

SAFESHOT
TECHNOLOGIES LLC

"Safety Through Innovation"

Case Statement

SafeShot Technologies: The Beginning

The origins of SafeShot Technologies began with the heartfelt response of one man to a woman in pain. Lewis Van Dyke was an inventor like no other. In 1998, Lewis discovered that a friend had been accidentally pricked with a needle used on an HIV-positive infected patient; they would not know for another year whether she had contracted the disease and, in the meantime, she could no longer practice as a nurse.



Lewis began to develop a retractable syringe that might prevent the event from occurring in the future. On a lathe in his garage, Lewis began the development of a unique technology that would become the foundation of the SafeShot Safety Syringe.

SafeShot Technologies, LLC incorporated as a C-corp in California in July 2003, and again as an LLC in December 2004, is an early-stage venture offering proprietary Medical Device technology that dramatically improves the functionality and performance of Injection Safety Syringes. SafeShot Technologies' core proprietary design solves a number of immediate problems in the safety medical devices market by significantly boosting the performance of safety injection syringes, without adding costly and complex designs and/or the need for additional steps and training.

SafeShot Technologies, LLC holds the exclusive rights and patents to a one-handed, single use, auto-retractable, auto-disable safety syringe that upon use, retracts and securely holds the contaminated needle portion in the barrel cylinder for disposal. The initial U.S. Patent was filed June 20, 2000 and was issued on July 2, 2002.

In 2009 the USPTO approved and granted SafeShot unique patent rights for a braking system designed to offset the retraction force until the injection is safely completed.

SafeShot Technologies currently has 8 issued U.S. patents and 8 additional U.S. patent applications and foreign counterparts in other major jurisdictions.

The Need

80%

of occupationally acquired diseases in the U.S. are transmitted through needlestick injuries –
Centers for Disease Control & Prevention
§

The annual full burden to the U.S. healthcare system for needlestick injuries is estimated to **exceed \$1.2 billion-**
U.S. General Accounting Office
§

Globally, 20 million hepatitis B, 2 million hepatitis C, and **250,000** HIV infections occurring each year are attributed to the reuse of contaminated needles – *World Health Organization (WHO)*
§

Globally, one child dies every **24 seconds** as a result of unsafe injections. – *World Health Organization (WHO)*

Of the 5.6 million healthcare workers in the U.S., approximately 800,000 to 1 million needlestick and sharps injuries are reported annually and in Europe an additional one million healthcare workers suffer from needlestick injuries every year. It is estimated only 1 in 3 needlestick injuries are actually reported.

The United States General Accounting Office estimated that the annual out-of-pocket costs for treating U.S. hospital needlestick injuries were between \$37 and \$173 million. This does not include long-term healthcare costs, which are potentially significant, or legal costs for negligence or lost employment.

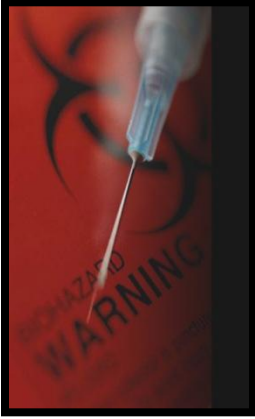
In the U.S., healthcare workers are at risk of contracting diseases from more than 20 infectious agents with Hepatitis C virus as the most frequent. Hepatitis C virus can lead to liver failure, liver transplants, and liver cancer. Ninety percent of the CDC's documented cases of HIV infection in healthcare workers indicate that the infection was caused by a needlestick injury, which brings the estimated costs past \$1 billion.

According to the World Health Organization unsafe injections lead to 22 million infections and 1.3 million deaths each year. Safety issues, laws and legal liability concerning regular syringes are driving the adoption of retractable syringes across the world. As global markets expand manufacturers cannot ignore the need for safety syringes in developing countries. WHO, the United Nations Children's Fund (UNICEF) and other international agencies have begun an aggressive campaign to halt the global epidemic of lethal diseases spread by contaminated needles.

