

References for Premier Heart

The following individuals have excellent knowledge of Premier Heart and its 3DMP technology. None of these parties have a financial interest in the Company, other than Premier Heart's founder, Dr. Shen. You may contact them for further information on their role in the Company's clinical trials and/or utilizing 3DMP in clinical practice. The following individuals have excellent knowledge of Premier Heart and its 3DMP technology.

Peter Nicholas

Mr. Peter Nicholas is the co-founder and chairman of Boston Scientific Corporation. He is a trusted adviser to Dr. Shen and has first-hand knowledge of the clinical significance of 3DMP technology. Mr. Nicholas was a close personal friend of the late Edmund T. Pratt, Jr., a founder and early investor in Premier Heart and former CEO/Chairman of Pfizer Pharmaceuticals. Mr. Nicholas was personally responsible for introducing 3DMP to Dr. Eberhard Grube (please see below), an internationally renowned key opinion leader in interventional cardiology who later conducted peer-reviewed clinical trials on the 3DMP system.

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John Abele

Mr. John Abele is the co-founder and director of Boston Scientific Corporation. Mr. Abele was one of the early colleagues of Mr.'s Pratt and Nicholas who received a 3DMP test. Mr. Abele witnessed the ability of 3DMP to detect serious problems among colleagues who had "surprise" heart attacks within the year, despite good results from their annual comprehensive executive physicals.

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Dr. Eberhard Grube

Dr. Eberhard Grube is Chief of the Department of Cardiology and Angiology at the Heart Center Siegburg in Germany and is Consulting Professor of Medicine at Stanford. He is internationally renowned as an innovator in the development and testing of new devices and procedures for cardiology. Over the past decade he has taken the lead in the initial clinical testing of drug-eluting stents, percutaneous closure devices, new atherectomy techniques, catheter-based valve surgery and treatment of vulnerable plaque. Dr. Grube has performed over 350 open-heart operations and was the Principal Investigator of Premier Heart's largest clinical trial with nearly 1,000 patients.

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Dr. Michael Imhoff

Dr. Michael Imhoff is a board certified surgeon and intensivist with 18 years clinical practice in one of the largest hospitals in Europe. He holds a PhD in Medical Informatics and Statistics and is a reader at the Medical School of the Ruhr-University Bochum, Germany. Dr. Imhoff has authored or co-authored over 300 national and international monographs, books, book chapters, scientific talks and posters. The focus of his research is surgical intensive care medicine, patient monitoring, clinical data management, statistical time series analysis and related methods, artificial intelligence in medicine, health economics, macro and micro allocation of medical resources and rationing in healthcare. He is a strategic consultant to Dräger Medical and Siemens Medical, and in that context he performed an extensive analysis of 3DMP data.

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Dr. H. Robert Silverstein

Dr. H. Robert Silverstein is a practicing cardiologist who has used 3DMP for 3 years. He is board certified in cardiovascular disease, internal medicine and preventive medicine and is a Fellow in the American College of Cardiology and in the American College of Preventive Medicine.

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Dr. Wilbert Aronow

Wilbert Aronow, MD is Professor of Medicine at New York Medical College and Head of teaching and clinical research cardiology at Westchester Medical Center where the Company's first clinical trial was conducted from 2001-2002. Dr. Aronow is a renowned researcher and editor of many medical peer review journals.

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References cont'd...

Dr. Yuk Law

Yuk Law, MD, serves as medical director, Cardiac Transplant and Heart Failure at Seattle Children's Hospital. Dr. Yuk Law is a contributing author on pediatric heart failure to the field's most authoritative text, Congestive Heart Failure. His fellowship in both pediatric cardiology and immuno-biology allows him to take a comprehensive approach to the care of patients with cardiopulmonary failure who require transplantation.

Dr. Law states: "Even though I am not a biomedical engineer and will not be able to competently lecture an audience on 3DMP's technology, I think the Premier Heart technology is extremely exciting on two fronts. First, developing better methods in diagnosis through a constant feed of new data as it is collected in the field as part of its technology improves the accuracy. This is being realized in proteo-genomics such as using micro array gene analysis for the early detection of rejection. The algorithm matures with more data fed into the "brain" and not only accuracy but also the spectrum of indications of how a test can be used gets extended. The second is that EKG type testing is great for screening large populations. Infants with heart disease can be delivered anywhere, and I mean anywhere! Every clinician knows it is not that easy to make a diagnosis of serious heart disease and many will not manifest until the PDA closes--just when the baby goes home after a C-section for example at around 2-5 days of life. Infants have been lost because of this problem. EKG is notorious for not being sensitive or specific enough and it really comes down to echo. I am in the midst of publishing a study using BNP (a cardiac hormone) to screen but the sensitivities could be better and there are some drawbacks with this test in the neonate population. There are EKG abnormalities associated with certain congenital heart diseases but we need a way to improve the detection rate and differentiate it from infection and lung diseases, common in the newborn period. There are also more infants born than there are adults with coronary artery disease, so the scope of the problem is quite large. We already do state funded newborn screening for certain kinds of errors of metabolism, PKU, etc., but we don't do it for heart conditions and it is just waiting for someone to figure out a practical, simple, and relatively inexpensive way to screen. This kind of approach can obviously lead to other applications in pediatric cardiology, rejection, etc. I am hoping we can develop the same approach as used to detect coronary artery disease for the babies with congenital heart disease".

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Dr. Lance Austein

Lance Austein, MD is board certified in internal medicine and has a thriving primary care practice in Brooklyn. He is also highly regarded by his peers for his leadership in adapting new technologies and therapies for his patient population. Dr. Austein's enthusiasm for 3DMP is based on how it has improved his practice. For example, he referred a patient with chest pain to a cardiology group for diagnostic work-up. All stress tests were normal and the patient returned back to his office, where his 3DMP test was "strongly" positive for Coronary Artery Disease. Dr. Austein sent his patient to Columbia Presbyterian Hospital for an angiogram, which confirmed the 3DMP results. The patient received a PTCA/Stent for a discrete single vessel LAD lesion and thereafter was free of chest pain. The follow-up 3DMP test showed no remaining ischemia. Dr. Austein has become a strong advocate.

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Dr. Murray Werzberger

Dr. Murray Werzberger is one of Dr. Austein's partners in Modern Medical PC and a leader in the medical community. He is responsible for the formation of their large group practice mainly consisted of primary care physicians. He believes that 3DMP enables their group to practice early detection and prevention and as a result may expand to include several cardiologists with interest in cardiovascular prevention. Dr. Werzberger is advocating the use of our technology in other primary care practices.

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Dr. Joseph Shen

Dr. Joseph Shen is a physician and the inventor of the 3DMP system and the named patent holder patents for web applications of 3DMP and for the automatic differentiation of CAD ischemia.

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