

DialytiQ

From QINOC AI SOLUTIONS LLP

QINOC
AI SOLUTIONS LLP

1 Registered with



DPIIT



MSME



Karnataka Startup



Assam Startup

2 Member of

NASSCOM
Deep Tech Club

3 Incubated with

**STPI
OCTONE**
Igniting Deep Tech Innovations

KDEM
KARNATAKA DIGITAL
ECONOMY MISSION

4 Technology Partner

 Microsoft



5 IT Certification



ISO 27001
Information Security
Management System



Trusted &
Compliant



AI-Powered
Innovation



Secure.
Scalable.
Reliable.



Incubated.
Validated.
Future-Ready.

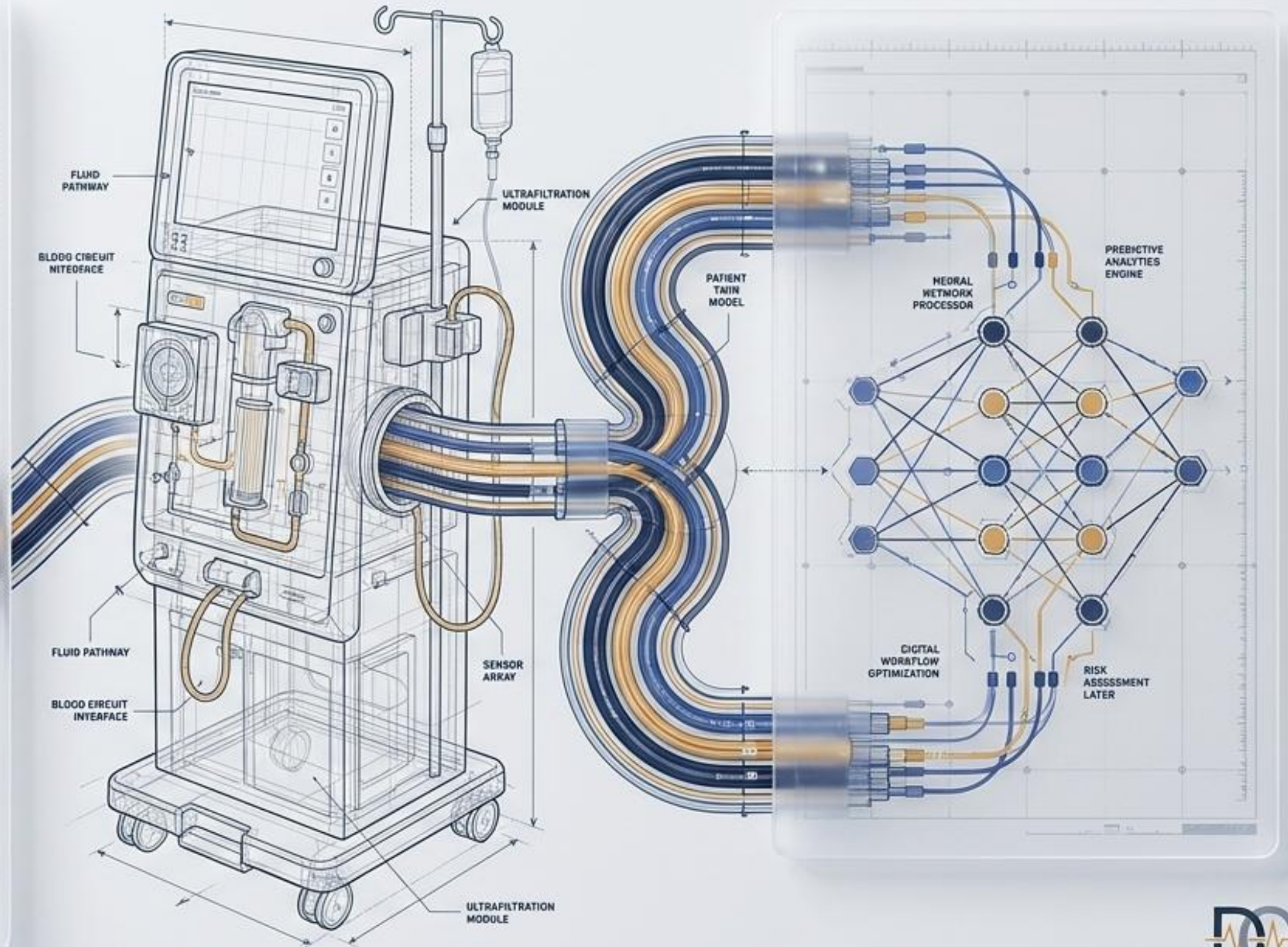


Better Outcomes.
Efficient Care.
Smarter Healthcare.

DialytiQ

The Intelligence Layer for Connected Dialysis Care.

- Digitise the workflow.
- Connect every machine.
- Build the patient twin.
- Predict risk.



THE PROBLEM

India's Dialysis Ecosystem Is Expanding — But Care and Data Remain Fragmented

DialytiQ addresses the clinical, operational and interoperability gaps across India's dialysis journey.

BETTER
DIALYSIS CARE
FOR A HEALTHIER
INDIA



Key gaps in the current dialysis ecosystem



“ Every recurring dialysis session generates another opportunity to learn about the patient. Today, those observations rarely become one continuous intelligence loop.

Who is impacted?



“ The high cost of dialysis care leads to financial catastrophe for practically all families with such patients. ”
— PMNDP Introduction, MoHFW

Sources (official): Pradhan Mantri National Dialysis Programme (PMNDP), Ministry of Health & Family Welfare / NHM, India.

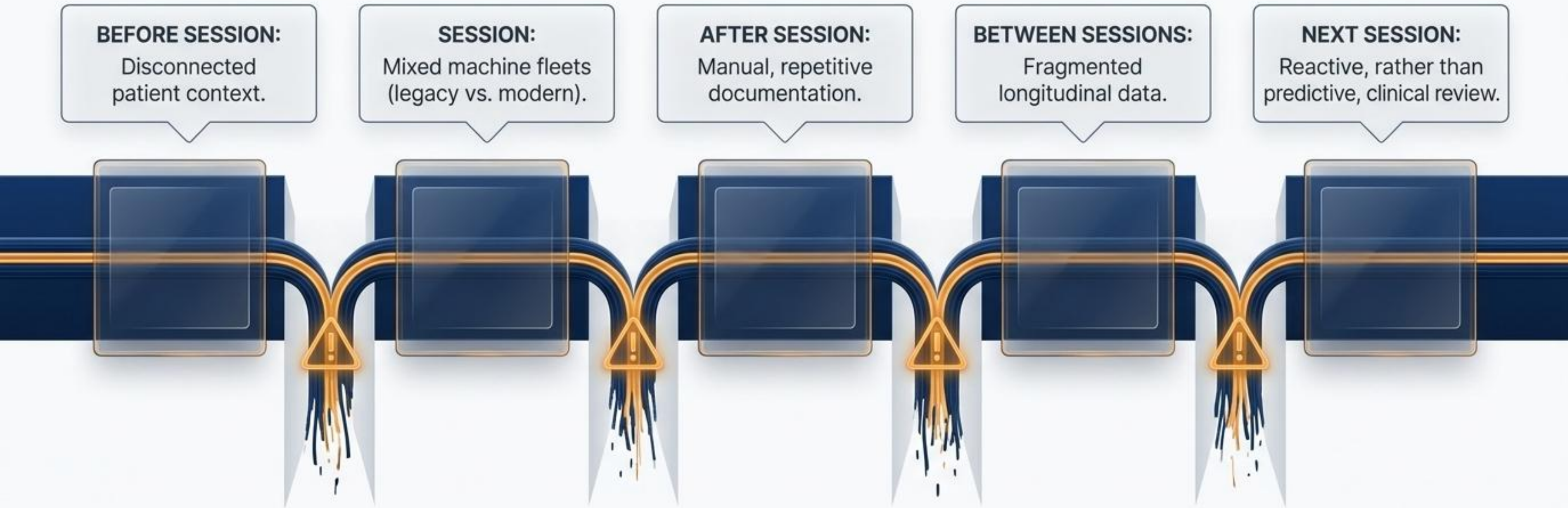
PMNDP portal: <https://pmndp.mohfw.gov.in/en> | PMNDP Introduction: <https://pmndp.mohfw.gov.in/en/introduction-of-pradhan-mantri-national-dialysis-program-pmndp> |

