



Nightingale Health

ANNUAL REPORT
2025–2026



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Business overview

CEO's review

Dear reader,

A year ago, I wrote in this report that healthcare is at a turning point: its focus must shift from treating diseases to preventing them. I described the operating logic that prevention needs: detect disease risks early, prevent the onset of disease, measure the change in risk, and fund what works. That case has not changed. What has changed is where the shift is now most visible. Consumer technology companies have made preventative health their next big market. The world's largest technology companies and the fastest-growing health platforms are building products for people who want to stay healthy.



The health platforms they have built share the same design. They combine sensor data from a watch, a ring or a wristband with other digital data and an AI coach. The result is one picture of a person's health, with daily guidance. They do this very well, and they have a reach that healthcare does not: healthcare typically sees a person a few times a year, whereas these platforms reach their users every day.

Blood is the newest data layer in these platforms. Since early 2025, one health platform after another has added a blood test to its service, and for a good reason. Sensors show a person's behaviour and vital signs. Blood shows what is happening inside the body. A picture of health without blood data is incomplete.

Today these blood tests come from large clinical laboratories. The business of such a laboratory is to sell the same standard blood values to every customer. This serves disease treatment well, because these laboratories were built for diagnosing disease. But standard blood values are available from any laboratory, so the blood data sets no platform apart: whatever one platform offers its users today, the next can buy the same values tomorrow.

There is a second limitation. A blood value is not a disease risk. What people want to know is their risk of disease and whether their daily actions reduce it. Risk models built on standard blood values already exist and are valuable: they are the risk calculators used in healthcare today. But any platform can compute them from the same blood values and a few additional inputs, so they set no platform apart either. They also have limits of their own. They were designed when risk assessment relied on questionnaires and a few standard blood values, and part of their input is subjective or situation-dependent, such as blood pressure, BMI and family history. This limits how reliably a change in risk can be followed over time. And because they do not use the broader molecular information in the blood, they miss people who are at high risk, as an independent University of Cambridge study published in the European Heart Journal showed in 2025. Reliable risk monitoring needs a method that is objective, repeatable and the same everywhere.

Better risk detection needs information that standard blood values do not contain. That information is in the same blood sample, in a broader molecular measurement: fatty acids, amino acids, inflammation and the detailed composition of lipoproteins. AI models cannot substitute for real biological information: a model cannot create information that the measurement did not capture.

Turning such a measurement into validated disease risk is a task that must be built from end to end. A company must develop the measurement technology and measure biobank samples with it. It must test the risk models against what actually happened to those people over more than ten years. It must deliver

the same result in every laboratory and win approval for use in healthcare. I am not aware of any laboratory supplying the platforms today that has this end-to-end capability, and the capability is not for sale on the open market. It has to be built.

Nightingale Health has built the whole package over more than ten years. Our measurement technology captures the molecular information that standard blood values leave out. Our risk models were built on samples from some of the world's largest biobanks, including UK Biobank. They were tested against real disease outcomes in cohorts of hundreds of thousands of people and replicated in independent cohorts.

The models have been shown to identify high-risk individuals missed by current screening tools. In the Cambridge study, adding our test to the standard European risk calculator, SCORE2, reclassified 9% of people as high risk. Giving them routine cholesterol-lowering treatment would prevent 44% more heart attacks and strokes, without increasing the number of people treated for each event prevented. When the test is repeated, it shows whether a person's risk is going down.

We run the measurement in our own laboratories on three continents, and our test is approved for healthcare use in the European Economic Area, the United Kingdom, Japan and Singapore. In Finland it is in nationwide healthcare use, and more than 250,000 people have already received their results. To my knowledge, no other company in the world has all of these together.

This is the company we are building: a foundation of molecular-level data on which better preventative health services can be built. Our technology can serve a national healthcare system, a private healthcare provider, an occupational health service or a consumer health platform. Each of them can combine the validated disease risks and the blood values produced by Nightingale Health with its own service, its other user data and its AI.

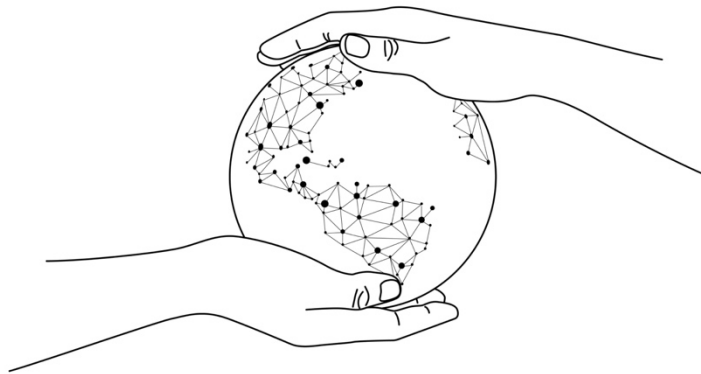
We make this available globally, to healthcare providers and health platforms. The difference from a clinical laboratory is twofold. First, the customer receives not only blood values, but validated disease risk. With it, a service can do what standard blood values and the calculators built on them cannot: find the people at high risk who would otherwise be missed, and show its users the direction in which their risk is developing. Second, the customer receives the same result everywhere. Standard blood values from different laboratories are not directly comparable, because clinical chemistry varies between reagents, instruments and laboratories. We run one measurement, with one technology, in our own laboratories on three continents, so a platform or provider can offer its users the same test with comparable results in every market where it is approved for healthcare use.

This is why I believe the next 24 months will be critical. During that time it will become clear which health platforms offer their users validated disease risk and which continue to offer standard blood values. Platforms that add validated disease risk early will have a longer measurement history for their users and more time to build their products around reducing their users' disease risk.

At the same time, our own plan does not depend on any single platform or channel. It rests on healthcare providers, public healthcare and occupational health, where our test is in use today. The consumer platforms are a new market in addition to these.

Our goal is to make preventative healthcare accessible to everyone. The technology now exists, it is approved, and it works at national scale. The consumer technology companies have shown that people want to take care of their health and are ready to pay for it. When validated disease risk becomes part of the products people already use every day, risk detection reaches a scale that healthcare alone has not reached. Many more people can then act on their risk before disease develops. That is the future we are building, and I believe we are closer to it than ever.

Teemu Suna
CEO and Founder, Nightingale Health Plc



Mission

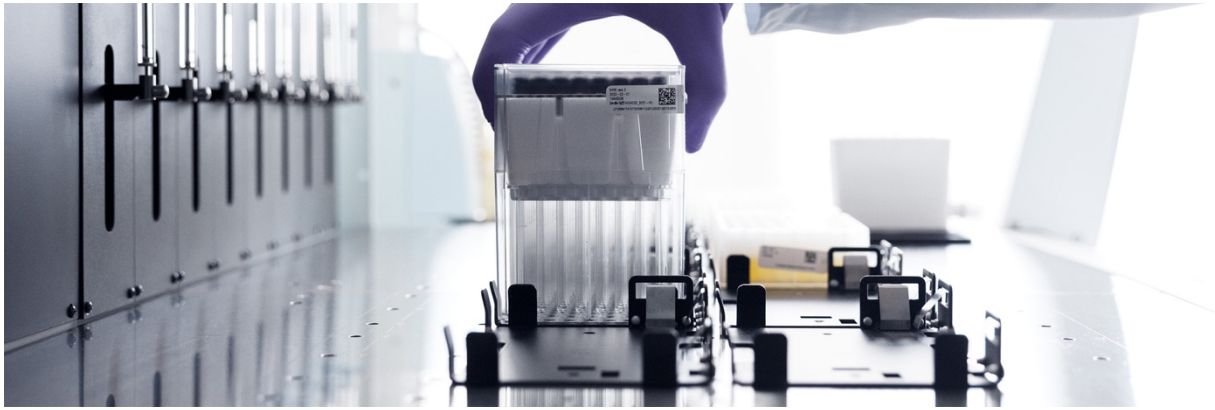
Nightingale Health exists to make preventative healthcare accessible to everyone. Preventative healthcare means that people at risk of a chronic disease are found before the disease develops, their risk is reduced, and the change in the risk is measured. Fewer people then become ill, healthcare costs less, the burden on healthcare professionals eases, and more people live long and healthy lives.

Why does prevention need a new foundation?

Healthcare was built to treat disease, and it does this well. But treating disease does not reduce the number of people who become ill. That number grows year after year, and chronic diseases take the largest share of healthcare's resources. Changing this needs the operating logic described in last year's report: detect disease risks early, prevent the onset of disease, measure the change in risk, and fund what works.

Two of these four steps, detecting risk and measuring how it changes, have been missing at population scale. The risk calculators used in healthcare today are valuable, but they are built on standard blood values and a few additional inputs, so they can miss people at high risk and are not designed for reliable monitoring over time. Risk detection for whole populations must be objective, repeatable and the same everywhere, because only then can it find the people at risk and show whether their risk is going down.

Nightingale Health's mission is to provide this foundation: validated disease risk from one blood sample. The test needs no questionnaires, so the result is objective. It is measured the same way in every Nightingale Health laboratory, making it repeatable and comparable across markets. And because it uses the broader molecular information in the blood, it finds people at high risk missed by current calculators and shows whether their risk is going down. Nightingale Health makes this available globally to healthcare providers and health platforms, and through them to the people they serve. When disease risks are detected early and followed over time as a normal part of healthcare and of daily life, prevention can work at the scale of whole populations. Societies become healthier.



Strategy

Nightingale Health's strategy is to be the molecular data layer of preventative health: the foundation of validated disease risk on which healthcare providers and consumer health platforms can build their own preventative services. Nightingale Health provides the measurement, the validated disease risks and the blood values behind them; the customer embeds the test and its result in its own service.

The strategy focuses on two markets. The first is healthcare: national and regional healthcare systems, private and occupational healthcare providers, employers and insurers. Nightingale Health's blood test is in use in this market today, including nationwide in Finland. The second is consumer health: the platforms that combine sensor data, digital data and an AI coach into one picture of a person's health, and that are now adding blood tests to their services. In both markets, the customer receives the same Nightingale Health test, measured in Nightingale Health's own laboratories, and the same output: validated disease risk in addition to the blood values.

Nightingale Health's blood test is designed for this. It requires one blood sample, age and sex, and nothing else: no questionnaires and no other measurements. The sample can be taken as a venous sample in a clinic or with a finger prick at home, so the test fits both markets: a health check in a clinic, and a digital service whose users take the sample at home. The results are delivered digitally into the customer's own systems. The customer can present them in its own service, whether that is a clinician's report or a health app. When the test is repeated, the change in risk shows whether lifestyle changes or treatment are working, for one person and for a whole population. That creates the feedback loop preventative healthcare needs: detect risk, prevent disease, and measure whether the risk is falling.

Nightingale Health runs the measurement in its own laboratories in Finland, the United Kingdom, Japan, Singapore and the United States. Each laboratory uses the same technology and the same process, so results are comparable across laboratories and over time, wherever the sample is taken. Capacity grows by adding instruments and laboratories. Approvals for healthcare use are obtained market by market; today the test is approved in the European Economic Area, the United Kingdom, Japan and Singapore. The company sells globally to healthcare providers and health platforms and prices the test per sample.

The better the disease risks of the future are understood, the better prevention can be targeted and funded. Nightingale Health's strategy is to make that understanding available in healthcare and in the products people use every day.



Why Nightingale

Nightingale Health holds a position in the market that, to our knowledge, no other company holds. It has built the whole capability needed to turn one blood sample into validated disease risk, end to end: the measurement technology, the laboratories, the risk models validated against real disease outcomes, and the approvals for healthcare use.

This position is hard to copy. Standard blood values contain no new information, so risk models built on them can only reproduce the risk calculators that already exist. A company that wants to do better first needs a measurement technology that captures the broader molecular information in the blood, such as fatty acids, amino acids, inflammation and the detailed composition of lipoproteins, and that gives the same result in every laboratory. It then needs biobank samples measured with that technology, years of validation against what actually happened to those people, approvals in each market, and its own laboratories to run the measurement. Some companies have one or two of these parts: laboratories with scale but no validated disease risk models, individual laboratory tests that report a value but not a disease risk, or research instruments without healthcare use. The combination is what is rare, and it cannot be bought on the open market.

Validated disease risk, not only blood values

Every healthcare provider and every health platform can buy standard blood values from a large clinical laboratory, and every one of them can

also compute the risk calculators used in healthcare today from those values and a few questions. Neither sets a service apart, because both are available to everyone. They also have important limitations for preventative healthcare: they can miss high-risk individuals and are not designed for reliable monitoring of how risk changes over time. Better risk detection needs information that standard blood values do not contain, and turning that information into validated disease risk is the capability Nightingale Health has built. Nightingale Health sells to the same healthcare providers and health platforms, globally. The difference is what it sells: validated disease risk, which the laboratories that supply standard blood values do not provide.

The whole package, built end to end

Nightingale Health's measurement technology measures about 40 clinically validated blood values and, from the same sample, the molecular information that standard blood values do not contain. The same sample gives the same result in every Nightingale Health laboratory. With this technology the company has measured the samples of some of the world's largest biobanks, including all of the roughly 500,000 participants of UK Biobank. Biobanks grant this access on scientific merit, because the measurement adds information they did not hold. The risk models were built on these samples, tested against what actually happened to the participants over more than ten years, and replicated in independent cohorts. The test is approved for healthcare use in the

European Economic Area, the United Kingdom, Japan and Singapore, each through its own regulatory process, and the measurement runs in Nightingale Health's own laboratories in Finland, the United Kingdom, Japan, Singapore and the United States.

Proven in science and in healthcare

Nightingale Health's technology has been used in more than 1,000 peer-reviewed publications. In a study published in Nature Communications in 2024, the risk models predicted common diseases across 700,217 participants in three national biobanks. In a modelling study of nearly 300,000 people published in the European Heart Journal, Nightingale Health's test was added to the standard European risk calculator SCORE2. It reclassified 9% of people as high risk. If those people were given routine cholesterol-lowering treatment, the model estimates that 44% more heart attacks and strokes would be prevented, without increasing the number of people treated for each event prevented. In other words, the test identifies high-risk individuals missed by current screening tools.

The evidence from healthcare points the same way. In Finland, the test is in nationwide healthcare use, and more than 250,000 people have received their results. Terveystalo's own analysis of more than 200,000 occupational health customers over two years shows a clear link between detected risks and sick-leave days. Finnish public healthcare has started to make the test available, beginning with pilots in two health districts. In the United States, the company's New York laboratory received a clinical laboratory permit from New York State in February 2026.

A separate research business

Nightingale Health also provides its measurement to universities, biobanks and research institutes for medical research. This research business is separate from the healthcare business described above, with its own customers and products. It is also where much of the evidence for the healthcare business comes from: the biobank samples were measured, and many of the publications written, in research use, and the risk models now used in healthcare were validated on cohorts measured in that work.

Why now

Consumer technology companies have made preventative health their next big market. Since early 2025, several of the leading health platforms have added blood tests to their services. Those that have buy standard blood values from the same few clinical laboratories. The company's view is that the next 24 months will reveal which platforms begin offering their users validated disease risk and which continue to rely on standard blood values. Healthcare is moving the same way. In Finland the test has moved from private and occupational healthcare into public healthcare, and in the past twelve months Nightingale Health has announced new healthcare partnerships in several European countries and beyond. Both markets need the same foundation of validated disease risk.

The opportunity

The capability exists, it is approved in four jurisdictions, it runs in Nightingale Health's own laboratories on three continents, and it is in use. The markets that need it have arrived. The business model scales. The test is priced per sample, and capacity grows by adding instruments and laboratories. Every laboratory runs the same process, so a result is comparable across laboratories and over time. The company has spent more than ten years building this position. The years ahead are about taking it to scale.

Corporate Governance

Corporate Governance Statement

1 July 2025–30 June 2026

In its corporate governance and management, Nightingale Health Plc (“Nightingale Health” or “company”, together with its subsidiaries “Group”) complies with the laws and regulations applicable to a Finnish company listed on the Nasdaq Helsinki Main Market, Nasdaq Helsinki rules and guidelines, the company’s Articles of Association as well as the Finnish Corporate Governance Code issued by the Finnish Securities Market Association in accordance with the comply or explain principle (available at cgfinland.fi/en/).

The Corporate Governance Code 2026 entered into force as of 30 June 2026 and replaced the previous Corporate Governance Code 2025, which entered into force on 1 January 2025. This Corporate Governance Statement has been prepared in accordance with the Corporate Governance Code 2025. The reporting requirements amended by the Corporate Governance Code 2026 apply to the Corporate Governance Statement and Remuneration Report prepared for financial years beginning on or after 1 January 2026. The Remuneration Policy reporting requirements under the Corporate Governance Code 2026 will apply for the first time when the Remuneration Policy is presented to the General Meeting for consideration after 1 January 2027. Until then, the Corporate Governance Code 2025 will apply.

The composition of the company’s Board of Directors departs, in accordance with the comply or explain principle, from the Corporate Governance Code’s recommendation 8, according to which there shall be balanced representation of women and men on the Board of Directors by 30 June 2026. The composition of the Board has been influenced in particular by the company’s current business needs, the members’ expertise, the company’s stage of development, and its ownership structure. The Board considers that its composition fulfills the key competence and independence requirements essential to the company’s operations and strategy. The Board regards balanced gender representation as an important objective and will continue active measures, including using external experts where appropriate, to ensure that the gender distribution of future Board compositions comply with the Corporate Governance Code’s recommendation on gender balance as soon as possible.

The company’s 2021 incentive program for the Board of Directors, CEO and key management approved by the Board of Directors with the Annual General Meeting’s approval, departs, in accordance with the comply or explain principle, from the Corporate Governance Code’s recommendation 23 in the following way: three Board members external to the company, who were part of the Board during financial year 1 July 2025–30 June 2026, are covered by an incentive program with similar terms as those applicable to the CEO and some of the company’s Management Team. The company considers this exception justifiable, as the company does not see that the incentive program weakens the execution of the Board’s supervisory duty or causes conflicts of interest. According to the terms of the incentive program, the Board members and specified key management members covered by it receive a right entitling to options based on the company’s market capitalization growth.

Based on the incentive program, rights entitling to options are given in two instalments: when the company reaches a market capitalization of at least EUR 500 million and when the company reaches a capitalization value of at least EUR 1,000 million (based on the volume-weighted average share price of 45 days). The company sees that no conflicts of interest are created, and the shareholders’ interests are not jeopardized, because an increase in the company’s market capitalization is always in the best interest of the company’s shareholders. The company sees that the shared target related to market capitalization growth does not weaken the Board’s supervisory duty, as the other targets relating to the company’s growth are aligned with market capitalization growth.

This Corporate Governance Statement is provided separately from the Board of Directors' Report. Up-to-date information related to the governance and management at Nightingale Health is available on the company's website: <https://ir.nightingalehealth.com/>.

Governing bodies

In accordance with the Finnish Companies Act, the General Meeting of Shareholders is the highest decision-making body of the company. Its tasks are defined in the Finnish Companies Act and the company's Articles of Association. The Annual General Meeting of Shareholders decides, among other things, on the amendments to the Articles of Association, adopts the financial statements, decides on a possible distribution of profits and discharges the members of the Board and the CEO from liability. The Annual General Meeting elects the Board members and the auditor and decides on their remuneration. The company's Annual General Meeting is held annually within six months of the end of the financial year, and it is convened by the Board. The company's Annual General Meeting was held on 6 November 2025.

The general objective of the Board of Directors is to direct the company's business and strategy in a manner that secures a significant and sustained increase in the value of the company for its shareholders. To this end, the members of the Board are expected to act as a resource and to offer their expertise and experience for the benefit of the company. The tasks and responsibilities of the company's Board of Directors are determined on the basis of the Finnish Companies Act as well as other applicable legislation. The Board of Directors has general authority to decide and act in all matters not reserved for other corporate governance bodies by law or under the provisions of the Articles of Association. The general task of the Board of Directors is to organize and oversee the company's operations and it has the duty to act in the best interests of the company at all times. The Board of Directors shall see to the administration of the company and the appropriate organization of its operations (general competence). The Board of Directors shall be responsible for the appropriate arrangement of the control of the company accounts and finances.

The CEO is appointed by the Board. The CEO shall see to the executive management of the company in accordance with the instructions and orders given by the Board of Directors. The company's Management Team assists the CEO in the management of Nightingale Health's business.

Composition of the Board of Directors

According to the Articles of Association of the company, the Board shall consist of a minimum of three (3) and a maximum of ten (10) elected, ordinary members. The term of the Board members ends at the closing of the next Annual General Meeting following their election. The Board shall elect a Chairperson of the Board, unless otherwise decided when the Board is appointed.

Composition of the Board of Directors on 30 June 2026:

Leena Niemistö (Chair), Antti Kangas, Olli Karhi, Ilkka Laurila, Timo Soininen and Teemu Suna.



Leena Niemistö

- Chair of the Board since 2022
- Woman, born 1963
- Finnish citizen
- MD, PhD
- Main occupation: Board professional and investor
- Holdings in the company on 30 June 2026: 403,340 Series A shares, 74,074 Series B shares (through Kaikarhenni Oy), 231,770 Series A options, entitling to the same number of shares in the company. In addition,

stock options equal to 1 per cent of the company's shares on a fully diluted basis shall be vested based on reaching the target valuation, i.e., the company's pre-money valuation in connection to a financing round, trade sale, or IPO exceeding EUR 500 million. Additionally, the right to stock options equal to 1 per cent of the company's shares on a fully diluted basis shall be vested based on reaching the target valuation, i.e., the company's pre-money valuation in connection to a financing round, trade sale, or IPO exceeding EUR 1,000 million.

- Independent from the company and from its major shareholders.



Antti Kangas

- Board member since 2013
- Nightingale Health's CTO, Founder, and Management Team member
- Man, born 1984
- Finnish citizen
- M.Sc. (Tech)
- Main occupation: Nightingale Health Plc, Chief Technology Officer
- Holdings in the company on 30 June 2026: 5,340,342 Series A shares, 17,458 Series B shares, 0 options
- Not independent from the company or from its major shareholders.



Olli Karhi

- Board member since 2015
- Man, born 1963
- Finnish citizen
- Lic. Med. MD
- Main occupation: Board professional
- Holdings in the company on 30 June 2026: 0 shares, 0 options
- Independent from the company but not independent from its major shareholders.



Ilkka Laurila

- Board member since 2023
- Man, born 1977
- Finnish citizen
- MSc (Forestry), MSc (Econ)
- Main occupation: Taaleri Plc, Chief Executive Officer
- Holdings in the company on 30 June 2026: 8,000 Series B shares, 600,000 Series B options with the right to subscribe to equal amount of Series B shares, if the defined market capitalization is achieved.
- Independent from the company and its major shareholders.



Timo Soininen

- Member of the board since 2020
- Man, born 1965
- Finnish citizen
- M.Sc. (Econ)
- Main occupation: Board professional and investor
- Holdings in the company on 30 June 2026: 447,888 Series A shares, 123,000 Series B shares, 1,362,025 Series A options, entitling to same number of shares in the company. In addition, stock options equal to 1 per cent of the company's shares on a fully diluted basis shall be vested based on reaching the target valuation, i.e., the company's pre-money valuation in connection to a financing round, trade sale, or IPO exceeding EUR 500 million. Additionally, the right to stock options equal to 1 per cent of the company's shares on a fully diluted basis shall be vested based on reaching the target valuation, i.e., the company's pre-money valuation in connection to a financing round, trade sale, or IPO exceeding EUR 1,000 million. In addition, Villagecape Ventures Oy, Timo Soininen's closely associated company over which Timo Soininen does not have control, holds 201,670 Series A shares and 59,259 Series B shares.
- Independent from the company and from its major shareholders.



Teemu Suna

- Board member since 2016
- Nightingale Health's CEO, interim CFO, Founder, and Management Team member
- Man, born 1982
- Finnish citizen
- M.Sc. (Tech)
- Main occupation: Nightingale Health Plc, Chief Executive Officer
- Holdings in the company on 30 June 2026: 2,637,964 Series A shares, 31,237 Series B shares, 3,000,000 Series B options, which entitle to subscribe to same amount of Series B shares in case defined market capitalization is reached.
- Not independent from the company or from its major shareholders.

A majority of the members of the Board of Directors shall be independent from the company and at least two of the members shall be independent from the company and any significant shareholder. Evaluation of director candidates' independence is an essential part of the director nomination process. Each member candidate's independence is assessed annually by the Board of Directors against the independence criteria of the Corporate Governance Code. The independence of a director who has served as a director for more than 10 consecutive years is subject to an overall evaluation on an annual basis.

Responsibilities and Duties of the Board

The Board of Directors is responsible for the management of the company and for the proper arrangement of its operations. In addition, the Board of Directors is responsible for the appropriate arrangement

of the supervision of the company's accounts and finances. The Board of Directors uses regular reports and other information provided thereto by the company's management to stay informed of any developments in the company's operations and finances.

The Board of Directors adopts the company's strategy and monitors its implementation. The Board of Directors also adopts the annual operating plan and a budget based on the strategy, sets the company's goals for each fiscal year and monitors their implementation.

In addition to the duties set out in law and in the Articles of Association, the Board of Directors discusses matters that are significant to the company and the Group and which have a long-term impact on the extent and quality of their operations.

As the company does not have a separate Audit Committee or Remuneration Committee, the Board of Directors is also responsible for monitoring the financial reporting, compliance with laws and regulations, and remuneration processes.

The Board of Directors has decided that the company does not have a separate Nomination Committee. The Board of Directors is responsible for preparing proposals to the General Meeting on the appointment of the members of the Board of Directors.

The Board may establish permanent committees from among its members and define written rules of procedure for each committee. The Board may in individual cases appoint ad hoc committees for the preparation of a specific matter.

The Board of Directors assesses its operations on an annual basis to ascertain whether the Board of Directors is operating efficiently. This assessment is carried out as an internal self-assessment. The Board of Directors discusses the results of the assessment. The ways of working and the effectiveness of the Board of Directors are developed based on the results of the assessment.

Board meetings

The Board of Directors will convene in accordance with the pre-approved schedule agreed upon in the annual action plan. The Board of Directors will convene not less than 12 times a year. The Board will hold extraordinary meetings as necessary, which may also be held as teleconference meetings. Matters may also be decided upon without convening an actual meeting by drawing up a unanimous decision that is signed by all Board members. The Chair of the Board convenes the extraordinary board meetings.

In the financial year 1 July 2025–30 June 2026, the Board of Directors focused on directing the company's strategic initiatives. The number of Board meetings was 15.

The table below presents the Board members' participation in the meetings between 1 July 2025 and 30 June 2026.

Member	Participation in Board meetings	Participation in Board meetings (%)
Leena Niemistö, Chair	15	100%
Antti Kangas	15	100%
Olli Karhi	15	100%
Ilkka Laurila	15	100%
Timo Soininen	14	93%
Teemu Suna	15	100%

Diversity of the Board of Directors

The Board of Directors has approved the company's Diversity Principles. The responsibility to maintain the principles rests with the CEO. The Board of Directors approves all amendments to the Diversity

Principles. The purpose of the Diversity Principles is to define the goals and methods by which a purposeful diversity of the Board of Directors is achieved, which in turn furthers the effective work of the Board as a team.

