REVELATION BIOSCIENCES

Using cutting edge science to develop innovative therapeutics and diagnostics

Corporate Presentation / August 2021

Forward-Looking Statements

Certain statements made herein are "forward-looking statements" within the meaning of the "safe harbor" provisions of the Private Securities Litigation Reform Act of 1995. Forward-looking statements may be identified by the use of words such as "anticipate", "believe", "expect", "estimate", "plan", "outlook", and "project." This presentation is being provided by Revelation Biosciences Inc., a Delaware corporation ("Revelation"). The information provided in this presentation is the proprietary information of Revelation and is provided for informational purposes only. The information provided in this presentation is provided on an "as is" basis. Revelation makes no representation or warranty, express or implied, with respect to any information provided in this presentation, and will not be liable in any way to you or to any other person for any inaccuracy, error or omission of any information provided herein. These forward-looking statements are based on management's expectations and assumptions as of the date of this presentation and involve substantial risks and uncertainties that could cause the actual outcomes to differ materially from what we currently expect. These risks and uncertainties include, but are not limited to: risks relating to the successful development of our product candidates; the clinical utility of an increase in intranasal IP-10 levels as a treatment for viral infections and whether this data can be replicated in future clinical studies for REVTx-99; the timing, costs, conduct, and outcome of clinical studies; our ability to achieve project milestones, their timing and costs; the timing of our regulatory submissions and whether these submissions will be approved by the regulatory authorities; the impact of the ongoing COVID-19 pandemic on our business and operations, including enrollment in our clinical trials, our continued reliance on third parties to conduct additional clinical trials our current and future product candidates, and for the manufacture of our product candidates; the anticipated treatment of future clinical data by the FDA, the EMA or other regulatory authorities; potential indications, for which our drug candidates may be developed; market potential and patient population; and the expected duration over which Revelation's cash balances will fund its operations. Forward-looking statements in this presentation apply only as of the date made, and we undertake no obligation to update or revise any forward-looking statements to reflect subsequent events or circumstances.

Revelation Biosciences – Our Focus

Developing therapeutics and diagnostics for respiratory viral infections based on modulation or measurement of the innate immune system

- Respiratory viruses enter through the nose and mouth

Innate Immune Response

- The innate immune response is our first line of defense against viral invasion
- The innate response is **non-specific** and is **immediately** activated upon viral invasion
- It works via the production and activity of cytokines and chemokines that inhibit the ability of the virus to proliferate and recruit the adaptive immune response
- Revelation's products take advantage of this innate immune response

Adaptive Immune Response

- The adaptive immune response results in the production of pathogen specific antibodies
- The production of antibodies takes days to weeks to develop
- Vaccines take advantage of the adaptive immune response

Revelation Biosciences – Executive Summary

Revelation Portfolio

Revelation's portfolio consists of three product candidates: **REVTx-99** (Phase 2), **REVTx-200** (Preclinical) and **REVDx-501** (Pre-510(k))

REVTx-99 is a broad anti-viral nasal drop solution in development for the prevention or treatment of respiratory viral infections including influenza A & B, SARS-CoV-2 and its variants, parainfluenza, RSV, and emerging viruses. **REVTx-99** is also being developed for the treatment chronic nasal congestion

REVDx-501 is a diagnostic device in development for the detection of any respiratory viral infection regardless of virus type without the need for specialized instrumentation

Scientific Rationale

REVTx-99 stimulates the production of multiple, local interferons and other protective cytokines via TLR-4 agonism. Phase 1 biomarker data is supportive of continued development

REVDx-501 Rapid screen allows for virus negative patients to be eliminated, thus increasing the efficiency of SARS-CoV-2 specific testing

Near Term Value Drivers

REVTx-99 topline data for Phase 2 viral challenge study estimated to be available in Q2 2022

REVDx-501 is expected to gain marketing clearance in 2H 2022

Experienced Management and Scientific Team

Extensive product development experience across multiple indications spanning all stages of drug development including 8 FDA and EMA approvals

Successful track record in multiple startups and turn-arounds including, 3 NASDAQ listings and 1 NYSE listing

Development Pipeline

Pipeline consists of two therapeutic product candidates (REVTx-99 and REVTx-200) and one diagnostic product (REVDx-501)

Therapeutic Pipeline	Discovery	Preclinical	Phase 1	Phase 2	Phase 3	Approval
REVTx-99	Prevention of respiratory viral Infection					
	Treatment of respiratory viral infection					
	Chronic nasal congestion					
REVTx-200	Adjunct to IM vaccine					

Diagnostic Pipeline	Research	Development	Clinical Testing	Approval
REVDx-501	Detection of respiratory viral infection 510(k)			

Project Milestones

Project	Milestone	Estimated Timing
REVTx-99: *Nasal drops for the prevention and/or treatment of respiratory viral infection*	• Completion of Phase 1 single dose escalation	✓ Jan 2021
	• Completion of Phase 1 multidose cohort	✓ Mar 2021
	• Phase 1 clinical Proof-of-Principle data	✓ Mar 2021
	• Initiate Phase 2 influenza viral challenge study	Q1 2022
	• Phase 2 influenza viral challenge study top line data	Q2 2022
	• Initiate Phase 3 study for the prevention of respiratory viral infection	Q4 2022
	• Initiate Phase 1 study for treatment of chronic nasal congestion	Q4 2021
REVTx-200: *Nasal drops for the improvement of IM vaccinations*	• Establish relation with vaccine development company(s)	1H 2022
	• Study REVTx-200 using established vaccines and nonclinical models	1H 2022
REVDx-501: *Point of care/at-home diagnostic for the detection of respiratory viral infection*	• Identify development and commercialization partner	Q1 2022
	• 510(k) submission	1H 2022

Respiratory Viral Infections have a Significant Social and Economic Impact

- COVID-19 exposed gaps in currently approved methods to diagnose, prevent and treat respiratory viral infections
- Existing and emerging respiratory viruses effect large numbers of people annually and have a substantial economic impact. Prior to COVID-19, influenza alone was responsible for $87B economic impact annually
- Due to viral mutation, vaccines are only part of the solution as their effectiveness has been as low as 25% and each virus requires a separate vaccine

	Influenza	RSV	SARS-CoV-2
Annual Cases	9-45 million		~33 million
Annual Hospitalizations	14,000-810,000	~250,000	
Annual Deaths	12,000-61,000	~14,000	~600,000

