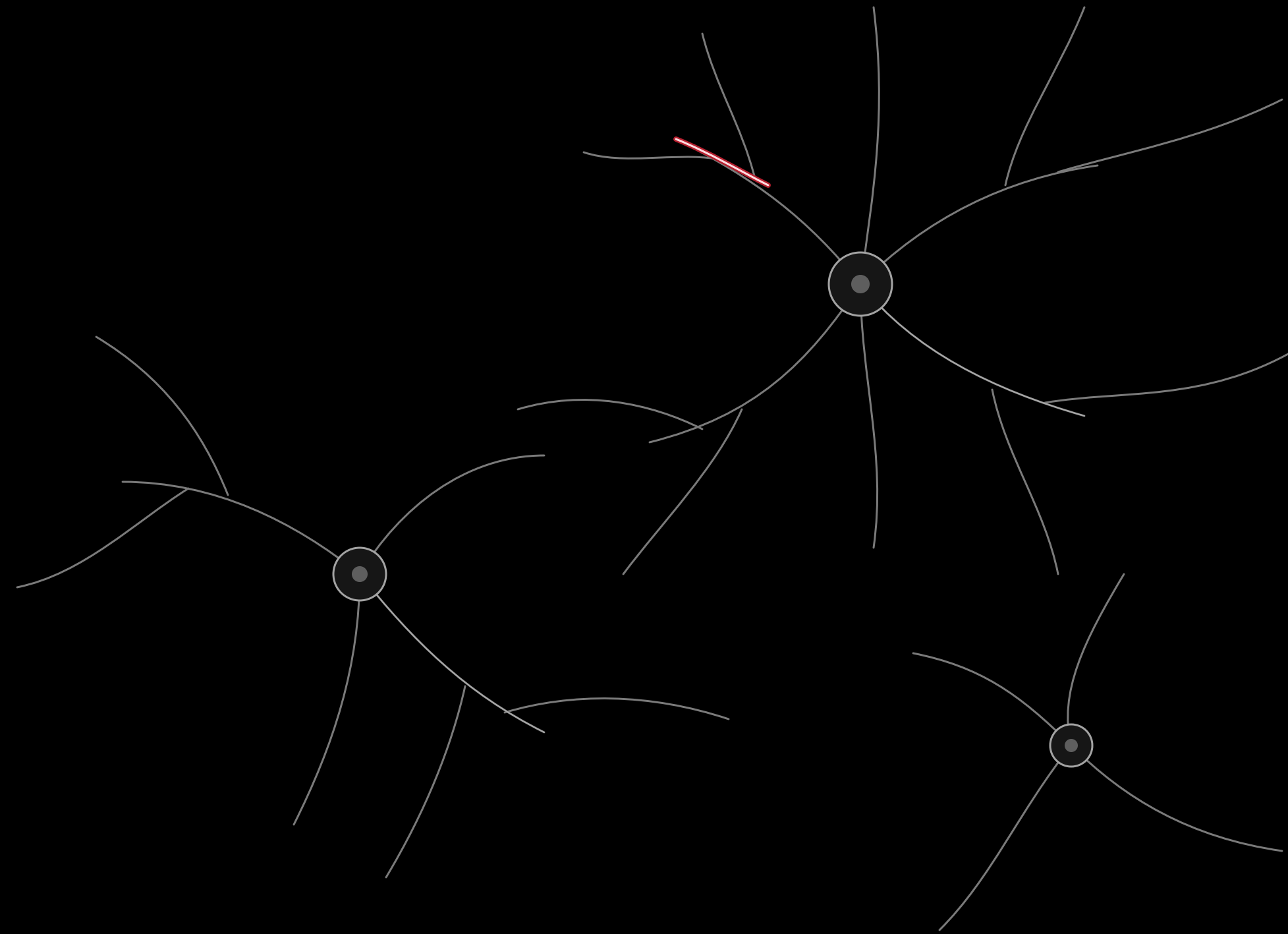


AI systems for medicine
and biology



SUBSTRATE LABS

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A patient's history arrives in fragments

Across documents, providers and years of care.