Widespread reuse of needles and syringes in developing countries results from many factors, including insufficient funding for supplies, lack of awareness of infection risks, cultural resistance to discarding items deemed valuable, absence of safe collection and destruction mechanisms for used medical equipment, and lack of awareness that many illnesses previously treated with injections can be safely treated with oral medications.

These staggering statistics are enough to convince end users of the advantages of using retractable syringes. By educating potential audiences, manufacturers can increase market penetration.

Increasing Regulation, Growing Market



The U.S. Needlestick Safety and Prevention Act increased U.S. safety syringe adoption by **215%** within 5 years of enactment – *Medtech Insight Journal*

§

The CDC has estimated that safety needles could reduce accidental needlestick injuries by **76%**.

With increasing regulations both external and internal to the healthcare industry, the pressure is on to find increasingly affordable and simple solutions to address the need for safety syringes.

In 2000, the Needlestick Safety and Prevention Act became law, requiring that healthcare facilities create, maintain, and annually update information on commercially available technology designed to eliminate or minimize occupational exposure to blood-borne pathogens. As new technology becomes available, healthcare facilities are required to solicit and document input from healthcare workers with direct patient contact.

In 2001, Occupational Safety and Health Administration (OSHA) revised their Blood Borne Pathogen Standard to require:

- Employees and employers to use safer medical devices in order to reduce the risk of injury from needlesticks and other sharp medical instruments.
- Employers to keep a record of injuries from needlesticks, contaminated sharps, and other sharp medical instruments in a sharps injury log.
- Employers to involve frontline healthcare workers in the identification, evaluation, and selection of safe needlestick devices.

OSHA has taken a proactive approach to ensure employers are aware of standards set to ensure occupational safety. For example, OSHA's partnership with The American Association of Occupational Health Nurses, Inc. (AAOHN) has been beneficial to hundreds of thousands of employees as they offer training and seminars annually. Over 180,000 individuals were trained at the 2007 AAOHN Symposium on needlestick safety and the latest technology available for use.

OSHA does not endorse particular safety syringes and allows organizations to choose their product of choice. The decision to avoid endorsement allows for greater marketing efforts among suppliers and opens market entry.

The Opportunity

Taking Action

Nationally and abroad many agencies and coalitions have banned together in the fight against needlestick injury



World Health Organization



unicef



American Nurse Association



International Sharps Injury Prevention Society

The SafeShot “Epiphany” Safety Syringe addresses the global need for retractable, auto-disabling technology in a uniquely affordable design.

Approximately 12 billion preventive and curative injections are given each year in the U.S. and Europe, equating to 40 million injections each day. The presence of a huge patient base in China and India, coupled with the aging of the world population and the corresponding increase in the amount spent on healthcare, is likely to increase the demand for retractable syringes in the coming years.

As one of the most widely used devices in medicine, the syringe has been going through a technological metamorphosis during the past decade. The legislation discussed previously is mandating the replacement of the inexpensive traditional syringe with a safer but more expensive technology, and this mandate has increased U.S. safety syringe adoption 215% to \$758 million in sales within the last five years.

Intense competition and growing demand from patients for safer, retractable syringes are forcing market participants to spend millions of dollars in developing innovative and high-quality products. However, long-term growth is likely to depend on the ability of manufacturers to bring down production costs and prices.

The resilience of traditional syringes is linked to low unit price, which can range from \$0.06 to \$0.11. The price for safety syringes is technology-dependent and, as such, has a wide price range from approximately \$0.24 for a manual capping or sheathing technology to over \$0.60 for a spring-loaded fully retractable syringe. For these reasons, the market is well positioned for a product with high efficacy and low price to escalate adoption.

The SafeShot Safety Syringe: An Affordable and Effective Solution

SafeShot Vacuum Retraction v. Spring Retraction

Vacuum requires significantly less activation force than springs

Vacuum allows the user to control, the "Rate of Retraction" therefore eliminating Blood Splatter

Unlike spring retraction mechanisms which are expensive and unreliable, the vacuum created in the Epiphany is free, requiring fewer parts and delivering greater reliability

SafeShot's technology is a foundational new technology that allows for complete "Freedom to Operate" which minimizes potential litigation threats.