- Our pipeline is focused on respiratory viral disease prevention
  - We will initially target highly prevalent viruses such as influenza, RSV and COVID
  - Approval studies will focus on reducing infection rates in cohorts that have higher risk of infection, hospitalization and death

CDC March 15, 2021

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REVTx-99

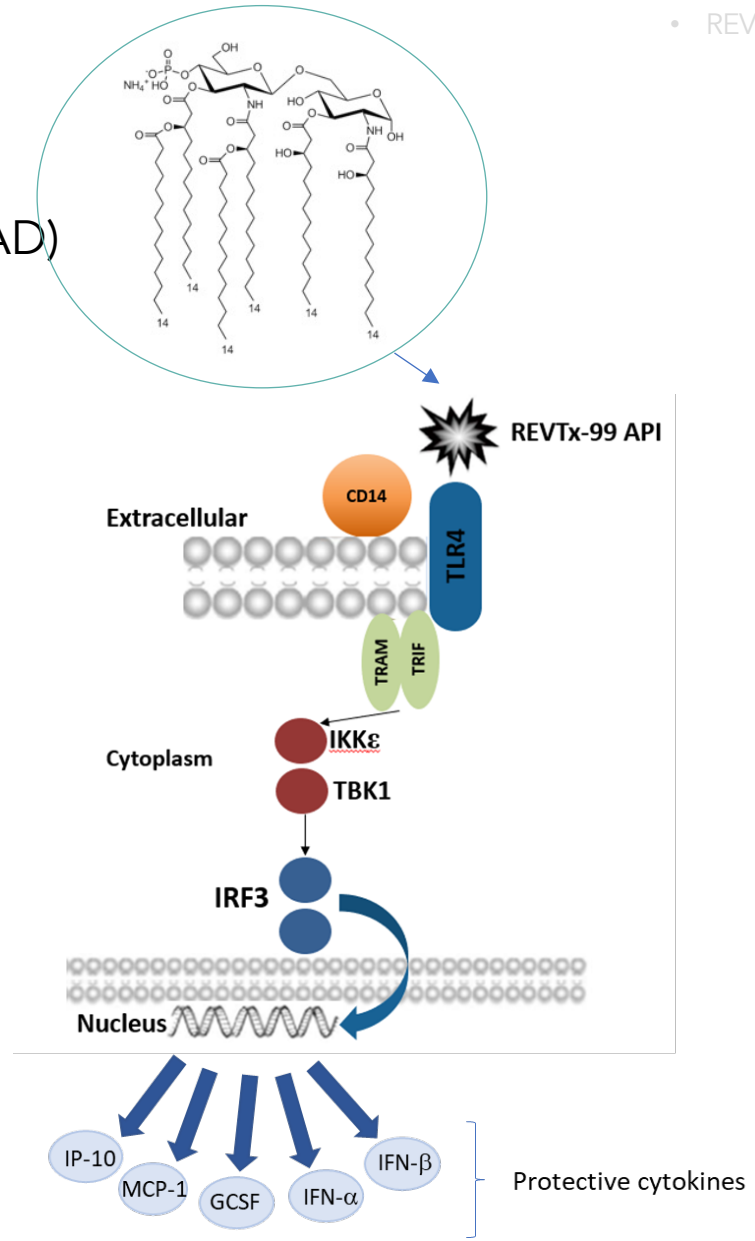
For the Prevention of Respiratory Viral Infection

REVTx-99 Overview

- REVTx-99 is prophylaxis for respiratory viral infections
  - Active ingredient: Phosphorylated Hexa-Acyl Disaccharide (PHAD)
  - Formulation: intranasal drops
- Mechanism of action: REVTx-99 stimulates the *innate immune system* via TLR4 TRIF pathway agonism to produce protective cytokines including interferons (IFNs)
- IFNs and other protective cytokines blunt the ability of an invading virus to replicate.

Status:

- Phase 1 study single and multiple dose - **completed with positive top-line data**
- Phase 2 viral challenge study with influenza - **expected to begin in Q1 2022**



Strong Scientific Rationale

- Influenza and coronavirus viruses can block interferon production,[1,2] leading to more severe disease[3]
- Interferon have been shown to be effective vs influenza[4] and SARS-COV-2[5] in vitro
- Exogenous interferons have been shown to be effective in preventing respiratory viral infections in humans[6]
- REVTx-99 stimulates the production of protective cytokines including multiple types of interferon via TLR-4 agonism[7]

IFN-α is beneficial for reducing clinically confirmed respiratory infection against multiple virus types in humans[3]

Virus	Placebo Group Infection Rate (%)	IFN-α Group Infection Rate (%)
Influenza A	22.6	6.4
Influenza B	15.8	4.3
Parainfluenza A	15.9	4.1
Adenovirus	7.2	3.1
Respiratory Syncytial Virus	2.8	0.8

✓ **REVTx-99 has been shown to significantly increase key innate immune system cytokines which should translate into clinical success**