The physician has to reconstruct the clinical story.

What Substrate builds

We start with the medical record and extend from there.

01	Clinical information	Understand the medical record.	CURRENT FOCUS
02	Medical tools	Connect AI models to equipment securely, with human authorisation.	PLANNED
03	Specialised models	Develop models designed for medicine and biology.	PLANNED

Phase 1: one organised patient history

The product we are preparing for early clinical deployment.

Medical records



Read documents and
handwriting.

Medical meaning



Identify medical details and how
they connect.

Patient context



Build a structured history with
source evidence.

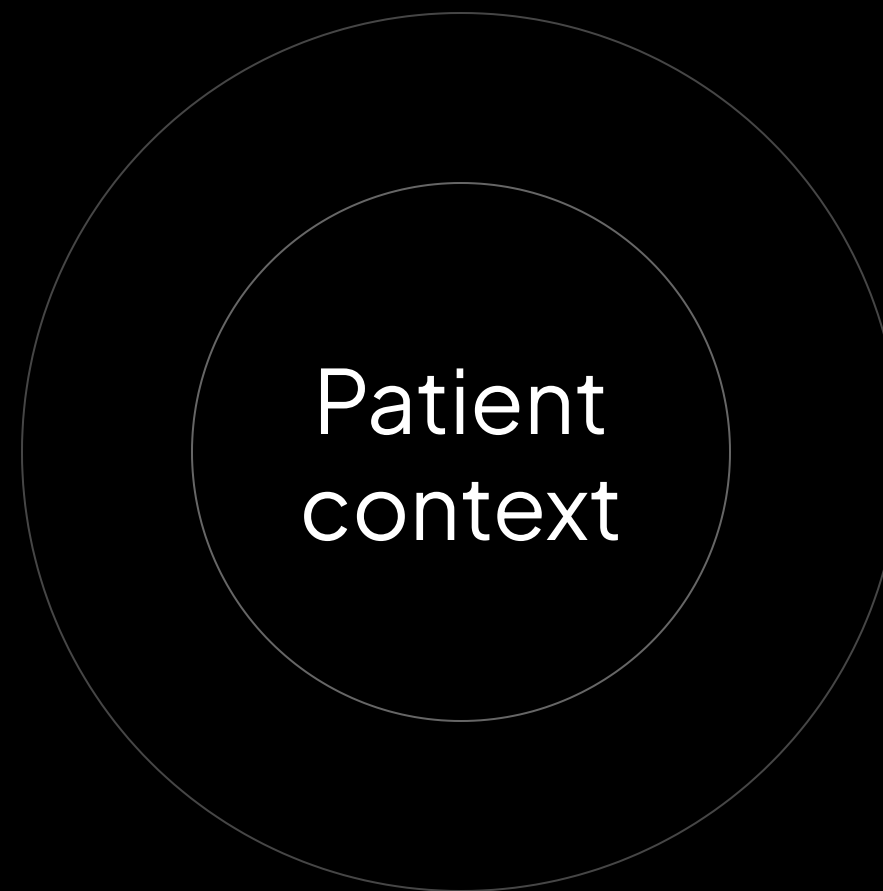
The planned clinical workspace

Timeline & summary

Review clinical events and the patient's history.

Clinical search

Find medical concepts across the record.



Report comparison

See how relevant information changes.

Answers with sources

Trace responses back to the original evidence.

Connecting details across records

Illustrative medical records

Metformin

DOSE	500 mg
FREQUENCY	Twice daily
INDICATION	Diabetes
STARTED	March

HbA1c

8.1%

7.2%



MAY 2026

SEP 2026

- Each value stays linked to its source report.

Every answer needs evidence

The system shows what it knows and what needs review.

Source record

Drug name

Dose and frequency

Date and context

- **Structured information**

Important details link back to the original document.

- **Uncertain information**

Ambiguity stays visible for physician review.

Professional review precedes clinical use.