The Epiphany by SafeShot is a disposable, single use, auto-retractable, auto-disable safety syringe that uses a patented technology in which a vacuum causes the needle to automatically retract and track to one side of the barrel of the syringe after an injection is administered, thereby preventing contact with the contaminated portion of the device. This vacuum is created at the time of use and not at the time of manufacture. The Epiphany Safety Syringe is intended to be a cost-effective alternative to traditional disposable syringes.

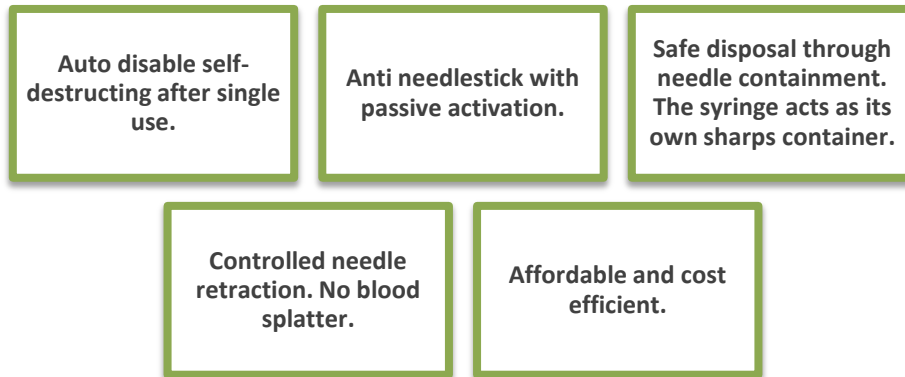


With a traditional disposable syringe, a needle contaminated with a patient's blood remains a danger to healthcare professionals handling the needle until it is permanently disposed of in a proper biohazard containment unit. The Epiphany Safety Syringe does not present a needlestick hazard to health professionals after use because the contaminated needle is retracted into the barrel of the syringe and locked in place.

The Epiphany Safety Syringe meets all the "Desirable Characteristics of Safety Devices" of the CDC, OSHA, ECRI, AMA and other world health agencies, as well as the *Needlestick Safety and Prevention Act of 2000*.

The safety syringe market is highly price sensitive, with safety regulations driving facility adoption. This, combined with high demand and a large market potential, has drawn a significant number of competitors, with new market entrants spawning regularly. The competitors fall into two main categories: those with automatic and manual safety mechanisms.

Solving the Problem: 5 Must Have Safety Features



The Epiphany is the *only* market-ready safety syringe that meets all five necessary safety features. By meeting these five features the Epiphany addresses many holes and failure points of current safety syringes.

Based on our engineering studies to date, we find that the **Epiphany Safety Syringe can be manufactured at a cost that is approximately half (or less) of that required for competitors' safety syringes** and only fractionally more than that of conventional non-safety syringes. Most of the safety syringes currently available provide few safety benefits because they require manual intervention to ensure safe operation. The safety feature of these syringes generally consists of a shield or sheath that often requires the use of both hands to activate the safety device. Although there are several retractable syringes currently available, they rely on springs or rubber bands to retract the needle. Both of these technologies add a high degree of complexity to the design and manufacture of the device, thereby increasing costs and allowing for high malfunction rates.

One of the newest approaches to syringe safety incorporates vacuum technology. A vacuum safety syringe operates the same way as a standard syringe to administer injections; however, a vacuum is seamlessly created at the time of the injection and when completed, draws the needle safely into the barrel of the syringe. The activation is completely passive requiring only marginal increase in pressure to activate the safety feature and to retract the needle, which is preferred by nursing staff.

Through the commission of separate manufacturing feasibility studies, SafeShot Technologies has determined that the retractable technology was highly automatable, priced considerably below competing technologies, and only marginally higher than the manufacturing costs of traditional syringes.

Competitive Advantage

Vacuum v. Safety Needle Covers

Vacuum can be activated using a one handed technique.