Figures used: 2.2 lakh new ESRD patients/year; 3.4 crore additional dialysis demand/year; 1,874 centres; 13,707 haemodialysis machines; 751 districts. Portal stats accessed Sept 2026.

DIALYTIQ | AI FOR A MORE CONNECTED DIALYSIS

DIALYTIQ

The Intelligence Gap: Five Breaks in the Journey



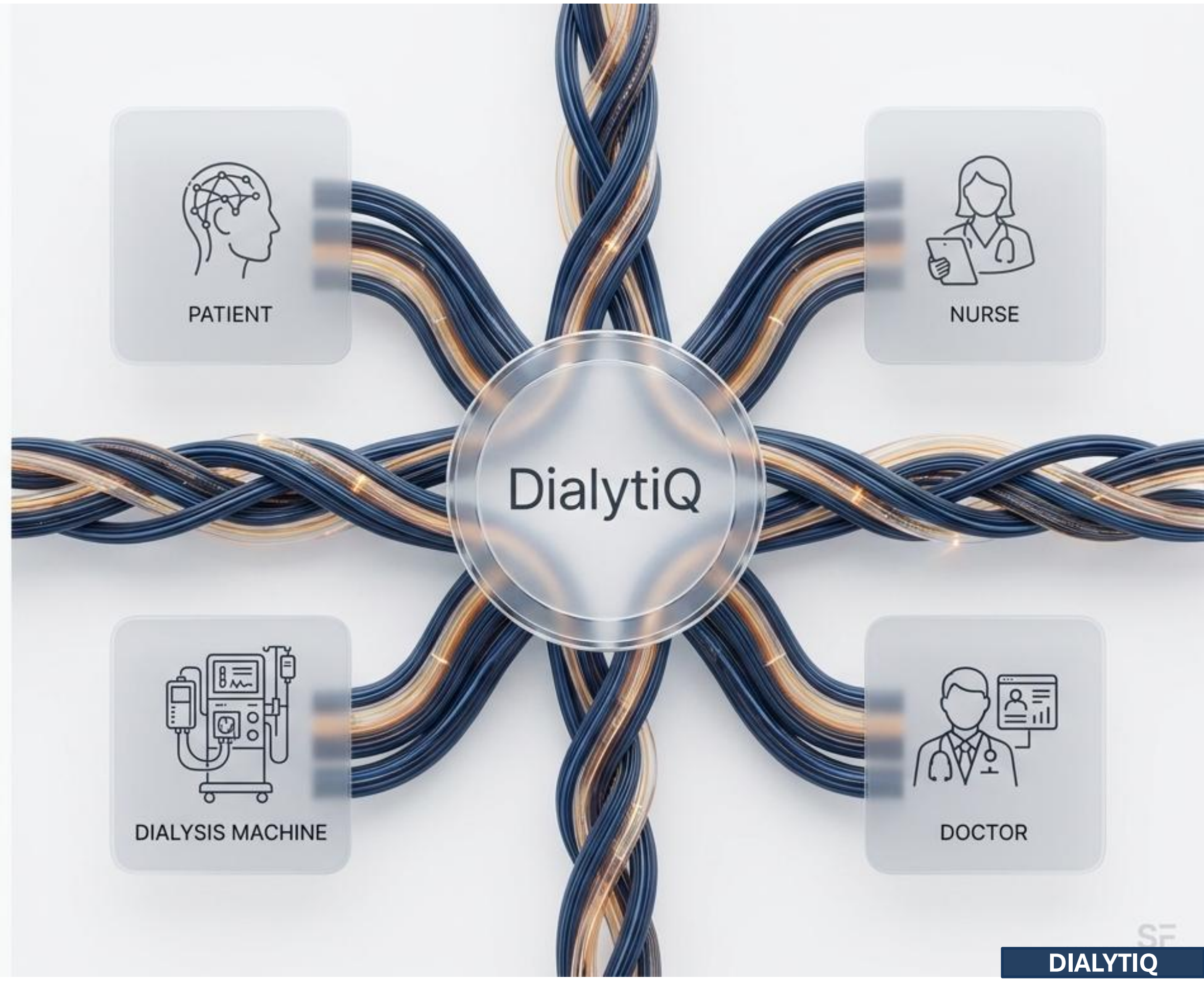
We capture millions of data points, but produce **insufficient longitudinal intelligence.**

From Fragmented Sessions to Continuous Intelligence

Concept: Transforms heterogeneous dialysis centres into connected intelligent environments without replacing existing hardware.

The Approach: Digitise → Connect → Learn → Predict.

Clinical Rule: AI assists interpretation and workflow. Clinical authority strictly remains human.



The 5-Layer Platform Architecture

5: CMDT

(Clinical Medical Digital Twin - Predictive Intelligence)

4: FHIR Data Layer

(Canonical interoperability)