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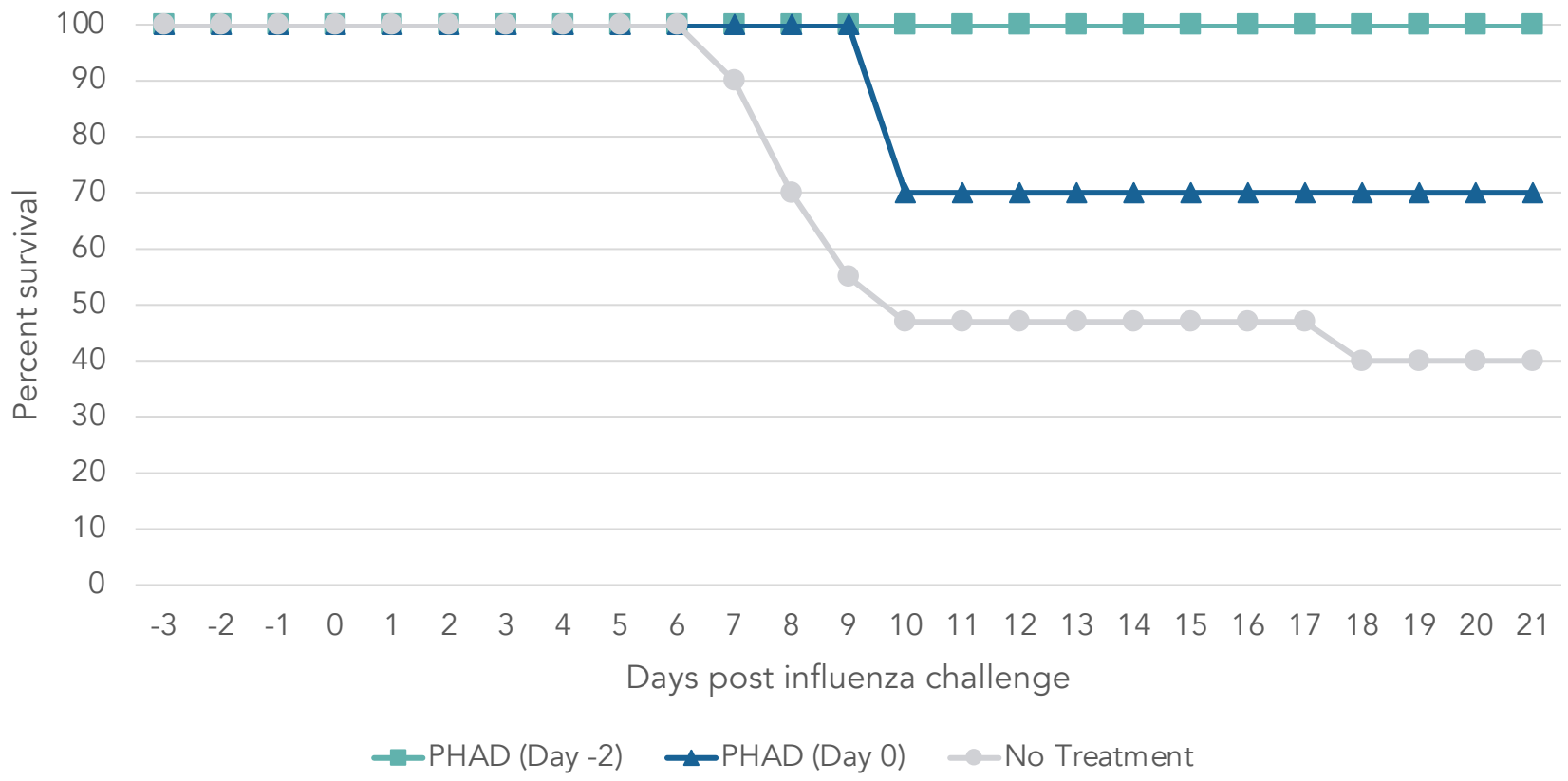
[1]Virus Research, 2011, DOI:10.1016/j.viruses.2011.10.017
[2]PLoS ONE, February 1, 2012, DOI:10.1371/journal.pone.0030802
[3]Cell Host & Microbe *19*, pg.181–193, February 10, 2016

[4]Emerging Microbes and Infections, Dec 11, 2019 DOI: 10.1080/22221751.2019.1698271
[5]Journal of Biological Chemistry, June 25, 2020 DOI: 10.1074/jbc.AC120.013788
[6]Vaccine, April 2010, DOI:10.1016/j.vaccine.2010.03.062
[7]Bio. Pharmacology Vol. 183, Jan. 2021, 114316 DOI:10.1016/j.bcp.2020.114316

Preclinical Activity of PHAD in Mouse Model

Researchers have shown that PHAD protects against lethal influenza virus challenge[1]

PHAD is effective against viral infections due to the activation of innate immune system cytokines such as interferon



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[1]Trends in Microbiology, October 1, 2002, DOI: 10.1016/S0966-842X(02)02426-5

RVL-HV01: Phase 1 Healthy Volunteer Study with REVTx-99

Study Title

RVL-HV01: A Phase 1, Placebo-Controlled, Single Dose, Escalating Dose, Followed by Multiple Dose Study to Determine the Safety and Tolerability of Intranasal REVTx-99 in Healthy Adult Volunteers in Australia

Study Design

- **Total number of subjects: 48** (6 cohorts, 8 subjects per cohort)
- **Cohorts 1-5:** treated group (N=6) receives a dose of either 5, 15, 30, 50 or 100 µg
- **Cohort 6:** treated group (N=6) receives a dose of 100 µg daily x 5
- **Readouts**: Safety measurements, systemic and nasal cytokine levels, systemic pK

Study Endpoints

- **Primary Endpoints:**
  a) Safety and tolerability of REVTx-99 from Day 1/Predose through End-of-Study (EOS)
  b) Pharmacodynamic effect from Day 1/Predose to EOS
- **Secondary Endpoints:**
  a) Change in serum cytokine levels from screening to EOS
  b) Treatment emergent adverse events (TEAEs) from Day 1/Hour 0 through study completion
- **Exploratory Endpoints:**
  a) Plasma PK levels

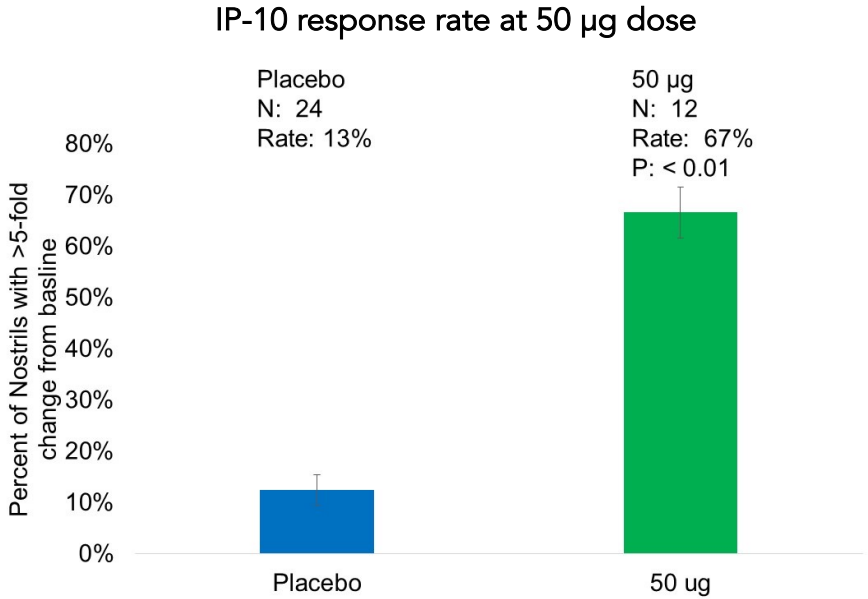
Summary of Phase 1 Study Results

Safety

- All doses of REVTx-99 were well tolerated with no significant or serious adverse events
- Drug related adverse events were all mild and limited to the local nasal mucosa and included runny nose or mild nasal congestion at the higher doses

