



Asterand[®]

Partners in Human Tissue Research

Foundations in Government

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Disclaimer

Forward-looking statement

This Announcement contains forward-looking statements concerning the Company's business, plans, objectives, financial condition, results of operations and expected performance. All statements other than statements of historical fact are, or may be deemed to be, forward-looking statements. Forward-looking statements are statements of future expectations that are based on management's current expectations and assumptions and involve known and unknown risks and uncertainties that could cause actual results, performance or events to differ materially from those expressed or implied in these statements. Readers should not place undue reliance on forward-looking statements.


Neither the Company nor any of its subsidiaries undertake any obligation to publicly update or revise any forward-looking statement as a result of new information, future events or other information. In light of these risks, results could differ materially from those stated, implied or inferred from the forward-looking statements contained in this Announcement. Furthermore, historical results may not be indicative of the Company's future performance.

Our Plan - as presented at AGM June 2010

- **Grow revenue & control costs**
- **Integrate BioSeek & extend platform**
- **Offer credible “one-stop-shop” to pharma for human tissue**
 - Improve first pass availability
 - Enhance follow up / longitudinal / outcome data
 - Closer relationships with source collaborators (E.g. hospitals)
- **Establish scientific leadership in human-based solutions**
 - Hold conference
 - Appoint CSO
 - Forge links with regulatory bodies and government
- **Establish “embedded platform” contracts where Asterand paid fee for service, plus additional upside through milestone payments if compounds progress**
- **Buy and Build - consolidate when prudent**

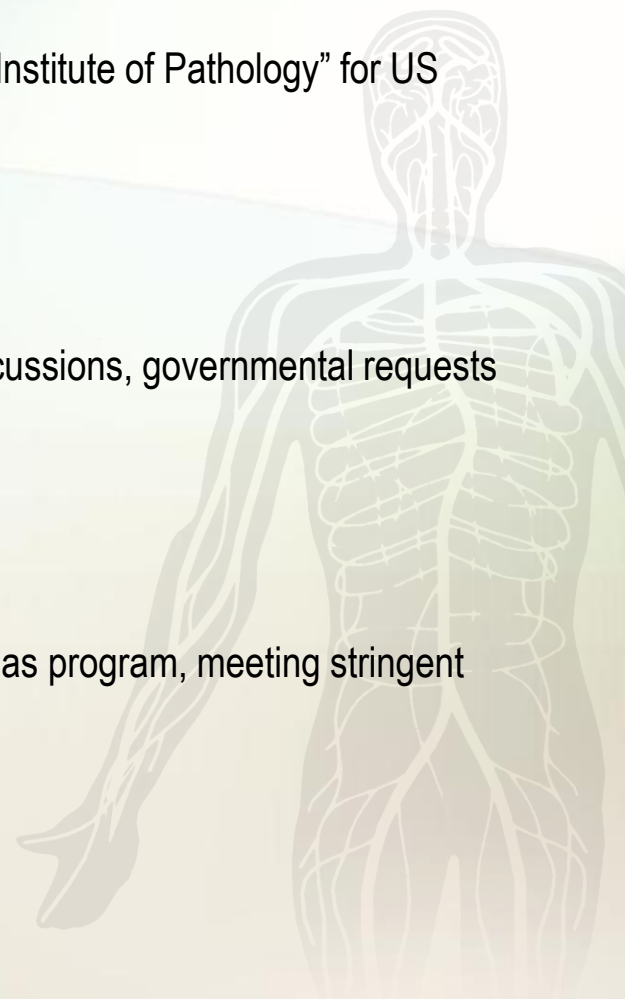


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Government programs development

- Completed “Assessment of the Tissue Holdings at the Armed Forces Institute of Pathology” for US Department of Defense December 2008
- Appointed Government Contracts Program Manager
- Participation in NIH-sponsored events, Institute of Medicine panel discussions, governmental requests for information (RFIs) and monitoring *FedBizOps*
- Responded to several Requests for Proposals
- Provided Stomach adenocarcinoma cases to The Cancer Genome Atlas program, meeting stringent quality parameters



Asterand awarded contract with NCI for up to \$24M

“Networks of Tissue Source Sites Supporting TCGA for Prospective Collection of Oncology Tissue and Whole Blood”

The Cancer Genome Atlas (TCGA)

- Joint effort of the National Cancer Institute (NCI) and National Human Genome Research Institute (NHGRI)
- Accelerate the understanding of the molecular basis of cancer through the application of genome analysis technologies
- Piloted project in 2006 to test the feasibility of systematically exploring the genomic changes involved in human cancers
- Pilot expanded to include over 20 additional cancers
- Project requires samples of high molecular quality and detailed clinical information

We believe that TCGA will help revolutionize our understanding of the molecular basis for cancer, enabling better diagnoses and treatments. To participate in a project so critical to advancing human health is an honor. This project underscores the trend in the utilization of human tissues in biomedical research.