Vacuum eliminates needlestick risk passively whereas needle caps and covers require secondary activation.

SafeShot's patented foundational technology is uniquely adaptable for standard as well as Pre-Filled syringe applications.

The Epiphany Safety Syringe uses a patented and affordable vacuum technology that is unique in the safety syringe landscape. It is evident in the chart below, spring retraction technology and syringes that require additional steps and training have saturated the market. Both methods are considered inefficient in terms of use and production cost. A study in 2002 by the American Nurses Association showed that of needlestick injuries, more than 60% occurred *after use and before disposal*. With one hand, one motion, the needle in the Epiphany is automatically withdrawn into the vacuum barrel. The Epiphany stands alone in a growing market of safety syringes, adding the next level of compliance and safety without adding the complexity and cost associated with other retractable safety syringes.

The SafeShot syringe is unique in the fact that we have created a safety solution that includes one handed auto-retraction without adding costly and complex designs and/or the need for additional steps and training. Thereby allowing SafeShot Technologies to offer to the world the first truly affordable solution that shares none of the problems inherent in current technology.

Manufacturer	Product(s)	Type of Safety Mechanism	Deploy: 1-hand, 2-hand	Auto-Disable	Syringe Mechanism of Action
SafeShot Technologies	Epiphany	Auto	1	Yes	Vacuum
	Epiphany Ultra	Auto	1	Yes	Vacuum
Becton Dickinson	SafetyGlide	Manual	2	No	Folding Lever
	Safety-Lok	Manual	2	No	Sheathing Tube
	Integra	Auto	1	Yes	Spring Retractable
	SoloShot	Auto	1	Yes	None
	Uniject	None	1	Yes	None
Covidien	Monoject	Manual	2	No	Sheathing Tube
	Magellan	Manual	2	No	Folding Lever
Unilife	UniTract	Auto	1	Yes	Spring Retractable
Hindustan	Star K1/K3	Auto	2	Yes	Barrel Disabler
Retractable Technologies	VanishPoint	Auto	1	Yes	Spring Retractable
Smiths Medical	Needle-Pro Edge	Manual	2	No	Folding Lever
Terumo Medical Corp	SurGuard2	Manual	2	No	Folding Lever
Safety Syringes Inc.	Ultra-Safe	Auto	1	Yes	Spring Retractable
DuoProSS Meditech	Baksnap	Manual	2	No	Manually Retractable
Revolutions Medical	Rev Vac	Auto	1	Yes	Vacuum
West Pharmaceuticals	Novaguard	Semi-Auto	2	Yes	Spring Needle Sheath
Gerreshimer	Rigid Needleshield	Manual	2	No	Replaceable cap

Conclusion

Without a doubt SafeShot Epiphany is potentially the most competitive, effective and efficient product on the market for the following reasons:

1. Best technology

SafeShot is state of the art with the least amount of parts. It proves the greatest yields and lowest failure rates because of its few parts and ease of use.

2. Best for the patient

SafeShot eliminates jolting to the patient and blood splatter because with the elimination of spring action.

3. Best for the caregiver

SafeShot Epiphany is a total passive safety system because of its easy to use auto disable technology. The caregiver does not need to come in contact at all with the needle after an injection.

4. Complete offering

SafeShot has perfected the technology for use in the following sizes: 1CC, 3CC, 5CC, 10CC and larger. Current R&D is working successfully on micro-sizes less than 1CC.

5. Flexibility

SafeShot can be used with fixed needles, proprietary needles, or in conjunction with interchangeable luer lock needles from any other manufacturer.

6. Competition elimination

SafeShot has the best product at the lowest cost.

Implementation Plans

Since 2006, SafeShot Technologies has been developing the concept that has led to the Epiphany. The board and stakeholders of SafeShot Technologies are committed to bringing an affordable safety syringe option to the health care industry.

We believe the device summary above showcases the key clinical and commercial benefits for consideration, aiding in initial assessment of the technology. Additional information, including video of the syringe operation, can be found on our website at www.safeshot.net

At this time, the Board leadership is seeking to expand our network of stakeholders – stakeholders that include advocates, investors, and manufacturing partners – to help us achieve our vision of bringing this technology to the market.