3: Edge Acquisition

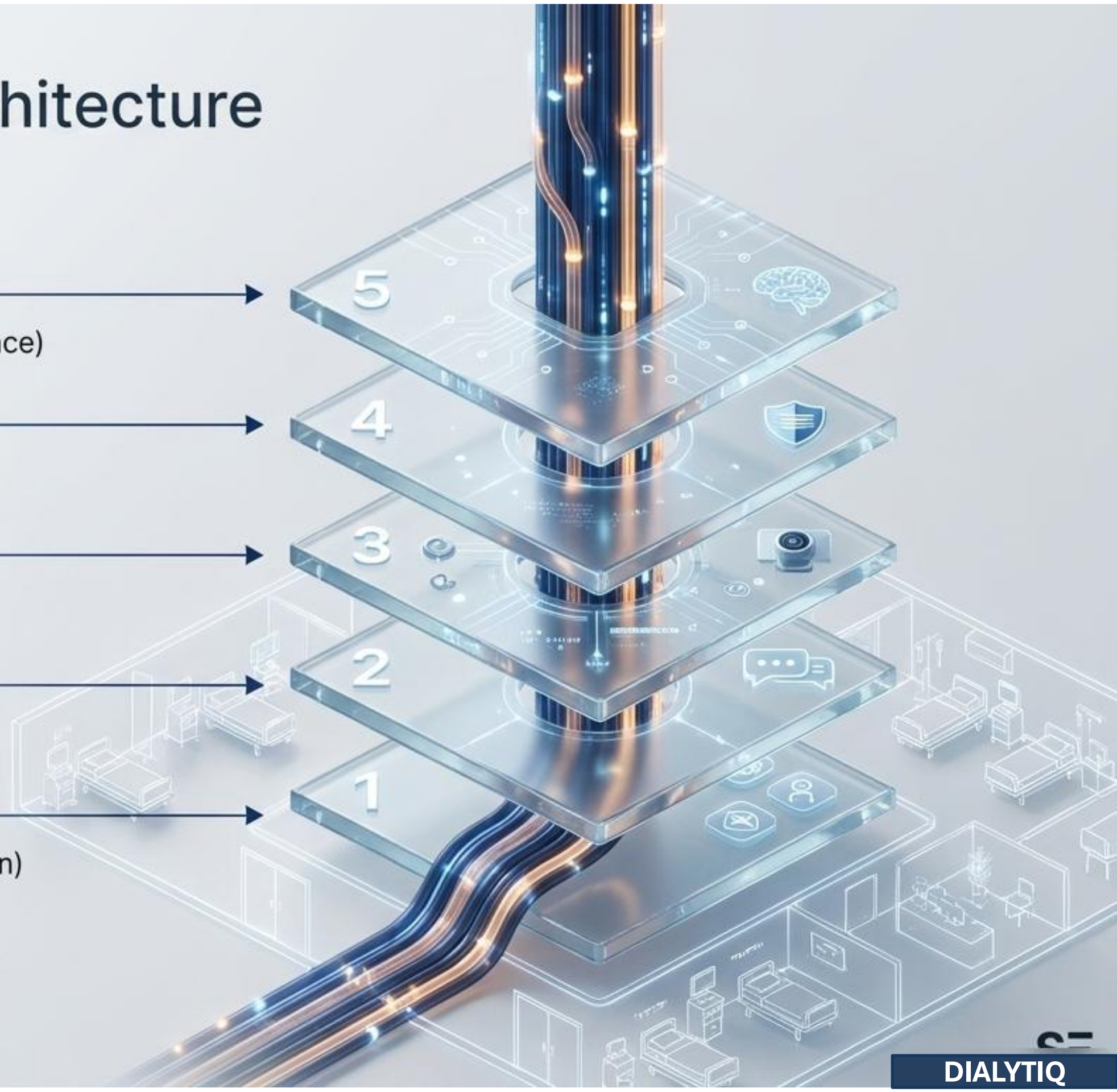
(Edge Vision & Collector - Machine telemetry)

2: DialytiQ Sathi

(GenAI patient intelligence companion)

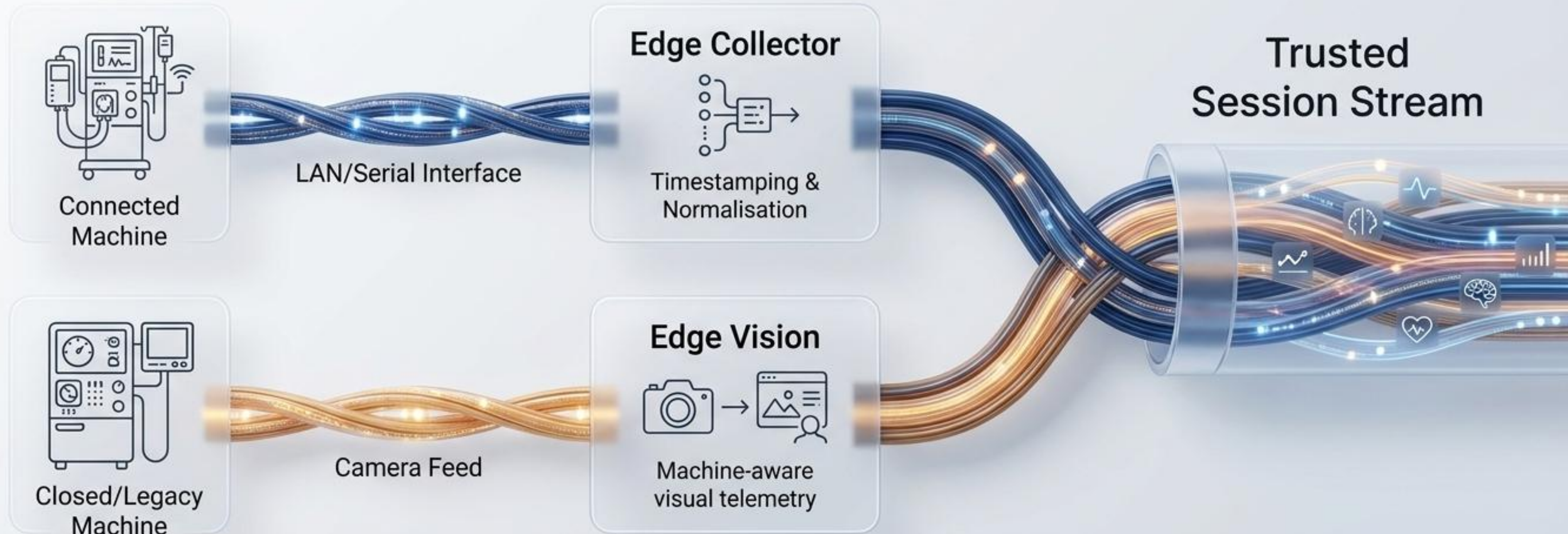
1: Digital Workflow

(Specialized apps for Patient, Nurse, Doctor, Admin)



Connect Every Machine. Wait for No OEM.