Contract obligations

	Duration	Total**
Base Period (ARRA* Funding)	17 mos	\$5,360,978
Option Period One	12 mos	\$5,330,478
Option Period Two	12 mos	\$5,439,400
Option Period Three	12 mos	\$5,691,987
Option Period Four	7 mos	\$2,479,461
Total	60 mos	\$24,302,304

*ARRA = American Recovery and Reinvestment Act

**Contract value includes per case acquisition costs as well as labor costs.

Asterand is contracted to supply 17 specific cancer types from a variety of anatomic locations (e.g., breast, lung, brain), plus additional cancers as research directions evolve. The total number of cases is over 9,000 across the five year span.

TCGA Network landscape

Organization	Base	Total contract value
Asterand	\$ 5,360,978	\$ 24,302,304
International Genomics Consortium	\$ 5,490,240	\$ 21,360,880
Washington University	\$ 2,725,275	\$ 13,626,375
Pittsburgh University	\$ 3,001,400	\$ 10,961,777
Analytical Biological Services	\$ 2,312,715	\$ 9,265,109
Cleveland Clinic Foundation	\$ 1,627,009	\$ 5,717,366
Case Western University	\$ 715,438	\$ 2,502,392

Asterand received the largest contract of any of the participants. With a large and varied network providing superior quality, highly annotated specimens we are most capable for this prestigious project.

The Cancer Genome Atlas

The Project is in line with our foundation and growth strategy

- Steady revenues across time
- Establishes a large footprint for us in the National Institutes of Health
- Diversifies our customer base
- Reduces risks from uncertainty in pharmaceutical spending

We believe The TCGA project is a *game-changer* for Asterand

But there's more....





10 IDEAS THAT ARE CHANGING THE WORLD

TIME MAGAZINE
MARCH 23rd 2009 ISSUE



- Safe Deposits**
Inside Huntsman Cancer Institute's vaults:
1 Freezers full of tissue
2 A cryotube of blood from a cancer patient
3 7 Pancreatic tumors on ice
4 Liquid nitrogen storage
5 Tissues embedded in paraffin
6 A -140°C long-term freezer

and storing tissue samples for decades. Imagine the power of those thousands of samples: write 100,000 or even millions of times larger, over not just cancer but any disease, ranging from brain disorders like Alzheimer's to metabolic conditions like diabetes. With enough tissue samples from both affected and unaffected people, researchers can pick out gene profiles that haunt the DNA of those who get sick, then start to screen and treat these individuals and

