



VitaWave Tech, Inc.

Executive Summary

Jason McGowin, Co-Founder & CEO

jmcgowin@vitawavetech.com

+1 (303) 859-1543

www.vitawavetech.com

PROBLEM

Blood pressure is the most important vital sign in cardiovascular care and the least reliably measured. Cuff-based monitoring is 130-year-old technology with poor home compliance, and clinic visits leave weeks-long gaps in data. For high-risk patients those gaps are dangerous: preeclampsia develops between prenatal appointments and is a leading driver of the U.S. maternal mortality crisis, and uncontrolled hypertension is the second leading cause of kidney failure. Existing cuffless wrist devices trade accuracy for convenience — consumer-grade error, motion artifacts, frequent recalibration, and no EHR integration — leaving clinicians without data they can act on.

PRODUCT

VitaWave's eBP is a cuffless in-ear blood pressure platform with three integrated components: the eBP Device, a miniaturized ear-canal sensor near the superficial temporal artery with an inflatable balloon mechanism, digital air pump, and AI/ML algorithm; the Mobile App, providing recording, trend analysis, medication reminders, and provider integration; and the Healthcare Provider Portal, delivering real-time monitoring, EHR integration, and clinical decision support. Patients initiate a measurement with a single tap; the device inflates over 30–60 seconds, captures a true oscillometric reading rather than an estimation, and syncs to the app and portal. Built EHR-ready and reimbursement-ready from the outset.

In-ear placement offers anatomical advantages over wrist-based competitors: a fixed distance from the heart eliminates arm-position errors, proximity to central circulation improves signal quality, and the ear canal is far less prone to motion artifact.

MARKET

VitaWave targets the U.S. general hypertension market. Nearly half of U.S. adults have hypertension, still measured with 130-year-old cuff technology. VitaWave enters through two high-acuity clinical beachheads where the cost of missed readings is highest, then expands into the broader hypertension and remote patient monitoring market.

- **Beachhead 1 — Preeclampsia and maternal hypertension:** ~800,000 U.S. pregnancies affected annually, with ~\$7.5B in associated healthcare costs. CU Anschutz OB-GYNs are in pilot discussions and CPT codes are established.
- **Beachhead 2 — Chronic kidney disease:** 35.5M U.S. patients, prioritizing 7–9M in stages 3–4, against a ~\$100B cost burden.
- **Customer:** OB-GYN and maternal-fetal medicine practices, nephrology clinics, health systems, and RPM platforms. The consumer channel follows clinical validation.
- **Sizing:** TAM \$8B+ (global hypertension monitoring) · SAM \$1.3B (U.S. RPM-enabled blood pressure) · SOM \$104M (high-risk pregnancy and CKD).

TRACTION AND VALIDATION

- Exclusive patent license executed with the University of Colorado covering the core ear-canal sensing technology.
- Technology validated in 35 human subjects on the prior prototype; expanded accuracy study underway on the current build.
- 193 customer discovery interviews completed through NSF I-Corps.
- \$800K raised in pre-seed funding, including \$300K+ non-dilutive from NSF I-Corps and CO OEDIT.
- Completed the gener8tor gBeta IU Lab accelerator; clinical partner discussions underway with IU nephrology, IU maternal-fetal medicine, and Parkview Health.
- Selected to present at the Colorado Bioscience Investor Presentation (October 2026); exhibited at CU Innovation Day 2026.

REVENUE MODEL

- **Healthcare system licensing (recurring):** \$15–25 per patient per month, covering device, data platform, and clinician dashboard. Practices bill CPT 99454 at ~\$52/month for device supply, retaining 50–70% margin on that line before management codes.
- **Device sales:** \$249 retail direct to consumer, HSA/FSA eligible; wholesale pricing to the retail pharmacy channel as it scales. COGS target \$25 at production volume.
- **Unit economics:** 60%+ gross margin at maturity. A clinical placement generates roughly three times the lifetime value of a one-time consumer sale.

FINANCING

VitaWave is raising a \$5M Seed round at a \$30M pre-money valuation, following \$800K raised in pre-seed funding. Proceeds fund completion of the production-equivalent prototype, FDA 510(k) submission and clearance, expanded clinical validation, team expansion across regulatory, clinical, and commercial functions, and launch of clinical pilot partnerships. FDA 510(k) clearance is targeted for Q3–Q4 2027.

STRATEGIC SUPPORT SOUGHT

- **Clinical pilot partners:** OB-GYN, maternal-fetal medicine, and nephrology practices or health systems willing to host validation studies and pilot deployments.
- **Strategic partnerships:** RPM platform integrations, EHR integration partners, and distribution relationships across the clinical and retail pharmacy channels.
- **Advisory support:** Regulatory strategy for 510(k) submission, reimbursement and payer strategy, and contract manufacturing introductions.

TEAM

Jason McGowin, Co-Founder & CEO — MBA, Stanford. 25+ years commercializing medical device, healthcare, and consumer technologies. Former Entrepreneur-in-Residence at CU Boulder; former SVP Marketing & Sales at Safe-Rx, where he led commercialization of a device securing Medicare/Medicaid coverage.

T. Hingba, Co-Founder & CTO — MBA-MEng, Baylor; Ph.D. candidate in Engineering Technology, Purdue. 10+ years in product development, engineering, and manufacturing. Leads hardware, firmware, and algorithm development.