Point-of-Care Pathogen Testing

Molecular diagnostics are powerful tools for detecting pathogens. By rapidly amplifying trace amounts of pathogen DNA or RNA in complex samples, these technologies can effectively identify a needle in a haystack. Compared with traditional processes such as culturing, microscopy and staining and ELISA based testing etc, molecular tests are highly specific and sensitive, providing the definitive results that are required in a timely manner. Large hospitals usually have access to diagnostics services which perform molecular tests rapidly, enabling clinicians to respond appropriately and quickly. Smaller regional hospitals and remote clinics may lack this capacity and may need to send samples to larger centers that provide diagnostic services. Transport and laboratory testing schedules can therefore delay the receiving of the results for several days, particularly when the samples are sent out from remote locations. These delays hinder disease management and, in clinical cases, may threaten patient outcomes or survival. Within agritech, in high-density livestock facilities, disease can spread rapidly, causing animal and economic losses. Because farms are usually remote, diagnostic test results often take multiple days to be returned. A point-of-care test that primary health care professionals can use in clinics, or technicians and veterinarians can use on farms, would transform disease management for faster intervention and optimal outcomes.

Access to biomedical diagnostic testing remains deeply unequal worldwide, particularly in low- and middle-income countries (LMIC). In these countries, a broad range of diagnostics may be available in larger hospitals, but poverty and therefore lack of mobility can prevent patients from receiving the care they need. Point-of-care (POC) testing can reduce these barriers by bringing the diagnostics test directly to patients and into the communities where it is needed. For example, a health worker could travel to an isolated rural community where there has been reported that a number of children have similar skin rashes over their bodies. A rapid molecular test that could be implemented on the spot, distinguishing measles from rubella, would identify the pathogen and enable the health worker to advise on the appropriate response to minimize further impact within the community. Developing practical point-of-care tools is essential to achieving meaningful change especially in LMIC situations. Despite advances in diagnostic technologies, disparities in access to testing remain unacceptably high. The WHO's 2025 report states that at least 26 diseases, in tropical regions, still have no diagnostic tests. These neglected tropical diseases (NTDs), caused by parasites, bacteria, or viruses, impose substantial health and economic burdens on vulnerable and marginalized populations.

The COVID-19 pandemic highlighted the value of point-of-care (POC) testing by bringing diagnostics out of the centralized laboratory and back into communities. The urgency created by the pandemic was the driver for the rapid development of tests that lay people could use in their own homes. Replacing laboratory tests with a 20-minute rapid antigen test (RAT) greatly assisted pandemic management. Although RATs were of low sensitivity, their speed enabled earlier notification and isolation of affected individuals, helping to prevent spread, the benefits outweighed the disadvantage of the sensitivity limitations.

Molecular tests use amplification biochemistry to provide the high sensitivity needed to detect trace amounts of pathogen nucleic acids in complex samples, but deploying these technologies outside laboratories presents challenges. The World Health Organization summarizes the essential criteria for POC diagnostics using the acronym ASSURED: **A**ffordable, **S**ensitive, **S**pecific, **U**ser-friendly, **R**apid and reliable, **E**quipment-free, and **D**eliverable to end users. Although the criteria describe the qualities of a POC test in an LMIC context, these principles apply broadly to POC testing generally: to be deliverable anywhere, POC testing must be sensitive, specific, simple to deliver, fast, robust, minimally dependent on equipment, and reliable. Platforms that meet these criteria can greatly reduce reliance on laboratory testing and accelerate pathogen identification with the best possible outcome obtained. Recently it has been proposed to expand the ASSURED criteria to include **R**eal-time connectivity, **E**ase of specimen collection, and **E**nvironmental friendliness as additional highly desirable characteristics. This is called the **RE-ASSURED** criteria.

