## Neo**Predix** 3 B.1

Forecasting bilirubin trends to mitigate post-discharge jaundice

Determining jaundice risk during an infant's first hours of life is crucial since most newborns are discharged before bilirubin levels peak. Current care standards lack automation and are unable to properly forecast individual bilirubin progression.

The NeoPrediX B.1 solution uses a proprietary algorithm to predict the risk of jaundice up to 60 hours in advance, and is backed by population data and a multi-site clinical trial.

Implementing a new standard of care with groundbreaking technology can improve clinical efficiency, reduce hospital readmissions, and support a higher quality of care for all newborns.

#### The NeoPrediX B.1 web application



#### Why NeoPrediX B.1?



## Give clinicians the tools to forecast bilirubin progression.

The NeoPrediX B.1 solution uses industry-leading technology to elevate the current standard of care.

Feature	NeoPrediX B.1	Current applications
SaaS (no hardware or installation)	<b>~</b>	<b>*</b>
Calculate delta to Phototherapy Threshold (PTT)	<b>*</b>	<b>~</b>
Browser-based	<b>~</b>	<b>*</b>
Smart technology forecasts 60 hours of dynamic bilirubin progression	<b>~</b>	X
Available for full EMR integration or as a stand-alone application	<b>~</b>	X
Proprietary algorithm backed by a multi-site clinical trial	<b>*</b>	X
Incorporates the significance of TSB vs TcB tests	<b>~</b>	X
Captures historic patient data to highlight trends over time	<b>V</b>	X

40%

of newborns move into a higher risk zone after discharge

6°0F10

babies develop jaundice, with 1 in 10 needing phototherapy

\$700M

total annual U.S cost of readmissions due to jaundice



### Accurately forecast bilirubin progression with minimal tests



Forecast 30 hours ahead using one serum measurement



Forecast 48 hours ahead using three TcB measurements



Forecast 60 hours ahead using two serum measurements

# Improve patient satisfaction with a better standard of care.

NeoPrediX B.1 also makes a positive impact on newborns and their families by detecting hyperbilirubinemia risk. The application supports more informed clinical decision making, which can eliminate the stresses of unplanned readmissions and reduce the burden of out-of-pocket costs.

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