

# NO ANIMAL NO HUMAN JUST TECHNOLOGY

**From Design to Delivery**

**The Fastest AI-powered Organ-on-chip solution**



Aligned with FDA's 2025  
Alternative Testing Roadmap



# WHERE BIOLOGY MEETS ENGINEERING: THE FUTURE OF IN VITRO MODELING



## DRIVEN BY Taiwan's Semiconductor BUILD ORGANS AT SPEED



### Biomimetic Organ-on-Chip Platform

- Validated in **10+ patient-derived** organ models, including airway, liver, intestine, and cancer.
- Supports **10+ biological indicators**, such as barrier integrity, mucus production, inflammatory response, and drug-induced toxicity.

### Dynamic Perfusion System for Physiological Simulation

- Maintains dynamic culture with programmable flow and physiological shear stress.
- Supports cell differentiation and sustained functionality **across the 1-28 day culture** period.

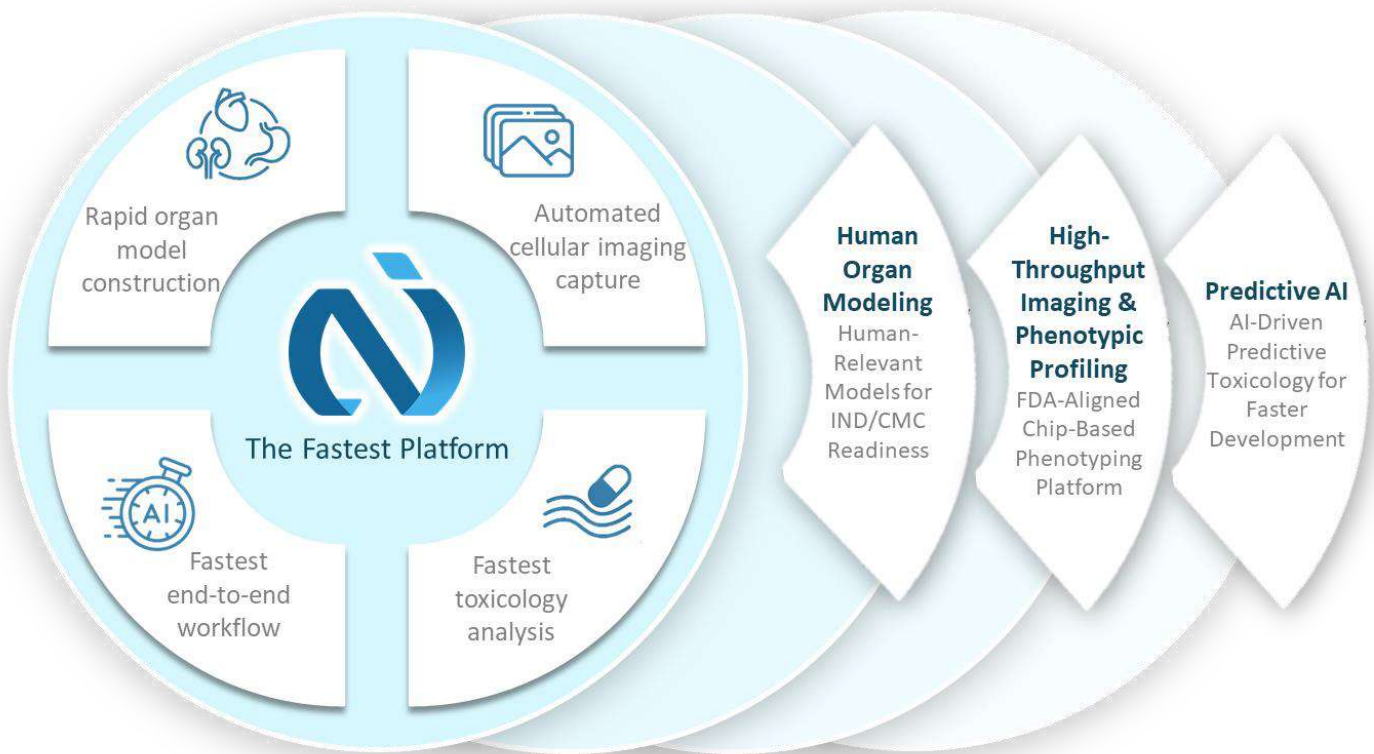


### Aerosol Exposure Module for Inhalation

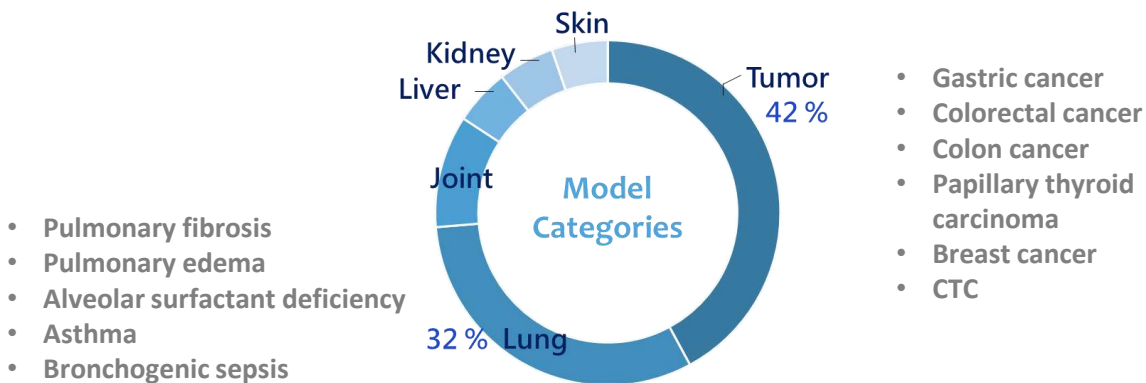
- Automates 8-chip culture with **air, liquid, and aerosol delivery under air-liquid conditions**.
- Enables inhalation studies on drug deposition, ciliary motion, mucus clearance, and particle behavior for respiratory therapy testing.

# Technology Integration Platform

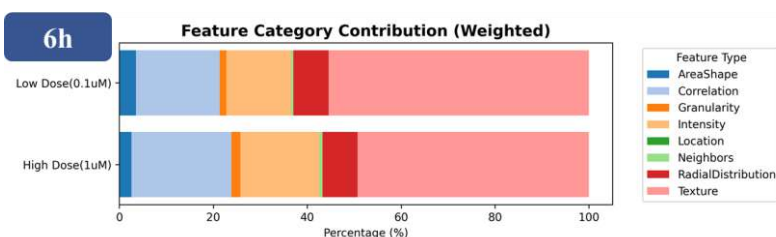
## The Fastest Path From Organ Modeling To Toxicology Decisions



## Multi-organ type validation



## Powering the Fastest Toxicity Profiling



By leveraging our extensive library of organ models, we enables **early toxicity detection** within just 6 hours— **faster** than traditional method.

