Tristel Final Results – Shareholder Q&A

Following the Preliminary results www.tristelresults.com shareholders were asked to send in their questions via email. The Q&A is detailed below.

Question 1

Regarding progress with FDA in America, in spite of delays caused by the virus pandemic has any progress been made over the last 6 months?

Yes, significant milestones have been reached in the past 6 months, which has encouraged us to broaden the North America programme to include more products, addressing more clinical areas. We have also increased the personnel and resource allocation to the project.

Question 2

In the last presentation it was noted that the delay in medical device use had caused a reduction of £500k. To what extent is this position now improving beyond June 2020?

Sales in the first quarter of the current financial year show that Tristel products are back up to Q1 2019-20 levels. The impact of a second wave of COVID is of course unknown, however, we are seeing strong sales of Tristel medical device disinfectants in Q2.

Question 3

With Brexit still an unknown in terms of cross border trade, do Tristel have any concerns regarding their ability to supply their EU markets from January 2021?

We have met all of the new regulatory requirements that Brexit has presented; we have placed 4 months of stock in our EU warehouses so that any logistical delays can be mitigated; stockholdings of any EU sourced items have been increased; and we have advised all of our EU partners of the new steps that they will need to take when importing from the UK. As such we feel we are prepared.

Question 4

What is the next major market that will start generating additional revenues and when?

The next major market that will start generating revenue from scratch will be India, during the current financial year.

Question 5

Could CoviPure compete with Tristel, particularly in surfaces? More generally, will it not be more difficult to protect your market position in the surface disinfection area?

Covipure is a professional disinfectant designed for use in hospitality, whereas Tristel's Chlorine dioxide products are sporicidal disinfectants designed for use in hospitals. Hospitals require a more powerful disinfectant than restaurants and hotels because hospitals contain patients with infections which could be passed on to other patients. This is referred to as "Hospital Acquired Infection" and costs the hospital in terms of extended treatments and bed stays and means a person could die of, or suffer complications from, an illness they didn't have when they entered hospital. As such when hospitals decontaminate surfaces, they are seeking to kill a much wider and more robust set of organisms than those tackled within hospitality. The hardest to kill organisms are bacterial spores. A disinfectant that

can kill spores is referred to as a sporicide. Tristel's Chlorine dioxide is one of very products that can legitimately claim to be sporicide, and in parallel is safe to handle and has very fast contact times.

Question 6

(A) Rinse Assure numbers

When the Prelims came out in February, you split out the Rinse Assure revenues (£72,000) and flagged this product as a good opportunity for future substantial growth. Your presentation today indicates that you intend to seek FDA/EPA approval to be able to market this product in the US.

What were the sales figures for H2 and were those sales limited to the UK and Australia?
RA sales (capital and consumable) in the year were £175k, and yes they were limited to the UK and Australia.

(B) Cache Collection - North America plans

*** Parker Laboratories principally concentrates on the ultrasound market. Does that mean that you would need an alternative manufacturing and distribution partner/partners) to market the Cache range in North America?**
That is correct, we don't yet have any manufacturing or marketing relationships within North America, outside of Parker.

*** If so, how advanced are your plans to select such a partner/partners?**
No firm plans are yet in place.

*** In your Q&A responses back in July, you said that you were revisiting your commercial strategy for Jet and would be implementing changes to your existing EPA approval in FY 2020/21. The presentation today now says that you are planning a new regulatory programme with the EPA for the whole Cache collection. How much further work is expected to be needed before you are able to submit those applications?**
Jet and Duo both already hold an EPA approval, which we are broadening the claim set for. Once this is complete, which is expected in February 2021, we will seek state level registrations, which will likely take until the FYE.

*** The presentation also refers to applications to Health Canada for the Cache range (and other products), adding to the existing Duo application. Again, how much further work is needed before you are in a position to apply for approval? Is it more or less the same as for the EPA process?**
No unique testing is required for the Cache Health Canada dossier. Our internal resource allocation will determine the timetable.

(C) North America - FY 2021 budgeted expenditure

You have said that you have budgeted £0.25m in FY 2021 to fund applications for new North American product approvals. Will that principally relate to FDA/EPA approvals?
The FDA dossiers prove to be more expensive to compile than EPA and Health Canada, so this will likely use a greater part of the budget.

(D) Byotrol

In your Q&A responses in July, you said that expected to make the Jet/Byotrol product available to UK hospitals from September 2020. Did that happen and has there been any purchasing interest?
Byotrol have only recently been able to make their material available to us, as such the commercialisation can now begin.