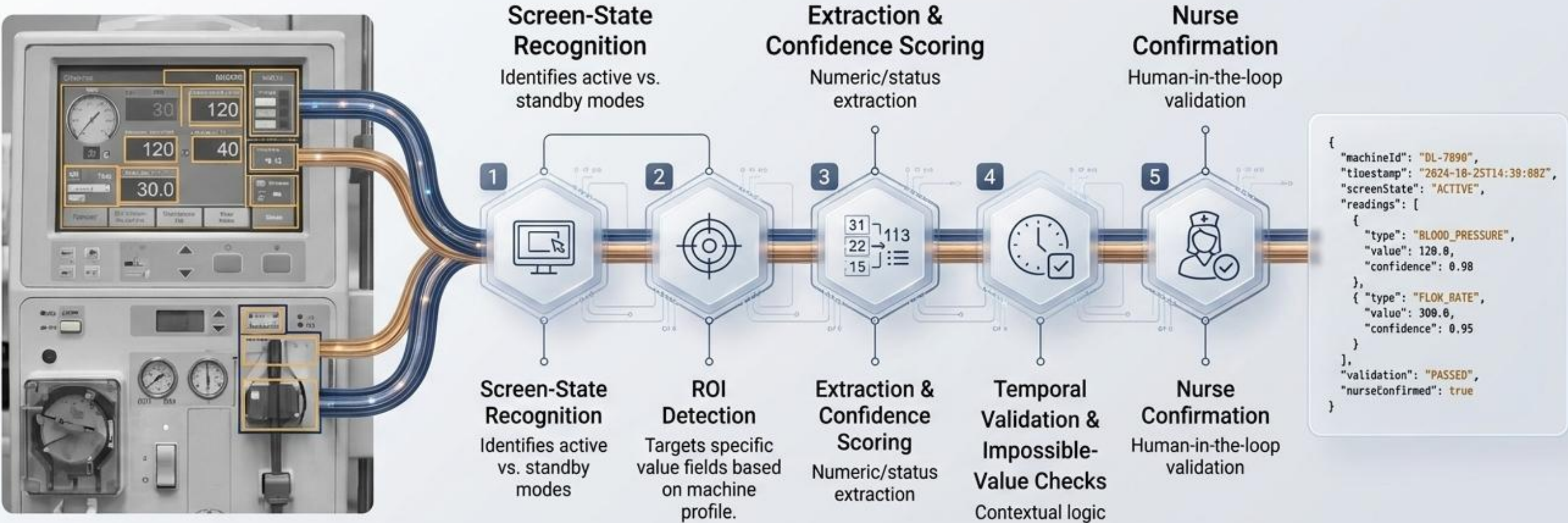
Dual-Path Edge Acquisition for Universal Data Integration



One **canonical session record**, regardless of the machine's manufacturer or age.

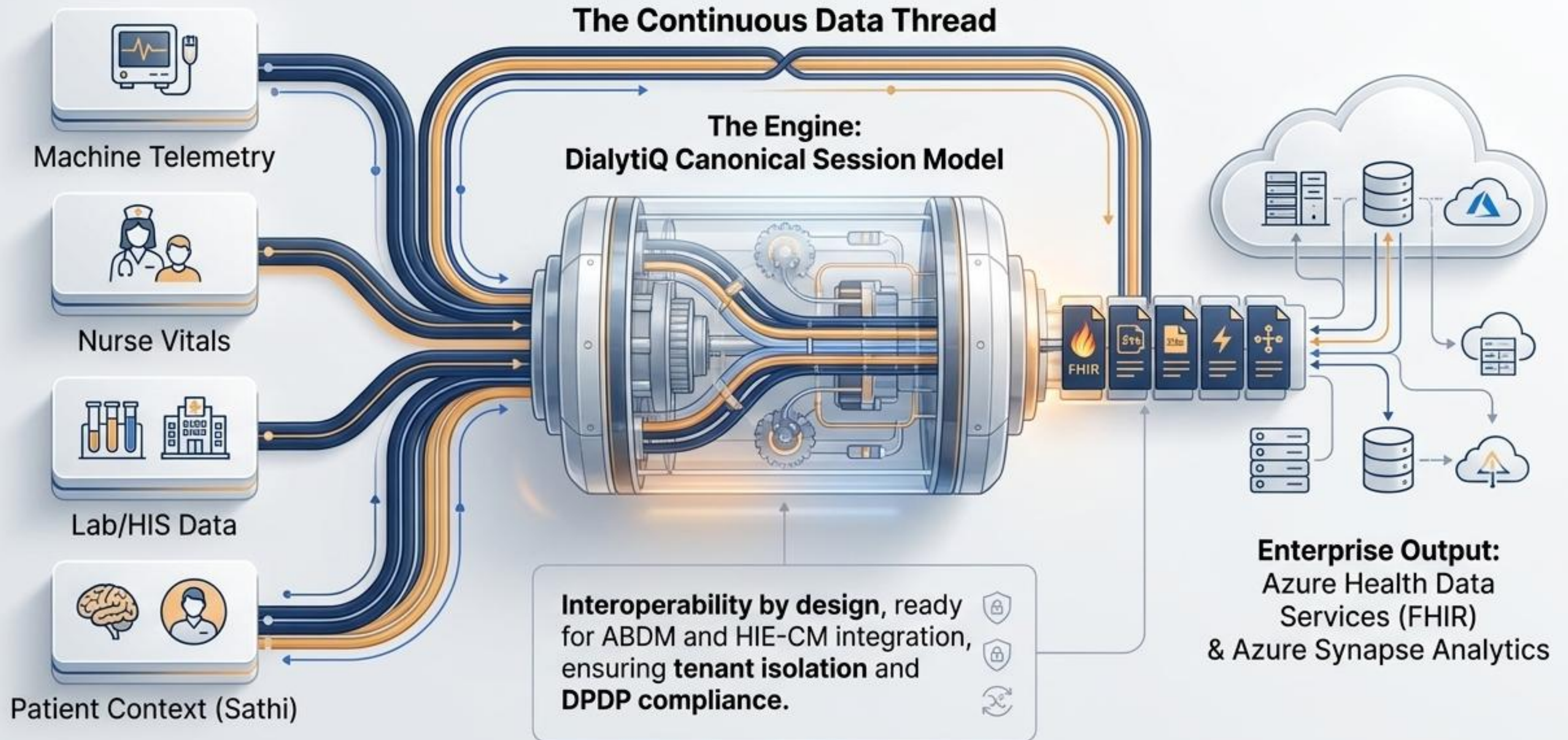
Edge Vision: Machine-Aware Visual Telemetry

This is not generic OCR; it is cyber-physical data acquisition.