When electing the members of the Board of Directors, the objective is to ensure that the Board of Directors as a collective supports the development of the current and future business of the company. When planning the composition of the Board of Directors, the Board of Directors considers the needs and development stages of the company's business operations as well as the areas of expertise required by the Board of Directors. When preparing the composition of the Board of Directors, long-term needs and succession planning are also considered.

Diversity reinforces the objective that the Board of Directors' competence profile as a whole supports the development of the current and future business of the company, and it is seen as a material part and success factor that enables the achievement of strategic objectives and the continuous improvement of customer-oriented operations.

The diversity of the Board of Directors is viewed from different perspectives. The material factors for the company are the members' complementary skills, education and experience from different professions and industries and different development stages of business operations and management as well as the personal attributes of the members. The diversity of the Board of Directors is supported by experience from the international operating environment and relevant industries, as well as cultural knowledge and the consideration of age and gender distribution.

Both genders shall always be represented in the Board of Directors. If two candidates are equally competent, priority will be given to the candidate of the underrepresented gender. The realization and development of diversity to achieve objectives are evaluated in the self-assessment discussion of the Board of Directors. The company's long-term objective is to achieve balanced representation of women and men on the Board of Directors. On 30 June 2026, out of the six members of the company's Board of Directors five were men and one was a woman. Percentually, 83% of the members of the Board of Directors were men and 17% were women. To achieve the aforesaid objective, the Board of Directors seeks to include representatives of both genders in the search and evaluation process of new Board members.

During the financial year 1 July 2025–30 June 2026, the Board of Directors has continued with a composition where both genders are represented and where the Board has expertise from diverse areas, including business management, finance, health care industry and technology industry.

The Chief Executive Officer

The CEO is responsible for the company's management in accordance with the Finnish Companies Act and the instructions given by the Board. The CEO prepares decisions and other matters for the Board of Directors' meetings, develops the company's operations in line with the targets agreed with the Board of Directors, and ensures the proper implementation of Board decisions.

The CEO shall see to the executive management of the company in accordance with the instructions and orders given by the Board of Directors (general competence). The CEO shall see to it that the accounts of the company are in compliance with the law and that its financial affairs have been arranged in a reliable manner. The CEO shall supply the Board of Directors and its Members with the information necessary for the performance of the duties of the Board of Directors.

The CEO is responsible for ensuring that existing legislation and applicable regulations are observed throughout the company.

The CEO is appointed by the Board. The Board decides on the compensation and terms of engagement of the CEO.

Management Team

Nightingale Health's Management Team consists of the CEO, his/her deputy (if one has been appointed), and other senior management.

Nightingale Health's Management Team assists the CEO in the management of Nightingale Health's business. The members of the team have authority in their individual areas of responsibility, and their duty is to develop the company's operations as a whole in line with the targets set by the Board of Directors and the CEO. The Management Team is not a decision-making body of the company.

During the financial year 1 July 2025–30 June 2026, the Management Team focused on reaching the business targets set for the financial year:

- Increase revenue by at least 50% compared to the previous financial year

Composition of the Management Team on 30 June 2026: Teemu Suna (CEO), Antti Kangas, Janna Ranta, Salla Ruosaari, Satu Saksman and Minja Salmio. On 30 June 2026, two members of the Management Team were men and four members were women. In percentage terms, 33% of the members of the Management Team were men and 67% were women.



Teemu Suna

- Chief Executive Officer, Interim CFO, Founder, Board member
- Man, born 1982
- Finnish citizen
- M.Sc. (Tech)
- CEO and Management Team member since 2014
- Holdings in the company on 30 June 2026: 2,637,964 Series A shares, 31,237 Series B shares, 3,000,000 Series B options, which entitle to subscribe to same amount of Series B shares in case defined market capitalization is reached.



Antti Kangas

- Chief Technology Officer, Founder, Board member
- Man, born 1984
- Finnish citizen
- M.Sc. (Tech)
- Management Team member since 2014
- Holdings in the company on 30 June 2026: 5,340,342 Series A shares, 17,458 Series B shares, 0 options.



Janna Ranta

- Chief Operating Officer
- Woman, born 1985
- Finnish citizen
- MBA, MSc
- Management Team member since 2025
- Holdings in the company on 30 June 2026: 75,486 Series B shares, 450 EMP-options, each entitling to 301 EMP shares in the company, 439,800 series B options, which entitle to subscribe to same amount of Series B shares, if the defined market capitalization is achieved.



Salla Ruosaari

- Chief R&D Officer
- Woman, born 1976
- Finnish citizen
- PhD
- Management Team member since 2021
- Holdings in the company on 30 June 2026: 75,250 EMP shares and 250 EMP options, each entitling to 301 EMP shares in the company, 500,000 Series B options with the right to subscribe to an equal amount of Series B shares if the defined market capitalization is achieved.



Satu Saksman

- Chief Commercial Officer (APAC), Co-founder
- Woman, born 1976
- Finnish citizen
- M.Sc. (Tech)
- Management Team member since 2015
- Holdings in the company on 30 June 2026: 529,158 Series A shares, 17,458 Series B shares, 75,250 EMP shares, 1,550 EMP options, each entitling to 301 EMP shares in the company and 1,000,000 Series B options which entitle to subscribe for same amount of Series B shares if the defined market capitalization is achieved.



Minja Salmio

- Chief Commercial Officer (EMEA)
- Woman, born 1987
- Finnish citizen
- Master of Laws
- Management Team member since 2017
- Holdings in the company on 30 June 2026: 82,775 EMP shares, 1,550 EMP options, each entitling to 301 EMP shares in the company and 1,000,000 Series B options which entitle to subscribe for same amount of Series B shares if the defined market capitalization is achieved.

Internal control and risk management

The purpose of internal control and risk management is to ensure that the company's and its subsidiaries' operations are effective, that financial and other information is reliable, and that the company and its subsidiaries comply with the relevant regulations and operating principles.

Nightingale Health's Board of Directors is primarily responsible for the Nightingale Health Group's risk management. The Board confirms the principles and responsibilities of risk management, the risk limits of the Group and other general guidelines according to which the risk management and internal control are organized. Risk management is carried out separately for each of the company's operating areas, so that experts from each area participate in the identification of risks.

The Board is responsible for ensuring that the Group's internal control and risk management are sufficient relative to the scope of the Nightingale Health Group's business and that their supervision is appropriate.

The Board supervises that the CEO manages the company's operational business and administration in accordance with the instructions and orders issued by the Board. The Board assesses the Nightingale Health Group's financial reports and material changes in business operations to ensure that risk management is sufficient.

The aim of internal control is to give the Board and acting management adequate assurance of the realization of the following objectives:

- the effectiveness and appropriateness of operations
- the achievement of targets and profitability
- the reliability and completeness of financial reporting and other reporting
- the safeguarding of assets
- compliance with operating principles, plans, guidelines, laws and regulations to prevent, for example, errors and misconduct.

Internal control constitutes an essential part of the Nightingale Health Group's operations on all levels of the organization and is conducted on all organizational levels and in all operations. The entire Group personnel are responsible for internal control and subsidiary managers monitor its effectiveness as part of operational management. The priorities of internal control are selected according to the risks identified as part of the risk management process.

The internal control of financial reporting is part of Nightingale Health Group's framework for internal control and risk management. Its purpose is to ensure the reliability and comprehensiveness of financial and other reporting and compliance with laws and regulations as well as with internal principles and practices. Its main principles include a control environment that support the operating practices of the Group, effective risk identification, appropriate controls, timely and efficient communication, and regular monitoring of the control system. The framework is based on identifying financial, operational, and legal risks related to the Group's financial reporting process and defining control objectives and common control points for such risks.

The purpose of the control activities in the financial reporting process is to ensure the reliability and efficiency of financial operations and to ensure that identified risks are appropriately managed and mitigated. The defined control points also ensure compliance with legislation, internal procedures, and ethical values. Examples of control points include internal operating guidelines and approval procedures, reconciliations, verifications, and segregation of duties. Function leaders are responsible for monitoring legislative changes within their areas of responsibility and communicating those changes within the Group. They are also responsible for establishing the necessary compliance controls and organizing required training within their functions. The effectiveness of control activities is monitored as part of

regular monitoring of operational activities. Additionally, an annual internal control self-assessment process is conducted to evaluate how effectively the internal control processes have been able to detect errors and/or mitigate identified risks.

In accordance with the Securities Market Act, Nightingale Health has in use a whistleblowing system through which the employees can report any misconduct they have observed or suspect. The company has not received any reports through the whistleblowing channel during the financial year 1 July 2025–30 June 2026.

During the financial year 1 July 2025–30 June 2026, the company's strong liquidity position and associated risks have been managed systematically with a risk-conscious approach.

Auditing

The extent and requirements of auditing the company are governed by the laws and regulations applicable to Finnish public companies. Accordingly, an independent third-party auditor audits annually the accounting records for each financial period, the annual accounts, and the administration of the company. The audit of the company includes an examination of the consolidated annual accounts for the Group as well as the relations between Group companies.

As required by law, the auditor gives an auditor's report to the company's shareholders in connection with the annual financial statements.

According to the company's Articles of Association, the company has an auditor that is an auditing firm approved by the Finnish Patent and Registration Office. The auditor is elected annually by the Annual General Meeting of Shareholders for a term that expires at the end of the next Annual General Meeting following the election. The auditor's term shall cover the financial year.

During the financial year 1 July 2025–30 June 2026, PricewaterhouseCoopers Oy served as the company's auditor. The auditor with principal responsibility is Panu Vänskä. Fees paid to the auditor for auditing services totaled EUR 162 thousand and fees for other services totaled EUR 10 thousand.

Internal Audit

Internal audits assess the company's internal control mechanisms. Through audits, the adequacy and effectiveness of the company's internal control system, risk management, and governance processes are ensured. Internal audits support the board in fulfilling its oversight responsibilities and provide management with the necessary tools to ensure operational efficiency by identifying issues and correcting errors before they are discovered in an external audit.

Nightingale Health Group has not established a dedicated internal audit function for its financial reporting due to the small size and scope of its operations. The Group has an annual self-evaluation process that focuses on financial reporting, which assesses how efficiently internal audit procedures have managed to detect errors and/or mitigate identified risks. For detected errors, the extent of which the defined controls have been inadequate is assessed, and corrective actions are presented. The finance department of Nightingale Health Group is responsible for the financial reporting self-evaluation process and for reporting its observations to the Board of Directors. The Board of Directors verifies the level of internal control.

As a health technology group, Nightingale Health operates within a tightly regulated operating environment and abides by international standards, such as EN ISO 13485, in its operations. The Group has an internal audit function that focuses on operational activities. Internal audits are planned and scheduled according to the yearly audit plan. Auditors are selected to ensure the objectivity and impartiality of the audit process. Auditors must be qualified for auditing and audits can be outsourced and performed by outside consultants, if necessary. Requirements related to consultants are defined in the human

resources and training policy. The auditing process consists of planning, performing, reporting, follow-up, and closing. The internal audit is described in detail in the internal audit instructions.

Insider Administration

The Board shall ensure that the company has, at all times, proper policies governing the administration of insider issues. At Nightingale Health, the General Counsel is responsible for the coordination and supervision of insider administration. The insider laws and regulations, including the Market Abuse Regulation ("MAR"), the Finnish Securities Markets Act, and the Guidelines for Insiders issued by Nasdaq Helsinki, complemented by the company's own Insider Policy adopted by the Board, constitute the primary legal framework for the insider issues relevant to the company.

The persons discharging managerial responsibilities in Nightingale Health in the meaning of the MAR include members of the company's Board, the CEO, and other members of the Nightingale Health Management Team (together, the "Management").

Nightingale Health applies a restricted period of thirty (30) calendar days before the announcement, including the day of the announcement, of a half-year report or a financial statements release (the "Closed Window"). During this period, the persons included in the Management, the persons subject to trading restrictions, and any legally incompetent persons under their custody are prohibited from conducting any transactions, on their own account or for the account of a third party, directly or indirectly, relating to the company's shares or debt instruments, or derivatives or other financial instruments linked thereto.

A project-specific insider register is maintained when required by law or regulations. Project-specific insiders are prohibited from trading in the company's securities until the termination of the project.

Related Party Transactions

Nightingale Health's related party policy, which includes the principles for monitoring and evaluating related party transactions, has been approved by the Board of Directors of Nightingale Health, who monitors and evaluates related party transactions. The related party principles of Nightingale Health define the principles and processes by which the company identifies its related parties and monitors transactions with them, assesses the nature and terms of such transactions, ensures that potential conflicts of interest are duly considered in the decision-making of the company, and that they are reported as required.

The definition of related parties is based on the definitions included in the International Accounting Standard 24. The company's related parties include its subsidiaries, associated companies, key management personnel of the company, including the Board of Directors, the CEO and the Management Team, as well as their family members. Related parties also include, for example, companies over which the above-mentioned persons have control. The company maintains a list of the natural and legal persons that are its related parties to identify related party transactions.

The company reports on related party transactions annually in its financial statements. The company discloses the information required by law in the notes to the financial statements.

Remuneration Report

1 July 2025–30 June 2026

Introduction

This Remuneration Report contains information about the remuneration of Nightingale Health Plc's ("Nightingale Health" or "company") Board of Directors and CEO for the financial period 1 July 2025–30 June 2026. The report has been formulated in accordance with the Corporate Governance Code 2025 of the Finnish Securities Market Association.

Nightingale Health's Remuneration Policy was presented to the Annual General Meeting on 6 November 2025. The Annual General Meeting accepted the Remuneration Policy in its advisory resolution.

The Remuneration Report for the financial period 1 July 2025–30 June 2026 includes the principles governing the remuneration of the members of the company's Board of Directors and CEO and a description of the practical implementation of the Remuneration Policy. The Report also includes the remuneration paid to the members of the Board of Directors and CEO in the financial year 1 July 2025–30 June 2026. The advisory vote concerning the Remuneration Report held by the Annual General Meeting on 6 November 2025 did not result in any changes to the content of the Remuneration Report.

The Board of Directors of Nightingale Health has ensured that remuneration practices are aligned with the principles laid out in the company's Remuneration Policy. There were no deviations from the Remuneration Policy in the financial year 1 July 2025–30 June 2026. In addition, no paid remuneration was reclaimed by the company in the financial year 1 July 2025–30 June 2026.

Nightingale Health's key principles in remuneration are transparency, market orientation, and remuneration for good performance of both individual employees and the company. Nightingale Health's remuneration principles concern the entire personnel of the company.

Nightingale Health's Remuneration Policy for management aims to encourage and reward management for work that is in line with the company's strategy at a given time and for compliance with the set rules, as well as to motivate them to strive for the success of the company. The share of the CEO's variable remuneration from the total remuneration is based on the long-term strategic goals as defined by the Board of Directors.

Overview of financial year and the development of remuneration

During the financial period 1 July 2025–30 June 2026, Nightingale Health focused on growing its commercial activities internationally in both the healthcare and medical research markets. The company expanded the presence of its commercial team and significantly increased its sales investments, particularly in the key geographic areas that it can serve through its local laboratories. These measures delivered results: the value of its sales pipeline grew, it signed new significant agreements, and it launched several pilot projects.

During the financial period, an independent study was published showing that Nightingale Health's blood test can help improve prevention of heart attack and stroke by 44% if used in population health screening. The study was conducted by researchers from the University of Cambridge and published in the European Heart Journal, the flagship journal of the European Society of Cardiology.

In Finland, Nightingale Health and Terveystalo expanded their long-term collaboration with a new strategic agreement, bringing Nightingale Health's blood analysis technology to all Terveystalo customers. To date, more than 250,000 Finns have already received Nightingale test results as part of their occupational health checks. The use of the technology also expanded in public healthcare during the financial period: in addition to the Wellbeing Services County of South Savo, the Wellbeing Services County of North Karelia adopted disease risk detection as part of public healthcare. In South Savo, the company is also participating in the Wellbeing Gift (Hyvinvointilahja) project, in which blood-based disease risk detection is combined with digital lifestyle support.

Internationally, in February 2026 Nightingale Health was granted a clinical laboratory permit by the New York State Department of Health's Clinical Laboratory Evaluation Program (CLEP) for the company's laboratory in New York, strengthening the company's position in the world's largest healthcare market. The company strengthened its sales teams in the United Kingdom, Singapore and Japan, launched active sales efforts elsewhere in Europe, and signed a memorandum of understanding with Formula 100 Health to integrate the Nightingale Health Check into Formula 100 Health's longevity programmes in Switzerland and South Africa.

In the medical research market, Nightingale Health was selected as the multiomics provider for a research project led by Aalborg University in Denmark, with a total contract value of approximately EUR 2.4 million, and as the metabolomics analysis provider for the Moli-sani study in Italy, with a total agreement value of approximately EUR 0.7 million. The company entered into a strategic partnership with Alamar Biosciences to integrate brain health proteomics into its multiomics portfolio. In addition, the full set of metabolic biomarker data generated by Nightingale Health for UK Biobank was made available to researchers during the financial period.

The table below compares the Board of Directors' and the CEO's remuneration development to the development of the remuneration for an average employee and the financial development of the company over the previous five (5) financial periods. There is no significant change in the remuneration of the Board of Directors and the CEO compared to the previous financial year.

*Remuneration paid and company's financial development over the last five years**

EUR thousand	2025–2026	2024–2025	2023–2024	2022–2023	2021–2022
Board members, total	270	256	246	1,290	980
Of which IFRS 2 related costs**	112	112	102	1,126	836
Of which monthly benefits	158	144	144	164	168
CEO	906	1,041	1,608	1,503	1,550
Of which IFRS 2 related costs	550	677	1,317	1,204	1,315
Of which salary and fringe benefits	356	364	291	299	290
Employees (on average)	71	81	82	81	88
Of which IFRS 2 related costs	3	10	18	20	25
Of which salary and fringe benefits	67	71	63	61	63
Market value	57,222	157,844	138,783	52,436	109,216
Revenue	5,502	4,693	4,358	4,182	2,313

*) The numbers presented in the table represent the whole Nightingale Health Group.

**) Excluding the CEO.

Board remuneration

The General Meeting resolves annually on the remuneration of the Board of Directors based on the proposal made by the Board of Directors. The remuneration of the Board of Directors is based on the Remuneration Policy presented to the General Meeting on 6 November 2025.

The members of the Board of Directors can be paid, for example, annual or monthly fees and/or fees for Board meetings. The General Meeting or the Board of Directors authorized by the General Meeting resolves on issuing shares, stock options or other special rights entitling to shares.

Monthly remuneration

The Annual General Meeting held on 6 November 2025 decided that the Chair of the Board of Directors shall be paid a monthly remuneration of EUR 4,000 and the other members of the Board of Directors a monthly remuneration of EUR 2,000. The Chair's monthly remuneration increased from EUR 2,000 to EUR 4,000, while the monthly remuneration of the other Board members remained unchanged from the remuneration resolved by the Annual General Meeting held in November 2024. During the financial period 1 July 2025–30 June 2026, the monthly remuneration has been paid to each Board member.

No separate fees for Board meetings were paid to Board members during the financial period 1 July 2025–30 June 2026.

Board, the CEO and Key Management Incentive Program

Nightingale Health has a long-term Board, the CEO and Key Management Incentive Program, where the vesting event for stock options is determined based on the company's market value. The stock option program is described on the company's website: <https://ir.nightingalehealth.com/remuneration>.

In all stock option programs that are entitled to Series B shares, the right to subscribe shares is mainly based on the increase in Nightingale Health's market capitalization. The market capitalization steps entitling to subscribe shares remain unchanged. The subscription right based on the increase in market capitalization is a key term in all stock option programs because the increase in market capitalization is in the interest of all the company's shareholders.

Remuneration based on the employment or service contract of the Chairman or members of the Board and advisor remuneration

CEO remuneration is described in section "CEO Remuneration" of the Remuneration Report.

In addition to the incentive programs available to members of the company's Board of Directors and the fixed monthly remuneration, the following Board members are also compensated based on their employment or service contract and advisory duties as follows:

The remuneration based on the employment of Chief Technology Officer Antti Kangas, who is also a member of the company's Board of Directors, consists of a fixed salary, which during the financial period 1 July 2025–30 June 2026 was EUR 111,161. The salary includes vacation pay, holiday compensation and taxable fringe benefits. Kangas has also been rewarded with a bonus of EUR 12,960 EUR, which was paid on 15 September 2026.

CEO remuneration

The CEO's fixed annual salary for the financial period 1 July 2025–30 June 2026 was EUR 291,852 including vacation pay, holiday compensation and taxable fringe benefits.

The CEO does not have a supplementary pension scheme.

Proportional shares of fixed and variable remuneration

The Board of Directors has decided to pay the CEO a short-term incentive bonus of EUR 64,400 for the financial year 1 July 2025–30 June 2026. Short-term remuneration is determined based on annually set targets and is tied to predefined metrics such as growth in revenue and the order book. The bonus was paid to the CEO on 15 September 2026. The bonus paid in August 2025 for the financial year 1 July 2024–30 June 2025 was EUR 82,800.

In the financial year 1 July 2025–30 June 2026 the variable short-term remuneration was 18.1% of the CEO's total remuneration (22.8% in the financial year 1 July 2024–30 June 2025).

CEO options

The stock options granted to the CEO are described in more detail on the company's website: <https://ir.nightingalehealth.com/remuneration>.



Nightingale Health

**BOARD OF DIRECTORS' REPORT
AND FINANCIAL STATEMENTS
1 JULY 2025 – 30 JUNE 2026**



Board of Directors' Report

Overview of Nightingale Health and the financial period

Nightingale Health

Nightingale Health is a Finnish health technology company whose mission is to make preventative healthcare accessible to everyone. Preventative healthcare for everyone means lower healthcare costs, reduced burden for healthcare professionals, and better chances for everyone to live a long and healthy life. To support the development of a preventative healthcare system, Nightingale Health has developed the world's most advanced health check that provides risk detection for multiple chronic diseases from a single blood sample. Nightingale's Health Check can be scaled to entire populations at a low cost, and it can replace many of the current clinical risk assessments. Detecting disease risks on a population level allows for the effective targeting and tracking of health interventions, and better prevention of the onset of chronic diseases. Nightingale Health strives to collaborate with the healthcare industry to help millions of people prevent common lifestyle diseases in the future and, at the same time, to reduce the immense expenses of healthcare.

Nightingale Health operates globally with a parent company in Finland and subsidiaries in Estonia, Finland, Germany, Japan, Singapore, Sweden, the United Kingdom, and the United States. Nightingale Health has customers in more than 34 countries in the healthcare and medical research sectors. The company's technology is being used in many of the world's leading health initiatives, such as the UK Biobank, and over 1,000 peer-reviewed publications validate the technology. Nightingale Health's Series B shares are listed on the regulated market of Nasdaq Helsinki and on the OTCQX International market.

Significant events during the financial period

During the 2025–2026 financial period, Nightingale Health continued to grow sales and expand its commercial activities, while strengthening its position in public healthcare, the private healthcare sector and the medical research market. During the financial period, the company expanded its offering into multi-omics analysis and new risk detection tools and made further progress in entering the U.S. market.

Use of Nightingale Health's technology expands in public healthcare

In addition to the Wellbeing Services County of South Savo, the Wellbeing Services County of North Karelia will also adopt disease risk detection as part of public healthcare. Nightingale Health's blood analysis will be piloted in North Karelia as part of health checks for unemployed individuals. The aim is to develop a cost-effective and impactful healthcare model that helps allocate healthcare resources and strengthens preventative healthcare within the Wellbeing Services County. The pilot will generate valuable data on disease risks, changes in risk and the effectiveness of interventions, supporting evidence-based decision-making.

Nightingale Health is also participating in the Wellbeing Gift (Hyvinvointilahja) research and development project launched by Eloisa, the Wellbeing Services County of South Savo, in which blood-based disease risk detection is combined with digital lifestyle support. Through the project, residents of the Wellbeing Services County aged 45, 50 and 55 are offered a free preventative health assessment, and participants identified at elevated risk are directed to targeted digital lifestyle support. The scientific evaluation of the project is led by the University of Eastern Finland, and the project runs from March 2026 to April 2027.

Collaboration with Terveystalo expands to all customers

Nightingale Health and Terveystalo announced the expansion of their long-term collaboration with a new strategic agreement, bringing Nightingale Health's blood analysis technology to all Terveystalo customers. The partnership aims to strengthen disease prevention and make proactive health an integral part of everyday healthcare. To date, more than 250,000 Finns have already received Nightingale test results as part of their occupational health checks.

Commercial expansion progresses

Nightingale Health and Formula 100 Health signed a memorandum of understanding to integrate the Nightingale Health Check into Formula 100 Health's existing longevity programmes in Switzerland and South Africa. Rather than launching a standalone offering, Formula 100 Health will deploy the Health Check through its established partner network in these markets as part of programmes combining clinical care with lifestyle, nutrition and movement support to promote longer healthy lives. Customers will receive access to the Nightingale Health Check through bespoke programmes developed and operated by Formula 100 Health.

Significant agreements with medical research customers

Nightingale Health was selected as the multiomics provider for a large research project led by Aalborg University in Denmark. The total contract value is approximately EUR 2.4 million. The project aims to understand the factors contributing to Inflammatory Bowel Disease (IBD) and improve early detection of its onset. Nightingale Health will provide both metabolomics and proteomics analyses from the same blood samples.

In addition, Nightingale Health was selected as the metabolomics analysis provider for the renowned Moli-sani study in Italy. The total value of the agreement is approximately EUR 728 thousand. The Moli-sani study, led by INM Neuromed, investigates risk factors associated with major chronic diseases. With Nightingale Health's technology, the study will also examine the impact of nutritional and environmental factors on health. The study explores biological signatures associated with healthy aging and aims to identify population subgroups with different responses to preventative interventions.

Clinical laboratory permit in New York State

Nightingale Health was granted a clinical laboratory permit by the New York State Department of Health's Clinical Laboratory Evaluation Program (CLEP) for the company's laboratory in New York. Obtaining the permit is a significant milestone in Nightingale Health's U.S. expansion. Approval of the permit demonstrates the company's ability to meet New York State's rigorous regulatory requirements and strengthens its position in the world's largest healthcare market.

Independent study: prevention of heart attack and stroke could improve by 44%

An independent study showed that Nightingale Health's blood test can help improve prevention of heart attack and stroke by 44% if used in population health screening. The test identifies high-risk individuals missed by current screening tools. The study was conducted by world-leading experts in cardiovascular risk prediction from the University of Cambridge and published in the European Heart Journal, the flagship journal of the European Society of Cardiology.

The result is based on data from approximately 300,000 middle-aged Britons, modelled to assess the impact of adding Nightingale Health's blood test to the standard cardiovascular risk screening tool (SCORE2) used across Europe. The improved prevention is possible because the biomarkers analysed by Nightingale Health identify more people who should be recommended cholesterol-lowering treatment. Importantly, the researchers conclude that this improvement would not increase the number of people needed to treat to prevent each heart attack.

Multomics offering expands into brain health

Nightingale Health announced a strategic partnership with Alamar Biosciences to integrate cutting-edge brain health proteomics into its multomics portfolio. The collaboration enables comprehensive multomics analysis from a single blood sample, available only from Nightingale Health.