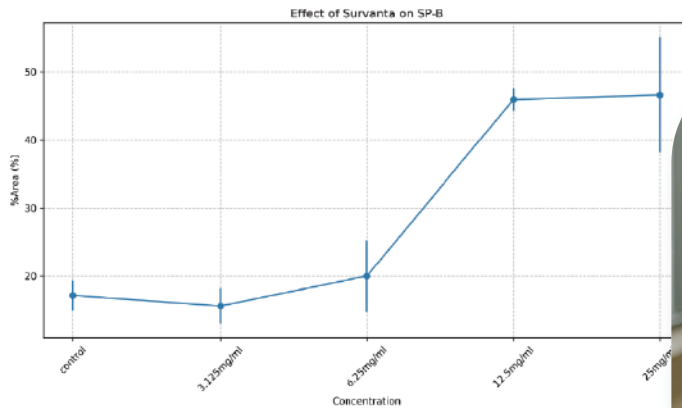


# Unlocking Clinical Insights

An AI agent built for organ-on-chip platforms, streamlining the path from design to clinical decisions

## Concentration-Response Relationship

Figure 1: The relationship between different concentrations of Survanta and the measured %Area of SP-B.



### Effect of Nebulized Survanta on SP-B Distribution in A549 Cells

The effect of nebulized Survanta on SP-B distribution in A549 cells was assessed by measuring the percentage area of SP-B immunofluorescence. As shown in Table 1, control cells exhibited a baseline SP-B distribution of  $17.20 \pm 2.17\%$  area. Treatment with nebulized Survanta at 3.125 mg/ml resulted in a slight decrease in SP-B distribution to  $15.66 \pm 2.54\%$  area, although this change was not statistically significant compared to control ( $p > 0.05$ ).

Table 1: Percentage Area of SP-B Fluorescence in A549 Cells Treated with Different Concentrations of Nebulized Survanta



Doctor

Preclinical to Clinical Transition

Safety

Toxicity

Speciality: preclinical simulation and AI based clinical translation

## Our Global Ecosystem

Accelerating Every Stage of Drug Development



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Anivance AI's platform supports the transition from discovery to regulatory submission, enabling human-relevant preclinical evaluation aligned with IND/CMC and FDA's New Approach Methodologies (NAMs).