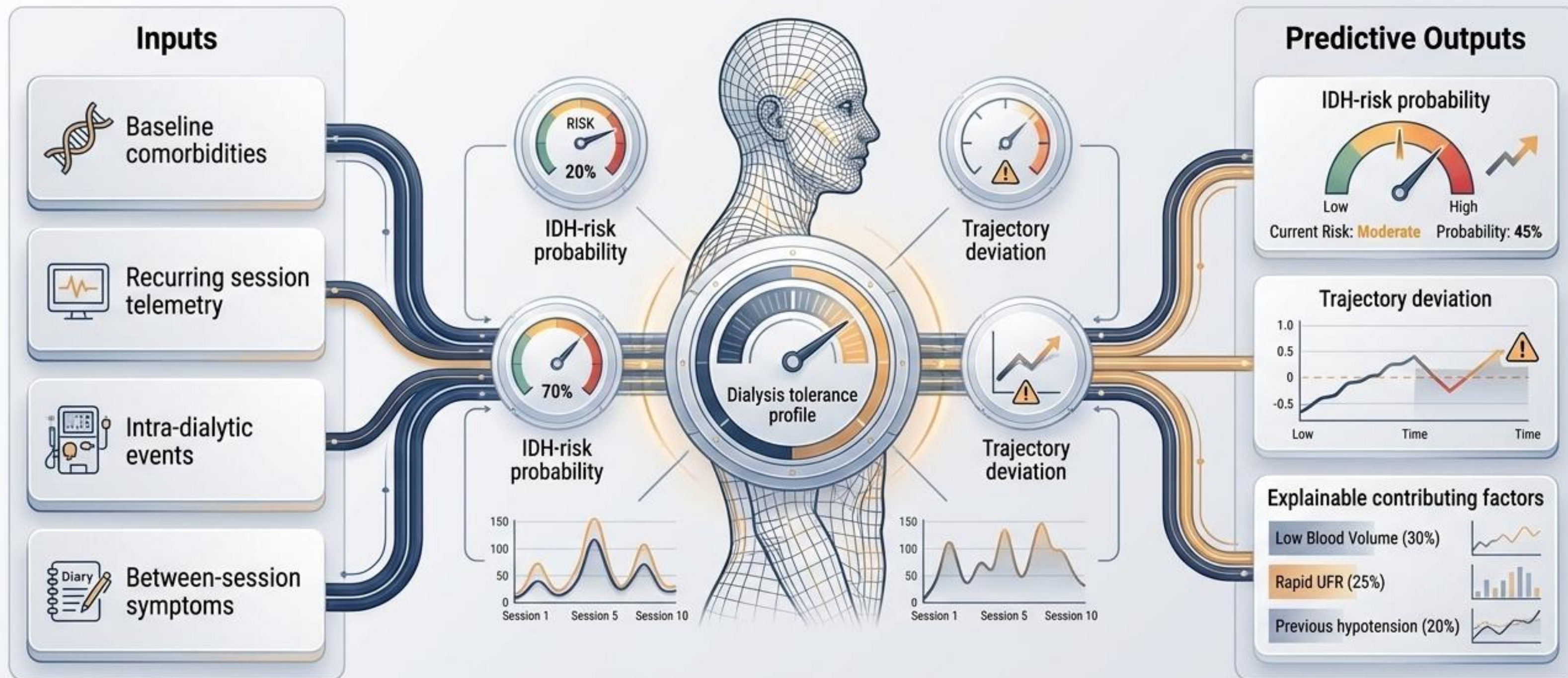
FHIR-Native Health Data Infrastructure

Inputs: Machine Telemetry + Nurse Vitals + Lab/HIS Data + Patient Context (Sathi)



Clinical Medical Digital Twin (CMDT): A Patient That Learns

A continuously updated computational representation of an individual's longitudinal treatment state.



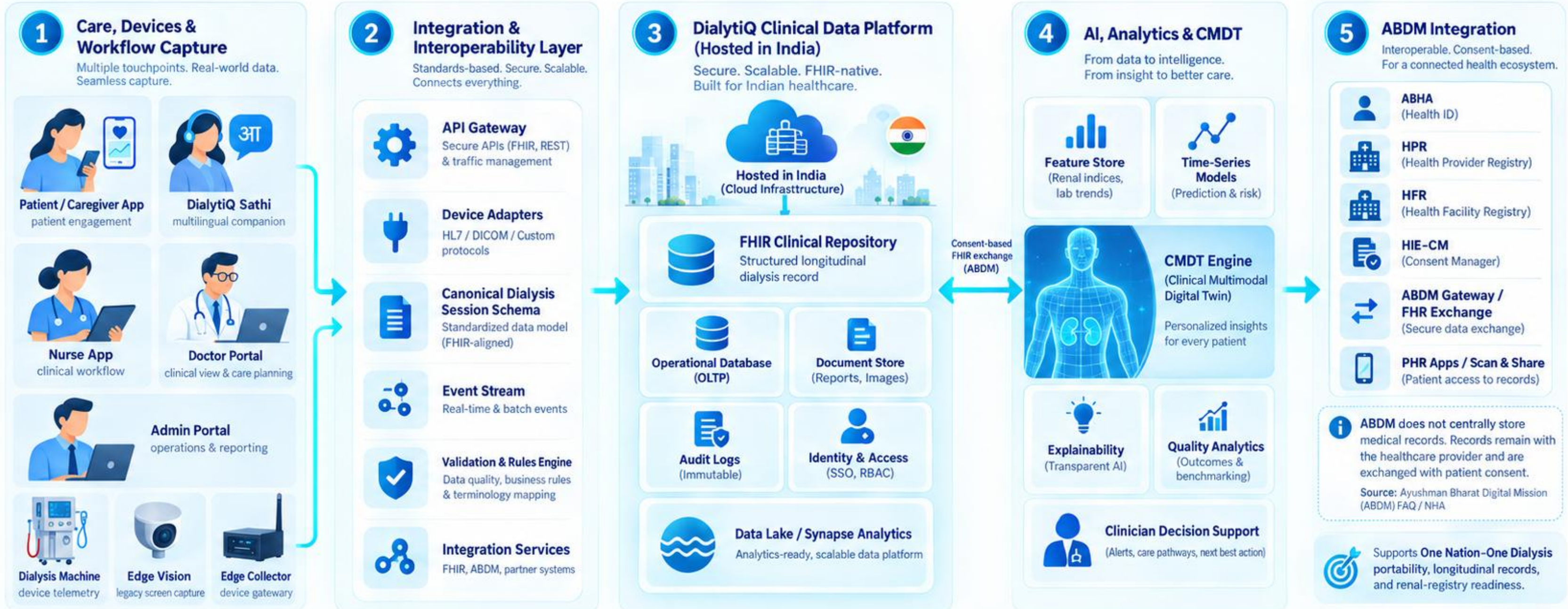
Moving from one-size-fits-all population thresholds to patient-specific temporal modelling.

A Specialized DeepTech Intelligence Stack

The convergence of Medical IoT, Computer Vision, and Safety-Governed Clinical AI.



The convergence of Medical IoT, Computer Vision, and Safety-Governed Clinical AI.



Security & Compliance by Design
Trusted. Compliant. Built for India.



DPDP-aligned consent



RBAC



Encryption



Audit trail



India hosting



Multi-tenant security



FHIR interoperability



Completed

Delivered and validated



Ongoing

In progress



Pending

Not yet started



Turning
Dialysis Data into
Healthier Tomorrows

DATA + INTELLIGENCE + BETTER CARE



COMPLETED

4 OF 8 KEY AREAS COMPLETE



Digital Apps – Design & Development Completed

Patient, Nurse, Doctor and Admin applications completed



Edge Vision – Design & Development Completed

Legacy dialysis machine screen capture and interpretation workflow completed



Edge Device Collector – Design Completed

Device gateway and connectivity architecture defined



CMTD – Design Completed

Clinical Medical Digital Twin architecture and solution blueprint completed



ONGOING

1 OF 8 KEY AREAS IN PROGRESS



CMTD Build & Testing – Ongoing

Model engineering, integration and internal testing in progress



BUILDING TODAY
FOR A HEALTHIER
TOMORROW



Scalable
Architecture

Secure & Compliant
by Design

Ready for
Real-World Impact



PENDING

3 OF 8 KEY AREAS PENDING



Clinical Validation – Pending

Validation with clinical partners yet to start



Regulatory Approval – Pending

Regulatory pathway execution and approvals remain ahead



Hospital Pilot Test – Pending

Pilot deployment with hospitals is yet to commence



DialytiQ has completed the core digital foundation and solution design. The next major milestones are CMTD build completion, clinical validation, regulatory readiness and hospital pilot execution.