By combining Nightingale Health's metabolomics with Alamar's NULISA™ proteomics platform, which measures more than 100 brain-related proteins from blood, Nightingale Health gives researchers unprecedented insights into neurodegenerative diseases such as Alzheimer's and Parkinson's, as well as the lifelong processes leading up to the onset of these diseases.

New risk detection tool for high lipoprotein(a)

Nightingale Health unveiled a new risk detection tool designed to detect the risk of dangerously high levels of lipoprotein(a). If high risk is detected, the company offers a follow-up blood test to measure the value of Lp(a) to perform a diagnosis. The risk detection tool enables cost-effective and targeted intervention for high Lp(a), offering a powerful approach to reducing the burden of cardiovascular disease.

Measuring Lp(a) is commonly recommended for everyone in many guidelines, but testing an entire population for a single blood marker is cumbersome, ineffective and costly. An estimated 10–20% of a given population has dangerously high Lp(a) levels. Nightingale Health has filed a patent application for its new method, which enables Lp(a) testing to be targeted to those individuals in the population who are at risk of high Lp(a). Because the risk detection tool identifies the risk of high Lp(a), its use can save up to 80% of costs compared with measuring entire populations. Nightingale Health provides Lp(a) risk detection as part of its Health Check service.

Full UK Biobank metabolic biomarker data made available to researchers

The full set of metabolic biomarker data generated by Nightingale Health for UK Biobank was made available to researchers during the financial period. For the first time, comprehensive metabolic biomarker data from all 500,000 UK Biobank participants are available for scientific use worldwide. A subset of the data had already been available to researchers, and the final batch was released on 20 November 2025.

Changes to the management team

Nightingale Health announced changes to its management team during the financial period. Chief Financial Officer Tuukka Paavola stepped down from his position in December 2025 and Chief Scientific Officer Jeffrey Barrett in March 2026.

New stock option program for employees and key persons

During the financial period, Nightingale Health's Board of Directors resolved to launch a new stock option program for employees and other key persons. In accordance with the established practice for the company's stock option rights, the right to subscribe for shares under the new stock option program is earned upon reaching the following market capitalization steps, calculated based on the 45-day volume weighted average trading price: EUR 500 million, EUR 750 million, EUR 1,000 million, EUR 1,250 million and EUR 1,500 million. The subscription price is EUR 2.50 per share.

Key figures

EUR thousand	Group 2025–2026	Group 2024–2025	Group 2023–2024
Revenue	5,502	4,693	4,358
EBITDA	-11,873	-11,123	-10,434
Operating loss	-18,805	-19,417	-18,592
Net loss for the financial period	-18,472	-18,461	-17,463
Equity ratio	86%	90%	92%
Net debt to equity ratio	-67%	-72%	-76%
Balance sheet total	58,057	74,513	90,840
Number of employees on average	102	95	84
Employee benefits*	-8,493	-8,596	-8,783
Net cash at the end of the period	32,704	47,640	63,401

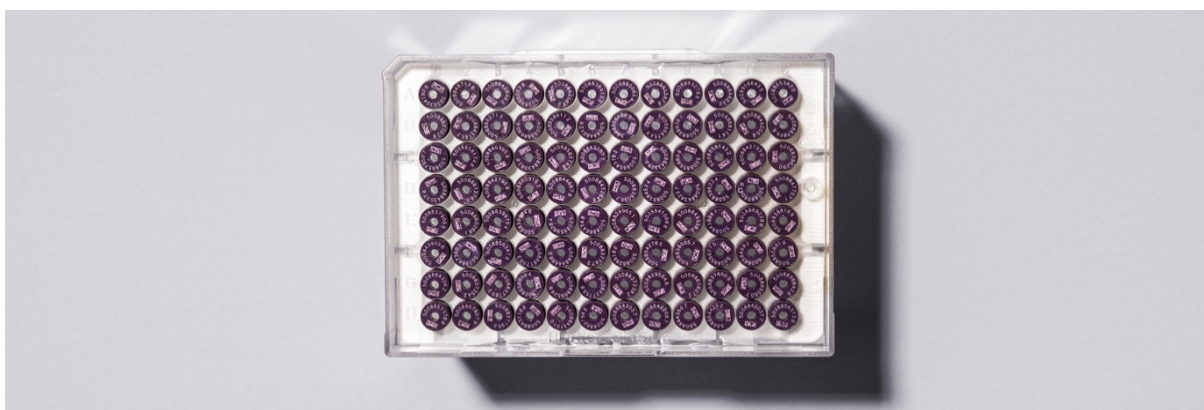
* Employee benefits include expenses in accordance with the IFRS 2 *Share based payments* standard, which totaled EUR 1.00 (1.69) million in the financial year.

Share performance indicators*

	Group 2025–2026	Group 2024–2025	Group 2023–2024
Earnings per share (EPS), undiluted and diluted**, EUR	-0.31	-0.31	-0.29
Equity per share, EUR	0.80	1.09	1.36
Market value of the shares at the end of the financial period, EUR	57,222,223	157,844,002	138,783,240
Number of shares 30 Jun	60,938,915	60,938,915	60,918,459
Average number of shares	60,938,915	60,923,908	60,918,459
B shares			
Number of shares 30 Jun	40,535,179	40,454,511	40,040,415
Average number of shares	40,519,929	40,257,737	39,219,676
Lowest share price, EUR	0.79	1.97	0.80
Highest share price, EUR	2.90	4.40	2.30
Closing price at the end of the financial period, EUR	0.95	2.62	2.30
Average daily trading volume of the share	106,069	67,634	59,535
Relative share trading volume, %	65.18	41.83	38.00
A shares			
Number of shares 30 Jun	19,374,768	19,374,768	19,779,244
Average number of shares	19,374,768	19,567,028	20,541,843
EMP shares			
Number of shares 30 Jun	1,028,968	1,109,636	1,098,800
Average number of shares	1,044,218	1,099,143	1,156,940

* The table does not show the P/E ratio because it is negative.

** The company's potential dilutive instruments consist of stock options. As the company's business has been unprofitable, stock options would have an anti-dilutive effect and therefore they are not taken into account in calculating the dilutive loss per share. Thus, there is no difference between the undiluted and diluted earnings per share.



Revenue and result

Revenue

The Group's revenue during the financial year was EUR 5.50 (4.69) million.

Nightingale Health's revenue consisted of blood analysis services offered to research programs, universities and healthcare providers.

Result

Group-level operating loss was EUR -18.81 (-19.42) million. EBITDA was EUR -11.87 (-11.12) million. Loss before appropriations and taxes was EUR -18.48 (-18.41) million. Net loss for the financial period was EUR -18.47 (-18.46) million.

The Group's material and service expenses totaled EUR 2.66 (1.15) million.

The Group's employee benefits during the financial period totaled EUR 8.49 (8.60) million including expenses in accordance with the IFRS 2 *Share based payments* standard of EUR 1.00 (1.69) million.

Depreciation and amortization of tangible and intangible assets during the financial period totaled EUR 6.93 (8.29) million.

Balance sheet, cash flows and investments

Balance sheet and cash flows

At the end of the financial year, the Group balance sheet totaled EUR 58.06 (74.51) million, of which equity constituted EUR 48.74 (66.17) million. Equity ratio at the end of the financial year was 86 (90) per cent.

At the end of the financial year, the Group's net debt totaled EUR -32.70 (-47.64) million. Long-term interest-bearing debt totaled EUR 2.92 (2.12) million. Net debt to equity ratio at the end of the financial year was -67 (-72) per cent.

Net cash flow from operating activities during the financial year totaled EUR -10.88 (-10.11) million.

Cash flows from investments totaled EUR 7.79 (9.46) million consisting of investments in tangible and intangible assets and in current investments, which were made in accordance with the company's liquidity management strategy.

Cash flow from financing activities totaled EUR -1.37 (-1.59) million.

Cash and cash equivalents at the end of the financial year amounted to EUR 36.80 (41.29) million with cash flows from operations, investments and financing totaling EUR -4.47 (-2.23) million. Liquid funds, including cash, cash equivalents and current investments, at the end of the financial year amounted to EUR 36.80 (51.21) million. Change of liquid funds totaled EUR -14.41 (-14.83) million.

Investments and development

New investments in tangible and intangible assets during the financial year totaled EUR 2.22 (4.15) million. Investments in intangible assets were investments in product development. Product development investments consisted of investments in the development of applications, laboratory technology and risk models. Investments in tangible assets consisted of investments in laboratory premises and laboratory equipment.

Market outlook

Nightingale Health operates globally in the preventative healthcare market, which is expected to grow strongly, driven by global healthcare megatrends. Growth is particularly accelerated by the increasing prevalence of chronic diseases, population aging, and rising healthcare costs. Chronic diseases are the most common cause of death worldwide and treating them accounts for more than 80 percent of total healthcare expenditures in many countries. Addressing these challenges requires new, cost-efficient operating models that enable the prevention of disease.

Chronic diseases can be effectively prevented by identifying, at an early stage, the individuals who are at the highest risk of developing illness and targeting preventative interventions specifically to them. Nightingale Health's technology is the world-leading technology for detecting risks related to chronic diseases. The technology enables risk detection from a single blood sample and thereby supports the wider adoption of preventative healthcare. According to an independent study¹, Nightingale Health's blood test can help improve the prevention of heart attack and stroke by 44% if used in population health screening. Nightingale Health's blood test is able to identify high-risk individuals missed by current screening tools, enabling more effective targeting of preventative treatments such as cholesterol-lowering therapy.

It is of utmost importance to tackle the health and cost challenges related to chronic diseases. The importance of preventative healthcare has been recognized worldwide, and many healthcare providers as well as public health systems have started to offer preventative services and programs. Insurance companies have also included preventative services as part of their health insurance offerings. At the same time, consumer health platforms are increasingly expanding into preventative health and adding blood testing to their services. The global demand for preventative healthcare services – especially for validated risk detection and monitoring – will increase significantly, as effective, objective, repeatable and affordable risk detection is a prerequisite for preventative healthcare. Nightingale Health is exceptionally well positioned to offer its services in the global preventative healthcare market.

Preventative healthcare will increasingly leverage artificial intelligence. However, the effective use of AI requires high-quality and standardized health data. AI cannot substitute for biological information that has not first been measured. The molecular-level clinical data and validated disease risks produced by Nightingale Health provide a strong foundation for AI-enabled preventative health services and support the healthcare sector's transition toward preventative operating models.

Numerous scientific studies are constantly being conducted around chronic diseases. The research aims not only to find out the reasons for the occurrence of diseases, but also to develop effective treatment methods and preventative strategies. In 2022, tens of billions of dollars were spent on chronic

¹ European Heart Journal. *Combined clinical, metabolomic, and polygenic scores for cardiovascular risk prediction, 2025.*
<https://doi.org/10.1093/eurheartj/ehaf947>

disease research in the United States alone. The demand for blood analysis services from medical research customers is expected to remain high in the future. Nightingale Health has also expanded its service offering into proteomics, responding to the growing interest in multiomics solutions and strengthening the company's position in the research market.

Personnel

The Group had an average of 102 (95) employees during the financial year. Of the employees, 35 worked in sales and business development, 55 in research and development and operations, and 12 in administration. At the end of the financial year, Nightingale Health employed 101 people including the CEO. Of the 101 employees, 80 worked in Finland, 7 in Japan, 6 in Singapore, 4 in the UK, 3 in the USA and 1 in Estonia.

Shares and shareholders

Nightingale Health's Series B shares are listed on the regulated market of Nasdaq Helsinki and on the OTCQX International market. Nightingale Health's trading symbols are HEALTH (Nasdaq Helsinki) and NHLTY and NGHLF (OTCQX). Nightingale Health's industry classification is Health Care.

Share issued and share capital

Nightingale Health has three series of shares, Series A shares, Series B shares and EMP shares, which carry different voting rights in the company and different rights to distribution of funds. At Nightingale Health's General Meeting, each Series A share is entitled to 10 votes and each Series B share is entitled to one vote. Series B shares are paid a dividend five per cent higher than Series A shares and EMP shares. This right does not concern any other distribution of capital or assets than the distribution of dividends. EMP shares, which are shares owned by personnel, are non-voting shares, and the holder of an EMP share is not entitled to a vote at the General Meeting. The shares have no nominal value.

At the end of the financial year on 30 June 2026, Nightingale Health's share capital amounted to EUR 80 thousand and the company had issued 60,938,915 fully paid shares of which 19,374,768 were Series A shares, 40,535,179 were Series B shares and 1,028,968 were EMP shares.

Nightingale Health held 577,920 EMP shares at the end of the financial period, 30 June 2026, which constituted approximately 1 per cent of outstanding shares. The shares held by the company carry no voting rights and no entitlement to dividends.

Trading in the shares

The closing price of the share on the last trading day of the financial year, 30 June 2026, was EUR 0.95. The highest price quoted in the financial period was EUR 2.90 and the lowest EUR 0.79. The average closing price of the share during the financial period was EUR 1.86 and the average daily trading volume was 106,069 shares.

Nightingale Health's market value on 30 June 2026 was EUR 57.22 million.

Shareholders

Nightingale Health had 12,276 Finnish-registered shareholders on 30 June 2026 (30 June 2025: 12,930). The company's 100 largest Finnish-registered shareholders are presented on the company's website.

The company's shares are registered in the book entry system. Information on the shareholders is based on information received from Euroclear Finland Oy.

The 10 largest Finnish-registered shareholders measured by the number of shares held on 30 June 2026

Shareholder	Series A	Series B	EMP	Total	% of all shares	% of votes
Cor Group Oy	2,769,802	9,343,587	-	12,113,389	19.88	15.82
Kangas Antti Juhana	5,340,342	17,458	-	5,357,800	8.79	22.81
Soininen Pasi Pekka Kristian	5,340,342	17,458	-	5,357,800	8.79	22.81
Suna Teemu Pentti	2,637,964	31,237	-	2,669,201	4.38	11.28
Nordea Finnish Stars Fund	-	1,594,480	-	1,594,480	2.62	0.68
Nordea Life Assurance Finland Ltd	-	1,348,800	-	1,348,800	2.21	0.58
Würtz Peter	1,126,342	15,228	-	1,141,570	1.87	4.82
Koskelo Maarit Irene	-	1,015,915	-	1,015,915	1.67	0.43
Saksman Satu Sinikka	529,158	17,458	75,250	621,866	1.02	2.27
Nightingale Health Oyj	-	-	577,920	577,920	0.95	0.00
10 largest shareholders total	17,743,950	13,401,621	653,170	31,798,741	52.18	81.49
Others*	-	-	-	29,140,174	47.82	18.51
Total				60,938,915	100.00	100.00

* Includes nominee-registered shareholders.

The 10 largest Finnish-registered shareholders measured by the number of votes held on 30 June 2026

Shareholder	Series A	Series B	EMP	Total	% of all shares	% of votes
Kangas Antti Juhana	5,340,342	17,458	-	5,357,800	8.79	22.81
Soininen Pasi Pekka Kristian	5,340,342	17,458	-	5,357,800	8.79	22.81
Cor Group Oy	2,769,802	9,343,587	-	12,113,389	19.88	15.82
Suna Teemu Pentti	2,637,964	31,237	-	2,669,201	4.38	11.28
Würtz Peter	1,126,342	15,228	-	1,141,570	1.87	4.82
Saksman Satu Sinikka	529,158	17,458	75,250	621,866	1.02	2.27
Soininen Timo Juhani	447,888	123,000	-	570,888	0.94	1.96
Niemistö Leena	403,340	-	-	403,340	0.66	1.72
Kaloniemi Markku Petteri	301,000	123,000	-	424,000	0.70	1.34
Replay Capital Oy	242,004	-	-	242,004	0.40	1.03
10 largest shareholders total	19,138,182	9,688,426	75,250	28,901,858	47.43	85.85
Others*	-	-	-	32,037,057	52.57	14.15
Total				60,938,915	100.00	100.00

* Includes nominee-registered shareholders.

Distribution of holdings on 30 June 2026

Shares	Number of shareholders	% of shareholders	Number of shares	% of shares
1–100	3,205	26.11	144,199	0.24
101–1,000	6,267	51.05	2,519,346	4.13
1,001–10,000	2,449	19.95	7,561,922	12.41
10,001–100,000	320	2.61	8,013,325	13.15
100,001–1,000,000	26	0.21	7,653,482	12.56
over 1,000,000	9	0.07	35,041,223	57.50
Total	12,276	100.00	60,933,497	99.99
Of which nominee-registered	7		5,013,785	8.23
Total on the waiting list	1		5,418	0.01
Total number of shares			60,938,915	100.00

Shareholders by sector 30 June 2026

Sector	Number of shareholders	% of shareholders	Number of shares	% of shares	% of votes
Private companies	338	2.75	16,275,647	26.71	19.04
Financial and insurance institutions	12	0.10	7,557,044	12.40	3.23
Households	11,891	96.86	36,415,167	59.76	77.44
Non-profit instit serving households	5	0.04	14,095	0.02	0.01
Foreigners	30	0.24	671,544	1.10	0.29
Total	12,276	100.00	60,933,497	99.99	100.00
Of which nominee-registered	7		5,013,785	8.23	2.14
Total on the waiting list	1		5,418	0.01	0.00
Total number of shares			60,938,915	100.00	100.00

Governance and management

Nightingale Health is committed to good governance, with its decision-making and governance adhering to the Limited Liability Companies Act, securities markets legislation, the rules of Nasdaq Helsinki Ltd, the company's Articles of Association and other provisions applicable to the company. Additionally, Nightingale Health complies with the Corporate Governance Code of the Securities Market Association.

Nightingale Health's Corporate Governance Statement and Remuneration Report for the financial year 2025–2026 were released as part of the Annual Report.

Annual General Meeting

The Annual General Meeting of Nightingale Health Plc was held on 6 November 2025. The meeting was held as a fully virtual remote meeting in accordance with Chapter 5, Section 16, Subsection 3 of the Finnish Companies Act. The General Meeting adopted the Financial Statements and the Consolidated Financial Statements for the financial period 1 July 2024–30 June 2025, granted discharge from liability to the members of the Board of Directors and the CEO for the financial period 1 July 2024–30 June 2025, and, in an advisory vote, approved the Remuneration Policy and the Remuneration Report for the financial period 1 July 2024–30 June 2025.

Use of profit shown on the balance sheet and the payment of dividend

The General Meeting resolved that based on the balance sheet adopted for the financial period of 1 July 2024–30 June 2025, no dividend is paid, and that the loss of the financial period is recorded in retained earnings.

Board of Directors

The number of members of the Board of Directors shall be six. Antti Kangas, Olli Karhi, Ilkka Laurila, Leena Niemistö, Timo Soininen, and Teemu Suna were re-elected as members of the Board of Directors. In the organizational meeting held after the Annual General Meeting, the Board of Directors elected Leena Niemistö as chair from among its members

The General Meeting further resolved that the Chair of the Board of Directors shall be paid a monthly remuneration of EUR 4,000 and the other members of the Board of Directors a monthly remuneration of EUR 2,000.

Auditor

Authorized Public Accounting firm PricewaterhouseCoopers Oy was elected as the Auditor, and it has announced Panu Vänskä, Authorized Public Accountant, to be the Auditor with principal responsibility. The remuneration of the Auditor is paid in accordance with a reasonable invoice approved by the company.

Authorizing the Board of Directors to decide on the repurchase of company's own shares

The General Meeting authorized the Board of Directors to decide on the repurchase of the company's own shares on the following terms and conditions:

- By virtue of the authorization, the Board of Directors is entitled to repurchase a maximum of 1,952,643 A-series shares and 4,029,322 B-series shares by using the non-restricted equity of the company. The shares may be repurchased in one or more lots.
- The company's own shares shall be repurchased at the market price prevailing at the time of the repurchase through public trading on the Nasdaq Helsinki Ltd stock exchange or otherwise at a market price. The authorization entitles the Board of Directors to decide on the repurchase also other than in proportion to the shareholdings of the shareholders (directed repurchase).
- The shares may be repurchased to be used in the implementation of possible acquisitions or other arrangements within the company's business, to finance investments, to develop the company's financial structure, as part of the implementation of possible incentive schemes of the company and/or otherwise to be kept by the company, transferred or cancelled
- The authorization includes the right of the Board of Directors to decide on other terms and conditions related to the repurchase of the company's own shares. The authorization is valid for 18 months. The authorization revokes the authorization to repurchase the company's own shares decided by the previous Annual General Meeting on 8 November 2024.

Authorizing the Board of Directors to decide on the share issue and granting of special rights entitling to shares

The General Meeting authorized the Board of Directors to decide on issuing new shares, conveying the company's own shares held by the company and/or granting of special rights referred to in Chapter 10, Section 1 of the Companies Act on the following terms and conditions:

Maximum amount of shares to be issued

- By virtue of the authorization, the Board of Directors is entitled to issue and/or convey a maximum of 2,037,198 A-series shares of the company under one or more decisions. The share issue and shares granted under the special rights are included in the specified maximum amount.
- In addition, under the authorization, the Board of Directors is entitled to issue and/or convey a maximum of 6,560,200 B-series shares of the company by one or more decisions. The share issue and shares granted under the special rights are included in the specified maximum amount.
- In addition, by virtue of the authorization, the Board of Directors is entitled to convey a maximum of 577,920 EMP-series shares held by the company under one or more decisions.
- The authorization revokes the authorizations resolved by the Extraordinary General Meeting held on 18 February 2021 and by the Annual General Meeting held on 8 November 2024 concerning the authorization of the Board of Directors to decide on the share issue and granting of special rights entitling to shares.

By virtue of the authorization, the Board of Directors is entitled to issue and/or convey no more than 2,037,198 A-series shares and 6,560,200 B-series shares of the company in total. The share issue and shares granted under the special rights are included in the maximum amounts mentioned. In addition,

by virtue of the authorization, the Board of Directors is entitled to convey a maximum of 577,920 EMP-series shares held by the company.

Other conditions

The shares may be issued either against payment or without payment and they may also be issued to the company itself. The authorization entitles the Board of Directors to implement the share issue also as a directed issue. The authorization may be used in the implementation of possible acquisitions or other arrangements within the company's business, to finance investments, to develop the company's financial structure, as part of the implementation of possible incentive schemes of the company and/or for other purposes decided by the Board of Directors.

The authorization includes the right of Board of Directors to decide on other terms and conditions of the share issue and granting of special rights referred to in Chapter 10, Section 1 of the Companies Act. The authorization is valid for 18 months.

Management Team

Members of Nightingale Health's Management Team at the end of the financial period were Teemu Suna (Chief Executive Officer, interim CFO), Antti Kangas (Chief Technology Officer), Satu Saksman (Chief Commercial Officer, APAC), Minja Salmio (Chief Commercial Officer, EMEA), Salla Ruosaari (Chief Research and Development Officer), and Janna Ranta (Chief Operating Officer).

Auditor

Authorized Public Accounting firm PricewaterhouseCoopers Oy acts as Nightingale Health's Auditor. PricewaterhouseCoopers Oy has announced Panu Vänskä, Authorized Public Accountant, to be the Auditor with principal responsibility.

Loans, liabilities and commitments to related parties

Nightingale Health Plc has granted loans to its subsidiaries within the Group. The total amount of the loans as at 30 June 2026 was EUR 9,082 thousand. The loan term is generally 5–10 years, and the loans are repaid according to separately agreed repayment schedules. The interest rates on the loans are based either on a fixed margin plus 12-month Euribor or on a fixed interest rate of 4.8–7.0%. The loans are unsecured.

Option programs

Nightingale Health has established option programs as incentive programs for personnel of the company, covering employees of the company and its group companies and other key persons. The company's Board of Directors has outlined that the option programs of the company must be tied to an increase in the company's value. The purpose of the option programs is to bind the option holders to the economic growth of the company and to the development of the company's share value as well as create a long-term relationship between the company and the option holders, which benefits the company both economically and operationally.

On 30 June 2026, members of the company's Board of Directors and Management Team held a total of 8,137,395 option rights, entitling to the subscription of a total of 9,277,395 shares in the company. Other persons held a total of 3,351,812 option rights on 30 June 2026, entitling to the subscription of 4,418,312 shares in the company. The total number of unsubscribed options corresponded on 30 June 2026 to approximately 22.5 per cent of the total number of the company's shares (60,938,915 shares) and 11.0 per cent of the number of votes entitled by the shares.

In addition, two of the board members are entitled to options, which correspond to certain percentages of the company's shares at the time of achieving the defined target market capitalization.

Nightingale Health's share-based incentive programs are described in more detail in note 7 *Share based payments* in the financial statements.

Environment, health and safety

The analytical performance of Nightingale Health's technology and its capability to detect disease risks at an early stage have been broadly validated. Validations prove that the technology is capable of measuring blood biomarkers in accordance with clinical standards and that it can also be used to improve early risk detection of the most common lifestyle diseases in place of the currently used clinical chemistry tests.

Nightingale Health's blood test, which is based on NMR spectroscopy, has been validated in accordance with clinical standards. Nightingale Health's clinical laboratory processes adhere to the ISO 15189:2022 standard, and the laboratory has been accredited by the FINAS accreditation service.² Nightingale Health's blood analysis technology is CE-marked, allowing its clinical use in the EEA region. In the UK, the IVD device has UKCA marking under the UK Medical Devices Regulations, and in Singapore, the most common clinical biomarkers analyzed by Nightingale Health's technology have regulatory approvals for healthcare use. The quality management system according to which medical devices are developed is compliant with the EN ISO 13485 standard and certified by Dekra Certification B.V. Nightingale Health also participates in the UK NEQAS and WEQAS programs that are used to monitor analysis quality between Nightingale Health's laboratory and other laboratories. In Japan, Nightingale Health also participates in the JAMT Clinical Laboratory Accuracy Control Survey program.

Nightingale Health does not use compounds in its operations that are harmful to the environment or health. The biological waste from Nightingale Health's operations is handled and disposed of in an appropriate manner in accordance with separate guidelines. Nightingale Health's operations generate considerably less biological waste than corresponding laboratory operations.

Risks and uncertainties

Nightingale Health is exposed to risks related to possible changes in the company's business, industry, financial position and regulation. Nightingale Health's risk management is based on the risk management policy approved by the company's Board of Directors. Risk management is part of Nightingale Health's strategic and operational planning, day-to-day decision-making processes and internal control systems. Risk management includes all activities related to setting targets and detecting, measuring, reviewing, handling, reporting, monitoring and avoiding risks.

Nightingale Health's risk management is described in detail on the company's website.

The following sections describe the risks that Nightingale Health considers significant with potential negative impact on the company's business, financial position, business result and outlook and the value of the company.

Risks related to business and industry

Nightingale Health's strategy requires the company to expand its customer base and to achieve this it requires the company to considerably expand its capacity for blood testing and delivery of test results. Expanding testing capacity requires establishing new laboratories with the company's blood analysis technology, and there is a risk that the expansion will not progress as expected due to, for instance,

² Nightingale Health Finland Ltd is a testing laboratory No. T333 accredited by FINAS Finnish Accreditation Service according to accreditation criteria SFS-EN ISO 15189. Scope of accreditation, sites and status of the accreditation: www.finas.fi.

delays, additional costs, dependencies and delivery times related to central supplier and logistics partners, as well as difficulties in finding suitable sites and infrastructure services. Nightingale Health has signed long-term framework agreements with its most important partners to ensure the availability of laboratory equipment and supplies.