Unlike rapid antigen tests, which detect surface antigens, molecular diagnostics can identify and amplify specific DNA or RNA signatures of the pathogen. While this amplification provides far greater sensitivity than direct cell surface antigenic tests, the molecular test requires a more complex sample preparation to disrupt cells and release the nucleic acids from within. The process must adequately inactivate nucleic acid-degrading enzymes, remove biological membranes and the myriads of cellular components including proteins that bind to DNA, enabling the amplification biochemistry to target naked nucleic acids without inhibition. Although there are a variety of methods to prepare nucleic acids for molecular testing, the core workflow of the POC process consists of an initial cell lysis step, a nucleic acid cleanup process followed by the amplification of the target pathogen sequence and means to visualize the amplified product. An effective point-of-care platform must perform each step reliably.

Ideally, a point-of-care (POC) system could automatically process and analyse a sample, delivering a result quickly with minimal or no user input during the process. The reality is that although highly automated sample-to-result platforms do exist, they are laboratory-based and do not support true field deployment. Cepheid's GeneXpert is an example of an FDA approved technology that is marketed for centralized and decentralized testing. The Cepheid system offers user-friendly, cartridge-based technology, a sample-in and results-out workflow. However, it is a very costly benchtop instrument that lacks portability and requires continuous mains power. The Cepheid instrument therefore falls short of multiple ASSURED criteria, although it remains very useful in larger clinics and hospitals. GeneXpert systems will rarely be installed in remote primary-care clinics or used on the farms to screen pathogens. Nor is it the type of technology to pack into the back of the Ute and travel to a remote community for rapid detection of a reported outbreak.

Adapting laboratory workflows for point-of-care use

To transition from what works at the laboratory to achieving the equivalent result in a POC setting requires many innovative solutions to overcome the lack of laboratory infrastructure. Field conditions may vary, with some having basic infrastructure and perhaps some minor lab equipment such as a small centrifuge or vortex mixer to locations where even the most basic elements such as clean water, reliable power, or refrigeration are absent, and there are also large variations in environmental conditions such as temperature and humidity. To be truly a POC technology, the developer must assume the worst scenario, the POC test must overcome all

obstacles, be essentially self-contained, not reliant on infrastructure and easy for minimally trained personnel to use. The key steps are outlined below.

1. Cell lysis

The first step of the molecular process is sample preparation; the cells must be broken open to release the nucleic acids. There are a variety of ways to achieve cell lysis, a combination of detergent, heat and mechanical breakage are commonly used. Some cell types are more robust than others, plant tissue and bacteria for example, are more resistant to breaking open, whereas human or animal samples will be more fragile and easier to lyse. Many extraction methods use the ionic detergent sodium dodecyl sulfate (SDS) in combination with heating to break open the cells. This detergent is highly effective at disrupting the cellular membranes and the combination of the ionic detergent with heat causes most proteins and therefore cellular enzymes to unfold and become inactive (denaturation). Within the laboratory environment heating can easily be provided by water baths, heating blocks or incubators, however these devices are bulky, require mains power and are less likely to be available at POC settings.

2. Nucleic acid purification

After denaturation, the crude cellular lysate is a complex soup of cellular debris, proteins, lipids and carbohydrates derived from disassembled cells systems, as well as powerful ionic detergents. Some very robust enzymes, such as ribonucleases may have survived this process. This vast array of cellular materials will typically inhibit the amplification reaction and must be removed from the nucleic acid samples. There are a variety of laboratory purification methods available. One of the most popular commercial methods rely on the use of centrifuges to pellet cellular debris and the precipitated detergents. Spin columns are then used to bind the nucleic acids and enable the washing away of the remaining traces of impurities. The washing and the recovery of the nucleic acids requires a centrifuge which may be available in a few POC settings, but less likely in most. Generally, centrifuges also require a stable mains power supply and are not battery powered.

3. Reagent storage.

The amplification step is a complex biochemical process, enabling the identification of a specific genetic sequence of interest from a complex nucleic acid extract. The components required for biochemical amplification are labile, particularly the enzymes, and freezing is necessary for their storage. Eliminating reliance on cold chain storage is essential for delivering POC testing.

4. Technical skills.

Setting up molecular reactions requires precision pipetting of very small volumes of reagents. Laboratory personnel perform this routinely but for those inexperienced in such technologies this can be very challenging. Molecular reactions are multicomponent, the volume of each reagent is very small, and the exact ratio of each component is critical. Delivering POC tests in the hands of the non-technologist requires a simplification of the reaction mixtures so the tests do not fail because of imprecise pipetting through the inexperience of the operator.

