

## Specifications

### Minimum PC Specification for MoleMate™

- 1 GHz Processor
- 32 bit or 64 bit Windows 7/8/10
- 1Gb RAM
- 32Mb Graphics Memory (DirectX 9 Compatible)
- 1024 x 768 Minimum Screen Resolution
- 2 x USB connections USB 2.0 or 3.0

### The MoleMate product contains:

- SIAscope V scanner and base
- MoleMate Software
- Clinical Reference Guide
- MoleMate User documentation
- USB 2.0 cable
- USB license key
- Matching fluid

Distributed by:



Call for more information or a demonstration:  
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1 (888) 363-3112 (TF) ☎ (905) 670-4428 ☎ [www.medxhealth.com](http://www.medxhealth.com) or [molematesimsys.com](http://molematesimsys.com)  
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Method and apparatus Claims of U.S. and Worldwide Patent numbers: US6324417, US7916910, US2008075340, WO9822023, WO0075637, EP2393063, EP1768060, EP1185853, EP1006876, JP4856872, JP2001504020, JP2003501651, JP2007190364, GB2334099, GB2367125, GB2429385, GB2439469, CA2272290, CA2560364, AU2006220441, AU2006220441, AU4961597, AU5232100, AU725766 licensed for limited viewing uses only.

**References:** 1. Hunter J, Moncrieff M, Hall P, Walter F, Emery J, Cotton S and Burrows N (2006). The Diagnostic characteristics of SIAscopy versus dermoscopy for pigmented skin lesions presenting in primary care (Poster). *British Association of Dermatologists, UK, July*. 2. Wood A, et al (2008) Evaluation of the MoleMate™ training program for assessment of suspicious pigmented lesions in primary care. *Intimatics in Primary Care* 16(1), 41-50. 3. Moncrieff M, Cottom S, Claridge E and Hall P (2002) Spectrophotometric intracutaneous analysis - a new technique for imaging pigmented skin lesions. *British Journal of Dermatology* 146(3), 448-4570



## SIAscopy with superior dermatoscopy

- Rapid
- Patient friendly
- Accurate
- Easy to use
- Practice friendly

Take a closer look with:

- high resolution output
- up to 40 x magnification
- LED illumination
- fully calibrated image



## SIAscropy with superior dermatoscopy

### Rapid

- ☞ Capture SIAscans in seconds
- ☞ >1.5 million measurements per scan
- ☞ Timely reassurance for your patients

### Patient friendly

- ☞ Non-invasive
- ☞ Painless
- ☞ Clear, concise PDF reports for patient records and referrals
- ☞ Allows patient interaction and improved education
- ☞ On-screen SIAscans aid the patient consultation

### Accurate

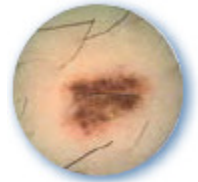
- ☞ Each image is fully calibrated, ensuring consistent image quality

### Easy to use

- ☞ Utilize your existing computer
- ☞ Icon-led navigation through program
- ☞ Pan and zoom with up to 40x magnification
- ☞ Score the level of suspicion for each mole or lesion using the Hunter Scoring System

### Practice friendly

- ☞ Raise the profile and enhance the service offering of your practice
- ☞ Improve patient education and your own clinical skills
- ☞ Easily incorporated into patient workflow



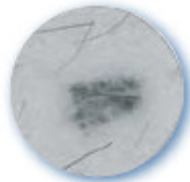
#### 1 Dematoscopic view

A clear and magnified view of the mole, aiding feature recognition.



#### 4 Blood supply view

This view shows changes in blood supply that can be early indicators of suspicious moles.



#### 2 Melanin view

This view confirms that the mole is a pigmented lesion.