Nightingale Health's intellectual property and confidential information related to the company's technology and business creates the majority of its competitive advantage. There is a risk that actors, such as employees and consultants, who have access to the company's intellectual property or other confidential information, will distribute or otherwise use this information in a manner damaging to the company. Nightingale Health has several patents pending, and the company could apply for more patents in the future. There is a risk that patents are not granted based on these applications.

Nightingale Health secures its intellectual property rights through technological, legal, operational, and commercial means. The blood analysis technology developed by Nightingale Health comprises several areas that are all needed to utilize the technology, including handling of samples, authentication and quality assurance protocols, NMR measurement and automated data processing. The company protects as trade secrets such intellectual property rights that the company can commercialize without revealing technical details of the methods and processes applied. The technical architecture of the blood analysis technology has been built to protect these trade secrets. Nightingale Health takes into consideration intellectual property rights protection extensively in all its agreements as well as in personnel onboarding and continuous training. Nightingale Health has registered several patents, demonstrating that its technology can be protected by means of patenting. In addition, Nightingale Health has acquired all intellectual property assets of its blood collection device.

The recent changes in the world's geopolitical situation do not have a direct impact on Nightingale Health's operations, as it does not have any activities or stakeholders in the regions, which are directly impacted by the situation.

The political situation in the United States may affect the availability of research funding in the region. Changes in funding policies and cuts to research financing could reduce the projects and budgets of research organizations, which may negatively impact the company's business in the U.S., as it provides services to research customers.

Risks related to personnel

Nightingale Health is dependent on its key personnel. If these people resign from the company or are not available for the company and if the company is not able to attract new, competent personnel, it could lead to an unfavorable competitive position for the company. Nightingale Health has founded a long-term option-based incentive program for its key personnel, which aims at committing the option holders to the company's financial growth and share price formation and creating a long-standing relationship between the company and the option holders that will benefit the company both financially and operationally.

Furthermore, the company aims to manage personnel-related risks by improving the effectiveness of its recruiting and training processes, investing in improving its brand amongst potential employees, and systematically building a positive employer image. The company is taking necessary actions to ensure the well-being of its employees, mainly consisting of people working with complex specialist tasks. The company is investing in developing the capabilities of its leaders, and in ensuring that employees understand the business priorities. In addition, the company maintains and develops its employees' skills and capabilities and ensures that role descriptions and backup plans for critical roles are in place and documented.

Risks related to financial position

Nightingale Health's future revenue and profitability are heavily dependent on the company's current and future research and development, business development, expanding analysis capacity and measures needed for compliance with regulation. There is a risk that a development project or commercialization project will fail, which could threaten the company's potential revenue or future profitability.

Possible impairment of capitalized development costs may have a material adverse impact on Nightingale Health's financial position and business result. In its balance sheet, the company capitalizes development costs as intangible assets if they are expected to generate revenue over several financial periods. The company assesses on the last day of each reporting period whether there are signs of impairment in the value of capitalized development costs.

Nightingale Health is exposed to currency risks, i.e., translation and transaction risks, due to fluctuations in exchange rates. The key foreign currencies that the company is the most exposed to are U.S. dollar, Japanese yen, the British pound and the Singapore dollar, as the company's subsidiaries in those countries primarily pay the essential costs in local currency. Currently, all external debt of the group is in euros and intra-group loans are in euros, Japanese yens, U.S. dollars, Singapore dollars or British pounds. The company monitors its currency position and hedges significant currency risks on a case-by-case basis.

Nightingale Health's exposure to interest rate risk is limited due to its small amount of interest rate-linked liabilities. Nightingale Health does not actively hedge its interest rate risk.

Legal risks and risks related to regulation and compliance

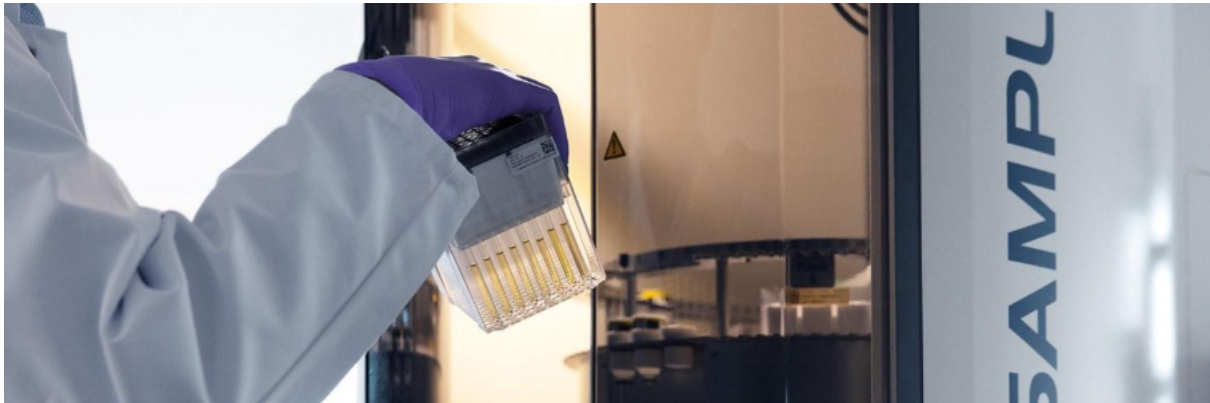
If Nightingale Health does not fulfil the quality standards set by authorities and customers, the reputation of the company's quality and services may be damaged. This kind of failure may result in increased costs or a loss in revenue or sanctions, or corrective measures being imposed on the company. This kind of failure could also lead to the weakening or termination of existing partnerships and customer relations. To ensure high quality in all operations, Nightingale Health's clinical laboratory processes adhere to the ISO 15189:2022 standard, and the laboratory is accredited by the FINAS accreditation service.³ The quality management system according to which the product development is conducted is compliant with the EN ISO 13485 standard and certified by Dekra Certification B.V. In addition to Nightingale Health's internal audits, Dekra Certification B.V and FINAS regularly carry out external audits.

Risks related to information security

The company may fail to detect information and cyber security risks, which may lead to unauthorized use, publication, corruption, disappearance or abuse of customer data. This kind of failure can lead to customers abandoning the company's services and the company breaching legislation related to data protection and information security. Nightingale Health's continuous and systematic detection, evaluation and management of information security risks is an integral part of the ISO/IEC 27001 certified information security management system. The certification requires regular internal and external auditing of the information security management system. Nightingale Health has implemented and continuously develops risk-based information security controls with adherence to the principles of modern information security management. Information security threats are monitored around the clock and information security is also tested regularly.

³ Nightingale Health Finland Ltd is a testing laboratory No. T333 accredited by FINAS Finnish Accreditation Service according to accreditation criteria SFS-EN ISO 15189. Scope of accreditation, sites and status of the accreditation: www.finas.fi.

Nightingale Health has improved its information security risk management during the financial year by implementing new tools and methods. The ISO/IEC 27001 certification was maintained in the external audit.



Estimated future development

Nightingale Health's business target for the financial year 2026–2027 is:

- To achieve revenue of at least EUR 10 million

Mid-term and long-term business targets

Nightingale Health's mid-term and long-term business targets remain the same.

Mid-term business targets are:

- To conclude an agreement to analyze two million samples annually in Europe
- To conclude an agreement to analyze ten million samples annually in the United States or in Asia
- To extend laboratory capacity in respective geographical areas to meet the analysis capacity required by the aforementioned agreements
- To achieve positive EBITDA.

Long-term business targets are:

- To analyze 100 million blood samples from partnerships with the healthcare sector, health initiatives, and white label partners
- To generate EUR 500 million in annual revenue from partnerships with the healthcare sector, health initiatives, and white label partners.

The Board of Directors' proposal on the management of the result of the financial period

The parent company's distributable non-restricted equity on 30 June 2026 was EUR 43,459,200. The parent company's net loss for the financial period totaled EUR -17,203,993.

In the coming years, Nightingale Health will focus on funding its growth and developing its business. The company is committed to a strict dividend policy that is connected to Nightingale Health's result and financial standing. The company does not expect to distribute a dividend in the short or medium term.

The Board of Directors proposes to the Annual General Meeting that no dividend be distributed for the financial year 1 July 2025–30 June 2026 and that the loss of the financial year is recorded in retained earnings.

Significant events after the end of the period

- On 1 July 2026, Nightingale Health and Archipelago Health signed a letter of intent to bring the Nightingale Health Check to small-island healthcare systems across the Crown Dependencies, Bermuda and the wider Caribbean. The aim is to make this kind of early risk detection a routine first step in preventive care, in island communities where these diseases are especially common.
- On 17 August 2026, Nightingale Health announced a collaboration with Personalised Health Clinics (PHC) to incorporate Nightingale Health's metabolomic blood testing into PHC's personalised, clinician-led healthcare services in the UK.
- On 18 August 2026 Nightingale Health and Supernormal announced a partnership that makes Nightingale Health's Remote Health Check part of Supernormal's medically supervised weight loss service in Finland.
- On 19 August 2026, Nightingale Health announced the appointment of the company's Chief Operating Officer Janna Ranta as Chief Commercial Officer (Research and Healthcare). In her new role, Ranta will lead the company's global research business and provide group-level leadership for the healthcare business in the Americas. In addition, the company announced the appointment of Hugh Watson as Chief Commercial Officer, Americas.
- On 9 September 2026, Nightingale Health and Genom announced a partnership to make the Nightingale Health Check available through Genom's network of clinics and laboratories across Croatia. Under the partnership, Genom offers the test to the healthcare providers in its network and Nightingale Health analyses the blood samples. The agreement marks Nightingale Health's entry into the Croatian market and follows three completed pilots, with demand already established among both clinics and laboratories.
- On 14 September 2026, Nightingale Health announced that residents of Eloisa, the Wellbeing Services County of South Savo, Finland, can register from September 14, 2026 for the Wellbeing Gift (Hyvinvointilahja). In the Wellbeing Gift project, Eloisa offers Nightingale Health's disease risk detection test to 45-, 50- and 55-year-olds as part of primary healthcare. In this way, Nightingale Health's disease risk detection becomes available to the county's residents as part of public primary healthcare. The opening of registration is the next phase in the collaboration that Nightingale Health and the South Savo Wellbeing Services County announced on June 16, 2025.
- On 22 September 2026, Nightingale Health announced that it had agreed with Coronaria Kuntoutuspalvelut on the use of Nightingale Health's Remote Health Check in Coronaria's new weight management service. The test is taken from a finger-prick blood sample that the customer collects themselves, and it detects the risks for multiple chronic diseases from a single sample. Coronaria's healthcare professionals use the results to assess the customer's health before the weight management service begins and to follow the health effects of the service at its end.

- On 23 September 2026, Nightingale Health and Archipelago Health announced an agreement to bring the Nightingale Health Check to small-island healthcare systems across the Crown Dependencies, Bermuda and the wider Caribbean, following the letter of intent the companies announced on July 1, 2026. Archipelago Health will deliver the test under its Longitude brand through the primary care services islands already run, using a standard blood sample, so no new infrastructure is needed to start. First live testing is planned for November 2026, beginning in Jersey.
- On 28 September 2026, Nightingale Health announced the conversion of 112,600 Series A shares to Series B shares in accordance with Article 5 in the Articles of Association. As a result of conversion of shares, the number of the Nightingale Health's Series A shares is 19,262,168, Series B shares is 40,647,779, and EMP shares is 1,028,968. The conversion does not affect the total amount of shares which is 60,938,915. After the conversion, the number of votes of Nightingale Health's shares is 233,269,459.
- On 29 September 2026, Nightingale Health and Professor Skride's Heart Clinic, a private cardiology clinic in Riga, entered into a service agreement to offer the Nightingale Health Check in Latvia. The clinic offers the test under its own brand, the Future Health Test. The test assesses a person's risk of developing five common chronic diseases over the next 10 years from a single blood sample, and bookings are already open.

Annual General Meeting

The Annual General Meeting of Nightingale Health Plc will be held on 5 November 2026. An invitation to the meeting will be published later.

Financial reports during financial year 2026–2027

Nightingale Health will publish a half-year financial report for the period 1 July–31 December 2026 on 9 March 2027.

Materials will be made available soon after publication at <https://ir.nightingalehealth.com/>.

Helsinki, 30 September 2026
Nightingale Health Plc
Board of Directors

Calculation of key figures

Key figure	Formula
EBITDA	Operating profit (loss) before depreciation and amortization
Operating profit (loss)	Profit (loss) before income taxes and financial income and expenses
Equity ratio, %	Total equity / (Balance sheet total – advances received)
Net debt to equity ratio, %	Net debt / total equity
Earnings per share (EPS), undiluted, EUR	Profit (loss) for the period / weighted average number of shares outstanding during the period
Earnings per share (EPS), diluted, EUR	Profit (loss) for the period / weighted average number of shares outstanding during the period + potential dilutive shares
Relative share trading volume, %	Number of shares traded during the financial period / average number of shares
Net cash	Cash and cash equivalents + current investments – interest-bearing debt – lease liabilities

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Consolidated income statement

EUR thousand	Note	7/2025–6/2026	7/2024–6/2025
Revenue	3	5,502	4,693
Other income	4	22	23
Materials and services	5	-2,659	-1,155
Employee benefits	6, 7	-8,493	-8,596
Depreciation, amortization and impairment losses	9	-6,932	-8,294
Other expenses	8	-6,245	-6,051
Share of joint venture's result	26	-	-37
Operating profit (loss)		-18,805	-19,417
Finance income	20	701	2,298
Finance costs	20	-378	-1,289
Net finance items		323	1,010
Profit (loss) before tax		-18,482	-18,408
Income tax expense	10	-5	-72
Deferred taxes	10	13	19
Taxes total		9	-54
Profit (loss) for the period		-18,472	-18,461
Profit (loss) for the period attributable to Owners of the parent company		-18,472	-18,461
Earnings per share			
Undiluted and diluted earnings per share, EUR – Series A and EMP shares	11	-0.31	-0.31
Undiluted and diluted earnings per share, EUR – Series B shares	11	-0.31	-0.31

Consolidated comprehensive income statement

EUR thousand	Note	7/2025–6/2026	7/2024–6/2025
Profit (loss) for the period		-18,472	-18,461
Other comprehensive income			
Items that may be reclassified subsequently to profit or loss			
Foreign operations – foreign currency translation differences, net of tax		44	21
Other comprehensive income for the period		44	21
Total comprehensive income for the period		-18,428	-18,440
Total comprehensive income attributable to Owners of the parent company		-18,428	-18,440

Consolidated statement of financial position

EUR thousand	Note	30 Jun 2026	30 Jun 2025
Assets			
Non-current assets			
Goodwill	12	1,023	1,023
Intangible assets	12	5,678	8,280
Property, plant and equipment	14	6,082	6,813
Right-of-use assets	14, 15	3,979	3,286
Investment in joint venture	26	-	1
Other assets	21	599	469
Deferred tax assets	10	31	21
Total non-current assets		17,393	19,893
Current assets			
Inventories	16	1,938	1,742
Trade and other receivables	17, 21	1,929	1,673
Current investments	21	-	9,917
Cash and cash equivalents	21	36,798	41,288
Total current assets		40,664	54,620
Total assets		58,057	74,513
Equity and liabilities			
Equity			
Share capital	18	80	80
Reserve for invested unrestricted equity	18	142,413	142,413
Translation differences		211	167
Accumulated losses		-93,966	-76,494
Total equity		48,738	66,166
Liabilities			
Non-current liabilities			
Loans and borrowings	22	-	-
Lease liabilities	22	2,924	2,121
Deferred tax liabilities	10	17	21
Total non-current liabilities		2,941	2,141
Current liabilities			
Loans and borrowings	22	-	261
Lease liabilities	22	1,170	1,184
Advances received	3, 19	1,582	827
Trade and other payables	19, 22	3,627	3,935
Total current liabilities		6,379	6,206
Total liabilities		9,320	8,348
Total equity and liabilities		58,057	74,513

Consolidated cash flow statement

EUR thousand	Note	7/2025–6/2026	7/2024–6/2025
Cash flows from operating activities			
Loss for the period		-18,472	-18,461
Adjustments:			
Depreciation and amortization	9	6,932	8,294
Share based payments	7	1,000	1,693
Share of joint venture's result	26	-	37
Other finance income and costs, net	20	-323	-1,009
Income tax expense	10	5	72
Other adjustments		-184	156
Cash flows before change in working capital		-11,042	-9,219
Change in working capital			
Change in trade and other receivables (increase (-) / decrease (+))		-396	-150
Change in inventories (increase (-) / decrease (+))		-195	-1,038
Change in current non-interest-bearing payables (increase (+) / decrease (-))		454	197
Cash flows before finance items and taxes		-11,180	-10,210
Interest paid		-195	-108
Interest received		513	256
Income taxes paid		-22	-46
Net cash from operating activities		-10,884	-10,108
Cash flows from investing activities			
Investments in intangible assets		-1,337	-1,877
Investments in tangible assets		-878	-2,277
Repayment of loan receivables		-	28
Repayment of principal from current investments	21	9,884	71,140
Current investments	21	-	-58,674
Interest received from current investments		116	1,125
Net cash from investing activities		7,785	9,465
Cash flows from financing activities			
Repayment of non-current loans and borrowings		-261	-296
Share subscriptions with options		-	33
Sale and leaseback arrangements		-	-270
Payment of lease liabilities	15	-1,108	-1,051
Net cash from financing activities		-1,369	-1,584
Net decrease in cash and cash equivalents in cash flow statement		-4,467	-2,227
Cash and cash equivalents at the beginning of the period		41,288	43,651
Effect of movements in exchange rates		-23	-137
Cash and cash equivalents at the end of the period	21	36,798	41,288

Consolidated statement of changes in equity

Consolidated statement of changes in equity 1 July 2025–30 June 2026

Equity attributable to owners of the parent company

EUR thousand	Share capital	Reserve for invested un-restricted equity	Translation differences	Accumulated losses	Total
Equity on 1 July 2025	80	142,413	167	-76,494	66,166
Comprehensive income					
Profit (loss) for the period	-	-	-	-18,472	-18,472
Other comprehensive income	-	-	44	-	44
Total comprehensive income	-	-	44	-18,472	-18,428
Transactions with owners of the company					
Share-based payments	-	-	-	1,000	1,000
Total transactions with owners of the company	-	-	-	1,000	1,000
Equity on 30 June 2026	80	142,413	211	-93,966	48,738

Consolidated statement of changes in equity 1 July 2024–30 June 2025

Equity attributable to owners of the parent company

EUR thousand	Share capital	Reserve for invested un-restricted equity	Translation differences	Accumulated losses	Total
Equity on 1 July 2024	80	142,380	146	-59,725	82,880
Comprehensive income					
Profit (loss) for the period	-	-	-	-18,461	-18,461
Other comprehensive income	-	-	21	-	21
Total comprehensive income	-	-	21	-18,461	-18,440
Transactions with owners of the company					
Share-based payments	-	-	-	1,693	1,693
Share subscriptions with options	-	33	-	-	33
Total transactions with owners of the company	-	33	-	1,693	1,726
Equity on 30 June 2025	80	142,413	167	-76,494	66,166

Notes to the consolidated financial statements

1 Company information and basis of accounting

Company information

Nightingale Health group (hereafter 'Nightingale Health' or the 'Group') is a Finnish health technology company whose mission to make preventative healthcare accessible to everyone. To support the development of a preventative healthcare system Nightingale Health has developed the world's most advanced health check that provides risk detection for multiple chronic diseases from a single blood sample. Nightingale's Health Check can be scaled to entire populations at a low cost, and it can replace many of the current clinical risk assessments. Detecting disease risks on a population level allows for the effective targeting and tracking of health interventions, and better prevention of the onset of chronic diseases. Nightingale Health strives to collaborate with the healthcare industry to help millions of people prevent common lifestyle diseases in the future and, at the same time, to reduce the immense expenses of healthcare.

The Group's parent company, Nightingale Health Plc (or 'the parent company'), is a Finnish public limited liability company established under the laws of Finland (business ID 1750524-0). It is domiciled in Helsinki, Finland and the parent company's registered address is Mannerheimintie 164a, 00300 Helsinki. Nightingale Health has subsidiaries in Estonia, Finland, Germany, Japan, Singapore, Sweden, the United Kingdom, and the United States. Nightingale Health has customers in more than 34 countries in the healthcare and medical research sectors. The company's technology is being used in many of the world's leading health initiatives, such as the UK Biobank, and over 1,000 peer-reviewed publications validate the technology. Nightingale Health Plc's Series B shares are listed on the regulated market of Nasdaq Helsinki and on the OTCQX International market.

Basis of accounting

These consolidated financial statements have been prepared in accordance with International Financial Reporting Standards (IFRS). International financial reporting standards refer to the standards and interpretations adopted for application in the European Union under the procedure laid down in Regulation (EC) No 1606/2002, as specified in the Finnish Accounting Act and regulations issued thereunder. The consolidated financial statements have been prepared in accordance with IFRS as adopted by the European Union and in force on 30 June 2026.

In its meeting on 30 September 2026 the Board of Directors of Nightingale Health Plc approved the publishing of these consolidated financial statements prepared in accordance with IFRS.

Nightingale Health is a growth company with a loss-making history. Since its listing on Nasdaq Helsinki's First North Growth Market Finland marketplace⁴ in March 2021 Nightingale Health has had adequate financial resources to remain in operation and expects the resources be adequate for the foreseeable future. The financial statements have been prepared applying the assumption of continuing as a going concern.

The general policies applied that relate to the consolidated financial statements as a whole are addressed in this section Basis of accounting and those that are specific to a component of the financial statements have been incorporated into the relevant note, together with descriptions of management judgements, related estimates and assumptions. The accounting policies incorporated into the relevant note are highlighted with grey color.

⁴ Nightingale Health moved from Nasdaq Helsinki's First North Growth Market Finland to the Nasdaq Helsinki regulated market on March 19, 2025.

The consolidated financial statements are prepared on the historical cost basis of accounting, except for the following that are measured at fair value: share-based payments as well as assets acquired and liabilities assumed in business combinations. For the fair value hierarchy applied, refer to section below Measurement of fair values. Further information about the assumptions made in measuring fair values is included in the following notes: 2 Business combinations, 7 Share-based payments, and 22 Financial liabilities.

The figures in the financial statements are presented in thousands of euro, except when otherwise indicated. All figures presented have been rounded, and consequently the sum of individual figures may deviate from the presented aggregate figure. The figures presented in brackets refer to the comparative annual period 1 July 2024–30 June 2025 or to the previous financial year-end date 30 June 2025, unless otherwise stated.

Nightingale Health has not yet adopted the amended standards and interpretations already issued by the IASB applicable for the future financial years. Nightingale Health will adopt these pronouncements as of the effective date of each of the pronouncements, or if the effective date is not the first day of the financial year, as of the beginning of the next financial year following the effective date, provided they have been endorsed for use in the EU. With the exception of IFRS 18 described below, Nightingale Health does not expect the adoption of these pronouncements to have a significant effect on the Group's consolidated financial statements upon their adoption.

IFRS 18 Presentation and Disclosure in Financial Statements

IFRS 18 standard replaces IAS 1 standard and is effective for annual reporting periods beginning on or after 1 January 2027. The standard is applied retrospectively to comparative information. The Group will adopt the standard in the financial year from 1 July 2027 to 30 June 2028, with the financial year from 1 July 2026 to 30 June 2027 presented as the comparative period. The standard changes the presentation of the income statement. Income and expenses will be classified into operating, investing, financing, income tax and discontinued operations categories, new mandatory subtotals will be presented, and disclosures will be provided on any management-defined performance measures (MPMs). The standard does not affect the recognition or measurement of items and therefore has no impact on the Group's equity or profit for the financial year. Based on the Group's preliminary gap analysis, the changes mainly relate to the reclassification of finance items and foreign exchange differences into the investing and financing categories. The impact on operating profit (loss) is not expected to be material. The Group is currently assessing the requirements relating to MPMs.

Critical management judgments and key sources of estimation uncertainty

The preparation of IFRS financial statements requires management to make judgments, estimates and assumptions. These affect the reported amounts of assets and liabilities, and disclosure of contingent assets and liabilities at the period-end as well as the reported amounts of income and expenses during the reporting period. Estimates and judgments are based upon historical experience and on various other assumptions believed to be accurate and reasonable under the circumstances at the end of the reporting period and the time when they were made. Actual results may differ from these estimates due to different assumptions or conditions. Nightingale Health regularly evaluates its estimates and judgments. Changes in accounting estimates may be necessary as a result of new information or more experience, or if the underlying circumstances evolve. Consequently, the estimates made for the financial statements as at 30 June 2026 may have to be revised subsequently. The Group recognizes such changes in the period in which the estimate or the assumption is revised. The descriptions of use of judgments as well as estimates and assumptions are incorporated into the relevant note and highlighted with beige color.

Use of judgments

Judgements that the Group management has made in the process of applying accounting policies and that have the most significant effect on the amounts recognized in the consolidated financial statements, relate to the following areas:

Topic	Note	Nature
Revenue recognition	3	Determining measure of progress
Intangible assets	12	Recognition criteria of capitalized development costs

Estimates and assumptions

In Nightingale Health, the assumptions and estimation uncertainties that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year comprise the following:

Topic	Note	Nature
Impairment testing	13	Assumptions and estimates used in impairment testing
Goodwill and intangible assets	12	Estimates of the probable future economic benefits embodied in the assets under development
Business combinations	2	Identifying and measuring intangible assets
Share-based payments	7	Assumptions and estimates in determining the fair values
Share-based payments	7	Determining the vesting periods
Leases	15	Estimates on determination of the lease terms

Russia's invasion of Ukraine

The Group does not have any operations in Russia or Ukraine. The sanctions imposed on Russia do not have a direct impact on Nightingale Health's operations.

Consolidation

The consolidated financial statements incorporate the financial statements of the parent company, Nightingale Health Plc, all subsidiaries controlled by the parent company and the joint venture subject to joint control (PetMeta Labs Oy) at the period-end.

A subsidiary is an entity that is controlled by Nightingale Health. Control is achieved when Nightingale Health is exposed to, or has rights to, variable returns from its involvement with the entity and has the ability to affect those returns through its power to direct the activities of the entity. Nightingale Health has control over its subsidiaries based on 100% holdings in the subsidiaries. All entities Nightingale Health has control over are consolidated, and non-controlling interest (NCI) representing the equity in a subsidiary that is not attributable directly or indirectly to the parent company is presented separately. Nightingale Health had no non-controlling interests on 30 June 2026 or 30 June 2025.