5. RNA handling

Some diagnostic tests require the detection of ribonucleic acids (RNA) rather than deoxyribonucleic acids (DNA) samples, many viruses for instance have RNA as their genetic element. RNA is particularly susceptible to degradation due to the abundance of ribonucleases in the samples and in the environment generally. Many laboratories often perform RNA extraction in cabinets to protect the samples integrity, such controlled environments are not available at POC.

6. Contamination control

Every positive test using molecular amplification generates billions of copies of the target sequence (the amplicon) within a short period of time; this is at the heart of the power of molecular testing. The accidental release of even a trace of these products into the workspace can lead to a contamination event that can render subsequent reactions invalid because of false positive reactions. This is a major problem when it happens in molecular laboratories. Modern laboratories often separate steps such as sample preparation, reaction setup and amplification into physically distinct sub-laboratories within the diagnostic complex to prevent such contamination occurring. At POC, this level of physical separation is not likely to be possible, and the technology must adequately contain the reaction products and prevent the release of amplicons from occurring. Some amplification methods rely on two step processes, i.e., amplification and then readout. These require opening the amplification tube after the reaction is complete, and additions into the tube for detection, or transfer of the amplification product from the tube into a readout system, such as a lateral flow device. Such approaches should be avoided as there is a high risk of accidental amplicons release.

PCR and isothermal alternatives

The polymerase chain reaction (PCR) is the gold standard for laboratory-based molecular amplification. The key feature of PCR is thermocycling, alternating between high temperatures (approximately 95ºC) that separate the strands of the template DNA and lower temperatures that allow primer annealing and enzymatic extension for amplifying the target. This repeated rapid temperature cycling (25-35x) is highly energy-intensive and requires bulky, expensive, mains-powered instruments. While there are exceptions, most POC systems do not use PCR.

Over the past 25 years, several constant-temperature (isothermal) alternatives have been developed for rapid molecular amplification. These methods can match or exceed PCR sensitivity while avoiding thermal cycling. Such methods are fast, very energy efficient and well suited to POC use.

Readout systems

There are multiple ways to provide a readout of the amplification reactions. These include DNA intercalating dyes, probe molecules, pH indicating colorimetric methods, electrochemical and

turbidity measurements etc. The readout system may involve sophisticated optical systems that increase hardware costs and size. Simple systems, ideally by eye, are required for POC testing.

Multiplexed screening:

Many different infections have overlapping symptoms but are caused by very different pathogens. This requires multiplexed molecular detection to distinguish the infectious agent. For instance, corneal disease can lead to rapid vision loss and there are multiple pathogenic agents that cause similar etiology, including multiple viruses, bacteria, or amoeba. To save the eye, it is critical that there is prompt identification of the infectious agent as each requires an entirely different medical treatment plan.

Leishmaniasis is a neglected tropical disease which causes severe skin disease but also has other manifestations, including a visceral form which is almost always fatal if left untreated. In the early stages of the disease, there may be suspicion of leishmaniasis, however other pathogens including mycobacteria and fungi, as well as skin cancers could be the source of the problem. Multiplexed testing to identify the causative pathogen is most important, enabling specialists to select appropriate treatment for the optimal outcome.

The global rise in antibiotic resistance is an alarming trend. *Staphylococcus aureus* is one of a number of pathogens where antibiotic resistance is becoming very problematic. Diagnostic tests that can distinguish methicillin-sensitive *S. aureus* (MSSA) from methicillin resistant (MRSA) organisms are critical for improving patient outcomes and preventing the overuse of last-resort antibiotics. Multiplexed staphylococcal testing that includes screening for genetic determinants such as *mecA* gene provides clinicians with a valuable tool when selecting appropriate antibiotics. MRSA prevalence is also increasing sharply in war zones, where rapid diagnostics for pathogen resistance is often unavailable. POC testing can make a substantial difference in these settings for patient treatment and survival and the prevention of the application of an inappropriate antibiotic.

Interpretation of results.