Our work to date has focused on design, engineering, and intellectual property. Currently, we are looking for a third-party advocate to do due diligence on our conclusions, and to help us identify additional resources to move us closer to our ultimate goal.

SafeShot Leadership

Dr. Robert W. Beart

CEO

Dr. Robert W. Beart is the Emeritus Professor of Surgery and the past chairman of the University of Southern California's Department of Colorectal Surgery, the first Colorectal Surgery Department in an academic institution in the United States. In addition, Dr. Beart was the Costello Chair for Colorectal Diseases and the Skirball-Kenis Chair for Colorectal Diseases.

Dr. Beart graduated from Harvard Medical School and had his surgical training at the University of Colorado and the Mayo Clinic. He is board certified and recertified in General and Colorectal Surgery. He worked at the Mayo Clinic from 1976 to 1992, where he pioneered the ileal pouch-anal anastomosis procedure. He also launched the USC Center for Colorectal Diseases at USC University Hospital and USC/Norris Cancer Center and Hospital.

Dr. Beart is well recognized in the field, having published more than 400 peer reviewed articles, 100 book chapters, and multiple other presentations, movies, and books. He has served as editor-in-chief for Diseases of the Colon and Rectum, and has served on the editorial boards for Contemporary Surgery, the Journal of the American College of Surgery, the Journal of Laparoendoscopic Surgery, the Annals of Surgical Oncology, the Journal of Gastrointestinal Surgery, the Archives of Surgery, and Outpatient Surgery.

Education:

Doctor of Medicine, Harvard Medical School

Board Certification:

American Board of Surgery

American Board of Colon/Rectal Surgery

Michael J. Madden

Board Member

Michael J. Madden serves as a board member to Providence High School Board of Regents and the American Hospital Association.

Previously, Mr. Madden served as Vice President/Chief Executive for Providence Health & Services –California Region. In 1993, the Providence Saint Joseph Medical Center operation was a 600-bed hospital with annual revenues in 1992 of \$168 million and an operations loss of \$11.7 million. Under Mr. Madden's leadership, the Southern Californian presence grew to more than 1,000 acute beds and 7,600 employees. In 2006, total revenues for the Region were \$940 million with income from operations of \$36.6 million. From 2006 to 2009, Mr. Madden served as Vice President of Advocacy and Development, for Providence Health & Services, a 26-hospital, \$6 billion nonprofit health system serving five states. Mr. Madden also served as the Executive Vice President of Sisters of Mercy Health Corporation (Trinity Health) in Farmington Hills, Michigan.

Education:

Advanced Management Program, Harvard

Master of Health Administration, University of Minnesota

Bachelor of Science, University of Wisconsin

Kevin Hanly

Board Member

Kevin Hanly is a teacher of Engineering and Bio Medical Manufacturing at the Institute of Technology in Salt Lake City, Utah for the Granite school district.

Kevin has more 25 years of experience in managing Medical Device Manufacturing Operations within a highly FDA regulated environment. He recently retired from the industry in June of 2009 as the V.P. of Manufacturing for ICU Medical.

Kevin's background includes all aspects of engineering and manufacturing including designing, implementing and validation of thermoplastic and liquid silicone molding operations, form fill seal packaging equipment, sterilization, tooling engineering, automation, prototype tooling development as well as designing and building computer integrated class 100,000 clean rooms. His primary skill and strength is in disposable Injection molding and high speed automation technology.

Norman Gordon

Board Member

Norman Gordon is a General Manager of Research and Development at ArthroCare and a mechanical engineer with 30 years of diverse experience in the medical industry including research, development, manufacturing, and clinical programs. In his position, Mr. Gordon has managed remote a Research and Development office, headed product development, and helped define future product portfolio for a company business unit. Mr. Gordon focuses on novel implants and surgical instruments primarily for orthopedic markets.