A joint venture is an arrangement where Nightingale Health has joint control with other parties and the parties that have the rights to the net assets of the arrangement. Joint control is the contractually agreed sharing of control of an arrangement, which exists only when decisions about the relevant activities require the unanimous consent of the parties sharing control. The results, assets and liabilities of the joint venture are incorporated in the consolidated financial statements using the equity method. Under the equity method, the investment in a joint venture is initially carried in the consolidated statement of financial position at cost and subsequently adjusted for post-acquisition changes in the Group's share of the net assets of the joint venture (less any impairment in the value of the investment). Nightingale Health's share of post-tax profits or losses are recognized in the consolidated income statement. Losses of the joint venture in excess of Nightingale Health's interest in that joint venture are recognized only to the extent that the Group has incurred legal or constructive obligations or made payments on behalf of the joint venture.

Consolidation of a subsidiary or a joint venture begins when Nightingale Health obtains control over the subsidiary or joint control over a joint venture, respectively, and ceases when Nightingale Health loses control of the subsidiary or joint control over the joint venture.

In preparation of consolidated financial statements intra-group transactions, balances and unrealized gains, as well as distribution of profits within the Group, are eliminated.

Foreign currency transactions and balances

Items included in the financial statements of each subsidiary are measured using the functional currency, which is the currency of the primary economic environment in which the company operates. The consolidated financial statements are presented in Euro, which is the functional and presentation currency of the parent company.

Subsidiaries' foreign currency transactions are translated into local functional currencies using the exchange rates prevailing at the dates of the transactions. Receivables and liabilities denominated in foreign currencies in the statement of financial position are translated into functional currencies using the exchange rate quoted on that date.

For those subsidiaries with non-Euro functional currency, the income and expenses for the consolidated income statement, and the consolidated comprehensive income statement, and the items for cash flow statement, are translated into Euro using the average exchange rates of the reporting period. The assets and liabilities for each statement of financial position are translated using the closing rates prevailing at the reporting date. Any translation differences arising from the use of different exchange rates explained above are recognized in other comprehensive income (OCI).

Measurement of fair values

A number of the Group's accounting policies and disclosures require the measurement of fair values, for both financial and non-financial assets and liabilities. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair values are categorized into hierarchy levels that are representative of the inputs used in the valuation techniques as follows:

- Level 1: Fair value is calculated on the basis of quoted prices (unadjusted) in active markets for identical assets or liabilities that Nightingale Health can access at the measurement date.
- Level 2: Fair value is calculated on the basis of inputs other than quoted prices included in Level 1 that are observable for the asset or liability; either directly (i.e. as prices) or indirectly (i.e. derived from prices).
- Level 3: Fair value is calculated on the basis of inputs for the asset or liability that are not based on observable market data (unobservable inputs).

Operating profit (loss)

Nightingale Health considers operating profit (loss) to be a relevant subtotal in understanding the Group's operational financial performance. Since this concept is not defined under IFRS, the Group has defined it as follows:

Operating profit (loss) is the net amount attained when Revenues are added by Other income and deducted by:

- Materials and services, adjusted with change in inventories
- Employee benefits
- Depreciation, amortization and impairment losses

- Other expenses, and
- Share of joint ventures result.

Nightingale Health recognizes exchange rate differences arising from sales and purchases in Operating profit (loss). The exchange rate differences arising from sales are included in Other expenses, and the exchange differences arising from purchases are handled as adjustments for those items. Exchange rate differences arising from financing are included in Finance income and Finance costs.

All other items, namely finance income and expenses and income taxes, are presented below Operating profit (loss) in the consolidated income statement.

The impact of the adoption of IFRS 18 on the determination of operating profit (loss) is described in the section IFRS 18 Presentation and Disclosure in Financial Statements.

Consolidated statement of cash flows

Interest payments related to capitalized borrowing costs are presented in investing activities in the corresponding item where the costs have been capitalized.

Payments related to lease liabilities are presented in financing activities. Interests related to lease liabilities are presented in operating activities under interest paid.

Repayments of principal from current investments and current investments made are presented as separate line items in cash flows from investing activities.

2 Business combinations

Accounting policy

Business combinations are accounted for using the acquisition method. The consideration for the acquisition of a subsidiary consists of the fair value of the assets transferred and liabilities arising from a contingent consideration, equity interests issued, liabilities to the former owners of the acquired business, and any previously held equity interest at fair value. The identifiable assets, liabilities and contingent liabilities acquired in a business combination are initially measured at their fair values at the acquisition date. Any non-controlling interest is recognized either at fair value or at the non-controlling interest's (NCI) proportionate share of the identifiable net assets in the acquired business

Goodwill to be recognized represents the excess of the consideration transferred, amount of any non-controlling interest, measured either at fair value or at the NCI's proportionate share of the net assets, and fair value of any previous equity interest in the acquiree, over the fair value of the net identifiable assets acquired. Goodwill reflects e.g. expected future synergies resulting from acquisitions.

Acquisition-related costs are expensed as incurred. The costs are presented in other expenses in the income statement, with the exception of expenses directly attributable to the issue of equity instruments, which are deducted from equity. Any contingent consideration (additional purchase price) is measured at fair value at the acquisition date, and it is classified as either liability or equity. A contingent consideration classified as a liability is remeasured at fair value at the end of each reporting period and the resulting fair value changes are recognized in profit or loss. A contingent consideration classified as equity is not subsequently remeasured.

Summary of acquisitions during the financial period ended on 30 June 2026

Nightingale Health has not made any acquisitions during the financial period ended on 30 June 2026.

Summary of acquisitions during the financial period ended on 30 June 2025

Nightingale Health has not made any acquisitions during the financial period ended on 30 June 2025

Significant estimate – identifying and measuring intangible assets

Recognition of a business combination requires the identification and measurement of the identifiable assets, liabilities and contingent liabilities. With regard to intangible assets, significant judgement is related to whether the intangible assets identified in the acquisition are identifiable and separable from goodwill. The valuation of technology-related intangible assets acquired in the business combination is performed by using the relief-from-royalty method and is based on estimated future cash flows. They involve assumptions of the future revenue development, the applicable royalty rate and discount rate, and the useful life of the asset.

3 Revenue and segment information

Accounting policy

Nightingale Health's promise to its customers, the performance obligation, is a service where a blood sample is analyzed, and the results are delivered to the customer.

The services are accounted for as a series of services as one performance obligation, and revenue is recognized over time with a method based on number of blood samples analyzed compared to total number of blood sample analyses sold. The revenue is recognized to the amount that Nightingale Health expects to be entitled to, based on the services transferred. The transaction price includes promised discounts and indirect taxes, which reduce the amount to be recognized. As the services provided by Nightingale Health have been sold at fixed prices, transaction prices have not been adjusted for the variable considerations.

Nightingale Health collects advance payments for most of its services. When an advance payment is received, it is recognized as a contract liability under advances received in the consolidated statement of financial position. The contract liability is recognized as revenue over time when the analyses are performed. A contract asset is recognized, if the advance payments received do not cover the work performed when Nightingale Health recognizes revenue.

Once an advance payment has been received, timing of Nightingale Health's performance is partially in the customer's discretion as the customer decides on timing of deliveries of blood samples, thus, no significant financing component exists. In those services where payment, or a part of the payment, for the services is collected after performing the analyses for customer's blood samples, Nightingale Health does not adjust the consideration for the services with time value of money if the expected timing difference is less than a year. Nightingale Health does not have customer contracts with expected timing difference exceeding one year at contract inception.

Nightingale Health does not recognize an asset for incremental costs to obtain a contract but recognizes the costs as an expense when incurred when the amortization period would be a year or less.

Disaggregation of revenue

Nightingale Health's revenue consisted of services offered to research programs, universities and healthcare providers.

During the financial year 2025–2026, Nightingale Health changed the geographical breakdown of revenue. The new breakdown is based on the geographical areas of responsibility of the Company's commercial directors. The change has no impact on the Group's operating segment, as the chief operating decision-maker (the CEO) reviews the Group's operating results and financial position as a single unit at Group level. Comparative information has been presented in accordance with the new geographical breakdown.

Revenue by geographical market

EUR thousand	7/2025–6/2026	7/2024–6/2025
Finland	1,045	1,129
EMEA	2,677	1,708
AMER	519	1,070
APAC	1,261	786
Total	5,502	4,693

The geographical breakdown of revenue is presented based on location of the customers. All the revenue shown above has been recognized over time.

Contract balances

EUR thousand	30 Jun 2026	30 Jun 2025
Trade receivables	881	841
Contract assets	284	-
Contract liabilities	1,482	727
- of which revenue recognized during the next FY	-	613

Nightingale Health collects advance payments for most of its services. When an advance payment is received, it is recognized as a contract liability under advances received in the consolidated statement of financial position. The contract liability is recognized as revenue over time when the analyses are performed, typical timing difference between receiving an advance payment and performing the analyses vary between 3 to 6 months. Due to the policy of advance payments, Nightingale Health has less contract assets than contract liabilities. The results are mainly delivered after full payment has been received, thus, the Group has no long overdue trade receivables, nor a history of credit losses.

All of Nightingale Health's contract assets and liabilities arise in normal course of business operations. However, individual customer contracts may significantly impact balances between reporting dates.

Significant judgements – Determining measure of progress

Nightingale Health recognizes revenue over time with an output method as measure of progress. The method is based on number of units produced i.e. samples analyzed. Nightingale Health believes that the proportion of analyzed samples compared to total number of samples to be analyzed reflects best how the Group has performed in transferring control of the services promised to a customer. The method is directly observable and provides a truthful depiction of the work performed by Nightingale Health.

Segment information

Accounting policy

An operating segment is a component of the Group, that engages in business activities from which discrete financial information is available and for which earn revenues are assessed by the chief operating decision maker (CODM). Segment information is reported to the CODM combined with Group's internal reporting.

In Nightingale Health the CEO has been identified as being the chief operating decision maker responsible for assessing performance of the Group and making resource allocation decisions. The CEO monitors Nightingale Health's profitability and financial position as a one unit, hence the Group has one operating segment.

In the financial year 2025–2026 Nightingale Health had two customers, whose share of the Group's revenue was more than 10%. The total amount of revenue received from the customers was EUR 1,618 thousand.

In presenting the geographic information, segment assets are based on the geographic location of the assets. Non-current assets are presented in accordance with IFRS standards, and they exclude financial instruments and deferred tax assets.

EUR thousand	30 Jun 2026	30 Jun 2025
Finland	11,226	12,472
Japan	442	768
United Kingdom	1,375	1,829
Singapore	1,136	1,284
United States	3,183	3,519
Total	17,362	19,872

4 Other income

Accounting policy

Other operating income includes income from activities outside the ordinary business of Nightingale Health, government grants and insurance compensations.

The Group recognizes a government grant only when there is reasonable assurance that:

- Nightingale Health will comply the conditions attached to the grant, and
- the grant will be received.

Breakdown of other income

EUR thousand	7/2025–6/2026	7/2024–6/2025
Insurance compensations	2	-
Other income	20	23
Total	22	23

5 Materials and services

Accounting policy

Materials and services comprise external services and materials acquired during the financial year, which mainly consists of materials needed for the laboratory and at-home blood collection kit as well as changes in inventories.

Breakdown of expenses for materials and services

EUR thousand	7/2025–6/2026	7/2024–6/2025
Purchase expenses	-2,349	-2,176
Change in inventories	195	1,038
External services	-506	-17
Total	-2,659	-1,155

6 Employee benefits

Accounting policy

The Group's employee benefits comprise short-term employee benefits, post-employment benefits, and share-based payments. Nightingale Health provided no other long-term employee benefits, nor any material termination benefits in the financial years presented.

Short-term employee benefits comprise wages, salaries, fringe benefits, annual leave and bonuses. Nightingale Health recognizes these benefits in the period in which employees perform the work.

Post-employment benefits are payable to employees after the completion of employment. In Nightingale Health these benefits relate to pensions. The pensions are arranged in external pension institutions. Pension plans are classified as either defined benefit plans or defined contribution plans. A defined contribution plan is a pension plan under which Nightingale Health pays fixed contributions into a separate entity and has no legal or constructive obligations to pay further contributions if the separate entity does not hold sufficient assets to pay all employees the related benefits. All other plans are classified as defined benefit plans. The Group only has defined contribution plans. The Group's most significant defined contribution plan is the TyEL plan in Finland. Contributions made to the plans are expensed in the period during which the services are provided. Nightingale Health records prepaid contributions as an asset to the extent that a cash refund or a reduction in future payments is available.

Termination benefits are not based on an employees' service but arise from the termination of an employee's employment. Termination benefits are benefits provided in exchange for termination of an employee's employment as a result of the Group's decision or an employee's decision to accept an offer of benefits in exchange for termination. Termination benefits are recognized at the earlier of the following: when the Group can no longer withdraw the offer of those benefits or when the Group recognizes costs for a restructuring that includes the payment of termination benefits.

Disclosures on the share-based payments of the Group are provided in Note 7 Share-based payments and those on the compensation of the key management personnel in Note 25 Related party transactions.

Employee benefit expenses recognized in profit or loss

EUR thousand	7/2025–6/2026	7/2024–6/2025
Salaries and wages	-6,251	-5,765
Pension expenses (defined contribution plans)	-962	-839
Other social security expenses	-279	-300
Share-based payments	-1,000	-1,693
Total	-8,493	-8,596
The average number of employees for the financial year	102	95

The table above shows employee benefits less employee benefit costs capitalized in development costs under intangible assets. Capitalized employee benefits totaled EUR 1,078 thousand (EUR 1,141 thousand). The total (gross) employee benefits amounted to EUR 9,571 thousand (EUR 10,007 thousand).

7 Share-based payments

Accounting policy

Nightingale Health has various option programs. Some of the programs include conditions requiring the option holder to be employed in the company for a certain period (service condition), and some of the programs include conditions related to the share price development of the Company (market condition). The option programs are described in the table Option programs.

Non-market vesting conditions are not considered when measuring the fair value of option on the grant date. Service conditions are considered on each reporting date to estimate the quantity of awards that will vest and expense will be adjusted accordingly. Expense will ultimately reflect those awards that do ultimately vest. On a cumulative basis, no amount is recognized if the service condition is not satisfied.

Market conditions need to be considered when measuring the fair value of options. Expense for an award with a market condition should be recognized even if the market condition is never satisfied, if the service condition and/or other non-market vesting condition is fulfilled.

Options are measured at fair value on their grant date and expense is recognized as an expense to Employee benefits and to Accumulated losses in equal tranches for the vesting period.

When the use of the option right is subject to achieving certain level for the Company's market capitalization and the employee staying at the Company's service until such target is achieved, the Company has estimated the expected vesting period at grant date based on most probable outcome of the performance condition. When the performance condition is a market condition, the expected length of the vesting period is aligned with the assumptions used in determining the fair value of the options and it will not be further adjusted. The estimated vesting periods are presented in table Information on option programs.

The fair value on grant date is determined using Black-Scholes, binomial or Monte Carlo-option pricing model. The various assumptions used as input for the models are presented in table Assumptions used in determining fair value.

When the options are exercised, the proceeds received from the share subscriptions are recognized in accordance with the terms of the plan under the reserve for invested unrestricted equity, adjusted for any transaction costs.

Option programs

Nightingale Health has established option programs as incentive programs for the company's personnel, including the company's and its group companies' employees and other key personnel. The purpose of issuing the option rights is to bind the option holders to the economic growth of the company and to the development of the company's value as well as create a long-term relationship between the company and the option holders, which benefits the company both economically and operationally.

Nightingale Health has option programs in three share classes: i) EMP option programs established before the initial public offering in which the options entitle to Series EMP shares and in which all options vested in connection to the initial public offering, ii) Option programs that entitle to Series B shares and have vesting conditions that are mainly related to the development of the company's market capitalization, and iii) Option programs that entitle to Series A shares and in which part of the options vested in connection to the initial public offering and a part of the options will vest based on the development of the company's market capitalization.

Vesting events for option programs that entitle to subscribe Series B shares are described in the below table. All defined market capitalization triggers are based on 45-day volume weighted average purchase

price. Each option program that has different vesting events, is presented on separate row in the below table.

Vesting events for the option programs at the end of the financial year on 30 June 2026

Option Program	First Vesting Event	Second Vesting Event	Third Vesting Event	Fourth Vesting Event
Board members and Key Management Option Program	½ of the total maximum number of option rights when the company's market capitalization is at least EUR 500 million	½ of the total maximum number of option rights when the company's market capitalization is at least EUR 1,000 million	-	-
CEO Option Program	1/3 of the total maximum number of option rights when the company's market capitalization is at least EUR 500 million	1/3 of the total maximum number of option rights when the company's market capitalization is at least EUR 1,000 million	1/3 of the total maximum number of option rights when the company's market capitalization is at least EUR 1,500 million	-
Key persons Option Program	Approximately 1.2 million option rights when the Company's market capitalization is at least EUR 500 million	Approximately 1.3 million option rights when the Company's market capitalization is at least EUR 1,000 million	150,000 option rights when the company's market capitalization is at least EUR 1,500 million	-
Management Team Option Program	150,000 option rights when the company's market capitalization is at least EUR 1,000 million	150,000 option rights when the company's market capitalization is at least EUR 1,250 million	200,000 option rights when the company's market capitalization is at least EUR 1,500 million	-
	113,267 option rights when the company's market capitalization is at least EUR 1,000 million	113,267 option rights when the company's market capitalization is at least EUR 1,250 million	113,266 option rights when the company's market capitalization is at least EUR 1,500 million	-
Acquisition related Option Program	½ of the total maximum number of option rights when the company's market capitalization is at least EUR 1,000 million	½ of the total maximum number of option rights when the company's market capitalization is at least EUR 1,500 million	-	-

According to the 2022 Key personnel option program the subscription right may be used only if the option holder has an employment or service relationship with the company at the time of the subscription. Also other option programs presented in the above table include a condition related to the continuance of the work or service relationship, according to which the option holders lose their right to the options if they terminate their employment or service relationship. If the option holder's relationship is terminated by the company, the option holder is entitled to retain the vested options and the options that will vest during the following vesting event.

Vesting events for option programs that entitle to subscribe Series A shares are described below:

2020 Board member (TS) options

The member of the Board of Directors earned the right to subscribe 1,362,025 Series A options in connection with the company's First North listing.

In addition, the member of the Board of Directors is entitled to:

- stock options equaling to 1 per cent of the company's shares on fully diluted basis shall be vested based on reaching target valuation, i.e. the company's pre-money valuation in connection to a financing round, trade sale or IPO exceeding EUR 500 million; and
- stock options equaling to 1 per cent of the company's shares on fully diluted basis shall be vested based on reaching target valuation, i.e. the company's pre-money valuation in connection to a financing round, trade sale or IPO exceeding EUR 1,000 million.

In case the board membership ends the member of the Board of Directors shall maintain the right to subscribe for shares with the stock options that have vested before the end of the board membership.

2020 Board member (LN) options

The member of the Board of Directors earned the right to subscribe for 231,770 stock options in connection with the First North listing.

In addition, the member of the Board of Directors is entitled to:

- stock options equaling to 1 per cent of the company's shares on fully diluted basis shall be vested based on reaching target valuation, i.e., the company's pre-money valuation in connection to a financing round, trade sale or IPO exceeding EUR 500 million; and
- stock options equaling to 1 per cent of the company's shares on fully diluted basis shall be vested based on reaching target valuation, i.e., the company's pre-money valuation in connection to a financing round, trade sale or IPO exceeding EUR 1,000 million.

In case the board membership ends the member of the Board of Directors shall maintain the right to subscribe for shares with the stock options that have vested before the end of the board membership.

Information on option programs

The below tables describe key terms for each option program and total number of shares that can be subscribed in each option program.

Option program	EMP II	EMP III	2020 Board member (TS) options	2020 Board member (LN) options
Subscription price, EUR	1.42	1.63	1.63	2.48
Number of shares 30 June 2026*	1,759,947	453,908	2,580,395	1,450,140
Number of shares 30 June 2025*	1,774,997	453,908	2,580,395	1,450,140
Start date	8 May 2018	28 Oct 2020	7 Sep 2020	15 Dec 2020
End date	30 Apr 2028	30 Oct 2030	4 Dec 2030	7 Jan 2031
Estimated vesting date			500m: 21 Jul 2028-14 Aug 2030 1000m: 11 Mar 2029-3 Sep 2030	500m: 21 Jul 2028-22 Sep 2030 1000m: 11 Mar 2029-21 Dec 2030

Option program	Board members, CEO, and key management option program**	Key Persons option program**	Management Team option program**	2022 Acquisition-related option program**
Subscription price, EUR	2.50 (6.75) or 6.75	2.50 (6.75)	2.50 (6.75)	2.50 (6.75)
Number of shares 30 June 2026	6,200,000	2,651,857	936,200	100,000
Number of shares 30 June 2025	6,200,000	2,331,857	2,536,200	100,000
Start date	3 Mar 2021–16 Oct 2023	18 Mar 2022–29 Jun 2026	18 Mar 2022–9 Jun 2025	18 Mar 2022
End date	31 Dec 2031–31 Dec 2033	31 Dec 2033–31 May 2036	31 May 2032–31 May 2035	31 May 2032
Estimated vesting date	500m: 14 Aug 2027–20 Jul 2028 (11 Sep 2024) 1000m: 2 Jan 2029–10 Mar 2029 (9 Jul 2029) 1500m: 29 Sep 2029	500m: 6 Aug 2028–7 Sep 2032 (14 May 2030) 1000m: 22 Dec 2029–28 Jun 2033 (14 May 2031) 1500m: 1 Jul 2033	1000m: 6 Mar 2029–2 Jun 2031 (14 May 2031) 1250m: 14 Jul 2029–4 Oct 2031 (14 Nov 2032) 1500m: 3 Nov 2029–29 Dec 2031 (14 May 2032)	1000m: 4 Mar 2029 (14 May 2030) 1500m: 3 Nov 2029 (14 May 2031)

*) As per the stock split decision by the EGM on 18 February 2021, all options granted prior to the stock split allow for subscription of 301 shares. The effect of the stock split is accounted for in the table.

**) Nightingale Health's Board of Directors resolved on 11 August 2022 to change the subscription price of shares in all the company's stock option programs that entitle to subscribe for Series B shares. The new subscription price of each share in the stock option programs is EUR 2.50. Prior to the change the subscription price was EUR 6.75 per share. The table above contains the amended subscription price (original subscription price in parentheses) and the amended estimated vesting dates (original estimated vesting dates in parentheses).

Assumptions used in determining fair value

The tables below contain the assumptions used in determining the fair value of each option program and the fair values of the programs.

Option program	EMP II	EMP III	2020 Board member (TS) options	2020 Board member (LN) options
Subscription price, EUR	1.42	1.63	1.63	2.48
Share price at the grant date, EUR	1.42	1.63	1,13–1.63	1,13–2.48
Maturity, years	5.8	8.3	8.2	9.5
Expected volatility, %	37.4–40.4	41.4	41.4–46.6	41.6–46.4
Risk-free rate, %	-0.41–0.69	-0.44 – -0.43	-0.28–3.33	-0.40–3.33
Expected dividends, EUR	0	0	0	0
Valuation model	Black-Scholes	Black-Scholes	Black-Scholes, Binomial model, Monte Carlo	Black-Scholes, Binomial model, Monte Carlo
Fair value, EUR	0.6–0.7	0.77–0.78	0.12–0.78	0.12–1.19

Option program	Board members, CEO, and key management option program*	Key Persons option program*	Management Team option program*	2022 Acquisition-related option program*
Subscription price, EUR	2.5 (6.75) or 6.75	2.5 (6.75)	2.5 (6.75)	2.5 (6.75)
Share price at the grant date, EUR	1.13–2.74 (6.75)	0.86–2.95 (1.85)	1.13–2.63 (2.05)	2.01 (2.05)
Maturity, years	7.0–10.2 (10.8)	7.6–11.4 (11.7)	9.8–10.2 (10.1)	9.8 (10.1)
Expected volatility, %	43.0–52.2 (41.2)	42.6–53.5 (42.6–43.1)	43.0–48.0 (42.3)	43.0 (42.3)
Risk-free rate, %	1.47–3.36 (-0.13)	1.47–3.12 (1.3–2.74)	1.47–3.36 (1.30)	1.47 (1.30)
Expected dividends, EUR	0	0	0	0
Valuation model	Binomial model, Monte Carlo	Binomial model, Monte Carlo	Black-Scholes, Binomial model, Monte Carlo	Binomial model
Fair value, EUR	0.06–0.62 (3.15–3.31)	0.10–1.68 (0.48–0.60)	0.06–1.15 (0.31–0.51)	0.06–0.14 (0.31–0.40)

*) Nightingale Health's Board of Directors resolved on 11 August 2022 to change the subscription price of shares in all the company's stock option programs that entitle to subscribe for Series B shares. The new subscription price of each share in the stock option programs is EUR 2.50. Prior to the change the subscription price was EUR 6.75 per share. The original fair value has been effective from grant date until 10 Aug 2022, and the recalculated fair value from 11 Aug 2022 onwards. The table above contains the amended assumptions (original assumptions in parentheses) and the fair values with the amended assumptions (fair value with original assumptions in parentheses).

Summary of option programs

Summary of option programs	30 June 2026		30 June 2025	
	Average exercise price per option, EUR	Number of options	Average exercise price per option, EUR	Number of options
Outstanding on 1 Jul	2.48	17,427,497	2.20	15,203,153
Granted during period	2.50	585,000	4.37	2,274,800
Forfeited during period	2.49	-1,880,050	2.50	-30,000
Exercised during period	-	-	1.61	-20,456
Outstanding on 30 Jun	2.48	16,132,447	2.48	17,427,497
Exercisable at the end of the period	1.61	3,904,050	1.65	4,122,700
Weighted average price of shares at the date of exercise			3.01	

Impact of share-based payments on income statement and statement of financial position

EUR thousand	7/2025–6/2026	7/2024–6/2025
Employee benefits recognized in profit and loss	1,000	1,693
Total	1,000	1,693

Share incentive programs

Nightingale Health has had two share incentive programs, in which employees could purchase Series EMP shares for their market value deducted with the reduction allowed for personnel issues pursuant to section 66 of the Income Tax Act. The expense is recognized for the vesting period with corresponding entry made to equity.

Significant estimate – assumptions used in measuring fair value and determining the vesting periods

The fair value of stock options is determined on their grant date. The fair value is determined using the Black-Scholes or binomial option pricing model or a Monte Carlo-simulation. For rewards with market conditions, the binomial model or a Monte Carlo-simulation is used in modeling the development of the Company's market capitalization. Expected volatility is based on the Company's available historical volatility and the historical volatility of four peer companies. The Finnish Government 10-year bond yield is used as a proxy for the risk-free rate. Details on the assumptions are presented above in the table Assumptions used in determining fair value.

On each reporting date, the company estimates the amount of awards that will vest and expense cost will be adjusted accordingly.

8 Other expenses

Accounting policy

Other expenses include expenses other than those related to sale of goods sold and employee benefits, such as service, maintenance and IT, marketing, administrative and losses on the disposals of non-current assets and other personnel related costs such as recruitment costs.

Disaggregation of other expenses by nature

EUR thousand	7/2025–6/2026	7/2024–6/2025
Other personnel-related expenses	-360	-373
Service, maintenance and IT	-2,620	-2,091
Sales and marketing	-922	-928
Administrative	-2,081	-2,535
Research and development (R&D)	-261	-125
Total	-6,245	-6,051

Other expenses include R&D expenses of EUR 261 thousand which did not meet the criteria for being capitalized in development costs.

