Accrued expenses and other current liabilities	985	452
Accrued severance from acquisition	2,314	2,314
Right-of-use and financing lease liabilities, current	1,283	665
Current liabilities of discontinued operations (Note 11)	—	45
Total current liabilities	8,476	7,194
NONCURRENT LIABILITIES		
Right-of-use and financing lease liabilities, noncurrent	2,708	2,204
Contingent consideration liabilities	49,321	39,900
TOTAL LIABILITIES	60,505	49,298
Commitments and contingencies (Note 6)		
Series A Redeemable Convertible Preferred Stock, no par value; stated value \$1,000 per share; 5 shares issued and outstanding at December 31, 2023; aggregate liquidation preference of \$5,296 as of December 31, 2023		
	—	5,126
SHAREHOLDERS' EQUITY		
Preferred stock, no par value, 5,000 shares authorized; no shares issued and outstanding	—	—
Common stock, no par value, 230,000 shares authorized; 13,374 and 8,261 shares issued and outstanding at September 30, 2024 and December 31, 2023, respectively	326,682	310,295
Accumulated other comprehensive income	57	49
Accumulated deficit	(317,028)	(289,876)
Total shareholders' equity	9,711	20,468
TOTAL LIABILITIES AND SHAREHOLDERS' EQUITY	\$ 70,216	\$ 74,892

Where
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