Previously, Mr. Gordon was Vice President of Research and Development at Opus Medical, Inc. and co-founder and Vice President of Research and Development at Laurus Medical, a laparoscopic specialty device company. As a founder of the startup company, he developed suturing instruments for pelvic floor reconstruction and sold to Boston Scientific. Mr. Gordon also directed laparoscopic development at Applied Medical Resources and held engineering, regulatory affairs, and quality assurance positions at Gish Biomedical.

Education

Bachelor of Science, University of California, Irvine

Daniel Thayer

Board Member and Co-Founder

As one of the founders of SafeShot Technologies, Daniel Thayer applies his vast entrepreneurial experience to use to co-develop the overall strategy that puts the company and its products in a position to "change the world" in health-care. Working together with other key team members, Dan oversees SafeShot's product development and patent strategies. His efforts have led to several technological breakthroughs and helped to assemble the finest team in the business.

Today, SafeShot stands alone in a clearly unique and highly protected patent space with a product that has been termed "next generation" technology designed to protect health-care workers and their patients.

Mr. Thayer comes from a highly entrepreneurial background starting in the auto industry as both a race car driver and test driver for Toyota USA, GM, Mercedes, BMW, Anson and Tiga race cars, as well as a skilled engineering problem solver. These experiences taught him that success comes from the best technology married with the best people.

Karen A. Gibbs

SafeShot Advisory Council

Karen A. Gibbs is the Vice President of Litigation at Applied Medical, one of the largest global medical device companies headquartered in Orange County, California.

Before joining Applied Medical, Ms. Gibbs was a partner of the Washington, D.C.-based, international law firm of Crowell & Moring LLP and was an antitrust and intellectual property litigator at other top law firms, including Latham & Watkins, Howrey and Cooley Godward.

Ms. Gibbs has focused her career on strategic counseling, technology, and distribution-related transactions, and litigation for a variety of biomedical and other technology-driven and consumer-focused companies. In the medical device space in particular, she has handled a broad variety of matters relating to various surgical, diagnostic, implantable, patient-care, patient-monitoring, and drug-delivery devices and systems. Her experience includes numerous intellectual property, distribution, international, healthcare compliance, general corporate and competition-related matters.

Ms. Gibbs is active in various professional and industry associations, including the American Health Lawyers Association's Life Sciences Practice Group, the Advisory Board of BNA's Medical Device Law & Industry Report, the American Intellectual Property Law Association, the Intellectual Property Owners Association's Antitrust and Competition Law Committee, and the Federal Bar Association. She is admitted to practice law in the State of California and before the U.S. Court of Appeals for the Federal Circuit

Education:

Juris Doctorate, University of California's Hastings College of the Law
Bachelors of Science, University of California, Santa Barbara

Becky Merrifield Ettinger RN, MSN, APRN

SafeShot Advisory Council

Becky Merrifield Ettinger is a member of Association of Women's Health, Obstetric, and Neonatal Nurses and National League of Nursing. Since 1974, Ms. Ettinger has worked as a staff RN, charge nurse, nurse manager, and house supervisor in medical-surgical, maternal-newborn, and community-based nursing. She has served on multiple hospital based committees including the Infection Control Committee, Performance Improvement, Risk Management, Nurse-Physician Interaction Committee, and assisted in preparing her facility for the Joint Commission Accreditation process as a nurse manager. Since 2006, she has been teaching registered nursing students in the Rancho Santiago Community College District in Southern California.

With a Master's Degree in Community Health Nursing, Ms. Ettinger published her research in a book entitled, "What Every Parent Should Know About Teen Sex: The Secret STD Epidemic," which educates adults about this adolescent challenge gripping the nation. She also speaks to students and parents about the dangers of sexually transmitted diseases.

Dr. Gary Gammon

SafeShot Advisory Council

Dr. Gary G. Gammon serves as the Medical Director for CaroMont Inpatient Physicians, a 24 doctor hospitalist practice in Gastonia, NC. In addition, Gary is a member of the Society of Hospital Physicians, which elected him to a position of Fellow of Hospital Medicine in 2009.