Biomarkers

- REVTx-99 significantly increased the levels of intranasal IP-10, a key cytokine that correlates with the desired biologic activity
- Additional protective cytokines were also upregulated intranasally
- The inflammatory cytokine IL-6 was not upregulated intranasally
- Systemic cytokines were not upregulated supporting the concept that REVTx-99 acts locally



Conclusion

✓ REVTx-99 significantly increases key innate immune system cytokines predictive of clinical efficacy and this biomarker data and excellent safety profile supports continued development

✓ 50 µg will be the dose used for the Phase 2 influenza viral challenge study

[1]A response was defined as a >5-fold increase in IP-10. The nostrils meeting the criteria of a response were assigned a 1, those that did not a 0. The percent response rate was calculated by dividing the number of responding nostrils by the total nostrils examined. A p-value was calculated using a t-test assuming equal variances comparing placebo to a specific dose group

RVL-HV01: Primary Endpoint – Pharmacodynamic Effect on IP-10

Interferon-induced Protein 10 (IP-10) was identified a priori as the key cytokine of interest

IP-10 was identified a priori as the key cytokine of interest based on the following five characteristics:

1. IP-10 production requires interferon
2. IP-10 is a known TRIF dependent cytokine[1] that attracts and activates macrophage and dendritic, natural killer cells, and activated T lymphocytes
3. IP-10 is readily measured in nasal mucosal samples
4. IP-10 is actively upregulated at the onset of respiratory viral infection (e.g., infection with influenza, SARS-CoV-2, rhinovirus)
5. Stimulation of IP-10 has been shown to track with clinical efficacy in clinical viral challenge studies[2]

Response based on placebo

For the RVL-HV01 study, **the average fold-change per nostril from baseline for placebo IP-10 was 1.5-fold** with a standard deviation of ± 1.4. 2 standard deviations = 4.3-fold placebo (95% Confidence interval)

Response based on PREP-001 Data[2]

Response based on PREP-001 data:

- **PREP median baseline**: 550 pg/mL
- **PREP median value post dose**: 1920 pg/mL
- **Fold-change from baseline**: 3.5-fold

Response rate

Based on the above, we defined a response of >5-fold increase in IP-10 as clinically meaningful

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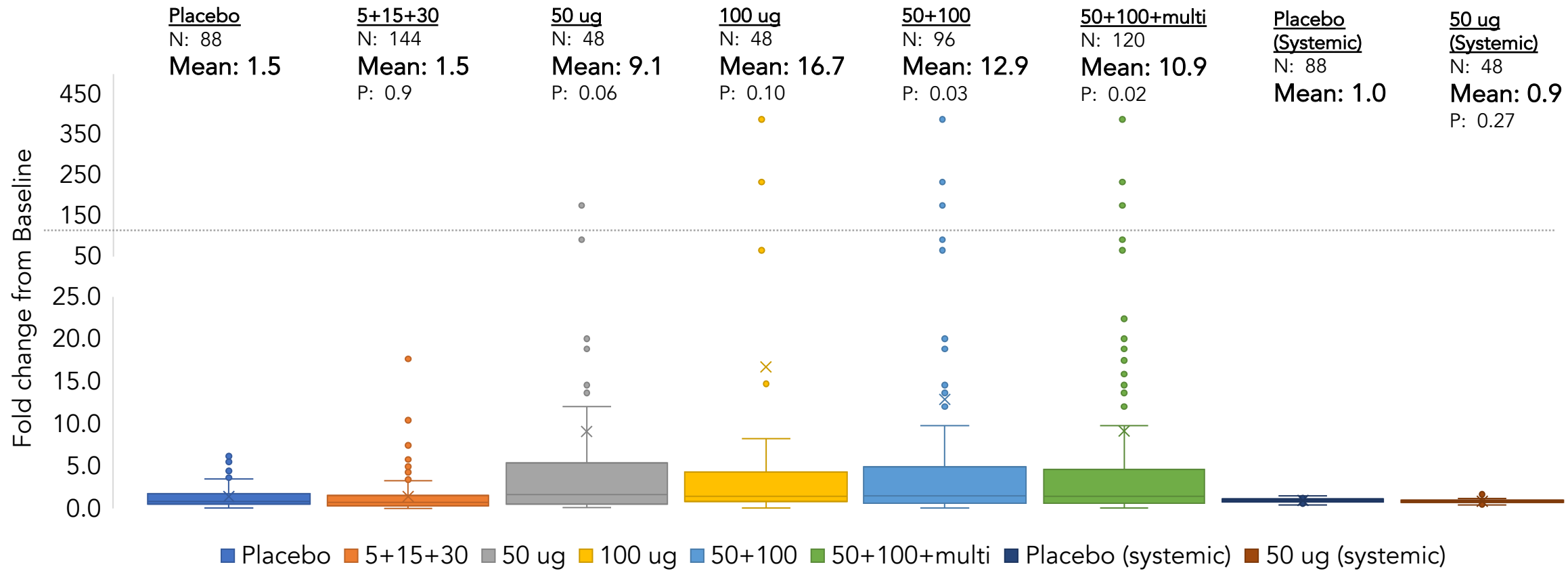
[1]PLoS ONE, 2011 DOI:10.1371/journal.pone.0016333
[2]PREP-001 is a TLR-3 agonist that demonstrated effectiveness in preventing both infection with rhinovirus and influenza in human clinical studies. The primary cytokine upregulated by PREP101 is IP-10.

