Lytbot Pulsed UV-C Disinfection System

An Innovative and Effective Weapon Against Pathogens

Eliminates Pathogens in Seconds with Proven Pulsed Broad-Wavelength UV-C



- ✓ No mercury or harmful microwaves
- ✓ Hands free, chemical free
- ✓ Easy maneuverability
- ✓ Increased efficacy = lower HAI rates
- ✓ Cost efficient subscription platform

Lytbot Technology

- 3, 5, 10 Minute Cycles Simple cycles are 25-40% faster than competitors
- Maxpulse Technology High flash rate =increased efficacy against a variety of pathogens
- Targeted Disinfection Engineered reflector amplifies energy to high touch surfaces where 80-90% of pathogens live

Lytbot works differently than Mercury UV Systems

- ✓ UV-C damages DNA, creating thymine dimers and eliminating pathogens ability to perform cellular functions
- ✓ Pulsed UV-C disintegrator is a full-spectrum pulsed UV-C light that sheds billions of high energy photons, causing harmful cells to overheat and rupture



System	Pathogen	Distance	Cycle Time	% Reduction
Mercury UV-C	C. Diff	4 feet	5 minutes	40.0% +/- 5%
Lytbot	C. Diff	5 feet	5 minutes	98.4% +/- 6%
Lytbot	MRSA	6 feet	2.6 minutes	100.0% +/- 6%



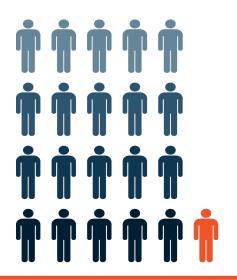
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Manual Disinfection isn't Cutting it

- 1 in 25 hospital patients will acquire an HAI during their stay
- Of those who acquire an HAI, 1 in 9
 patients will unforunately die



"UV devices can add an extra layer of assurance when it comes to terminal cleaning; reaching areas of any environment that may otherwise be missed or insufficiently addressed due to human error."*

UV-C Devices Complement Manual Disinfection

- ✓ Up to 78% of surfaces still harbor pathogens even after manual disinfection*
- ✓ In the case of C. difficile, a patient is 2.5x more likely to acquire an infection if the room's prior occupant was infected*

Current UV Devices aren't Viable Options

- ✓ Many surface disinfection solutions are made with harmful mercury bulbs to generate UV-C light
- ✓ Mercury UV-C systems require over 45 minutes to eliminate C. difficile
- ✓ Capital costs for UV disinfection devices can be over \$100,000, not including service and support fees



^{*1:} Eckstein, BC et al. Reduction of Clostridium Difficile and vancomycin-resistant Enterococcus contamination of environmental surfaces after an intervention to improve cleaning methods, 21 June 2007; BMC Infectious Diseases 2007, 7:61

^{*3:} Infection Control & Clinical Quality "Bridging the gap: Establishing UV claims for emerging pathogens" S. Snow. February 2015.



^{*2:} Shaughnessy, MK et al. Evaluation of hospital room assignment and acquisition of Clostridium difficile infection. Infection Control & Hospital Epidemiology, 32 (2011), 201–206.