What we use and what we build

Existing tools

Document processing, OCR, handwriting and layout

Substrate

Recognise medical details

Connect events across time

Build a reusable patient history

Product

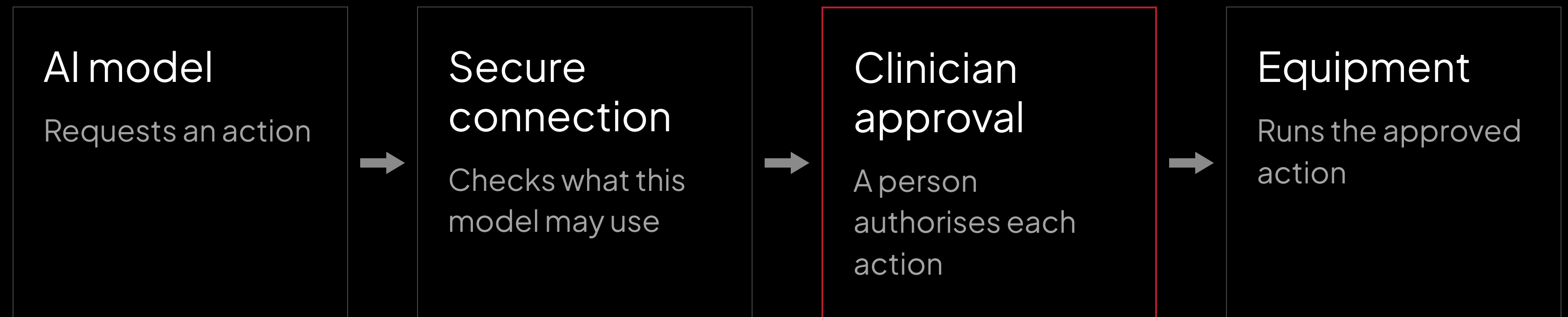
Delivered through software and APIs

Next layers

Secure equipment connections and models designed for biology

Medical tools

Planned. AI models connect to medical equipment through a secure layer, and a person authorises each action.



Every action is recorded.

Each model reaches the tools it is permitted to use.

A person stays in control.

Specialised models

Planned. Models designed for medicine and biology.

01 Start with the record

Phase 1 shows where general models fall short on medical documents.

02 Test in clinical work

Evaluate each model with clinicians on real workflows.

03 Extend to biology

Apply the same approach to biological data.

Where we are today

Stage	Early stage, before revenue
Product	Phase 1 prepared for early clinical deployment
Clinical access	Direct relationships through the founding team
Clinical input	A founder with about 20 years in clinical practice
Early users	More than 10 clinicians and clinics in conversation

Who we will sell to first

Start with smaller practices before larger institutional deployments.

- Independent physicians
- Clinics
- Diagnostic laboratories

Expansion

Hospitals and healthcare organisations

Healthcare software through APIs

How we plan to earn revenue

Workspace

Software used directly by healthcare professionals

Subscriptions

Contracts with organisations

APIs

Medical information processing inside other software

Pricing by usage

Enterprise agreements

How we will reach customers

01



Clinical access

Direct relationships
through the founding
team

02



Workflow testing

Observe daily use and
improve the product

03



Case studies

Document results for
future sales

04



Larger accounts

Institutional sales and
integrations

The plan beyond Phase 1

01

Clinical information

Understand the medical record

CURRENT DEVELOPMENT FOCUS

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02

Medical tools

Connect AI models to equipment securely, with human authorisation

03

Specialised models

Develop models designed for medicine and biology

04

Connected systems

Bring records, models and permitted tools together

The founding team

Om Rajguru

Product and engineering

Product architecture, infrastructure, research direction and company building.

Yogesh Mainkar

B.A.M.S. physician

Approximately 20 years in clinical practice. Patient care and physician workflows.

What the first round would fund

Early stage, before revenue.

Ship Phase 1

Clinical workspace and medical information pipeline

Deploy and evaluate

Reliability and usefulness with early clinical users

Establish recurring revenue

Pricing validation and paid contracts

Begin controlled integrations

Early medical tool interfaces and specialised model research

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