

TB REMAINS THE #1 KILLER

due to infectious disease

10.7 million cases in 2024

1.23 million deaths in 2024

(WHO TB report 2025)

MARTI

TB DIAGNOSTICS

DIAGNOSTIC & SCREENING APPLICATIONS

CURRENT DIAGNOSTICS FALL SHORT

- Require sputum from the lungs
- Sputum is hazardous to obtain & difficult to sample from children and HIV-positive patients
- ~20% of TB occurs outside the lungs and can't be detected from sputum
- None is suitable for use at the point of care
- None can confirm cure - they detect TB bacteria DNA up to 5 years after cure
- Relatively long turnaround times
- Low accuracy in high HIV populations

COMPETITIVE ADVANTAGE

ONLY NEEDS 1 DROP OF BLOOD



EARLY DETECTION

FAST



UNAFFECTED BY HIV



ACCURATE

POINT-OF-CARE



ONLY ACTIVE TB



CURRENT STATUS

- Internal validation trial complete Dec 2025 ☒
- Meets WHO targets ☒
- Device demonstrator developed ☒
- Clinical data published Sep 2025 ☒
- Start-up company with clean audits ☒
- Highly qualified & dedicated team ☒
- Patented technology ☒

- Population screening (e.g. prisons, schools)
- Confirm cure to identify patients who may relapse
- Ports of entry (border posts, airports)
- Rural clinics; all points of care
- Paediatric & intensive care diagnosis
- TB treatment monitoring
- High HIV-burden populations
- Detect bovine TB in animals

Supported by:



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