#8
Biobanks

BY ALICE PARK

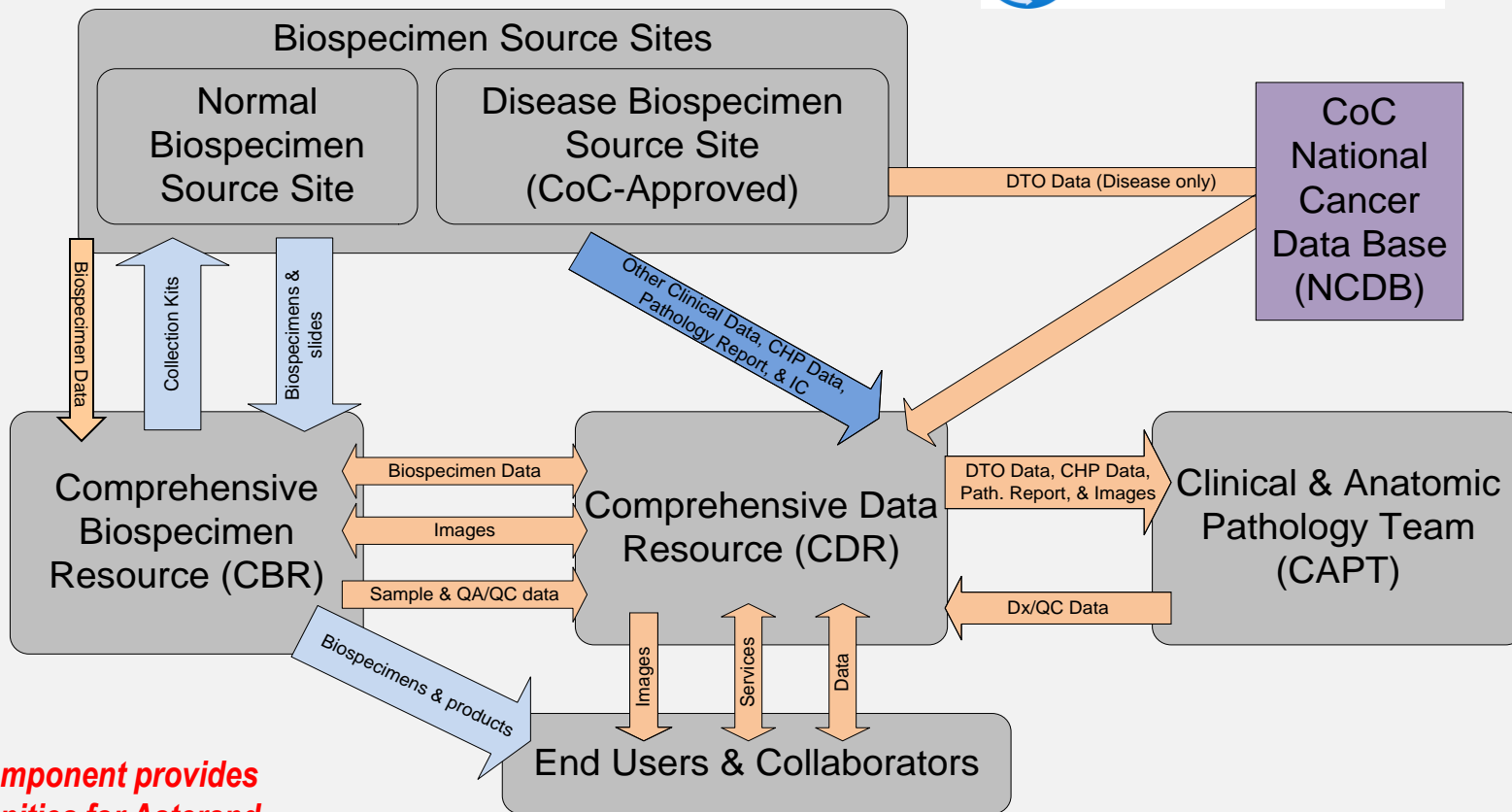


NOW THAT MAJOR BANKS IN THE U.S. ARE getting by on a government bailout, the idea of creating yet another repository to safeguard your most valuable assets might seem downright ludicrous. And even irresponsible. But that's exactly what some federal officials are hoping to do. Relax—it's not your money they're after. It's your blood. Folks at the National Cancer Institute (NCI) are heading up an effort to establish the U.S.'s first national biobank—a safe house for tissue samples, tumor cells, DNA and, yes, even blood—that would be used for research into new treatments for diseases. Think of it as an organic bank account. You put your biomaterial in and earn medical interest in the form of knowledge and therapies that grow out of that deposit—no monetary reward, just the potential that you might benefit from the accumulated data at some later date. (Sorry, no shiny new toaster to inspire you to open up such an account either—just an appeal to the greater medical

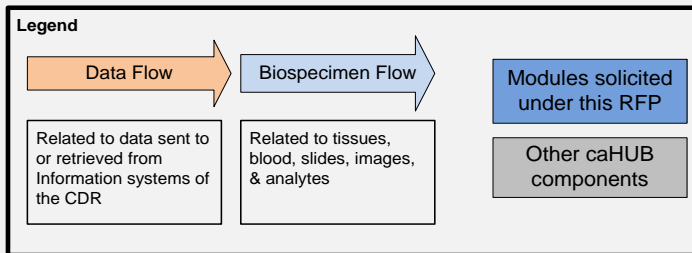
good.) Britain, Canada, Norway and Sweden have already begun building up their national biobanks. And the residents of Iceland, though the country is bankrupt, still have their biological assets tucked safely away; more than 60% of adults in the island nation have donated DNA to deCODE Genetics, the company that runs the bank. The U.S. effort currently lies in the NCI's Office of Biorepositories and Biospecimen Research (OBBR). By fall, the group hopes to have mapped out a plan for a national biobank; the recent stimulus showered on the government by the Obama Administration might even accelerate that timetable. Why the NCI? Cancer, it turns out, is a smart place to start with a biobank. Already, dozens of genes have been linked to cancers—BRCA 1 and 2, which are behind 5% to 10% of breast cancers—and gene proteins like prostate-specific antigen, which signals a potentially abnormally growing prostate gland. Many cancer hospitals have been collecting

patients are beginning to warm to the idea of collecting DNA and tissue samples as a part of routine examinations. The challenge, of course, is to maintain the privacy of account holders and ensure that access is limited to medical personnel and those who have the individual's consent. Coding each specimen and setting up layers of password-protected data sets might be one way to accomplish this. Sounds easy, but will it work? That all depends on how comfortable people can get with sharing their DNA. "Having all of your DNA out there where organizations or governmental institutions have access to it makes people nervous," says Dr. Randall Burt of Huntsman Cancer Institute in Utah. The medical incentives are certainly great—scientists are convinced that only by mining the riches of the human genome will we uncover the next generation of treatments for disease. And maybe those toasters couldn't hurt either.

caHUB Pilot System Overview



Each component provides opportunities for Asterand



CoC – Commission on Cancer
CHP – Collection, Handling, & Processing
DTO – Disease, Treatment, & Outcome (aka clinical)
Dx/QC – Diagnostic (Pathology) & Quality Control
RFP – Request for Proposal
QA/QC – Quality Assurance & Quality Control

Recap

1. Our government contracts strategy is paying off
2. Asterand's capabilities recognized by the NCI
3. We are the largest contractor for Tissue Networks to The Cancer Genome Atlas
4. Contracted for up to 5 years and \$24M
5. Expanding use of high quality human tissue specimens being driven by government
6. See multiple prospects for future government contracts



***TCGA is a launching pad to the next level of business
Asterand has a real opportunity to build a meaningful company***