Fees to auditors

EUR thousand	7/2025–6/2026	7/2024–6/2025
PricewaterhouseCoopers Oy		
Audit fees	-162	-168
Engagement related to Auditing Act 1:1.1 § (2)	-10	-1
Other fees	-	-69
PricewaterhouseCoopers Oy, total	-172	-239
Other audit firms		
Audit fees	-35	-47
Other audit firms, total	-35	-47

9 Depreciation, amortization and impairment losses

Accounting policy

Depreciation and amortization are the systematic allocation of the depreciable/amortizable amount of a/an tangible/intangible asset over its useful life. Nightingale Health records the depreciation/amortization on a straight-line basis. Amortization of intangible assets commences from the date they are available for use as intended by Nightingale Health's management. Depreciation of property, plant and equipment commences from the date that they are available for use. Nightingale Health reviews the depreciation/amortization periods applied at least at the end of each financial year. If the expected useful life of an asset is significantly different from previous estimates, the Group adjusts the depreciation/amortization prospectively. More information is in note 14 Property, plant and equipment and 12 Goodwill and intangible assets.

Impairment loss is the amount by which the carrying amount of an asset exceeds its recoverable amount. Further information is provided in Note 13 Impairment testing.

Intangible assets

Amortization is recognized on a straight-line basis in profit or loss over the estimated useful life of an intangible asset. The useful lives are 3–5 years, except for certain intangible assets acquired through business combinations, which have a useful life of 10 years.

The Group recognized no impairment losses on intangible assets in the financial years 1 July 2025–30 June 2026 and 1 July 2024–30 June 2025.

Property, plant and equipment

Depreciation is recognized on a straight-line basis in profit or loss over the estimated useful lives of the assets. The estimated useful lives are as follows:

- Machinery and equipment 4–10 years
- Leasehold improvement costs 5 years

The Group recognized no impairment losses on property, plant and equipment in the financial years 1 July 2025–30 June 2026 and 1 July 2024–30 June 2025.

Depreciation and amortization

EUR thousand	7/2025–6/2026	7/2024–6/2025
Intangible assets		
Other technology	-36	-36
Applications	-750	-2,336
Laboratory technology	-2,423	-1,646
Risk models	-605	-1,550
Intangible rights	-145	-331
Total	-3,959	-5,898
Property, plant and equipment		
Machinery and equipment	-1,547	-1,197
Buildings and structures	-61	-120
Total	-1,608	-1,317
Right-of-use assets		
Right-of-use assets	-1,365	-1,078
Total	-1,365	-1,078
Total depreciation and amortization in profit or loss	-6,932	-8,294

10 Income taxes

Accounting policy

The income tax expense in profit or loss comprises both current tax and change in deferred taxes. Income taxes are recognized in profit or loss except to the extent that it relates to a business combination, items recognized directly in equity or in other comprehensive income (OCI).

Where tax positions are uncertain, accruals are recorded within income tax liabilities for management's best estimate of the ultimate liability expected to arise based on the specific circumstances, Group's interpretation of the tax laws and historical experience.

Current tax

The current income tax charge is calculated on the taxable income on the basis of the tax rate and tax laws enacted (or substantively enacted) by the period-end date in the countries where the Group operates and generates taxable income. Current taxes are adjusted for the taxes of previous financial periods, if applicable.

Taxable profit may differ from the profit reported in financial statements, since some income or expense items may be taxable or deductible in other years, and/or certain income items are not taxable or certain expense items are non-deductible for taxation purposes.

Deferred taxes

Deferred taxes are calculated on temporary differences between the tax bases of assets and liabilities and their carrying amounts in the consolidated financial statements. On 30 June 2026, the Group's deferred taxes mainly arose from fair value measurement of assets in business combinations, leases, revenue recognition, tax losses carried forward and intra-group margins. Deferred taxes are determined using the statutory tax rates (and tax laws) or the tax rates substantively enacted by the period-end.

Deferred tax liabilities

A deferred tax liability is recognized for taxable temporary differences between the carrying amount of the item and the tax base. Deferred tax liability is not recognized upon initial recognition of goodwill or initial recognition of an asset or liability and if the transaction is not a business combination and does not affect the accounting result, taxable profit or tax loss at the time the transaction is completed.

Deferred tax assets

A deferred tax asset is recognized for deductible temporary differences, the carry forward of unused tax losses and unused tax credits, only to the extent that it is probable that future taxable profits will be available, against which Nightingale Health can utilize the abovementioned items.

- Recognized deferred tax assets: the Group reviews the amount and the probability of the utilization of such assets at each period-end. If the utilization of the related tax benefit is no more considered probable, Nightingale Health recognizes a write-down against the deferred tax asset.
- Unrecognized deferred tax assets: Nightingale Health re-assesses these items at each period-end and recognizes those to the extent that it has become probable that future taxable profits will allow the deferred tax asset to be recovered. This applies, for example, to deferred tax assets to be recognized on tax losses carried forward. In making this determination, the Group considers all available positive and negative evidence including projected future taxable income, future reversals of existing temporary differences, changes in tax laws and/or rates and recent financial arrangements.
- However, a deferred tax asset is not recognized if it arises from the initial recognition of an asset or liability and that the transaction is not a business combination and does not affect the accounting result or taxable profit or tax loss at the time the transaction is executed.

Current tax expense

EUR thousand	7/2025–6/2026	7/2024–6/2025
Current tax for the financial year	-17	-72
Current tax adjustments for prior years	27	-
Change in deferred taxes	14	19
Withholding taxes	-15	
Total	9	-54

Reconciliation between income tax expense in profit or loss and tax expense calculated using the Finnish corporate tax rate

EUR thousand	7/2025–6/2026	7/2024–6/2025
Loss before tax	-18,482	-18,408
Tax using the Finnish corporate tax rate (20%)	3,696	3,682
Unrecognized deferred tax assets on tax losses for the period	-2,612	-3,308
Share based payments	-200	-339
Share of joint venture's result	-	-7
Taxes for prior financial years	27	-
Utilization of tax losses for which no deferred tax asset has been recognized	38	-
Temporary differences, depreciation not yet deducted for tax purposes	-841	-
Non-deductible expenses	-78	-
Other	-20	-81
Taxes in the income statement	9	-54

Changes in deferred tax assets and deferred tax liability balances

EUR thousand	1 Jul 2025	Recognized in profit or loss	Recognized in other comprehensive income	Other Changes	30 Jun 2026
Deferred tax assets					
Tax losses carried forward	4	18	-	-	21
Intra-group margins	37	-3	-1	-	33
Leases	679	-253	-	414	840
Intangible assets	46	-36	-	-	10
Total	766	-274	-1	414	905
Netted from deferred tax liabilities	-745				-873
Deferred tax assets in balance sheet	21				31
Deferred tax liabilities					
Leases	-673	272	-	-414	-815
Tangible assets	-22	8	-	-	-14
Fair value measurement of intangible assets	-71	10	-	-	-61
Total	-766	289	-	-414	-890
Netted from deferred tax assets	745				873
Deferred tax liabilities in balance sheet	-21				-17

Income tax on items of other comprehensive income

The Group recognized no income taxes related to other comprehensive income in the financial years ended on 30 June 2026 and 30 June 2025.

Tax losses for which no deferred tax asset is recognized

EUR thousand	30 Jun 2026	30 Jun 2025
Tax losses	86,661	78,915

Of the tax losses carried forward for which no deferred tax asset is recognized, EUR 85,112 thousand have arisen in the parent company Nightingale Health Plc (EUR 77,639 thousand on 30 June 2025). No deferred tax asset has been recognized for the losses, as at the date of preparation of the financial statements it was not considered that there was convincing evidence that the losses would be recoverable, except for the amounts for which deferred tax assets have been recognized, as they can be offset against taxable temporary differences. EUR 21,589 thousand of the losses expire between 2027 and 2031 and EUR 63,523 thousand between 2032 and 2036. Tax losses of EUR 1,550 thousand (EUR 1,277 thousand) have been incurred by the subsidiaries in Japan, the USA, the UK, Germany, and Singapore. EUR 534 thousand of the losses expire between 2030-2036 and EUR 1,016 thousand will not expire.

Other deductible temporary differences for which no deferred tax asset is recognized

The Group also has other deductible temporary differences for which no deferred tax assets have been recognized, amounting to EUR 637 thousand on 30 June 2026 (EUR 1,268 thousand on 30 June 2025). Majority of the other deductible temporary differences consisted of the accounting accrual of share-based payments in accordance with IFRS 2.

11 Earnings per share

Accounting policy

Basic earnings per share is calculated by dividing the profit (loss) attributable to owners of the company by the weighted average number of ordinary shares outstanding during the financial year (excluding any treasury shares held).

In calculating diluted earnings per share, the weighted average number of ordinary shares outstanding is adjusted to assume conversion of all dilutive potential ordinary shares. Share options have a dilutive effect only when the average market price of ordinary shares during the period exceeds the exercise price of the options. The share options have no dilutive effect if there is a loss for the period.

Earnings per share

	7/2025–6/2026	7/2024–6/2025
Profit attributable to owners of the company (loss)	-18,472	-18,461
Weighted average number of ordinary shares outstanding during the financial year (1,000 pcs)	60,361	60,346
Basic and diluted earnings per share, Series A and Series EMP, EUR	-0.31	-0.31
Basic and diluted earnings per share, Series B, EUR	-0.31	-0.31

The Company's Series A, Series B and Series EMP shares are ordinary shares of the Company. Series B shares are entitled to a five percent higher dividend than Series A shares and Series EMP shares. The preference does not concern other distribution of assets or capital distribution, only payment of dividends. Based on the dividend preference Series B shares are considered a separate class of ordinary shares, hence Nightingale Health presents earnings per share ("EPS") separately for all share classes that have different right to earnings. Therefore, Nightingale Health presents two different EPS-numbers, Series B EPS is presented separately from the EPS for Series A and Series EMP. As the Group has been lossmaking the dividend preference has no effect on earnings per share for Series B shares.

The Company's potential dilutive instruments consist of granted share options. As the Group has been lossmaking, the share options would have an anti-dilutive effect and therefore they have not been considered when measuring the diluted earnings per share. Therefore, there is no difference between the basic and diluted earnings per share.

12 Goodwill and intangible assets

Accounting policy

Goodwill

Goodwill represents the excess of the

- consideration transferred,
- amount of any non-controlling interest (NCI) in the acquiree, measured either at fair value or at the NCI's proportionate share of the acquired entity's net assets, and
- acquisition-date fair value of any previous equity interest in the acquiree,

over the fair value of the net identifiable assets acquired in business combinations. Goodwill reflects, for example, expected future synergies resulting from the acquisitions. Goodwill is not subject to amortization but is tested annually for impairment and whenever there is an indication of impairment. Goodwill is carried at historical cost less accumulated impairment losses.

Intangible assets

An intangible asset is recognized if the item is identifiable, Nightingale Health controls the asset, there are future economic benefits associated with the intangible asset and it is probable that the future economic benefits that are attributable to the asset will flow to the Group, and the cost of the asset can be measured reliably. Intangible assets are initially measured at cost, except for those assets acquired as part of a business combination. Subsequently, intangible assets are carried at cost less any accumulated amortization and accumulated impairment losses. Amortization is provided on a straight-line basis over the useful lives of the assets.

The technology-related assets acquired in business combinations were initially measured at fair value at the acquisition date using the relief-from-royalty method. This method considers the discounted estimated royalty payments that are expected to be avoided as a result of the technology acquired.

Research and development expenditures

Research is original and planned investigation Nightingale Health undertakes with the prospect of gaining new scientific or technical knowledge and understanding. Such costs are expensed as incurred.

Development is the application of research findings or other knowledge to a plan or design for the production of new or substantially improved materials, devices, products, processes, systems or services before the start of commercial production or use. The Group capitalizes such costs when all the following criteria are met:

- Nightingale Health can demonstrate the technical feasibility of completing the intangible asset so that it will be available for use or sale.
- The Group intends to complete the intangible asset and use or sell it.
- Nightingale Health is able to use or sell the intangible asset.
- The Group is able to demonstrate how the intangible asset will generate probable future economic benefits.
- Nightingale Health has adequate technical, financial and other resources available to complete the development and to use or sell the intangible asset
- Nightingale Health is able to measure reliably the expenditure attributable to the intangible asset during its development.

Capitalization of development expenditures begins when all the criteria described above are met and ceases when the intangible asset is available for use as intended by management. Capitalized development costs comprise all directly attributable cost of preparing the asset for its intended use. Those costs at Nightingale Health mainly include employee benefit costs, analysis costs for research samples and purchases from third parties. The Group has also:

- capitalized borrowing costs incurred by Nightingale Health, from the government loans drawn for development activities, or from the generally borrowed funds, where a capitalization rate is applied to the expenditures on that asset.
- deducted the government grants Nightingale Health has received for development activities and capitalized the related costs.

Amortization periods

The intangible assets internally developed by the Group are amortized over 3 to 5 years. The amortization period for other technology, i.e. technology-related assets acquired in business combinations, is 10 years.

Nightingale Health reviews the amortization periods and methods applied at least at each financial year-end. If the expected useful life of an asset is different from previous estimates, the amortization period is adjusted prospectively. The changes in useful lives may arise from technical developments, or changes in demand or competition, for example.

Impairment testing

Nightingale Health performs an annual impairment test for goodwill and intangible assets not yet available for use. In addition, the Group assesses at each reporting date whether there is any indication that an intangible asset may be impaired. For details on impairment testing, refer to Note 13 Impairment testing.

Significant judgement – eligibility of development costs for capitalization

Significant estimate – probable future economic benefits embodied in the assets under development

Nightingale Health recognizes internally generated development costs as an intangible asset in its balance sheet when the recognition criteria are met. This requires management to use judgement in considering whether the capitalization criteria for an asset under development are met, such as the technical feasibility of the intangible asset and its probable future economic benefits. Technical feasibility is assessed as part of the product development process and capitalization of the development costs is only started when the project has technically reached a predefined stage. The future economic benefits are assessed on a project-by-project basis, taking into account qualitative factors. The company determines the recoverable cash flows by using cash flow-based income calculations. The cash flows involve assumptions about future sales and their development, costs and profitability, and useful lives, and may differ significantly from subsequent cash flows.

When an intangible asset is completed, management assesses the useful life of the asset, i.e. the amortization period, and, in respect of the expenditures incurred after completion, whether it is an improvement to the existing assets recorded as an intangible asset, or if it is considered maintenance activity accounted for as an expense.

Development costs

The Group's development expenditures relate to the following areas:

- Applications comprise mobile applications through which the company delivers blood analysis results to its customers, and interfaces through which the company delivers blood analysis results for use by customers of its partners.
- Laboratory technology consists of laboratory software and analytical methods developed by the company for the analysis of blood samples, including the capabilities to analyze both venous blood samples and dry blood samples.
- Risk models are algorithms developed to identify the risk of disease. The algorithms have been developed on the basis of historical data collected in biobank studies. The medical evidence-based algorithms developed by the company can be used to identify the level of risk associated with a person's prevalent heart health, type 2 diabetes and obesity, lung health, gut health, joint health, mental health and immunity, among others.

Other technology includes assets recognized in the business combinations.

Patents, Trade Secrets and Trademarks include all the intellectual property assets of the Velvet™ blood collection device that the Group acquired on 27 June 2024.

Reconciliation of carrying amounts

7/2025–6/2026 EUR thousand	Good- will	Other technol- ogy	Patents	Trade secrets	Trade- marks	Applica- tions	Labora- tory technol- ogy	Risk models	Total
Acquisition cost									
Balance on 1 July	1,023	418	1,604	301	100	9,515	10,567	6,109	29,637
Additions	-	-	-	-	-	245	933	180	1,358
Balance on 30 June	1,023	418	1,604	301	100	9,761	11,500	6,289	30,996
Accumulated amortiza- tion and impairment losses									
Balance on 1 July	-	-138	-559	-105	-35	-8,458	-5,988	-5,054	-20,336
Amortization	-	-36	-116	-22	-7	-750	-2,423	-605	-3,959
Balance on 30 June	-	-174	-675	-127	-42	-9,208	-8,411	-5,659	-24,296
Carrying amount on 1 July	1,023	280	1,045	196	66	1,057	4,579	1,056	9,302
Carrying amount on 30 June	1,023	244	929	174	58	552	3,089	631	6,701

7/2024–6/2025 EUR thousand	Good- will	Other tech- nology	Li- censes	Pa- tents	Trade se- crets	Trade marks	Applica- tions	Labor- atory tech- nology	Risk models	Total
Acquisition cost										
Balance on 1 July	1,023	418	-	1,604	301	100	9,406	9,189	5,724	27,766
Transfers between lines	-	-	-	-	-	-	1	-	-1	0
Additions	-	-	-	-	-	-	107	1,378	386	1,871
Balance on 30 June	1,023	418	-	1,604	301	100	9,515	10,567	6,109	29,637
Accumulated amorti- zation and impairment losses										
Balance on 1 July	-	-102	-	-295	-55	-18	-6,122	-4,342	-3,504	-14,438
Amortization	-	-36	-	-264	-50	-17	-2,336	-1,646	-1,550	-5,898
Balance on 30 June	-	-138	-	-559	-105	-35	-8,458	-5,988	-5,054	-20,336
Carrying amount on 1 July	1,023	316	-	1,310	246	82	3,284	4,847	2,221	13,329
Carrying amount on 30 June	1,023	280	-	1,045	196	66	1,057	4,579	1,056	9,302

Research and development costs expensed totaled EUR 261 thousand (EUR 125 thousand).

Intangible assets not yet available for use

The carrying amounts of the following intangible assets contain intangible assets not yet available for use totaling EUR 2,083 thousand on 30 June 2026 (EUR 2,779 thousand):

Applications: EUR 332 thousand (EUR 86 thousand)

Laboratory technology: EUR 1,382 thousand (EUR 2,507 thousand)

Risk models: EUR 370 thousand (EUR 186 thousand)

13 Impairment testing

Accounting policy

Nightingale Health tests goodwill and intangible assets not yet available for use annually for impairment. In addition, at each period-end the Group assesses if there is any indication of impairment of an intangible asset. If any indication exists, Nightingale Health performs an impairment test for the asset concerned.

At each period-end Nightingale Health management assesses if there is any indication of impairment of goodwill or intangible, tangible or right-of-use asset. The Group evaluates indicators based on internal and external sources of information that measure financial performance, such as internal group reporting or monitoring of the economic environment and markets. Indicators may include, among others:

- unexpected changes in significant factors underlying impairment tests (revenues, profitability levels and prevailing interest rates)
- the carrying amount of the net assets of the company is more than its market capitalization
- changes in market conditions.

For the purposes of impairment testing goodwill is allocated to the cash-generating units (CGUs), or groups of cash-generating units, that are expected to benefit from the business combination in which the goodwill arose. A cash-generating unit is the smallest identifiable group of assets in Nightingale Health that generates inflows that are largely independent from the cash inflows from other assets or groups of assets.

The recoverable amount of an asset or a cash-generating unit is the higher of its fair value less costs of disposal and its value in use.

An impairment loss is recognized in profit or loss if the carrying amount of a cash-generating unit exceeds its recoverable amount. An impairment loss is allocated to reduce the carrying amount of the unit's assets by first reducing the carrying amount of any goodwill allocated to the cash-generating unit, and then to the other assets of the unit pro rata on the basis of the carrying amount of each asset in the unit. After the recognition of an impairment loss, depreciation/amortization on the assets is reviewed in future periods so that the adjusted carrying amount of the asset, less any residual value, is depreciated/amortized on a systematic basis over the remaining useful life of the asset. An impairment loss recognized for goodwill is not subsequently reversed.

Assets subject to impairment testing

Nightingale Health has internally developed intangible assets, for example a blood analysis technology that measures metabolism and disease risks in a comprehensive way, which includes laboratory technology and risk models for identifying disease risks. Nightingale Health has also developed applications and interfaces for reporting results. The Group's intangible assets are used together to provide the services of blood analysis and disease risk prediction. Therefore, no intangible asset of Nightingale Health generates cash flows independently and all assets are a single cash-generating unit.

Goodwill and intangible assets not yet available for use at the reporting dates

EUR thousand	30 Jun 2026	30 Jun 2025
Goodwill	1,023	1,023
Intangible assets not yet available for use	2,083	2,779
Total	3,106	3,802

Testing level

Nightingale Health has a single cash-generating unit (CGU), so both goodwill and intangible assets not yet available for use are tested as part of that CGU.

Impairment testing methodology and inputs

Nightingale Health has determined recoverable amounts based on value-in-use calculations using discounted net cash flow projections.

In the impairment test performed on 1 April 2026, the value-in-use calculations rely on the budget prepared by management and approved by the Group's Board of Directors for the financial year 2026–2027 and on forecasts for the following four years.

Nightingale Health has used a single forecast of future cash flows that reflects the most likely outcome and excludes adjustments to cash flows for risks. Nightingale Health has accounted for the risks associated with the growth stage in the pre-tax discount rate, or WACC, for which Nightingale Health has used a discount rate 26.4% (24.0%) that reflects the risks of growth stage companies, including the risks associated with the amount and timing of cash flows and a risk-free market rate. An average revenue growth rate of 48% (69%) over the forecast period and 2% (2%) after the forecast period has been used. Direct costs are assumed to scale with the current gross margin level in relation to revenue adjusting

for expected inflation. Given the highly scalable nature of the company's operations, indirect costs are assumed to remain almost unchanged over the forecast period, leading to a significant improvement in the operating margin. The operating margin for the last year of the forecast period has been estimated at 24.8% (29.1%) and the period after that at 33.1% (39.9%).

No need for impairment was identified based on the impairment test performed on 1 April 2026. The impairment test showed a buffer compared to the carrying amounts of the tested assets. The impairment test is based on the assumption of significant revenue growth and the realization of the estimated revenue growth is subject to significant uncertainty as the services to be provided are newly launched on the market.

Significant estimate – assumptions and estimates used in impairment testing

The recoverable amounts of the cash-generating unit have been determined based on value-in-use calculations. The preparation of value-in-use calculations requires management of Nightingale Health to make assumptions. The key assumptions relate to the revenue growth rate, costs, operating margin and discount rate. The revenue growth rate used in the impairment test is derived from management's expectations of the sales volume, price, and development of blood analysis capacity for blood analysis services. Sales volume development is based on management's assessment of how quickly and successfully the company can bring its products to market and gain market share in existing market revenue streams, as well as create new business opportunities and revenue streams. The price assessment is based on information about the price level in the existing market, an understanding of the internal cost structure of the company, and an idea of how much potential customers might be willing to pay for the value added that the company can provide to them. The company's production processes are expected to become approximately 2% more efficient per year, leading to an increase in sample analysis capacity. The cost structure is based on the current cost structure of the company, both in terms of direct and indirect costs. The company's production capacity utilization is already high, although some samples do not generate revenue. Thus, the shift in capacity utilization towards revenue-generating samples does not impose any additional costs on the company, which means that there is a significant potential for scaling up the company in terms of costs.

14 Property, plant and equipment

Accounting policy

Nightingale Health's property, plant and equipment (PPE) mainly consist of laboratory equipment and leasehold improvement costs. The acquisition cost comprises directly attributable incremental costs incurred in acquisition and installation. Subsequently property, plant and equipment are carried at cost, less any accumulated depreciation and any accumulated impairment losses.

Depreciation of property, plant and equipment commences when the asset is available for use to Nightingale Health. Depreciation is recognized to profit or loss on a straight-line basis over the estimated useful lives of an item of property, plant and equipment as follows:

- Leasehold improvement costs 5 years
- Machinery and equipment 4–10 years

Nightingale Health reviews expected useful lives and residual values at least at each financial year-end. If they differ significantly from previous estimates, the useful lives are adjusted prospectively.

At each reporting date, the Group assesses whether there is an indication that an asset of property, plant and equipment may be impaired. If any indication exists, the Group estimates the asset's

recoverable amount. When the carrying amount of an asset exceeds its recoverable amount, the difference, i.e. an impairment loss, is recognized in profit or loss.

If an item of property, plant and equipment is sold, disposed or retired, the resulting gain or loss is recognized in Other income or Other expenses.

Sale and leaseback transaction

When Nightingale Health (the seller-lessee) transfers an asset to another entity (the buyer-lessor) and leases that asset back from the buyer-lessor, the Group assesses if it has transferred control of the asset to the buyer-lessor.

- If the control of the asset has been transferred, Nightingale Health measures the right-of-use asset arising from the leaseback at the proportion of the previous carrying amount of the asset that relates to the right of use retained by Nightingale Health
- If the control of the asset has not been transferred, Nightingale Health continues to recognize the transferred asset and recognizes a financial liability equal to the transfer proceeds.

Capital expenditure

In the financial year ended on 30 June 2026 Nightingale Health invested in its laboratory facilities and laboratory equipment.

Reconciliation of carrying amounts

7/2025–6/2026 EUR thousand	Leasehold im- provement costs	Machinery and equipment	Total	Right-of-use as- sets
Cost on 1 Jul 2025	780	10,049	10,829	8,575
Additions	53	826	879	2,287
Deductions	-	-	-	-3,630
Adjustments	-	-	-	-916
Translation differences	-16	-43	-59	57
Cost on 30 Jun 2026	817	10,833	11,650	6,372
Accumulated depreciation and im- pairment on 1 Jul 2025	-612	-3,404	-4,018	-5,289
Deductions	-	-	-	3,566
Depreciation	-61	-1,547	-1,608	-1,365
Adjustments	-	-	-	706
Translation differences	14	42	55	-12
Accumulated depreciation and im- pairment on 30 Jun 2026	-658	-4,909	-5,572	-2,393
Carrying amount on 1 Jul 2025	168	6,646	6,814	3,286
Carrying amount on 30 Jun 2026	159	5,924	6,082	3,979

7/2024–6/2025 EUR thousand	Leasehold im- provement costs	Machinery and equipment	Total	Right-of-use assets
Cost on 1 Jul 2024	842	8,637	9,479	6,121
Additions	3	1,516	1,520	2,775
Deductions	-	-	-	-159
Reclassifications	-66	66	-	-
Translation differences	-	-170	-170	-161
Cost on 30 Jun 2025	780	10,049	10,829	8,575
Accumulated depreciation and im- pairment on 1 Jul 2024	-494	-2,229	-2,723	-4,277
Reclassifications	-	-	-	-
Deductions	-	-	-	58
Depreciation	-120	-1,197	-1,317	-1,078
Translation differences	-	22	22	9
Accumulated depreciation and im- pairment on 30 Jun 2025	-612	-3,404	-4,018	-5,289
Carrying amount on 1 Jul 2024	348	6,408	6,757	1,843
Carrying amount on 30 Jun 2025	168	6,646	6,814	3,286

15 Leases

Accounting policy

Nightingale Health acts as a lessee mainly leasing business premises, laboratory equipment, other machinery and equipment as well as cars. Generally, the Group recognizes a leased asset (right-of-use asset) and a lease liability for all leases, except for short-term leases and leases of low-value items (accounting treatment discussed below). The Group assesses at contract inception whether a contract is, or contains, a lease. A contract is a lease or includes a lease, if the contract conveys the right to control the use of an identified asset for a period of time in exchange for consideration.