Laboratory diagnostic testing requires the development of hands-on technical expertise. It is equally important to have the skills to interpret the results correctly. The COVID-19 rapid antigen tests illustrated this principle well. With the rapid antigen test (RAT), the control line indicated an active test, and the second lower T line was indicative of the presence of the virus. Although POC molecular tests are much more complex than the RAT, ideally, they must be similarly easy to use and provide clear, unambiguous results for non-technologists to interpret.

The Essential Elements of a POC test.

As noted above, the WHO defines POC diagnostics using the ASSURED criteria. Priem *et al* (2026) further describe the requirements for delivering molecular diagnostic tests for neglected tropical diseases at the point of care. Their framework considers a worst-case setting with no infrastructure, mains power, or water and where non-technologists operate the tests. Their table is reproduced below (with permission).

Factor	Field-based	Laboratory-based
Lowest infrastructure level	Ideal: "Zero-infrastructure" Minimum: "Minimum infrastructure"	Diagnostic testing laboratory
Lowest level user	Community health personnel or health workers	Laboratory technicians
Training requirements	<0.5–2 days	<5–14 days
Clinical sensitivity	>60–99%	>60–99%
Clinical specificity	>90–99.9%	>90–99.9%
Portability	High without specialised transport	No requirement
Instrument and power requirement	Self-contained kit, independent of mains power source	Plug-in power
Water requirement	Independent of water supply	Access acceptable
Operating temperature and humidity	15–40 °C 10–88% relative humidity	Controlled temperature and humidity acceptable
Maintenance and calibration	No maintenance or calibration	Once a year
Sample preparation	Transfer of sample to testing device	Transfer of sample to testing device
Ease of use	One timed step ≤3–10 user steps Unprotected external environment	≤5 timed steps ≤15 user steps
Detection and interpretation	Naked eye	Can be instrument-based
Time to result	<0.5–1 h	<48 h
Supplies needed	Included in kit	Included in kit
Storage conditions	No cold storage	Cold storage acceptable

DNAiTECH: Innovation for Point-of-Care diagnostics

DNAiTECH has developed a comprehensive system for POC that fully addresses all the issues described above. It is a patented platform technology with field-deployable LAMP-CRISPR on a chip technology for screening multiple pathogens simultaneously in an easy-to-use format. The system has many highly innovative processes that make the objective achievable. The following sections describe each stage of the process, and explain the rationale for the approach, and show how technology's innovations address the challenges outlined above.

Sample types and collection Tube:

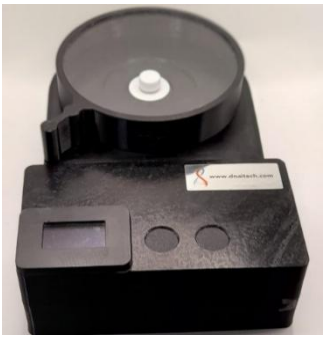


DNAiTECH's extraction technology can be applied to a broad range of samples. To date, samples extracted and subjected to LAMP-CRISP diagnostics include blood, urine, biopsies, faeces, nasal and throat swabs, beehive swabs, honey, plant tissue and gram-negative bacterial culture. The sample is added to the gas-tight collection tube containing the extraction reagent. The tube also includes an induction heater target, that doubles as the sample macerator for more solid samples such as biopsies. The system handles both liquid and solid samples.

Innovative cell lysis for POC

To achieve POC operation, DNAiTECH has developed a highly innovative method to directly apply rapid heating to the sample at POC. The sample tube is placed into the DNAiTECH denaturator. The combination of ionic detergents with rapid induction heating results in highly energy-efficient cell lysis. The denaturator, a compact, portable, battery-powered device, brings

the sample to boiling in 60-75 seconds and then automatically maintains that temperature for 5+ minutes to rupture cells and denature proteins and membranes. The core innovation is that the heating solely targets the content of the sample tube, avoiding the energy wasted by needing to heat devices such as water baths and hot plates with their large thermal masses. Compact and lightweight, the denaturator can process up to 75 samples per charge, enabling extraction to occur in the absence of mains power. The lithium-ion battery fully recharges via USB-C in 6-8 hour.



