EYECONTROL: INSPIRING COMMUNICATION

Or Retzkin, CEO & Co-Founder, EyeControl, Tel Aviv, Israel

Investment Rational
ALS/MND, stroke, brain injury or temporary ventilated patients: individuals possessing cognition, but lacking the ability to speak.

The EyeControl is a wearable, screenless, assistive communication device. AI technology enables locked-in individuals to communicate using eye movements.

- CE marked & FDA listed
- Sales through Israel “Health Basket”, UK NHS Supply Chain and US Medicare/Medicaid
- Founders with personal connections to LIS

Business Strategy
The EyeControl is sold in Israel and the UK and will be available in the USA.

Market Focus:
1) Home (Permanently locked-in): Users pay per unit
2) Facilities (Ventilated/ICU/rehabilitation/LTAC): Devices are leased, disposables purchased

US & EU TAM: ~$2B market potential
The device is purchased by government agencies and they provide it to users; or, is available for private purchase.

Core Technology
- Wearable: Portable, requires no calibration, immediate enabling, round the clock communication;
- Simple: Learning curve of <20 minutes, unlike other devices requiring extensive training;
- Competitive Pricing: Lower price point than existing communication devices and no need for specialized manpower, training, and support;
- Patient Empowerment: Users choose what transmits to output speaker; messages and features can be personalized.

Product Profile/Pipeline
EyeControl has a growing customer base, is CE marked, FDA listed, ISO certified; and, is included in the Israeli “Health Basket” and UK NHS Supply Chain. The device has also has reimbursement codes for US Medicare/Medicaid.

The EyeControl for medical facilities is undergoing clinical trial at Israel’s Sourasky Medical Center ICU and is scheduled for trial at Emory Hospital, USA.

What’s Next?
EyeControl is building a go-to-market strategy for the successful scaling of the home use device in the US market.

Clinical trials for the facility device will launch in six ICUs at Emory University Hospital, where the device will be tested for stand-alone use, communication with the nurse’s station; and, implementation of the device in identifying and treating ICU delirium.