REVTx-99 Produced a Dose Dependent Increase in Intranasal IP-10

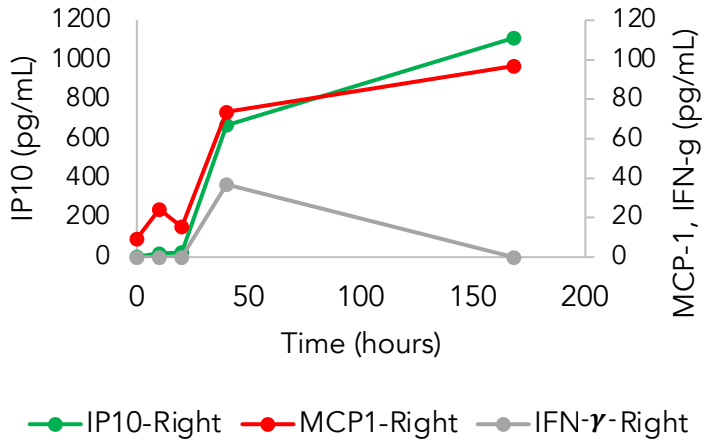
- ✓ REVTx-99 stimulated an intranasal dose dependent response for IP-10 in this Phase 1 study
- ✓ REVTx-99 did not stimulate a systemic IP-10, supporting the concept that REVTx-99 acts locally
- ✓ Preliminary PK data shows no systemic exposure above the 5 pg/mL limit of quantitation



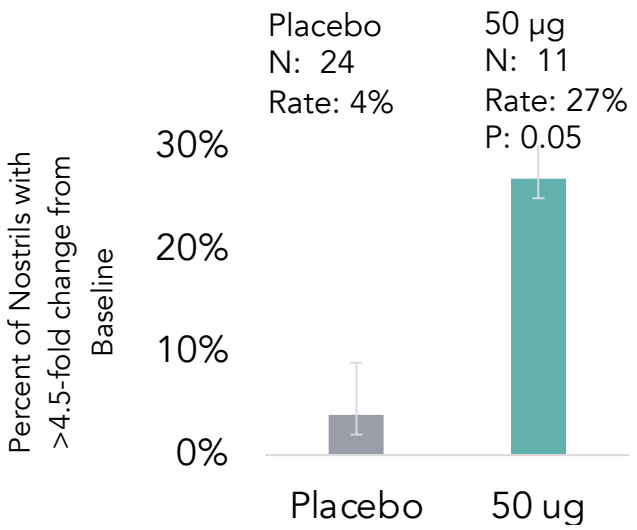
Presented is a box and whisker plot of the fold-change values for all data and time-points including the mean fold-change and p-value calculated using a t-test comparing placebo to each data set presented

REVTx-99 also Stimulated other Protective Cytokines

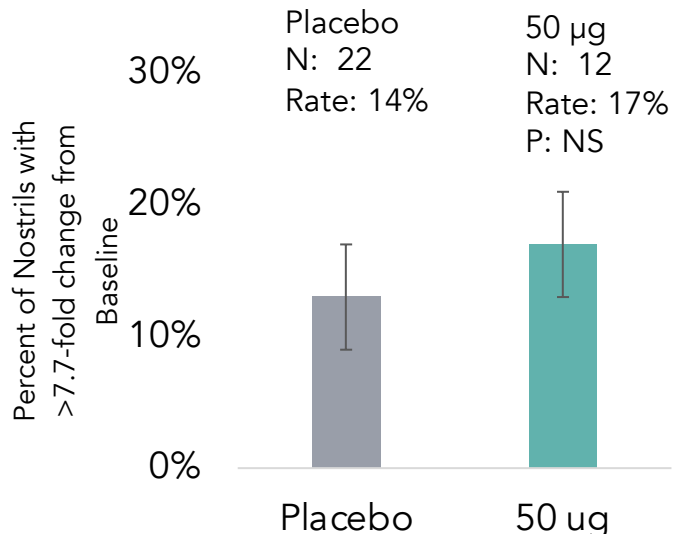
MCP-1 and IFN-γ tracked with IP-10



IL-7



IL-6



- MCP-1 and IFN-γ, TRIF protective cytokines
- At higher doses, MCP-1 and IFN-γ were also observed and tracked well with IP-10

- IL-7, another TRIF protective cytokine trended in the right direction
- IL-7 is responsible for B and T cell development

- IL-6, an inflammatory cytokine was not upregulated

Next Step: Phase 2 Viral Challenge Study (De-Risking for Phase 3)

Study Title: A Phase 2, study assessing prophylactic efficacy of intranasal REVTx-99 in an H3N2 influenza challenge model in healthy humans

Study Design

- Total number of subjects: 60
- 2 cohorts (30 per cohort; 1:1 Placebo vs Treatment)
- Cohort 1: REVTx-99 Day -2 and Day -1 (prior to infection) 50 µg single dose (25 µg per nostril)
- Cohort 2: REVTx-99 Day -2 (prior to infection) 50 µg single dose (25 µg per nostril)

Objective and Primary Endpoints

- **Objective:** To evaluate the efficacy of REVTx-99 in reducing influenza virus load in the upper airways during infection
- **Primary Endpoint:** Area under the curve (AUC) of viral load by qPCR from nasal pharyngeal swabs

Status and Timing

- Full protocol currently in development, including logistics
- Expected study start: 1Q 2022

Market Need: REVTx-99 has Multiple Possible Uses with Potentially Large Markets

Seasonal Prophylaxis	Potential Target Population
Seasonal virus prophylaxis (e.g. influenza season)	At Risk Population. For example: • Health care workers • Elderly • Immunocompromised

Situational Prophylaxis	Potential Target Population
REVTx-99 can be taken prophylactically prior to an anticipated potential exposure	General population. For example: • Travelers • Visitors to hospitals, nursing homes

Contact Prophylaxis	Potential Target Population
REVTx-99 can be taken prophylactically to prevent infection if exposed to someone with an active infection	General population. For example: • Family • Coworkers • Visitors to a doctor's office