Innovative Removal of Cellular Debris and Detergents:

After sample heating, the nucleic acids must be separated away from the cell debris, proteins, lipids, and detergents to prevent the inhibition of the amplification reaction. Laboratories often use centrifugation to pellet the precipitate, but centrifuges are generally unavailable at the point of care. DNAiTECH instead has developed its innovative S-TECH extraction device, a simple, disposable, filtration-based sample clean-up system that is syringe operated and requiring no power. The sample is added to the loading reservoir, and a small disposable syringe attached to the device's luer lock fitting recovers the clear solution containing nucleic acids, retaining the precipitate on the S-TECH filter.



Left: S-TECH disposable unit, **Middle**: S-TECH with reservoir and syringe **Right**: S-TECH inserted into its base support unit and processing a liquid sample from reservoir into syringe

Innovative removal of inhibitors:

While the cleaned-up cell lysates may work for some isothermal applications, further purification of the nucleic acids is best practice for inhibition free amplification reactions. Conventional laboratory methods often use guanidine ions and organic solvents to precipitate nucleic acids. Guanidine neutralizes the DNA charge, and the solvent precipitates the nucleic acids, which then bind to glass-fibre spin columns. However, spin columns are impractical for point-of-care applications because they require centrifugation. DNAiTECH uses the same chemistry but

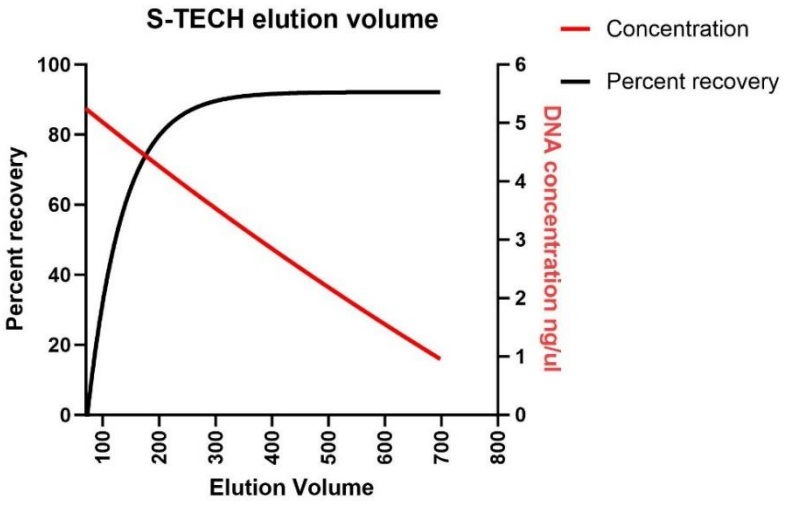
replaces spin columns with its glass fibre S-TECH filters. Nucleic acids bound to the S-TECH are further purified with wash solutions, all the operations are implemented using disposable syringes and no power is required.

Innovative cold-chain free storage of sample nucleic acids on S-TECH filters

DNAiTECH's glass fibre S-TECH filter provides an efficient method for archiving purified nucleic acid samples. Nucleic acids bound to the S-TECH glass fibre membrane can be eluted later for delayed analysis if required. When stored dry, both RNA and DNA samples remain stable on the S-TECH filter for at least one month without degradation. To maintain stability, it is critical the S-TECH filter is maintained dry in a foil zip-lock bag with activated desiccant. This is particularly useful for point-of-care testing, delayed analysis, or transporting samples in high-temperature and humidity environments where degradation, especially of RNA, is a major concern. S-TECH devices support reliable sample management without requiring any cold chain containment or stable power supply.

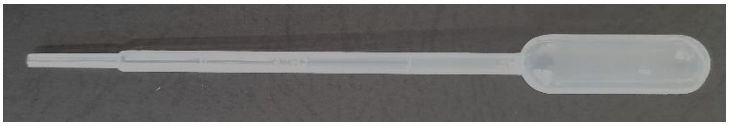
Elution of purified sample:

Before molecular analysis, the nucleic acids from the S-TECH are recovered using a small volume of elution reagent and a sterile, disposable 1 mL syringe. Again, no laboratory infrastructure or power-requiring instrumentation is required. As the diagnostic chip is hydrated with sample (see below) the elution volume determines the concentration of nucleic acids. Smaller volume results in a higher concentration in ng/ul. A larger volume results in a higher total yield of nucleic acids but a lower concentration per microliter.