Nightingale Health recognizes a right-of-use asset and a lease liability at the commencement date. The right-of-use asset is initially measured at cost, which comprises:

- the amount of the initial measurement of the lease liability
- any lease payments made at or before the commencement date, less any lease incentives (e.g. rent-free months)
- any initial direct costs incurred by Nightingale Health, and
- an estimate of restoration costs, if any, to be incurred by the Group.

After the commencement date, the right-of-use assets are measured at cost less any accumulated depreciation and any accumulated impairment losses, and adjusted for certain remeasurements of the lease liability. Right-of-use assets are depreciated on a straight-line basis from the commencement date over the shorter of the lease term or the estimated useful lives of the assets. If the lease contains a purchase option that Nightingale Health believes is reasonably certain to be exercised, the depreciation period may be determined by the economic useful life of the asset, even if it is longer than the lease term. A right-of-use asset is tested for impairment, if necessary, and any impairment loss is recognized in profit or loss.

The lease liability is initially measured at the present value of the lease payments that are not paid at the commencement date. The Group uses the interest rates implicit in the leases for discounting and if

those rates cannot be readily determined, its incremental borrowing rate. Lease payments included in the measurement of the lease liability comprise the following:

- fixed payments, including in-substance fixed payments
- variable lease payments that depend on an index or a rate, initially measured using the index or rate as at the commencement date of the contract
- amounts expected to be payable under a residual value guarantee, and
- the exercise price under a purchase option that Nightingale Health is reasonably certain to exercise.

Subsequently, the lease liability is measured at amortized cost using the effective interest rate method. It is remeasured when there is a change in future lease payments arising from change in an index or rate, if there is a change in the Group's estimate of the amount expected to be payable under a residual value guarantee, or if Nightingale Health changes its assessment of whether it will exercise a purchase, extension or termination option. When a lease liability is remeasured in this way, a corresponding adjustment is made to the carrying amount of the right-of-use asset or is recorded in profit or loss if the carrying amount of the right-of-use asset has been reduced to zero.

Nightingale Health has elected not to recognize right-of-use assets and lease liabilities for:

- short-term leases (that have a lease term of 12 months or less) and
- leases of low-value assets (each asset with a value of approximately EUR 5,000 or less when new).

Such assets mainly comprise IT equipment, as well as other machinery and equipment.

The Group expenses the related lease payments on a straight-line basis over the lease term.

Nightingale Health has elected not to separate non-lease-components from lease components, which primarily include service components.

Reconciliation of carrying amounts of right-of-use asset

7/2025-6/2026 EUR thousand	Business premises	Laboratory equipment	Other	Total
Cost on 1 July 2025	7,693	706	175	8,575
Additions	2,192	-	95	2,287
Deductions	-3,571	-1	-59	-3,630
Adjustments*	-916	-	-	-916
Translation difference	57	-	-	57
Cost on 30 June 2026	5,455	705	212	6,372
Accumulated depreciation and impairment on 1 July 2025	-4 644	-534	-111	-5,289
Deductions	3,517	9	40	3,566
Depreciation	-1,201	-109	-55	-1,365
Adjustments*	706	-	-	706
Translation difference	-12	-	-	-12
Accumulated depreciation and impairment on 30 June 2026	-1,633	-634	-126	-2,393
Carrying amount on 1 July 2025	3,049	172	65	3,286
Carrying amount on 30 June 2026	3,822	71	86	3,979

*The adjustments made during the financial year relate to a correction to a lease agreement.

7/2024-6/2025 EUR thousand	Business premises	Laboratory equipment	Other	Total
Cost on 1 July 2024	5,175	708	237	6,121
Additions	2,750	-	24	2,774
Deductions	-71	-2	-86	-159
Reclassifications	-	-	-	-
Translation difference	-161	-	-	-161
Cost on 30 June 2025	7,693	706	175	8,575
Accumulated depreciation and impairment on 1 July 2024	-3,753	-419	-105	-4,277
Reclassifications	-	-	-	-
Deductions	10	-	48	58
Depreciation	-910	-115	-54	-1,079
Translation difference	9	-	-	9
Accumulated depreciation and impairment on 30 June 2025	-4,644	-534	-111	-5,289
Carrying amount on 1 July 2024	1,422	289	132	1,843
Carrying amount on 30 June 2025	3,049	172	65	3,286

Additions to right-of-use assets during the financial year mainly consisted of the renewal of the lease agreements for the laboratory and office premises in Helsinki.

The right-of-use assets are included in the line item Right-of-use assets in the Consolidated statement of financial position.

The depreciation of right-of-use assets is included in the line item Depreciation, amortization and impairment losses in the consolidated income statement.

Interest expenses related to leases were EUR 168 thousand (EUR 80 thousand). The interest expenses are included in the line item Finance cost.

Amounts presented in cash flow statement

EUR thousand	7/2025-6/2026	7/2024-6/2025
Cash outflow for leases	-1,108	-1,051
Cash outflow for leases of low-value assets	-96	-92
Total	-1,204	-1,143

The cost of low value leases is included in the line item Other expenses in the consolidated income statement.

Lease liabilities

EUR thousand	30 Jun 2026	30 Jun 2025
Non-current	2,924	2,121
Current	1,170	1,184
Total	4,094	3,304

Lease liabilities are presented in the consolidated statement of financial position classified as non-current and current according to their maturity. For the related maturity analysis refer to Note 23 Financial risk management (section Liquidity risk).

Significant estimate – determination of lease term

Some of the Group's business premise leases include extension options. Nightingale Health uses such conditions in its contractual practices to maximize operational flexibility. The Group assesses the use of the extension options on a case-by-case basis, alongside the regular management review process. In doing so, Nightingale Health evaluates, among other factors, the contractual terms for optional periods compared to market rates, the importance of the underlying asset to Group's operations, leasehold improvements undertaken, and the costs of terminating the contract and replacing the asset. Nightingale Health includes the extension options in the lease term if it is reasonably certain that the options will be exercised. The Group's most important business premise leases are for the parent company's premises in Helsinki and the US subsidiary's premises in the state of New York.

16 Inventories

Accounting policy

Inventories of Nightingale Health comprise laboratory supplies, materials for home sampling kits, supplies needed for the laboratory tests, and finished home sampling kits. Inventories are measured at the lower of cost or net realizable value. Nightingale Health determines the cost of materials and supplies using the weighted average cost method. The cost of finished goods comprises purchase price, direct delivery and handling costs and other directly attributable costs. Net realizable value is the estimated selling price in the course of ordinary business less the estimated cost to make the sale.

Breakdown of inventories

EUR thousand	30 Jun 2026	30 Jun 2025
Materials and services	1,914	1,615
Finished goods	24	127
Total	1,938	1,742

Nightingale Health recognized a write-down on inventories amounting to EUR 859 thousand (EUR 11 thousand) in the financial year ended 30 June 2026, of which EUR 305 thousand was recognized in the first half of the financial year and EUR 554 thousand in the second half of the financial year. No write-downs were reversed during the financial year or in the comparative period. The write-downs and their reversals are included in Materials and services.

In addition, in the financial year ended on 30 June 2026, Nightingale Health has expensed the cost of inventories amounting to EUR 886 thousand (EUR 662 thousand). The expense is included in Materials and services in the income statement.

17 Trade and other receivables

Accounting policy

Nightingale Health presents receivables arising from provision of services in the course of ordinary business as trade receivables. Trade receivables are presented separately from contract assets, which include accrued revenues. The accounting policy for revenue recognition is explained in Note 3 Revenue and segment information, and the measurement principles applied to trade receivables in Note 21 Financial assets. Those current receivables which are not trade receivables, contract assets or prepaid expenditures are included in other receivables. The carrying amount of trade receivables and other receivables are considered to be equal to their fair values due to the nature of the items being short-term. The impairment policy for trade receivables is explained in Note 21 Financial Assets.

Disaggregation of trade and other receivables

EUR thousand	30 Jun 2026	30 Jun 2025
Trade receivables	881	841
Contract assets	284	-
Interest receivables	17	59
Other receivables	88	341
Prepaid expenses	659	432
Total	1,929	1,673

Analysis of Group's trade receivables by age category

EUR thousand	30 Jun 2026	30 Jun 2025
Current	406	678
Past due 1–30 days	9	114
Past due 31–90 days	363	4
Past due 91–180 days	37	25
Past due over 180 days	65	20
Total	881	841

The Group manages the credit risk arising from trade receivables by collecting advance payments. The overdue receivables shown by the age category are due to the customers' slow payment behavior and the Group has historically had no credit losses. The results for the blood tests are mainly only released after the full payment has been made.

18 Equity

Accounting policy

Nightingale Health classifies the instruments it has issued either as financial liabilities or equity instruments, based on their substance. A financial liability is any liability that obligates Nightingale Health to deliver cash or another financial asset to another entity, or the holder of which has the right to demand cash, other financial assets, or a variable number of the Group's own equity instruments from the Group. An equity instrument is any contract that evidences a residual interest in the assets of Nightingale Health after deducting all of its liabilities. Transaction costs directly attributable to the issue of new shares are recorded in equity as a deduction, net of tax, from the proceeds.

The Group's equity comprises the following items:

- Share capital: the subscription price of a share received by the company in connection with share issues is credited to the share capital, unless it is provided in the share issue decision that a part of the subscription price is to be recorded in the Reserve for invested unrestricted equity.
- Reserve for invested unrestricted equity: this reserve comprises other equity investments and that part of the share subscription price that has not specifically been allocated to share capital.
- Translation differences: this reserve includes cumulative translation differences arisen from the translation of the financial statements of foreign operations into euros.
- Accumulated losses: the item includes accumulated losses from previous accounting periods.

Changes in share numbers and Group's equity

The parent company has three share series. In the shareholders general meeting, Series A entitles to 10 votes, Series B to 1 vote. Series EMP shares have no voting rights. The dividends that will be paid to Series B shares will be 5% higher than those paid to Series A shares and EMP shares. The shares have no voting restrictions. The parent company's shares do not have a nominal value. All shares issued have been fully paid.

The table below discloses changes in the number of shares and respective changes in Group's share capital and reserve for invested unrestricted equity.

EUR thousand	Share capital	Reserve for invested unrestricted equity	Pcs Series A shares	Pcs Series B shares	Pcs Series EMP shares
1 July 2025	80	142,413	19,374,768	40,454,511	1,109,636
Conversion of share series	-	-	-	80,668	-80,668
30 June 2026	80	142,413	19,374,768	40,535,179	1,028,968

Shares

The number of shares in Nightingale Health Plc by series of shares is presented in the table below.

Pcs	30 Jun 2026	30 Jun 2025
Series A shares	19,374,768	19,374,768
Series B shares	40,535,179	40,454,511
Series EMP shares	1,028,968	1,109,636
Total shares	60,938,915	60,938,915

At the end of the financial period, Nightingale Health had issued 60,938,915 fully paid shares. Shares were divided into share series as follows: Series A shares (19,374,768 pcs), Series B shares (40,535,179 pcs) and Series EMP shares (1,028,968 pcs).

Nightingale Health held 577,920 EMP shares at the end of the financial period, 30 June 2026, which constituted approximately 1 per cent of outstanding shares. The shares held by the company carry no voting rights and no entitlement to dividends.

According to the company's Articles of Association, Series A shares or EMP shares can be converted into Series B shares at the request of a shareholder, or, in case of nominee-registered shares, a nominee custodian entered in the shareholders' register. The conversion is made with a conversion rate of one to one (1:1), in which case one Series A share or EMP share is converted into one Series B share. During the financial year ended on 30 June 2026, 80,668 Series EMP shares were converted to 80,668 Series B shares.

Authorizations

Authorization for repurchase of company's own shares

The General Meeting on 6 November 2025 authorized the Board of Directors to decide on the repurchase of the company's own shares on the following terms and conditions:

- By virtue of the authorization, the Board of Directors is entitled to repurchase a maximum of 1,952,643 A-series shares and 4,029,322 B-series shares by using the non-restricted equity of the company. The shares may be repurchased in one or more lots.
- The company's own shares shall be repurchased at the market price prevailing at the time of the repurchase through public trading on the Nasdaq Helsinki Ltd stock exchange or otherwise at a market price. The authorization entitles the Board of Directors to decide on the repurchase also other than in proportion to the shareholdings of the shareholders (directed repurchase).
- The shares may be repurchased to be used in the implementation of possible acquisitions or other arrangements within the company's business, to finance investments, to develop the company's financial structure, as part of the implementation of possible incentive schemes of the company and/or otherwise to be kept by the company, transferred or cancelled
- The authorization includes the right of the Board of Directors to decide on other terms and conditions related to the repurchase of the company's own shares. The authorization is valid for 18 months. The authorization revokes the authorization to repurchase the company's own shares decided by the previous Annual General Meeting on 8 November 2024.

Authorization for issuing new shares

The General Meeting authorized the Board of Directors to decide on issuing new shares, conveying the company's own shares held by the company and/or granting of special rights referred to in Chapter 10, Section 1 of the Companies Act on the following terms and conditions:

- By virtue of the authorization, the Board of Directors is entitled to issue and/or convey a maximum of 2,037,198 A-series shares of the company under one or more decisions. The share issue and shares granted under the special rights are included in the specified maximum amount.
- In addition, under the authorization, the Board of Directors is entitled to issue and/or convey a maximum of 6,560,200 B-series shares of the company by one or more decisions. The share issue and shares granted under the special rights are included in the specified maximum amount.
- In addition, by virtue of the authorization, the Board of Directors is entitled to convey a maximum of 577,920 EMP-series shares held by the company under one or more decisions.
- The authorization revokes the authorizations resolved by the Extraordinary General Meeting held on 18 February 2021 and by the Annual General Meeting held on 8 November 2024 concerning the authorization of the Board of Directors to decide on the share issue and granting of special rights entitling to shares.

By virtue of the authorization, the Board of Directors is entitled to issue and/or convey no more than 2,037,198 A-series shares and 6,560,200 B-series shares of the company in total. The share issue and shares granted under the special rights are included in the maximum amounts mentioned. In addition, by virtue of the authorization, the Board of Directors is entitled to convey a maximum of 577,920 EMP-series shares held by the company.

Other conditions

The shares may be issued either against payment or without payment and they may also be issued to the company itself. The authorization entitles the Board of Directors to implement the share issue also as a directed issue. The authorization may be used in the implementation of possible acquisitions or

other arrangements within the company's business, to finance investments, to develop the company's financial structure, as part of the implementation of possible incentive schemes of the company and/or for other purposes decided by the Board of Directors.

The authorization includes the right of Board of Directors to decide on other terms and conditions of the share issue and granting of special rights referred to in Chapter 10, Section 1 of the Companies Act. The authorization is valid for 18 months.

Capital management

Nightingale Health's goal is to maintain a strong capital structure and ensure the ability to continue operations in order to maintain the trust of customers, investors, creditors and the market. The Board of Directors of Nightingale Health Plc evaluates the capital structure regularly.

Nightingale Health is focused on financing its growth and business development. Nightingale Health is committed to a strict dividend distribution policy, which is linked to the Group's result and financial position. Nightingale Health does not expect to pay a dividend in the short to medium term.

Equity ratio

EUR thousand	30 Jun 2026	30 Jun 2025
Total assets	58,057	74,513
Advances received	-1,582	-827
Total equity	48,738	66,166
Equity ratio	86.3 %	89.8%

Nightingale Health calculates the equity ratio by dividing the Group's reported equity by the total assets, from which advance payments received have been deducted.

Dividend distribution

For each year, the future amount of dividends, if any, and their timing will depend on the future results of the companies belonging to the Group, financial position, cash flows, investment needs, solvency, the ability of the parent company's subsidiaries to distribute dividends or otherwise transfer assets to the company, and other factors. Under the Finnish Limited Liability Companies Act, the amount of capitalized development costs (accounted for in accordance with the Finnish Accounting Act) is deducted from unrestricted equity in calculating distributable funds. Nightingale Health has not paid any dividends to date.

19 Trade and other payables and advances received

Accounting policy

Nightingale Health includes unpaid purchase invoices in trade payables, payables related to employee benefits, such as payroll taxes and social security liabilities, in employee benefit payables, and other payables that are not trade payables nor employee benefit payables in other payables. Trade and other payables are measured at their nominal values and their carrying amounts are considered a reasonable approximation of their fair value, based on their short maturity. Details on the financial liabilities and related accounting policy are provided in Note 22 Financial liabilities.

Nightingale Health includes in advances received contractual liabilities and other advance payments received. A revenue-related advance payment is recognized as a contractual liability under advances received in the statement of financial position. The item other advance payments received includes advance payments received that are not contractual liabilities.

Breakdown of trade and other payables and advances received

EUR thousand	30 Jun 2026	30 Jun 2025
Trade payables	1,050	986
Employee benefits payables	2,183	2,447
Other payables	393	502
Total	3,627	3,935
Advances received		
Contractual liabilities	1,482	727
Other advance payments received	101	101
Total	1,582	827

The most significant items under employee benefit payables comprise accruals for salaries and holiday pays and related employer contributions.

Advances received consist mainly of contractual liabilities (see Note 3 Revenue and segment information).

20 Finance items

Accounting policy

Nightingale Health recognizes interest income and interest expenses using the effective interest method (EIR). Interest expenses, EIR amortization, foreign exchange gains and losses as well as any gain or loss on derecognition of financial instruments are recorded in profit or loss under finance items. The Group presents foreign exchange rate differences arising from financial instruments under finance items.

Financial instruments measured at fair value through profit or loss are recognized at the trade date at fair value and subsequently remeasured at fair value at the end of each reporting period. The resulting realized and unrealized gains and losses are recognized in profit or loss in the reporting period in which they are incurred and presented under finance items.

The accounting policies applied to financial assets and financial liabilities are presented in more detail in Note 21 Financial assets, 22 Financial liabilities and 23 Financial risk management.

Finance income and costs

EUR thousand	7/2025–6/2026	7/2024–6/2025
Finance income		
Foreign exchange gains	113	1,021
Other finance income	588	1,277
Total finance income	701	2,298
Finance costs		
Foreign exchange losses	-194	-1,170
Interest expenses on financial liabilities measured at amortized cost	-	-11
Other finance costs	-184	-109
Total finance costs	-378	-1,289
Capitalized interest	-	-
Finance costs after capitalization	-378	-1,289
Net finance items	323	1,009

Finance income

The Group's other financial income consists of interest income from balances on bank accounts and from fixed-term deposits as well as interest income from commercial papers and from bond investment.

Finance costs - capitalized interest

No borrowing costs were capitalized during the financial year ended on 30 June 2026.

21 Financial assets

Accounting policy

Nightingale Health classifies financial assets of the Group either as

- financial assets measured at amortized cost, or
- financial assets measured at fair value through profit or loss (FVTPL).

Classification of financial assets is made based on their purpose of use upon initial recognition. Classification is based on the objectives of Nightingale Health's business model and the contractual cash flows from financial assets, or by applying the fair value option upon initial recognition. Nightingale Health has financial assets measured at amortized cost such as trade receivables, loan receivables and other receivables, cash and cash equivalents and financial assets measured at fair value through profit or loss.

All purchases and sales of financial assets are recognized at the transaction date. For financial assets not carried at fair value through profit or loss, transaction costs are included in the initial carrying amount. Financial assets are derecognized when Nightingale Health loses the rights to receive the contractual cash flows on the financial asset or it has transferred substantially all the risks and rewards outside the Group.

Financial assets are categorized as either current or non-current based on their maturity.

Financial assets measured at amortized cost

At Nightingale Health, financial assets measured at amortized cost primarily comprise cash and cash equivalents, current investments, trade receivables, and loan receivables. Assets classified in this category are measured at amortized cost using the effective interest rate (EIR) method.

The Group trade receivables are held within a business model whose objective is to collect the contractual cash flows, and those cash flows which are solely payments of principal and interest. Trade receivables are current assets that the Group has the intention to hold for less than 12 months from the end of reporting period.

Current investments done in accordance with the Group's liquidity management strategy are part of a business model in which assets are classified as amortized cost.

Nightingale Health recognizes a loss allowance for expected credit losses on a financial asset that is not measured at fair value through profit or loss. Impairment of trade receivables corresponds to lifetime expected credit losses for the trade receivables. Customers with increased credit risk are assessed individually. To measure expected credit losses a simplified provision matrix is in use and individual assessments are used with the customers bearing an increased credit risk. An impairment analysis is performed at each reporting date. The maximum exposure to credit risk at each reporting date is the carrying amount of the financial assets. Nightingale Health has a policy of writing off the gross carrying amount on a case by case basis. Nightingale Health can also make a case-specific assessment with respect to the timing and amount of write-off based on whether there is a reasonable expectation of recovery. Financial assets that are written off could still be subject to enforcement activities to comply with the Group's procedures of recovery of amounts due. Nightingale Health has no history of credit losses.

Financial assets measured at fair value through profit or loss

These instruments are recognized at the transaction date at fair value and subsequently remeasured at fair value at the end of each reporting period. The resulting realized and unrealized gains and losses are recognized in profit or loss in the reporting period during which they are incurred and presented under finance items.

Financial assets in this category are classified as non-current or current based on their maturity.

Financial assets

EUR thousand	30 Jun 2026	30 Jun 2025
Financial assets at amortized cost		
Non-current		
Loan receivables from employees	164	164
Current		
Investment in commercial paper		9,917
Trade receivables	881	841
Fixed term deposits	-	-
Cash and cash equivalents	36,798	41,288
Total	37,842	52,209

Financial assets measured at amortized cost

Loan receivables from employees relate to the Group's remuneration plans. The company has, as part of remuneration, offered the opportunity to borrow funds from the company to purchase EMP shares. The interest rate on the loans is linked to the 12-month Euribor rate. The loan receivables are classified as non-current.

The Group has investments in commercial papers. The investments are done according to the company's liquidity management strategy.

Trade receivables are receivables from customers for goods sold or services rendered in the ordinary course of business. They are generally due for payment within 30 days and are therefore all classified as current.

The Group uses fixed term deposits in accordance with the Group's liquidity management strategy. The fixed term deposits consist of deposits which have a maturity of more than 3 months at the time of the trade. The yield from the term deposits is determined when the deposit is made.

Cash and cash equivalents consist of bank accounts and fixed-term deposits with a maturity of less than 3 months at the time of the trade.

The company estimates that the carrying amounts of loan receivables, trade receivables, investments and other short-term financial assets at amortized cost correspond to their fair values due to mainly short-term nature.

Liquid funds

EUR thousand	30 Jun 2026	30 Jun 2025
Current investments	-	9,917
Cash and cash equivalents	36,798	41,288
Total	36,798	51,205

The Company's liquid funds as at 30 June 2026 consisted of cash and cash equivalents. In the comparative period, current investments consisted of an investment in a commercial paper that did not meet the definition of cash and cash equivalents and was therefore presented as current investments on the balance sheet. The Company's current investments are based on the Company's liquidity management strategy.

Net cash

EUR thousand	30 Jun 2026	30 Jun 2025
Current investments	-	9,917
Cash and cash equivalents	36,798	41,288
Net cash excluding lease liabilities and borrowings	36,798	51,205
Non-current borrowings	-	-
Current borrowings	-	-261
Lease liabilities	-4,094	-3,304
Net cash total	32,704	47,640

Net cash comprise the Group's liquid assets deducted by interest-bearing debt and lease liabilities.

22 Financial liabilities

Accounting policy

Nightingale Health classifies most of its financial liabilities in the measurement category financial liabilities measured at amortized cost. Financial liabilities are classified either as non-current or current financial liabilities based on their maturity. A financial liability is classified as current if Nightingale Health does not have an unconditional right to defer settlement of the liability for at least 12 months after the end of the reporting period. In respect of loans and borrowings current financial liabilities comprise of the portion falling due within less than 12 months.

A financial liability (or part of the liability) is not derecognized until the liability has ceased to exist, that is, when the obligation identified in a contract has been fulfilled, cancelled or is no longer effective.

Financial liabilities at fair value through profit or loss (FVTPL)

A financial liability is classified as at FVTPL if it is classified as held-for-trading, it is a derivative or it is designated as such on initial recognition. Such financial liabilities are measured at fair value both at initial recognition and thereafter and resulting fair value changes are recognized under financial items in profit or loss. Nightingale Health includes in this category contingent considerations arisen from business combinations.

Financial liabilities at amortized cost

For the Group, this category mainly comprises loans and borrowings, lease liabilities and trade payables. These financial liabilities are initially recognized at fair value. Transaction costs are included in the original carrying amount. Subsequently, these financial liabilities are measured at amortized cost using the effective interest rate (EIR) method. Amortized cost is calculated by considering any discount or premium on acquisition and fees or costs that are an integral part of the EIR.

Financial liabilities

EUR thousand	30 Jun 2026	30 Jun 2025
Amortized cost		
Non-current		
Lease liabilities	2,924	2,121
Current		
Government development loans	-	261
Lease liabilities	1,170	1,184
Trade payables	1,050	986
Fair value through profit or loss		
Contingent consideration	50	50
Total	5,194	4,601

Fair values

For the loans, the fair values are not materially different from the carrying amounts, as the interest payable on the loans is close to current market rates and the loans have a relatively short maturity. The Group estimates that the fair values for financial assets and financial liabilities correspond to their carrying values. The fair value is based on management judgement (level 3), as they are determined based on unobservable inputs.

Nightingale Health has a contingent consideration measured at fair value through profit or loss resulting from an acquisition. The contingent consideration is classified at the fair value hierarchy level 3, because the Group has used unquoted input data and management judgment in determining the fair value.

Changes in liabilities from financing cash flows

The following table provides a reconciliation between the opening and closing balances for liabilities arising from financing activities.

EUR thousand	7/2025–6/2026		7/2024–6/2025	
	Loans	Lease liabilities	Loans	Lease liabilities
Balance on 1 July	261	3,304	826	1,809
Changes from financing cash flows				
Repayments of loans	-261	-	-296	-
Sale and leaseback arrangement	-	-	-270	-
Payment of lease liabilities	-	-1,108	-	-1,052
Total changes from financing cash flows	-261	-1,108	-566	-1,052
New leases	-	2,287	-	2,775
Transaction costs related to loans	-	-	-	-
Other changes	-	-389	-	-228
Balance on 30 June	-	4,094	261	3,304

23 Financial risk management

The Group has exposures to the following risks arising from financial instruments, market risk, credit risk and liquidity risk. The Group's Board of Directors has the overall responsibility for the establishment and oversight of the Group's risk management framework. The Group's financial risk management aims to reduce the uncertainty potentially caused by changes in the financial markets on the Group's financial result and cash flow. The target is to ensure contingency in different market conditions and to ensure the Group's long term strategic development.

The Group's financial risk management is centralized to align it with the Group's strategic, operational and financial targets. As the Group does not have a specific treasury function, the CFO together with the CEO are responsible for financing, liquidity, finance relations and financial risks according to the risk management principles approved and overseen by the Board of Directors.