FROM INNOVATION
TO IMPACT

DialytiQ vs Existing Dialysis Solutions

A different strategic layer in the dialysis ecosystem

DATA
PEOPLE
BETTER CARE



CRITERIA	 Fresenius TDMS / TSS	 Nipro NephroFlow	 NephroPlus	 DialytiQ
 Primary Position	OEM-linked therapy data & workflow	Connectivity + dialysis workflow suite	Dialysis care / service network	Connected dialysis intelligence platform
 Core Strength	Treatment data management, prescriptions, documentation, reporting	Session monitoring, workflow digitisation, multi-machine visibility	Patient engagement, care delivery, dialysis network operations	Workflow + Sathi + Edge Vision / Collector + FHIR + analytics + CMTD roadmap
 What It Is Not Trying To Be	Not positioned as a vendor-neutral intelligence layer across mixed hospital networks	Not positioned as a broader patient-centric digital twin and interoperability layer	Not positioned as an OEM/device interoperability layer for mixed fleets	Not a dialysis machine manufacturer; not a dialysis service chain
 DialytiQ Strategic View	DialytiQ complements OEM ecosystems with vendor-neutral interoperability and AI	DialytiQ extends connectivity into patient context, FHIR and predictive intelligence	DialytiQ adds provider-side workflow, machine-data layer and clinical intelligence	Designed to sit across mixed fleets, hospitals and dialysis networks



DialytiQ does not try to beat Fresenius or Nipro at manufacturing dialysis machines and does not try to replicate NephroPlus' dialysis-service network. **DialytiQ is the intelligence and interoperability layer that can sit across mixed fleets, hospitals and dialysis networks.**

The Intelligence Layer Across Mixed Fleets

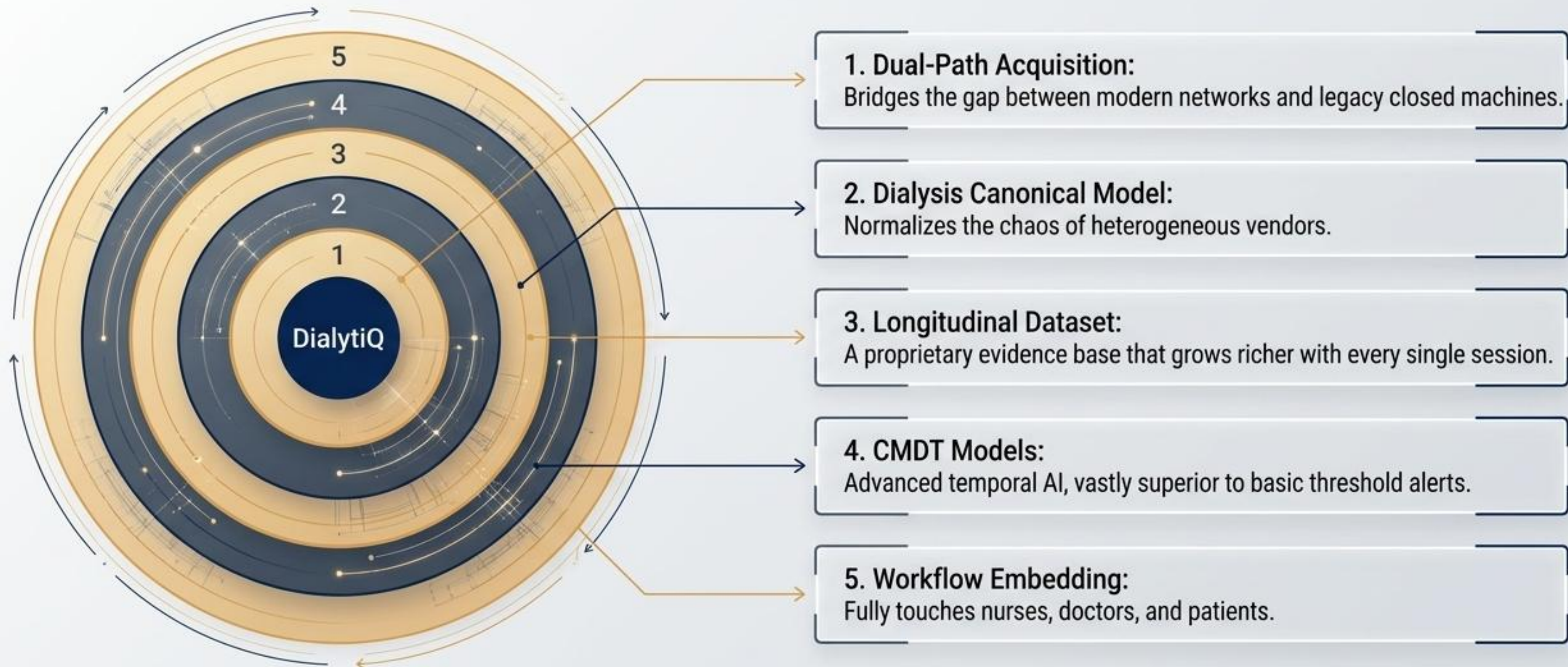
Capability	Fresenius (OEM)	Nipro (OEM)	NephroPlus (Service)	DialytiQ (Intelligence)
Multi-Vendor Support	Ecosystem dependent	Yes	Not core	Yes
Legacy Edge Vision	No	No	No	Core Differentiator
Longitudinal CMTD	No	No	No	Strategic Differentiator
FHIR-First Architecture	Global / Not core	Global / Not core	Not core	Designed ready

We do not compete on hardware manufacturing or clinical service networks. DialytiQ is the agnostic interoperability layer unifying them all.