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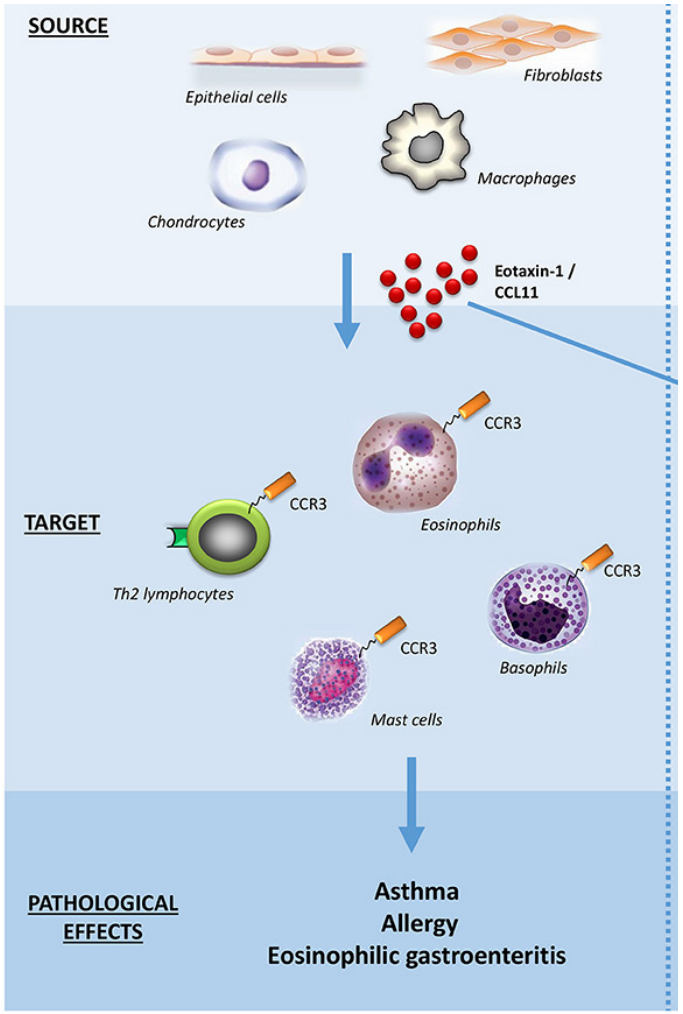
REVTx-99

For the Treatment of Chronic Nasal Congestion

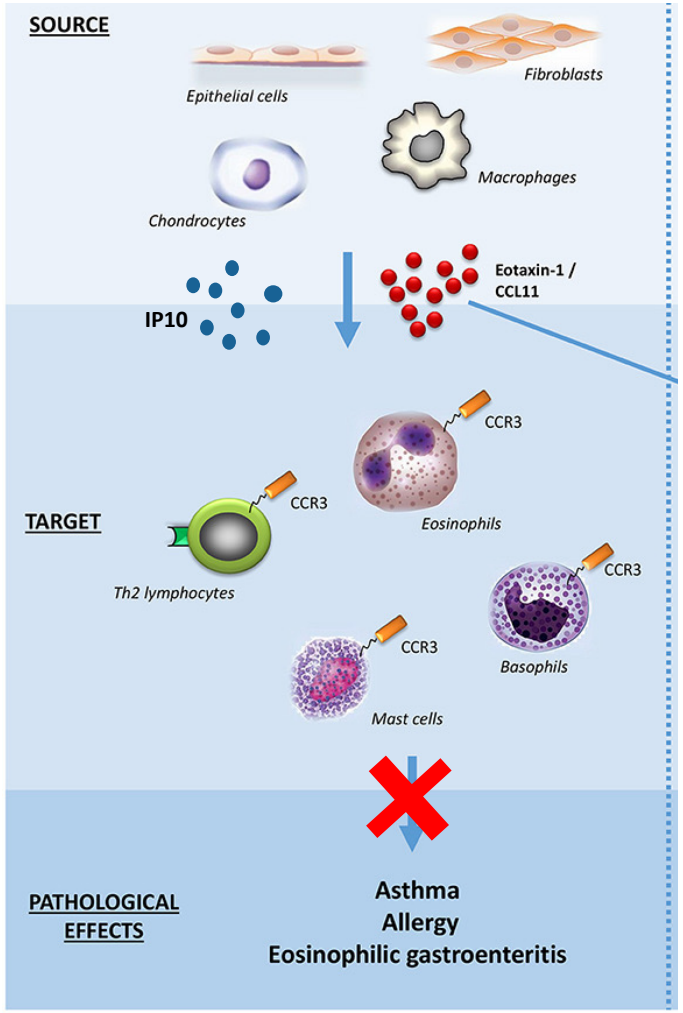
Rationale for Chronic Nasal Congestion: Eotaxin, Allergies and REVTx-99

- Eotaxin propagates allergies and inflammation
- Eotaxin binds to its receptor CCR3, which is expressed on a range of different cell types
- A number of effector cells associated with allergies express the CCR3 receptor
    1. Eosinophils
    2. Th2 Lymphocytes
    3. Mast cells
    4. Basophils
- Mast cells, eosinophils, and basophils are aggressively cytotoxic
- IP-10 binds to CCR3 and will directly compete with eotaxin binding CCR3, limiting immediate inflammation to provide rapid relief
- In addition, TRIF stimulation biases toward a Th1 cellular responses (protective), versus a Th2 cellular response (inflammatory) potentially resulting in sustained relief

No REVTx-99



With REVTx-99



Phase 1b Nasal Challenge Study (RVL-CLR01)

Study Title: Effect of REVTx-99 on Nasal Challenge with Allergen in Participants with Chronic Rhinosinusitis without Polyps

Study Design

- Enrollment up to 28 participants, randomized 1:1 across 4 cohorts
- This will be a Phase 1b, randomized, double-blind, placebo-controlled, crossover design
- Enrollment up to 28 participants, across 2 drug regimen investigations (Part 1 and Part 2)
- Part 1 (pre-challenge study), n=14, randomized 1:1 between 2 cohorts (7 per cohort) that will complete both treatment arms (REVTx-99 and placebo) in a crossover manner
- Part 2 (post-challenge study), n=14, randomized 1:1 between 2 cohorts (7 per cohort) that will complete both treatment arms (REVTx-99 and placebo) in a crossover manner

Objective and Primary Endpoints

- **Primary Objective:** To evaluate the effects of REVTx-99 versus placebo on nasal symptoms elicited by nasal allergen challenge (NAC) administered after study drug administration (Part 1) and before study drug administration (Part 2).
- **Primary Endpoint:** Area under the curve (AUC) TNSS (0-60 minutes after NAC)

Status and Timing

- Site selected (Australia)
- Full protocol is in development
- Ethics submission planned for Q3 2021
- First patient planned to dose Q4 2021