It is critical for POC usability that precision micro-pipetting is not required. All the operations described above, from setting up denaturation to elution of purified nucleic acids can be carried

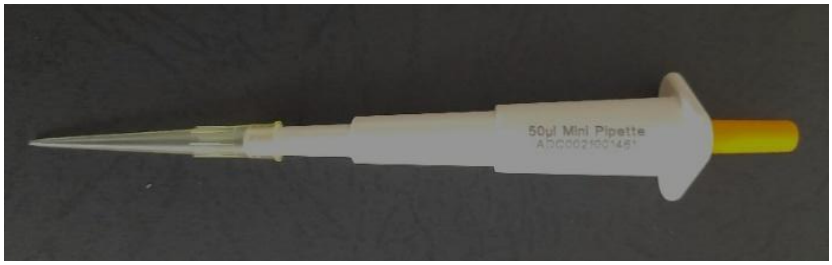
out using standard disposable squeeze bulb Pasteur pipettes. The volumes delivered at each step is quantified by counting drops, no precise pipetting is required.



Molecular Analysis :

There are a series of innovations that make DNAiTECH's core amplification technology compelling for POC diagnostics.

1) LAMP-CRISPR is a powerful technology and DNAiTECH has patented the full integration of the two biochemistries in a single continuous macro-fluidic chip. LAMP is the amplifying chemistry, CRISPR is proof-reading the amplicon and validates the authenticity of the LAMP product, eliminating false primer reactions that can arise with LAMP alone.
2) The readout is an intense green fluorescence; clearly visible to the naked eye and no specialized optics are required to confirm positive reactions.
3) The integration of LAMP-CRISPR eliminates the possibility of amplicon release. Once the sample is loaded into the chip, it is permanently sealed, and the reactions proceed in a sealed chamber.
4) All the reagents for LAMP and CRISPR are freeze-dried into the chip, which are vacuum sealed for stable cold chain free transport and storage. There is no micro pipetting of multiple reagents. Chips remain active for 1 year provided they remain vacuum sealed.
5) Each chip can run up to eight reaction zones, enabling multiplex analysis.
6) The loading of the sample into chips is by standard fixed volume 50 microliter pipette. The reaction wells are fully hydrated with sample, and the chip is sealed and placed into the hardware and the program initiated. This enables maximum sensitivity, because the only fluid added to the dried reaction mix is purified sample nucleic acids.



7) Reactions can be visualized from 25 minutes onwards. The maximum run time is 60 minutes but is typically completed by 45 minutes
8) A standard smartphone camera can document results, enabling easy record-keeping and data sharing.
9) The hardware is portable, lightweight, and battery powered for POC use. Recharging is by USB-C.

10) The portable, battery-powered hardware is designed for point-of-care use, even in locations without reliable mains power. Recharging is by USB-C. The image below shows the Gen 3.1 instrument (2025 version).

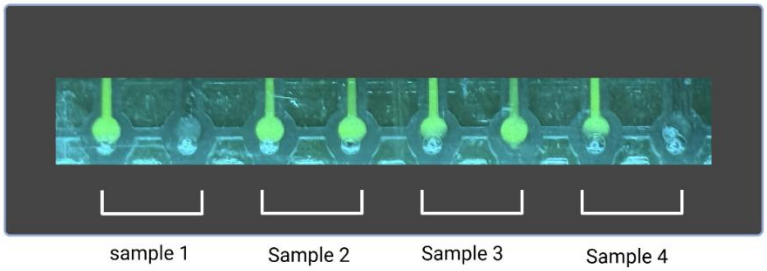


11) Because CRISPR is proofreading the LAMP amplicons the specificity is extremely high, currently across all DNAiTECH's diagnostic tests, specificity is 97.5% and the sensitivity 100%.
12) Our Gen3.2 technology aims to more fully meet the REASSURED criteria with a substantial proportion of the new eight reaction well linear version of the chip meeting environmental compatibility by being biodegradable.