Previously, Dr. Gammon served for five years in the U.S. Public Health Service in a West Virginia region with a shortage of healthcare man-power. He has been appointed to the position of Chief of Staff for two separate hospital systems (St. Joseph's Hospital in Buckhannon, W.V. and Gaston Memorial Hospital in Gastonia, N.C.).

Education:

Internal Medicine Residency, Ohio Valley Medical Center
Doctor of Medicine, University of Vermont Medical School
Bachelor of Science, Massachusetts Institute of Technology

Anne Olin

SafeShot Advisory Council

Anne Olin heads The Olin Group, a consulting firm that serves the fund development and business planning needs of foundations and nonprofits in Southern California. Ms. Olin specializes in strategic planning support of nonprofits, charitable foundations, and businesses. She focuses on building organizational capacity in ways that support measured expansion and strengthen existing systems. Having previously worked as a community fundraiser and as a philanthropic specialist with Merrill Lynch, Ms. Olin brings a wealth of experience to her nonprofit and foundation clients.

Ms. Olin founded The Olin Group out of a desire to marry her passion for the nonprofit sector with her belief in effective business and communication practices. She has helped develop and launch regional programs, supports proposal development efforts to secure private, state and federal funding sources, and provide strategic support on fundraising projects. She currently serves as the Executive Director for The Nicholas Endowment, and is the Executive Administrator for the Orange County Funders Roundtable, a collaborative of local funders seeking to promote philanthropy in the region. In 2007, she also launched a new nonprofit, Charitable Ventures of Orange County, dedicated to supporting local nonprofits through fiscal sponsorship services.

Ms. Olin also teaches Community Development through Grant Writing to Urban Planning graduate students in the University of California, Irvine's Department of Planning, Policy and Design, where she brings more than 15 years of college teaching experience to the classroom. She also offers nonprofit trainings in a variety of community settings on grant writing, marketing strategies, and strategic planning.

Education:

Master of Arts, Claremont Graduate University
Bachelor of Arts, University of California, Irvine

Louis “Chip” Cullman

Patent Attorney

Mr. Louis Cullman is a partner with the Law Firm of K&L Gates, focusing on intellectual property. With 35 offices across three continents, K&L Gates represents leading global corporations, growth and middle-market companies, capital markets participants and entrepreneurs in every major industry group as well as public sector entities, educational institutions, philanthropic organizations and individuals.

Prior to joining K&L Gates, Mr. Cullman was a partner at Stradling Yocca Carlson & Rauth, where he practiced patent and trademark prosecution, technology licensing, non-infringement, opinions, freedom to operate opinions, patentability opinions, and litigation support. Additionally, he maintained a generic drug FDA practice.

Prior to entering the legal field, Mr. Cullman co-founded and was the chief scientist of Microbiology Reference Laboratory, the first private sector laboratory in the United States specializing in infectious disease medicine.

Education

Juris Doctorate, Southwestern University School of Law
Master of Science, California State University, Long Beach
Bachelor of Science, California State University, Long Beach
California State Licensed Clinical Microbiologist

Bar Membership

California Bar
U.S. Patent and Trademark Office

SafeShot Technologies at a Glance

Quick Facts

- *SafeShotTechnologies is based out of Mission Viejo, California*
- *Incorporation Date: July 2003*
- *SafeShot Technologies was conceptualized by the research and development of Lewis Van Dyke*
- *First Exclusive US Patent rights to vacuum technology attained in July 2002 giving market uniqueness and market leverage in pricing*
- *Strong knowledgeable board offering backgrounds in medical, engineering, high volume medical device manufacturing, legal, and business development*

Contact Information

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Dr. Robert Beart
CEO
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Dan Thayer
Board Member, Co-Founder
dan@safeshot.net



The Epiphany by SafeShot, shown in 5 ml fixed needle and 3 ml changeable needle versions “before” activation.



The Epiphany by SafeShot shown in 5 ml fixed needle and 3 ml changeable needle versions “after” activation, ready for disposal.