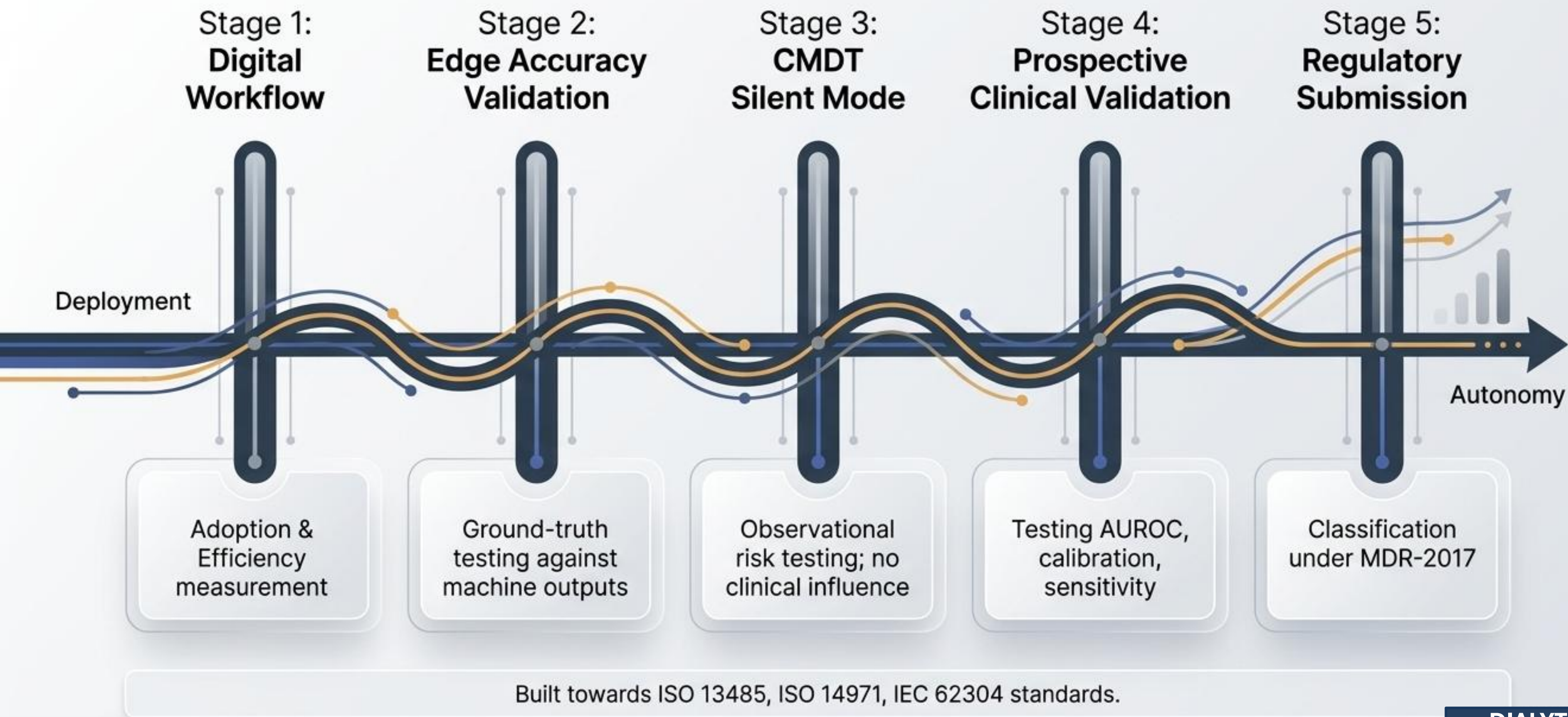
Structurally Defensible Innovation

A layered approach building a proprietary, data-driven moat in dialysis care.



DialytiQ's multi-layered defense builds a continuously strengthening data and workflow advantage, creating an unparalleled barrier to entry.

Regulatory Strategy: Evidence Before Autonomy



Enterprise SaaS pricing dashboard

DialytiQ Connected Care

₹2,500 / active patient / month

- ✓ Digital clinical workflow
- ✓ Patient/nurse/doctor/admin applications
- ✓ Sathi integration
- ✓ Structured longitudinal record
- ✓ Machine connectivity (where deployed)
- ✓ Centre analytics

DialytiQ Intelligence

₹4,500 / active patient / month

- ✓ Includes all Connected Care features, plus:
- ✓ Validated CMDT intelligence
- ✓ Longitudinal risk analytics
- ✓ Clinician review queue
- ✓ Explainability
- ✓ Advanced quality analytics

Model assumes approximately 80 patients per centre. A separate one-time Edge deployment/integration fee applies for hardware, machine profiling, adapter configuration, and commissioning.



The Addressable Baseline

4,950 total dialysis centres in India (largely private sector). At ~80 active patients per centre, this yields 396,000 patient slots.

Addressable Software Revenue

Calculated bottom-up based on pricing assumptions:

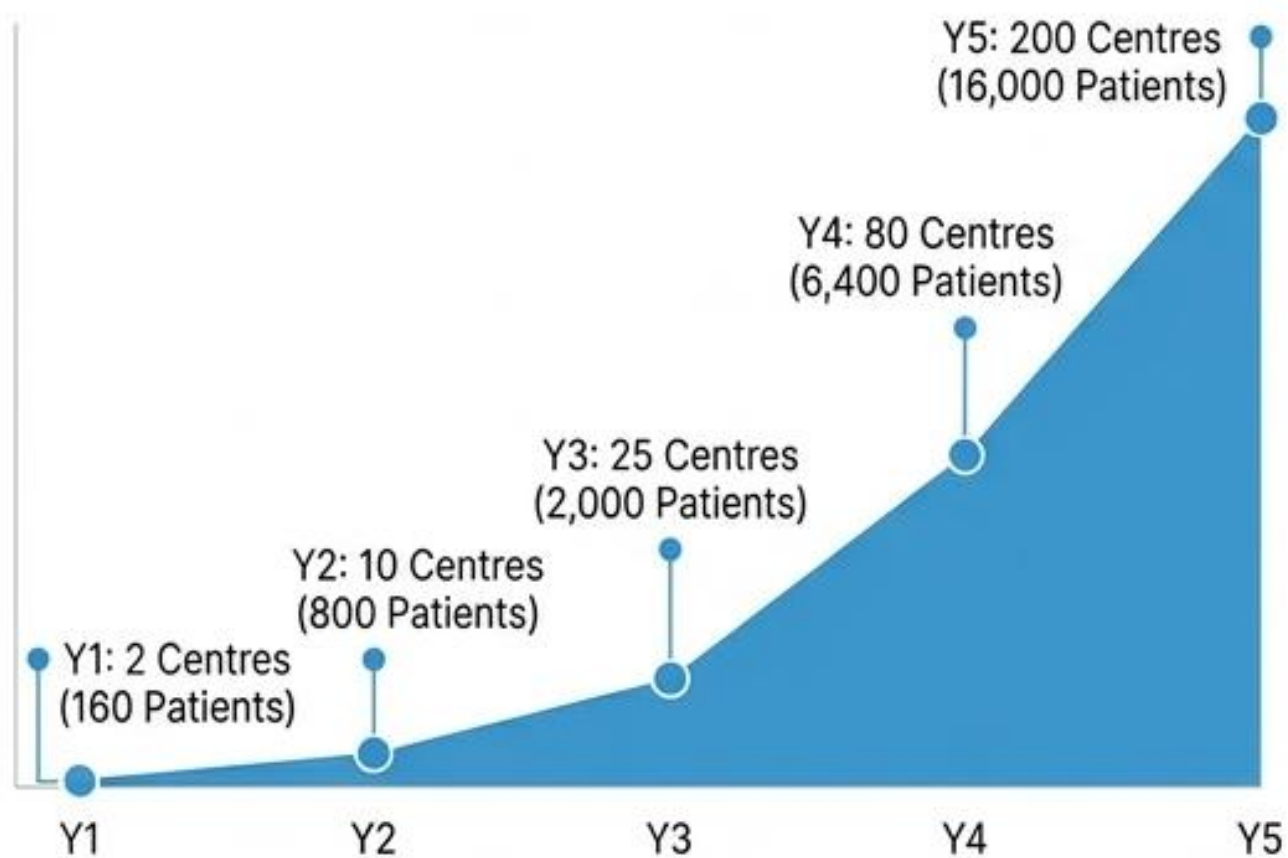
₹1,188 Cr/year (at ₹2,500 PEPM)

₹2,138 Cr/year (at ₹4,500 PEPM)

The Year 5 Target: 200 Centres

Our Y5 objective requires just 4% market capture, rendering the commercial plan highly defensible.