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REVTx-200

Intranasal PHAD® for Improved Intramuscular (IM) Vaccination

REVTx-200 Overview

- REVTx-200 is being developed as an intranasal adjunct to intramuscular vaccines to produce a superior, more complete immunization
- REVTx-200 is based on the same platform as REVTx-99
- IP on formulation and method have been filed
- Development rationale
  - IM vaccination typically results in a robust immune response imparting systemic immunity, but elicitation of a weak mucosal response
  - REVTx-200 stimulates the mucosal immune response to induce production of secretory IgA, cytokines, and chemokines, which in turn recruit vaccine-specific T and B cells to the mucosal space, further enhancing the protection of the selected vaccine
- Identify and work with multiple partners with existing vaccines to evaluate REVTx-200 nonclinically in 1H 2022
- Initial clinical studies will likely be viral challenge in nature, post immunization
- REVTx-200 has the potential to be used with most respiratory viral vaccines currently in use or being developed

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REVDx-501

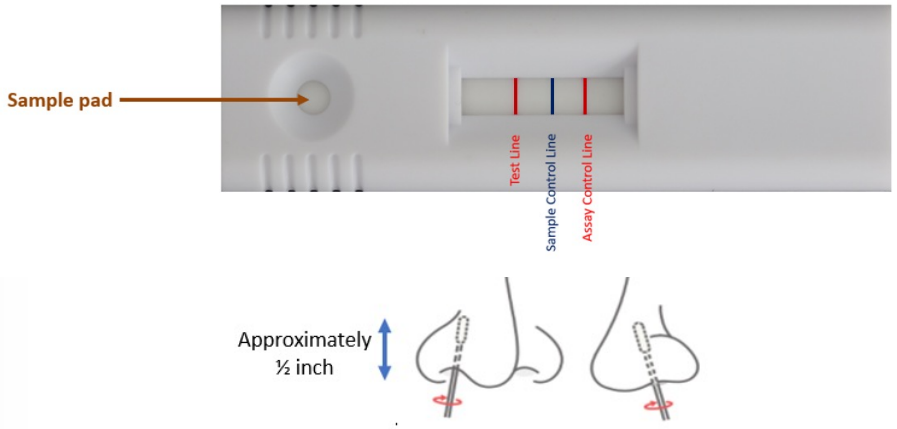
Rapid testing kit for viral infection

REVDx-501: Broadly Applicable to Most Infectious Viruses

Overview

- REVDx-501 (REVID™) is a diagnostic device in development for the detection of respiratory viral infection (SARS-CoV-2, influenza A and B, parainfluenza, etc.)
- REVDx-501 detects IP-10, a key cytokine that is upregulated in nasal and oral secretions at the onset of respiratory viral infection
- Easy to use and understand kit that can be deployed anywhere
  - Lateral flow format (similar to a pregnancy test kit)
  - No equipment required to read
  - Sample collected by simple swab of the lower portion of the nostril (nares)
- Inexpensive and easy to manufacture
- Rapid point-of-care (POC) results: <15 minutes
  - Allows for repeated or daily testing
- Kit design minimizes assignment of false negative:
  - Results corelate well with PCR for COVID-19 (100% positive agreement for replicating virus)
- 510(k) submission planned for 1H 2022

The REVID™ Device

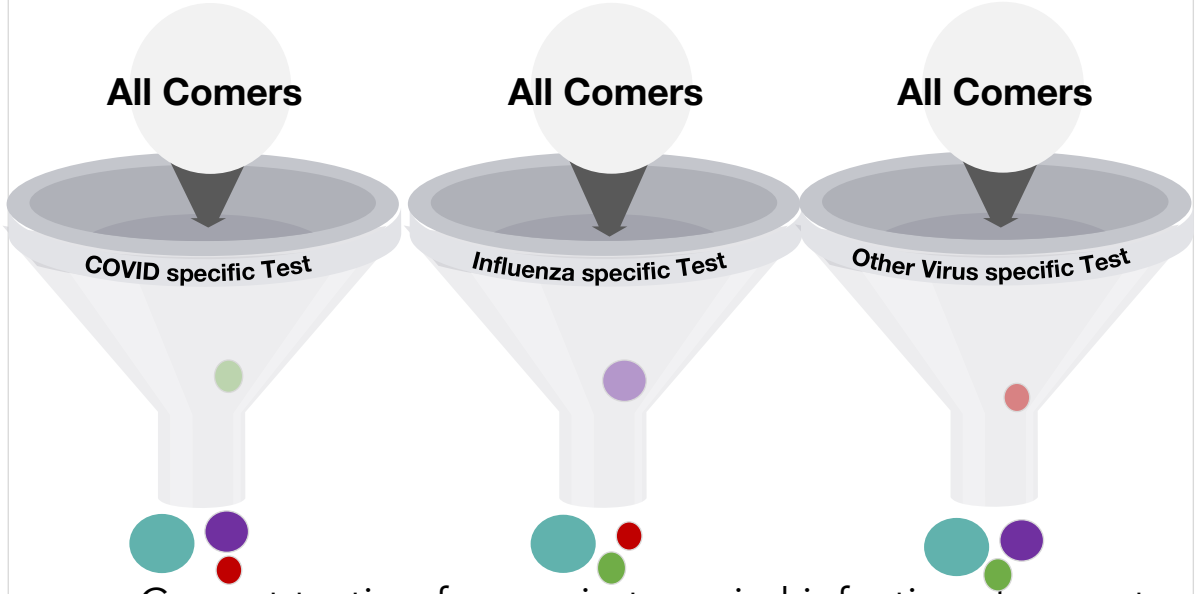


- Test Line (red): If present, indicates viral infection
- Sample Control Line (navy blue): demonstrates sample properly collected
- Assay Control Line (red): demonstrates device works

A Universal Screening Tool

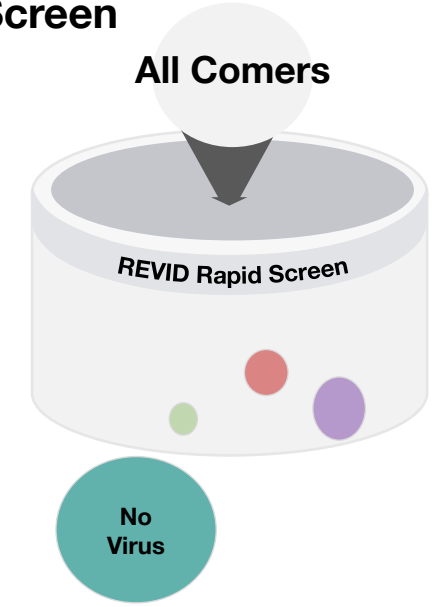
REVID Rapid Screen will allow large numbers of people to be screened regardless of type of virus