EXAMPLES OF DNAiTECH LAMP CRISPR TECHNOLOGY

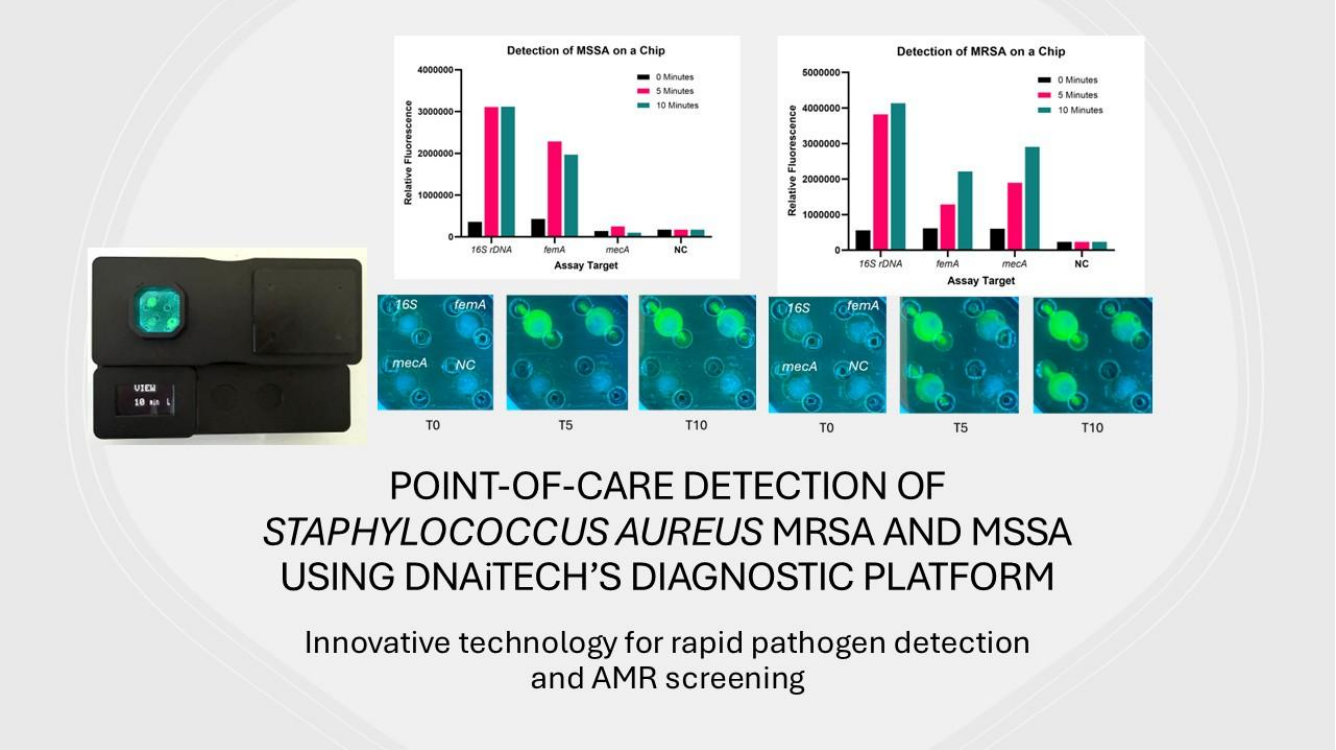
EXAMPLE 1 AMERICAN FOULBROOD

American foulbrood is a serious bacterial infection of hives that requires the mandatory destruction of hives (in New Zealand). A rapid chip assay has been established that enables the detection of the presence of *Paenibacillus larvae* in hive entrance and brood frame swabs. The linear chip assay below (Gen 3.2 version) shows the analysis of four samples. In each case the left lane detects the honeybee gene Rps5 and the right lane is the test for American foulbrood (Mtpr). Intense fluorescence indicates a positive reaction. All samples were positive as expected for Rps5 and only samples 2 and 3 showed the presence of AFB. The technology used in this test is the Gen 3.2 linear chip technology with eight reaction wells.