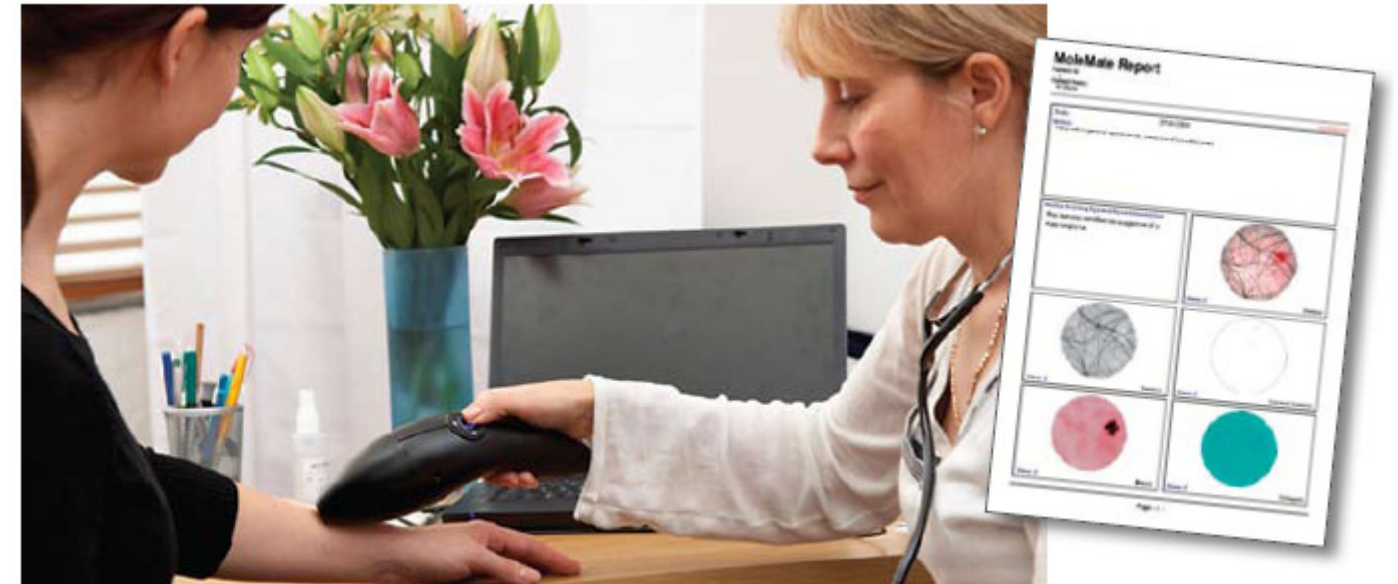
#### 5 Collagen view

Assists assessment of the damage to lower layers of the skin, assisting further in the identification of suspicious features.



#### 3 Dermal melanin view

Establishes the presence and distribution of melanin in the deeper layers of the skin. This may be important in differentiating a suspicious from a non-suspicious mole.



“I have used SIAscropy for six years and have found it an invaluable tool. I chose this technology because it gives me extra information about my patients’ suspicious moles and lesions through the additional views of the skin and helps me and the patients to come to a more informed decision about removal. Another important aspect of the system is the level of patient reassurance and education that it offers. Often, I see patients who have been to other dermatologists and feel they are just practicing “defensive medicine”, it seems that no matter how frequently they visit their dermatologist, something needs to be removed. Recently, I have seen two patients who had lesions that I felt needed removal (but) who refused because they felt I was just like the others... After I did the scans of these lesions and told them in advance what I was looking for, they allowed me to biopsy the lesions. Both proved to be malignant.”

— Dr. R.H. Falcon, New York, USA

“MoleMate gives you more information to base your judgment on. Previously I may have looked at a mole and put off doing anything. In one or two cases, when viewed through MoleMate they have been nastier than I thought... Being able to review a patient’s moles overtime is particularly useful. I would recommend MoleMate to GPs and skin clinics.”

— Dr. G. Campbell, New South Wales, Australia

“We decided to purchase MoleMate to assist with patient reassurance and minimize excisions. We chose MoleMate because it provides clear imagery, is easy to show patients and explain and allows us to keep a record.”

— Dr. James, Queensland, Australia