Current Testing Paradigm



- Current testing for respiratory viral infection does not allow for testing of large bodies of people effectively because testing is:
  - Specific
  - Slow
  - Expensive

REVID™ Rapid Screen



- REVID Rapid Screen allows for testing of large bodies of people because test:
  - Works regardless of virus type and any viral variants
  - Is rapid
  - Is inexpensive

Market Need: REVDx-501 has Multiple Possible Uses with Potentially Large Markets

Individual Screening Tool	Potential Target Population
The simplicity of the kit will allow individuals to make informed decisions on their general health and whether to quarantine or go about daily life	General population

Institutional Screening Tool	Potential Target Population
The simplicity and rapidity of the test kit allows for the screening of large numbers of people efficiently	Businesses with large crowds or at-risk individuals ✓ Sports/concert arenas ✓ Airports ✓ Nursing homes ✓ Hospitals

Pre-PCR Screening Tool	Potential Target Population
REVID™ Rapid Screen can make more efficient usage of PCR testing by screening out those who do not have an infection up front	Health care facilities

Excellent Correlation between REVID™ and PCR for COVID

	COVID PCR Positive (N=37)	COVID PCR Negative (N=153)
REVID Positive	37	21
REVID Negative	0	132

- Samples were collected from symptomatic and asymptomatic subjects
  - Symptomatic subjects included those presenting with fever, cough, loss of taste or loss of smell
  - Samples were tested by PCR and using the REVID test kit

Assay Performance	
False Negative Rate	0%
False Positive Rate	14%

- The results from the REVID Test Kit are in good agreement with PCR
  - 0% false negative rate for replicating SARS-CoV-2 virus
  - 14% false positive rate attributed to symptomatic subjects who had infection with a virus other than SARS-CoV-2 (e.g. rhinovirus infection)

Project Milestones

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REVTx-99: *Nasal drops for the prevention and/or treatment of respiratory viral infection*	• Completion of Phase 1 single dose escalation	✓ Jan 2021
	• Completion of Phase 1 multidose cohort	✓ Mar 2021
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	• Study REVTx-200 using established vaccines and nonclinical models	1H 2022
REVDx-501: *Point of care/at-home diagnostic for the detection of respiratory viral infection*	• Identify development and commercialization partner	Q1 2022
	• 510(k) submission	1H 2022

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Management

Leadership and Board of Directors

Board – R&D Leadership, Therapeutic & Diagnostic Development, Commercialization, Finance and Transactional Success

George Tidmarsh M.D., Ph.D.

Chairman

M.D. and Ph.D. from Stanford University. Currently Adjunct Faculty of Pediatrics and Neonatology. Over 30 years of experience in biotechnology, including the successful clinical development of 7 FDA-approved drugs. CEO Secretary and a Director of La Jolla Pharmaceutical, Founder and Chief Executive Officer of Horizon Pharma, Threshold Pharmaceuticals.

Jennifer Carver

Director

Over 19 years of industry experience. Formerly Chief Operating Officer at Kartos Therapeutics, Chief Operating Officer at La Jolla Pharmaceutical Company development, approval and launch of GIAPREZA. Spectrum Pharmaceuticals and Allos Therapeutics, leading teams through the development and approval of Belionostat and Folotyn respectively.

Jess Roper C.P.A.

Director

Over 20 years of financial and audit experience in the sectors of medical device, life sciences, technology, manufacturing, and financial institutions. Currently serves as a Board Member and Audit Chair for Biolase. Senior Vice President and Chief Financial Officer of Dexcom; PricewaterhouseCoopers.

Curt LaBelle M.D.

Director

Over 20 years of industry experience. President of the Global Health Investment Fund (GHIF). M.D. and M.B.A from Columbia University.

Management has a Strong History Building Successful Commercial Organizations (e.g., 3 NASDAQ and 1 NYSE Listings)

James Rolke

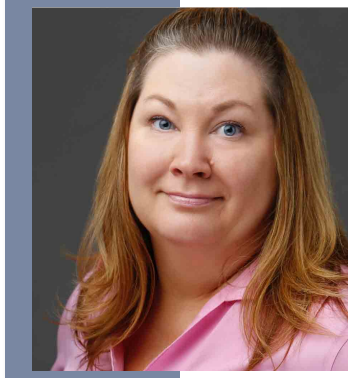
Director and Chief Executive Officer

Over 30 years of experience in the biotechnology industry. Chief Scientific Officer of La Jolla Pharmaceutical Company, development of multiple technologies including 6 INDs and 2 marketing approvals. Chief Technology Officer at Pluromed, Inc. (acquired by Sanofi) approvals of two medical devices via the 510K and PMA approval pathways.

Chester Zygmont, III

Chief Financial Officer

Over 17 years of experience in finance. Interim CFO and Senior Director of Finance, at La Jolla Pharmaceutical Company. During Mr. Zygmont's tenure at La Jolla, he brought the company to its NASDAQ listing. While at La Jolla it grew from a market cap of $2.5 million to over $1.5 billion, with trading volume increasing from $2,500 to over $15 million per day.



Robin Marsden

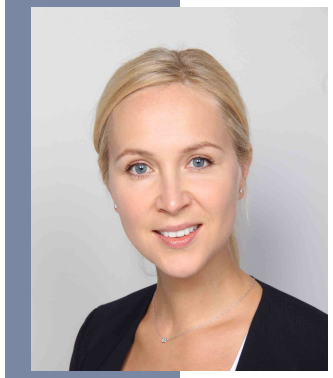
Vice President, Biology

Over 25 years of experience in biotechnology, which has included executing the successful bioanalytical and immunogenicity strategy supporting three FDA-approved products: Symlin and Byetta and Giapreza

Carol Odle

Vice President, Clinical Ops

Over 30 years of industry experience working for clinical sites, CROs and a Pharmaceutical Company on numerous indications. Site experience includes Executive Director and part owner of a clinical research site.



Sandra Vedrick

Vice President, Human Resources and Investor Relations

For the 6 years prior to joining Revelation, Ms. Vedrick was Senior Director and Head of Investor Relations and Human Resources at La Jolla Pharmaceutical Company

Key Takeaways

- Revelation Portfolio
- Scientific Rationale
- Near Term Value Drivers
- Experienced Management and Scientific Team

REVELATION
BIOSCIENCES

Financials available upon request

REVELATION
BIOSCIENCES

Thank you!