Adoption Trajectory



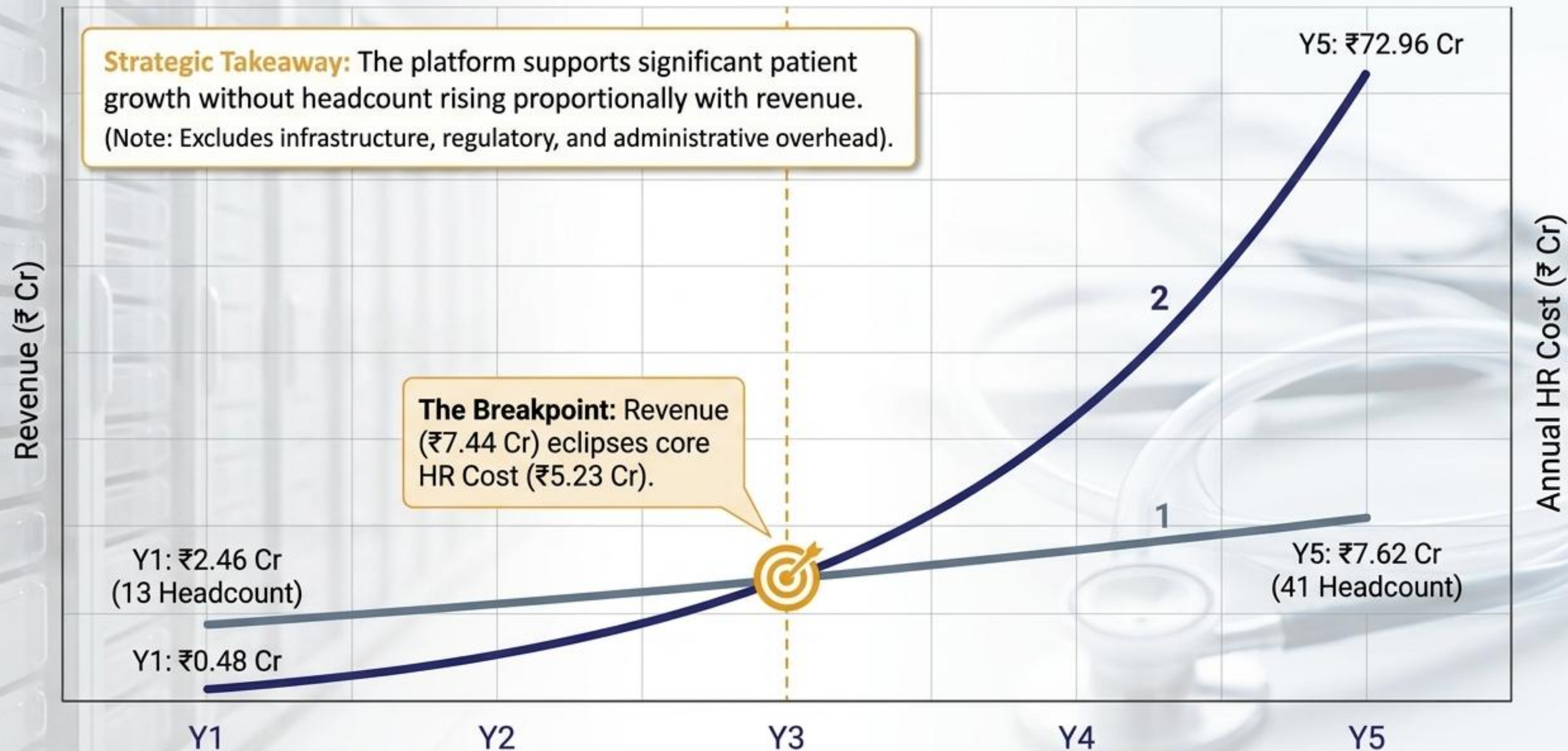
Revenue Modelling

Recommended Planning Assumption: Conservative
CMTD adoption ramp: 0% → 10% → 30% → 50% → 65%



Note: Maximum revenue boundary at 100% Intelligence tier adoption reaches ₹86.40 Cr by Year 5.

The Operating Leverage Crossover



Go-To-Market Roadmap

Editorial Clinical Blueprint

Phase 1: Lighthouse Validation

2 hospitals/centres.

Objective: Deploy digital workflow, prove data accuracy, validate Sathi, establish Edge feasibility, collect longitudinal dataset.

Phase 2: Regional Networks

Target hospital/dialysis chains, PPP operators, and nephrology networks.



Phase 3: Enterprise Multi-Centre Contracts

Buyer Focus: CEO + CIO + CMO + Head of Nephrology.

Pitch: One operating and intelligence layer across your dialysis network. (Not sold machine-by-machine).

Phase 4: Government/PPP

Align with PMNDP aims.
Connect centres and develop a portable, intorocle, interoperable national renal registry.

$\geq 95\%$

Structured Capture
Completeness (For targeted
machine parameters post-
Edge validation)

$\geq 30\%$

Reduction in manual
session-documentation
effort

$\geq 90\%$

Digital Session Closure
Rate

$\geq 80\%$

Patient Onboarding onto
Sathi in pilot centres

$\geq 65\%$

Weekly Active Patient
Engagement during the
Sathi pilot

Zero

Autonomous Clinical
Interventions

CMDT performance targets to be defined prospectively with the Principal Investigator prior to clinical validation

Socio-Economic Impact Matrix

Editorial Clinical Blueprint

Patient Impact

- Better continuity between sessions
- Understandable multilingual information
- Easier access to dialysis history
- Structured symptom communication
- Greater caregiver visibility



Nurse Impact

- Reduced transcription burden
- Standardised workflow
- Less repetitive documentation
- Better visibility across several chairs



Doctor Impact

- Longitudinal patient context
- Faster clinical review
- Structured trend analysis
- Eventual validated risk intelligence



System Impact

- Standardised dialysis datasets
- Interoperable care networks
- Scalable quality measurement
- Centralized visibility across multiple centres



Enterprise ROI & Unit Economics

ROI Levers



Productivity

Reduced duplicate documentation.
KPI: Minutes saved per session.



Data Quality

Machine-to-patient provenance
with zero transcription errors.



Clinical Ops

Faster multi-centre exception
identification.



Enterprise Intelligence

Centralized utilization and
quality benchmarking.



Unit Economics & Pricing

Connected Care Layer

₹2,500 / active patient / month

CMDT Intelligence Layer

₹4,500 / active patient / month

(Plus one-time Edge integration fee)

What we need

Clinical Validation Partners

Two forward-thinking hospital networks for lighthouse deployment.

Hardware Ecosystem Access

Access to mixed dialysis-machine fleets to prove agnostic Edge interoperability.

Medical Leadership

Nephrologist and Principal Investigator (P.I.) collaboration to prospectively define CMDT targets.

Strategic Capital

Funding to take Edge infrastructure and CMDT through rigorous evidence generation and regulatory regulatory readiness (Phase 1: ₹1 Cr allocated for product hardening, QMS, and pilot execution).

Join us in deploying the intelligence layer for the future of renal care.

Every dialysis session should make the next one smarter.

What We Need Next:

- Clinical Validation Partners
- Access to Mixed Fleets
- Nephrology Collaborators
- Strategic Capital

We are building the data and intelligence infrastructure for connected dialysis care.