

50th DETECT enrolment achieved ahead of target

Highlights:

- Epiminder announces the 50th patient enrolment in DETECT, the Company's prospective, randomised, controlled US clinical study evaluating the Minder® System.
- Milestone achieved ahead of the previously stated mid-Q3 CY2026 target and follows the 25th enrolment as announced on 1 June 2026.
- 20 leading clinical sites across the United States are now actively enrolling patients in DETECT, including the Mayo Clinic, Harvard, Stanford, Yale, Duke and the University of Pennsylvania.
- Growing site engagement and activation across the DETECT network indicating growing clinician confidence in Minder's potential to address a significant diagnostic gap in drug-resistant epilepsy.
- The Company remains on track to meet its target of enrolling 210 patients in the DETECT study by end of 1H CY2027.
- Investor webinar: **Thursday, 30th July at 9:30am AEST.**

Melbourne, Australia & Dallas, United States – 16th July 2026 – Epiminder Limited (ASX: **EPI**), a pioneer medical device company developing breakthrough epilepsy monitoring technology, announces that the 50th patient has been enrolled in its DETECT (Diagnosing Epilepsy To EffeCT change) study.

The milestone was achieved ahead of the Company's previously stated mid-Q3 CY2026 target and reflects accelerating recruitment momentum across the DETECT site network.

DETECT is a prospective, randomised, controlled, blinded, multi-centre US clinical study evaluating the FDA-approved Minder System as a tool to improve clinical decision-making for patients with epilepsy following an inconclusive prolonged electroencephalographic (EEG) monitoring assessment.

Rohan Hoare, CEO of Epiminder, said: "Enrolling our 50th patient in DETECT just weeks after our 25th patient is a significant milestone and a clear signal of the momentum we have built across our clinical site network. With 20 leading epilepsy centres now actively enrolling, we are seeing genuine, demonstrated adoption of the Minder System in a clinical setting. The calibre of sites participating and the pace at which they are engaging their patient populations reflects the unmet need that Minder is designed to address. We remain on track to enrol 210 patients by the end of 1H CY2027, and we are confident in the foundation we have built to get there."

The breadth and calibre of sites participating in DETECT, together with the pace of enrolment, reflect a growing clinical interest in the Minder system's potential to address a recognised and unmet diagnostic

need. By enabling extended, continuous bilateral subscalp EEG monitoring during patients' daily lives, the Minder System offers clinicians a fundamentally different window into brain electrical activity, one that is not constrained by the duration of an inpatient stay. Between 30% and 50% of inpatient epilepsy monitoring unit stays are inconclusive, leaving an estimated 25,000 to 45,000 patients annually without a confirmed diagnosis or treatment pathway. For those patients, the inability to capture and characterise seizure events during conventional monitoring can delay or prevent access to advanced therapies, including epilepsy surgery.

Professor Mark Cook, Founder of Epiminder and Professor of Medicine at the University of Melbourne, said: "Reaching 50 enrolled patients in DETECT is a significant milestone for this programme. Every enrolment represents a patient who has not received a clear answer from conventional EEG monitoring, reinforcing the need for more effective ways to capture and characterise seizure events. The fact that clinicians at some of the world's foremost epilepsy centres have embraced the Minder system for their patients speaks directly to the clinical value of long-term continuous monitoring. Minder is designed to give clinicians a longer-term view of brain activity during daily life, helping to capture events that may not occur during a short inpatient stay. DETECT is generating the evidence we need, with the sites and the patient numbers that will make that evidence meaningful."

To learn more about the DETECT study, please visit <https://clinicaltrials.gov/and search for NCT07110337>.

Investor Webinar

The Company plans to host an investor webinar at **9:30am AEST on Thursday 30th July 2026** to update investors on the progress made since its IPO in December 2025.

Investors can register for the call using the link:

https://us02web.zoom.us/webinar/register/WN_6y3l356uRWmgJl19kwihnQ#/registration

Once registered, participants will receive a confirmation email containing details on how to access the webinar.

This announcement has been authorised for lodgement to the ASX by Epiminder's Board of Directors.

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About Minder®

Minder is a minimally invasive implantable continuous EEG Monitoring (iCEM®) device that provides clinicians and patients with long-term, objective data on brain electrical activity. The system continuously records bilateral subscalp EEG and transmits data via an external wearable and smartphone application to a secure cloud platform. Patients wear the device during their normal daily activities, enabling real-world monitoring over months or years.

The Minder System was authorised by the FDA via the de novo pathway and is being used in DETECT as a marketed device in a post-market study. The UMPIRE first-in-human multicentre trial, published in *Epilepsia* (2025), demonstrated Minder's safety and high-quality signal acquisition across extended monitoring periods.

About Epiminder

Founded in 2017 by Professor Mark Cook together with the Bionics Institute, St Vincent's Hospital, the University of Melbourne and Cochlear Limited, Epiminder is a medical device and information solutions company focused on developing diagnostic and treatment tools for epilepsy and other seizure disorders where continuous monitoring is required. Epiminder is headquartered in Melbourne, Australia and has offices in the United States.

About DETECT

DETECT (Diagnosing Epilepsy To EffeCT change) is designed to enrol up to 210 participants across up to 25 US sites, with a six-month primary follow-up period. The primary endpoint is the proportion of subjects who achieve an actionable clinical event, including a confirmed diagnosis, seizure characterisation, surgery evaluation, event classification, or psychogenic nonepileptic seizure (PNES) determination. The study is registered on ClinicalTrials.gov ([NCT07110337](https://clinicaltrials.gov/ct2/show/study/NCT07110337)).