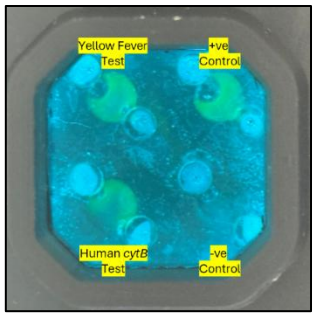
EXAMPLE 2 STAPH AUREUS MRSA/MSSA

Rapid detection of *Staphlococcus Aureus* on the Gen 3.1 chip technology (four reaction zones) shows clear identification of the *mecA* gene associated with MRSA and its absence in MSSA. For both sample types MSSA (three panels on the left) and MRSA (three panels on the right) the time course for development of CRISPR fluorescence is shown at 0, 5, 10 minutes. For each chip image the four positions are as follows: *staph 16S* gene (upper left), *staph fem*A gene, *mecA* bottom left, bottom right negative control. The 16s test is a marker for all staphylococcus and *femA* a marker for *S aureus specifically*, whereas *mecA* is associated with methicillin resistance (MRSA) Such a test enables the rapid POC identification and guides the clinician or vet as to the most appropriate antibiotic to be used.



EXAMPLE 3 YELLOW FEVER

Rapid detection of clinically purified yellow fever RNA virus is shown below on the Gen 3.1 instrument. The Gen3.1 is a four-reaction well test device, predecessor to the current Gen3.2 instrument. The reaction wells test zones are as follows



Upper left: test clinical sample for yellow fever virus.

Upper right: internal yellow fever control, g-Block DNA in the LAMP reagent mix.

Lower left: human cytochrome b test, extraction control.

Lower right: negative control.

DNAiTECH'S TECHNOLOGY SUMMARY

Our technology uses molecular amplification for high sensitivity and specificity, deployable outside the laboratory using advanced isothermal biochemistry. Our main innovation combines LAMP (loop-mediated amplification) with CRISPR proof-reading in an integrated single-step fully sealed diagnostic chip, eliminating contamination risks found in two-step LAMP-CRISPR systems. The chip features eight reaction zones with prepackaged, freeze-dried enzymes and primers. Our stand-alone technology enables accurate, simultaneous screening of multiple biomarkers without additional laboratory infrastructure. CRISPR ensures specificity and produces a clear fluorescence signal, removing the need for costly optical systems. The system includes two compact instruments, the denaturator and Gen3.2 hardware, for sample disruption, nucleic acid isolation, and analysis at the point of care in under one hour. Our portable, low-cost, battery-powered platform supports global adoption, including use in LMIC settings.

Our technology aims to fully meet the WHO ASSURED criteria.

- Stable, power-free operation, highly energy-efficient denaturator and GEN3.2 hardware for sample analysis.
- Sample isolation is syringe-operated; and no power is required for S-TECH purification.
- Stable storage of purified nucleic acids using S-TECH, ideal for delayed analysis or transportation of samples without a cold chain.
- Stable biochemistry packaged into the chips, freeze-dried and vacuum packed. No cold chain is required.
- LAMP amplification is fast, requires low power, and is easily implemented with battery-powered hardware.
- CRISPR for proofreading the LAMP product, for high specificity.
- CRISPR readout is visually intense, enabling easy identification of positive reactions.
- Integrated LAMP-CRISPR, avoiding contamination that arises from 2-step processes that involve transfer of LAMP products to lateral flow or the addition of CRISPR reagents after opening the tubes containing the LAMP reaction.
- Up to eight reactions per chip.
- Rapid processing time, from sample to result in < one hour.
- User-friendly: easy-to-use technology with no precise pipetting required, designed for implementation by non-technologists, i.e., health workers, farm technologists, etc.

Our current R&D program develops diagnostic chips for apiculture and the porcine industry. We have also developed tests for *Staphylococcus aureus,* enabling rapid distinction between MRSA and MSSA.

OPERATIONAL MODEL

Our working model includes collaborative co-development and integrated supply for others' diagnostic interests. We work with customers to turn their diagnostic needs into scalable, market-ready solutions using our proprietary hardware and chip ecosystem. Customers provide diagnostic targets, and DNAiTECH designs, optimizes, and validates assays for integration into our platform.

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