Sensitivity analysis for financial risks presented below are based on the risk exposures of Group's financial assets and liabilities at the reporting dates. Sensitivities are calculated by assuming a change in one of the risk factors of a financial instrument, such as interest rate or foreign exchange rate. When calculating the sensitivity, the management has estimated that a reasonable possible change is 1 percentage point (100 basis points) for interest rates, and 10% change for foreign exchange rates.

Market risk

Market risk is the risk that changes in market prices – e.g. foreign exchange rates, interest rates and equity prices – will affect the Group's income or the value of its holdings of financial instruments. The objective of market risk management is to manage and control market risk exposures within acceptable parameters, while optimizing the return. The Group does not currently use derivatives to manage market risks.

Foreign exchange risk

The Group is exposed to foreign currency transaction risk to the extent that there is a mismatch between the currencies in which sales, purchases, receivables, and borrowings are denominated and the

respective functional currencies of the companies in the Group. The functional currencies of the companies in the Group are euro (EUR), Japanese Yen (JPY), US Dollar (USD), British pound (GBP), Swedish Krona (SEK) and Singapore Dollar (SGD).

The Group companies operate locally, and they are exposed to currencies other than their functional currency only to a limited extent, with the exception of the Group's internal receivables and liabilities. Foreign currency-denominated inter-company receivables and payables, which do not form part of a net investment in a foreign operation are included in the sensitivity analysis for foreign currency risks. This is because, even though the balances are eliminated in the consolidated statement of financial position, the effect on profit or loss is not fully eliminated.

The Group monitors its foreign exchange exposures and, on a case-by-case basis, hedges the exposures.

Foreign exchange risk exposure

EUR thousand	JPY	USD	SEK	GBP	SGD
30 Jun 2026					
Cash and cash equivalents	204	-	64	109	241
Trade receivables	91	-	14	-	3
Trade payables	-	-130	-	3	-
Inter-company receivables	1,606	3,312	90	1,694	850
Inter-company payables	-499	-1,232	-	662	676
Net position	1,402	1,950	168	2,467	1,771
30 Jun 2025					
Cash and cash equivalents	135	9	-73	95	357
Trade receivables	-	-	-	-	93
Trade payables	-	-18	-	-	-
Inter-company receivables	2,703	1,825	310	1,701	1,169
Inter-company payables	-1,056	-	-	583	450
Net position	1,782	1,816	237	2,379	2,069

Foreign exchange rate sensitivity analysis

EUR thousand	Effect on pre-tax profit	
	Strengthening	Weakening
30 Jun 2026	10%	-10%
JPY	-127	156
USD	-177	217
SEK	-15	19
GBP	-224	274
SGD	-161	197
30 Jun 2025	10%	-10%
JPY	-162	198
USD	-165	202
SEK	-22	26
GBP	-216	264
SGD	-188	230

Interest rate risk

The Group is exposed to cash flow interest rate risk through its variable rate bank loans. This is the risk that the group's financial costs will change as a result of changes in market interest rates.

Assets and liabilities with exposure to interest rate

EUR thousand	30 Jun 2026	30 Jun 2025
Cash and cash equivalents	36,798	41,288
Current investments	-	9,917
Variable interest rate liabilities	-	-
Exposed to interest rate risk – net	36,798	51,205

Below is a sensitivity analysis of the effects of a reasonably possible change in interest rates on the Group's profit before taxes. The sensitivity is calculated based on the Group's variable rate loans. Cash and cash equivalents have not been included in the sensitivity analysis because their interest income is not directly exposed to changes in market interest rates. Interest rates on bank accounts are not directly linked to market rates, but banks usually adjust interest levels with a delay at their discretion. Current investments are neither included in the analysis, since on one hand the interest rate of the fixed term deposits is determined when the deposit is made and is therefore not exposed to the fluctuation of interest rates, and on the other hand the Group intends to keep the investment in a commercial paper until maturity, which means that the fluctuation of the interest rates does not affect the expected yield.

Interest rate sensitivity analysis

EUR thousand	Effect on pre-tax profit	
	Increase	Decrease
	1%	-1%
30 Jun 2026	-	-
30 Jun 2025	-1	1

On 30 June 2026, the Group did not have any variable rate liabilities.

Credit risk

Credit risk is the risk of financial loss to the Group if a customer or counterparty to a financial instrument fails to meet its contractual obligations. Credit risk arises principally from the Group's cash and cash equivalents and receivables from customers and employees. The carrying amounts of financial assets represent the maximum credit exposure.

The amount of the Group's trade receivables is managed by collecting advance payments. The credit risk associated with trade receivables is low because the counterparties are universities and other public bodies to which the results of blood analyses are generally only provided after full payment has been made. The principles for determining expected credit losses are explained in Note 21 Financial assets. The amount of expected credit losses is immaterial.

The employee loans are secured by the EMP shares, the fair value of which exceeds the nominal value of the loans, and those receivables are not considered to be exposed to material credit risk.

The Group has a major risk concentration of EUR 30,209 thousand (EUR 39,675 thousand) related to cash and cash equivalents and fixed term deposits. The counterparty is Dnb Bank Asa, Filial I Finland, which has a short-term credit rating of A-1+, which is the highest rating by Standard & Poor's. The Group considers its level of credit risk related to cash and cash equivalents to be low and no expected credit loss has been recognized.

Liquidity risk

Liquidity risk is the risk that the Group will encounter difficulty in meeting the obligations associated with its financial liabilities that are settled by delivering cash. The objective of Group's liquidity management is to ensure, to the extent possible, that it will have sufficient liquidity to meet its liabilities when they are due, under both normal and stressed conditions, without incurring unacceptable losses or risking damage to the Group's reputation.

Contractual maturities and cash flows of financial liabilities

The table below shows the maturity analysis for the Group's undiscounted cash flows of financial liabilities classified under principal headings at the balance sheet dates.

EUR thousand	Carrying amount	Total cash flows	Less than 12 months	1-2 years	2-3 years	3-4 years	Over 4 years
30 Jun 2026							
Lease liabilities	4,094	4,506	1,197	1,058	887	959	406
Trade payables	1,050	1,050	1,050	-	-	-	-
Contingent consideration	50	50	-	50	-	-	-
Total	5,194	5,607	2,247	1,108	887	959	406

EUR thousand	Carrying amount	Total cash flows	Less than 12 months	1-2 years	2-3 years	3-4 years	Over 4 years
30 Jun 2025							
Government development loans	261	263	263	-	-	-	-
Lease liabilities	3,304	3,799	1,240	900	626	413	620
Trade payables	986	986	986	-	-	-	-
Contingent consideration	50	50	-	50	-	-	-
Total	4,601	5,098	2,489	950	626	413	620

Since commencing operations, the Group has reported operating losses and operating cash flows have been negative. The Group expects the capital raised and liquid funds of EUR 36,798 thousand (EUR 51,205 thousand) to be sufficient until the end of financial year 2027/2028.

24 Provision, contingencies and commitments

Accounting policy

Provisions comprise liabilities of uncertain timing or amount. Nightingale Health recognizes a provision when the Group has a present obligation (legal or constructive) as a result of a past event, an outflow of resources is probable, and the amount of the obligation can be estimated reliably. A restructuring provision is recorded when the Group prepared a detailed restructuring plan and has commenced to implement the plan or has announced it to those concerned.

The amount recognized as a provision is the best estimate of Nightingale Health of the settlement amount at the end of the reporting period, being the present value of the expected expenditures after taking account of the risks and uncertainties surrounding the obligation.

Contingent assets and contingent liabilities comprise potential assets and liabilities. They arise from past events and their existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain events not fully within the control of Nightingale Health.

Provisions

The Group had no provision on 30 June 2026 or on 30 June 2025.

Collaterals and other obligations

EUR thousand	30 Jun 2026	30 Jun 2025
<u>Loans secured by business mortgages</u>		
Bank loans	-	-
Business mortgages	7,800	7,800

Off-balance sheet commitments

EUR thousand	30 Jun 2026	30 Jun 2025
<u>Off-balance sheet commitments</u>		
Machinery acquisition commitments	522	246

Legal proceedings and disputes

The Group is not currently involved in any disputes or legal proceedings that would have a significant impact on the Group's financial position according to the opinion of the Board.

25 Related party transactions

Accounting policy

Nightingale Health classifies a party as related party if one party has control over the other party or significant influence over the other party in making financial and operational decisions. The related parties also include the Management Team. Nightingale Health considers and discloses all transfers of resources, services or obligations between the Group and a related party as related party transaction, regardless of whether they are entered into on terms equivalent to those in an arm's length transaction or whether a price is charged. The related party transactions disclosed consist of transactions carried out with related parties that are not eliminated in the consolidated financial statements.

The parent company Nightingale Health Plc's related parties comprise the following:

- its subsidiaries
- joint venture PetMeta Labs Oy
- key management personnel, comprising the members of the Board of Directors, CEO of the parent company and the other Group Management Team members
- entities, over which the above-mentioned persons have control or joint control
- close family members of the above-mentioned persons
- the following major shareholders considered to have significant influence in Nightingale Health Plc based on voting power and/or the membership in the Board of Directors (in brackets voting power 30 June 2026 / 30 June 2025): Antti Kangas (22.80% / 22.81%), Pasi Soininen (22.80% / 22.81%) and Cor Group Oy (15.81% / 13.51%)
- Companies controlled by Cor Group Oy are considered to be related parties to Nightingale Health.

Remuneration of key management

Accounting policy

Remuneration of key management personnel of Nightingale Health consists of salary, non-monetary benefits, share-based payments and pension benefits. Any fringe benefits are included in the salary amounts. The pension benefits and retirement age of the CEO and other members of the Group's Management Team are determined by the Finnish statutory pension plan under the Employees' Pension Act (TyEL). The Group has no voluntary supplementary pension plans. The amounts disclosed below represent the expenses recognized in those financial years. The Group's share-based remuneration plans are detailed in Note 7 Share-based payments.

Remuneration of key management

EUR thousand	CEO		Other management team		Board of Directors		Total	
	2026	2025	2026	2025	2026	2025	2026	2025
Salaries and other short-term employee benefits	-356	-364	-1,090	-1,058	-158	-144	-1,604	-1,566
Pension benefits (defined contribution plans)	-63	-70	-183	-194	-9	-9	-255	-273
Share-based payments	-550	-677	-104	-694	-112*	-112*	-766	-1,483
Total	-969	-1,111	-1,377	-1,946	-279	-265	-2,625	-3,322

* Excluding the CEO

Members of Nightingale Health's Management Team at the end of the financial period were Teemu Suna (Chief Executive Officer, interim CFO), Antti Kangas (Chief Technology Officer), Satu Saksman (Chief Commercial Officer, APAC), Minja Salmio (Chief Commercial Officer, EMEA), Salla Ruosaari (Chief Research and Development Officer), and Janna Ranta (Chief Operating Officer).

Remuneration of Board of Directors

EUR thousand	7/2025–6/2026	7/2024–6/2025
Board of Directors		
Leena Niemistö, Chair	-38	-24
Antti Kangas	-24	-24
Olli Karhi	-24	-24
Ilkka Laurila	-24	-24
Teemu Suna	-24	-24
Timo Soininen	-24	-24
Total	-158	-144

The General Meeting held on 6 November 2025 decided that the Chair of the Board of Directors shall be paid a monthly remuneration of EUR 4,000 and the other Board members will be paid a monthly fee of EUR 2 thousand.

Loans granted by the parent company (employee share issue)

The parent company has granted loans to its employees in connection with employee share issues. These loans were granted in 2017 to pay the subscription price of Series EMP shares as part of the share-based remuneration plans. All employees were offered the opportunity to borrow funds from the company to purchase EMP shares. The interest rate on these loans is linked to the 12-month Euribor rate but is always at least 0.0%. The interest is due and payable on repayment of the loan. The loans granted mature on 31 December 2026 at the latest. The employee has the right to repay the loan to the company in part or in full before the maturity date. The shares relating to the loans are pledged as collateral.

EUR thousand	30 Jun 2026	30 Jun 2025
Loans granted to employees	164	164
Accrued interest	17	14

Key management shareholdings

The number of shares disclosed below includes respective persons' own holdings, their close family members' holdings and holdings of entities under their control.

Pcs	Series A 30 Jun 2026	Series B 30 Jun 2026	Series EMP 30 Jun 2026	Series A 30 Jun 2025	Series B 30 Jun 2025	Series EMP 30 Jun 2025
Board of Directors						
Leena Niemistö, Chair	403,340	444,444	-	403,340	444,444	-
Antti Kangas	5,340,342	17,458	-	5,340,342	17,458	-
Olli Karhi	-	-	-	-	-	-
Ilkka Laurila	-	8,000	-	-	8,000	-
Teemu Suna	2,637,964	31,237	-	2,637,964	31,237	-
Timo Soininen	649,558	182,259	-	649,558	182,259	-
Total	9,031,204	683,398	-	9,031,204	683,398	-
Management team						
Teemu Suna	2,637,964	31,237	-	2,637,964	31,237	-
Antti Kangas	5,340,342	17,458	-	5,340,342	17,458	-
Satu Saksman	529,158	17,458	75,250	529,158	17,458	75,250
Minja Salmio	-	-	82,775	-	-	82,775
Salla Ruosaari	-	-	75,250	-	-	75,250
Jeffrey Barrett (until 12 Mar 2026)	-	-	-	-	9,400	-
Tuukka Paavola (until 8 Dec 2025)	-	-	-	-	7,487	-
Janna Ranta	-	75,486	-	-	75,486	-
Total	8,507,464	141,639	233,275	8,507,464	158,526	233,275
Total	9,560,362	776,342	233,275	9,560,362	793,229	233,275
From all shares, %	15.69 %	1.27 %	0.38 %	15.69 %	1.30 %	0.38 %
From the share of voting power resulting from the shares, %	40.81 %	0.33 %	N/A	40.82 %	0.34 %	N/A

Management option rights

On 30 June 2026, the members of the Board of Directors and the management team owned a total of 8,137,395 company options, which entitle them to subscribe for a total of 9,277,395 company shares if vesting conditions are met.

On 30 June 2025, the members of the Board of Directors and the management team owned a total of 9,637,395 company options, which entitle them to subscribe for a total of 10,777,395 company shares if vesting conditions are met.

In addition, two of the board members are entitled to options, which correspond to certain percentages of the company's shares at the time of achieving the defined target market capitalization.

Option programs are described in detail in note 7 Share based payments.

Transactions with the joint venture and open balances

The parent company has acquired the services needed for its business and delivered them accordingly to the joint venture PetMeta Labs Oy.

EUR thousand	7/2025–6/2026	7/2024–6/2025
Sales of services	25	23

EUR thousand	30 Jun 2026	30 Jun 2025
Trade and other receivables	61	35

Transactions with other related companies and open balances (excluding joint venture)

Nightingale Health has acquired services needed for its business from the following related companies during the financial year ended on 30 June 2026: Labquality Oy.

EUR thousand	7/2025–6/2026	7/2024–6/2025
Purchases of services	1	-

EUR thousand	30 Jun 2026	30 Jun 2025
Trade and other payables	-	-

Group structure

Subsidiary	Domicile	30 Jun 2026 ownership %	30 Jun 2025 ownership %
NG Health Sweden AB	Sweden	100	100
Nightingale Health United States, Inc.	USA	100	100
Nightingale Health Japan KK	Japan	100	100
Nightingale Health Asia Pte. Ltd.	Singapore	100	100
Nightingale Health Germany GmbH ¹⁾	Germany	100	100
Nightingale Health Estonia OÜ	Estonia	100	100
Nightingale Health UK Limited	UK	100	100
Welltus Inc ²⁾	Japan	100	100
Nightingale Health Finland Oy	Finland	100	100

¹⁾ Former name Yolife GmbH.

²⁾ Nightingale Health Plc acquired Welltus Inc on 29 March 2024

Joint venture	Domicile	30 Jun 2026 ownership %	30 Jun 2025 ownership %
PetMeta Labs Oy	Finland	35	35

26 Joint venture

Accounting policy

A joint venture is a joint arrangement according to which the parties who have joint control have rights to the net assets of the arrangement. Joint control is keeping the control over the arrangement jointly based on an agreement, and it prevails only when decisions concerning relevant activities require the unanimous approval of the parties sharing the control. The result, assets and liabilities of the joint venture are included in the consolidated financial statements using the equity method. In this case, the investment made in the joint venture is recorded in the consolidated statement of financial position at cost, which is adjusted by changes in the Group's share of the joint venture's net assets (less any impairment of the investment) that occurred after the acquisition date. If an ownership interest in a joint venture is acquired by making a non-monetary investment in the joint venture, i.e., by handing over an asset in exchange for shares, this investment is measured at fair value and the unrealized portion of the gain or loss is eliminated.

Nightingale Health's share of the post-tax profits or losses of the joint venture, adjusted in accordance with Nightingale Health's accounting principles, is recorded in the consolidated income statement. If the joint venture incurs losses that exceed Nightingale Health's investment in that joint venture, they are recorded only to the extent that the Group has legal or constructive obligations or has made payments on behalf of the joint venture.

Consolidation of the joint venture commences when Nightingale Health gains joint control over the joint venture, and it ceases when Nightingale Health loses joint control over the joint venture.

Investment in joint venture

Nightingale Health established a joint venture PetMeta Labs Oy (PetMeta) with PetBiomics Oy in October 2020. Nightingale Health's share of the joint venture is 35%.

When establishing the joint venture, Nightingale Health entered into an exclusive license agreement with PetMeta, whereby the company granted to PetMeta a perpetual, irrevocable, exclusive license to use the company's NMR-based quantitative metabolomics platform restricted only for venous ethylenediaminetetraacetic acid or heparin plasma sample or serum sample drawn from dogs and developed solely for metabolomics analyses for dogs and the use of which can be later extended for metabolomics analyses for cats, horses or camels. Nightingale Health owns all intellectual properties related to the platform. The Exclusive License Agreement does not grant PetMeta any right to use the company's NMR-based quantitative metabolomics platform for human sample analyses. Under the Exclusive License Agreement, PetMeta granted an unlimited, perpetual, irrevocable, transferrable, royalty free right to use, copy and modify for internal research and development purposes the quantitative biomarker data produced through the use of the Nightingale Health's NMR-based quantitative metabolomics platform. In accordance with the equity method, the license transferred by Nightingale Health was measured in the consolidated financial statements at fair value, less deferred taxes and unrealized margin.

Financial information on the joint venture

EUR thousand	Assets	Liabilities	Revenue	Profit (loss) for the period
7/2025–6/2026				
PetMeta Labs Oy	611	166	12	-100

EUR thousand	Assets	Liabilities	Revenue	Profit (loss) for the period
7/2024–6/2025				
PetMeta Labs Oy	647	122	4	-93

Carrying amount of the joint venture

EUR thousand	30 Jun 2026	30 Jun 2025
Carrying amount on 1 July	1	37
Profit for the financial period	-	6
Adjustments in applying the equity method – harmonization of the accounting principles	-43	-43
Carrying amount on 30 June	-42*	1

* The table presents the Group's share of the joint venture's net assets. The Group does not recognize its share of the joint venture's losses to the extent that the accumulated share of losses exceeds the carrying amount of the investment. Therefore, the carrying amount of the joint venture in the consolidated balance sheet is EUR 0 thousand (30 June 2025: EUR 1 thousand).

27 Events after the reporting period

Accounting policy

As events after the reporting period are disclosed events, favorable and unfavorable, that occur between the end of the reporting period and the date when the financial statements are authorized for issue.

This note discloses events after the end of the reporting period that arise from circumstances after the end of the reporting period that do not result in adjustments to the financial statements (non-adjusting events).

- On 1 July 2026, Nightingale Health and Archipelago Health signed a letter of intent to bring the Nightingale Health Check to small-island healthcare systems across the Crown Dependencies, Bermuda and the wider Caribbean. The aim is to make this kind of early risk detection a routine first step in preventive care, in island communities where these diseases are especially common.
- On 17 August 2026, Nightingale Health announced a collaboration with Personalised Health Clinics (PHC) to incorporate Nightingale Health's metabolomic blood testing into PHC's personalised, clinician-led healthcare services in the UK.
- On 18 August 2026 Nightingale Health and Supernormal announced a partnership that makes Nightingale Health's Remote Health Check part of Supernormal's medically supervised weight loss service in Finland.
- On 19 August 2026, Nightingale Health announced the appointment of the company's Chief Operating Officer Janna Ranta as Chief Commercial Officer (Research and Healthcare). In her new role, Ranta will lead the company's global research business and provide group-level leadership for the

healthcare business in the Americas. In addition, the company announced the appointment of Hugh Watson as Chief Commercial Officer, Americas.

- On 9 September 2026, Nightingale Health and Genom announced a partnership to make the Nightingale Health Check available through Genom's network of clinics and laboratories across Croatia. Under the partnership, Genom offers the test to the healthcare providers in its network and Nightingale Health analyses the blood samples. The agreement marks Nightingale Health's entry into the Croatian market and follows three completed pilots, with demand already established among both clinics and laboratories.
- On 14 September 2026, Nightingale Health announced that residents of Eloisa, the Wellbeing Services County of South Savo, Finland, can register from September 14, 2026 for the Wellbeing Gift (Hyvinvointilahja). In the Wellbeing Gift project, Eloisa offers Nightingale Health's disease risk detection test to 45-, 50- and 55-year-olds as part of primary healthcare. In this way, Nightingale Health's disease risk detection becomes available to the county's residents as part of public primary healthcare. The opening of registration is the next phase in the collaboration that Nightingale Health and the South Savo Wellbeing Services County announced on June 16, 2025.
- On 22 September 2026, Nightingale Health announced that it had agreed with Coronaria Kuntoutuspalvelut on the use of Nightingale Health's Remote Health Check in Coronaria's new weight management service. The test is taken from a finger-prick blood sample that the customer collects themselves, and it detects the risks for multiple chronic diseases from a single sample. Coronaria's healthcare professionals use the results to assess the customer's health before the weight management service begins and to follow the health effects of the service at its end.
- On 23 September 2026, Nightingale Health and Archipelago Health announced an agreement to bring the Nightingale Health Check to small-island healthcare systems across the Crown Dependencies, Bermuda and the wider Caribbean, following the letter of intent the companies announced on July 1, 2026. Archipelago Health will deliver the test under its Longitude brand through the primary care services islands already run, using a standard blood sample, so no new infrastructure is needed to start. First live testing is planned for November 2026, beginning in Jersey.
- On 28 September 2026, Nightingale Health announced the conversion of 112,600 Series A shares to Series B shares in accordance with Article 5 in the Articles of Association. As a result of conversion of shares, the number of the Nightingale Health's Series A shares is 19,262,168, Series B shares is 40,647,779, and EMP shares is 1,028,968. The conversion does not affect the total amount of shares which is 60,938,915. After the conversion, the number of votes of Nightingale Health's shares is 233,269,459.
- On 29 September 2026, Nightingale Health and Professor Skride's Heart Clinic, a private cardiology clinic in Riga, entered into a service agreement to offer the Nightingale Health Check in Latvia. The clinic offers the test under its own brand, the Future Health Test. The test assesses a person's risk of developing five common chronic diseases over the next 10 years from a single blood sample, and bookings are already open.

Parent Company Financial Statements

Parent company income statement

EUR thousand	Note	7/2025–6/2026	7/2024–6/2025
Revenue	2.1	5,097	3,742
Other operating income	2.2	20	23
Materials and services	2.3	-2,312	-970
Personnel expenses	8.2	-5,988	-5,835
Depreciation, amortization and impairment losses	2.4	-4,838	-6,216
Other operating expenses	2.5	-10,164	-8,502
Operating profit (loss)		-18,186	-17,758
Financial income and expenses	2.6	997	1,611
Profit (loss) before appropriation and taxes		-17,189	-16,146
Income taxes		-	-
Other direct taxes	2.7	-15	-14
Profit (loss) for the period		-17,204	-16,160

Parent company balance sheet

EUR thousand	Note	30 Jun 2026	30 Jun 2025
ASSETS			
Non-current assets			
Intangible assets	3.2	4,984	8,215
Tangible assets	3.3	738	491
Investments	3.4	966	228
Total non-current assets		6,687	8,934
Current assets			
Inventories	3.5	1,742	1,645
Non-current receivables			
Receivables from group companies	3.6	10,331	9,357
Loan receivables	3.8	164	164
Other receivables	3.9	219	97
Total non-current receivables		10,714	9,618
Current receivables			
Trade receivables		475	675
Receivables from group companies	3.6	144	1,171
Other receivables	3.9	60	10,096
Accrued income	3.7	537	444
Total current receivables		1,216	12,385
Cash and cash equivalents		35,420	39,676
Total current assets		49,092	63,324
TOTAL ASSETS		55,779	72,258
EQUITY AND LIABILITIES			
Equity			
Share capital	4.1	80	80
Reserve for invested unrestricted equity		147,502	147,502
Accumulated losses		-82,568	-66,408
Profit (loss) for the period		-17,204	-16,160
Total equity		47,810	65,014
Liabilities			
Current liabilities			
Loans from financial institutions	4.3	-	261
Advances received		1,524	780
Liabilities to group companies		3,182	2,829
Trade payables		977	685
Other liabilities	4.4	448	732
Accruals and deferred income	4.5	1,839	1,959
Total current liabilities		7,969	7,245
Total liabilities		7,969	7,245
TOTAL EQUITY AND LIABILITIES		55,779	72,258

Parent company cash flow statement

EUR thousand	7/2025–6/2026	7/2024–6/2025
Cash flow from operating activities		
Profit (loss) before appropriations and taxes	-17,189	-16,166
Adjustments		
Depreciation and amortization	4,838	6,216
Financial income	-1,202	-2,721
Financial expenses	205	1,110
Other adjustments	16	
Adjustments total	3,857	4,604
Changes in working capital		
Increase (-) or decrease (+) in trade and other re- ceivables	1,069	603
Increase (-) or decrease (+) of inventories	-182	-978
Increase (+) or decrease (-) in trade and other payables	2,112	1,657
Interest and other financial expenses paid	-39	-39
Interest and other financial income received	565	229
Income taxes paid	-15	-14
Net cash flow from operating activities	-9,822	-10,103
Cash flow from investments		
Investments in intangible and tangible assets	-2,132	-2,043
Investments in subsidiaries	-358	-3
Repayment of principal from current investments	9,884	71,140
Current investments	-	-58,647
Loans granted	-1,684	-2,409
Repayment of loan receivables	-	28
Interest received from current investments	116	1,134
Net cash flow from investments	5,826	9,200
Cash flow from financing activities		
Repayment of non-current loans and borrowings	-261	-294
Share subscriptions with options	-	33
Net cash from financing activities	-261	-261
Net decrease in cash and cash equivalents in cash flow statement	-4,256	-1,164
Cash and cash equivalents 1 July	39,676	40,947
Effect of movements in exchange rates	-	-107
Cash and cash equivalents 30 June	35,420	39,676

Parent company notes to the financial statements

1 Basis of preparation

1.1 Accounting principles for the parent company financial statements

The financial statements of Nightingale Health Plc (Parent company) have been prepared in accordance with Finnish accounting legislation (FAS). The financial statements have been prepared in accordance with the accrual principle, going concern principles and principle of prudence irrespective of the result for the financial period.

1.2 Valuation and accrual principles and methods

Receivables are measured at nominal value or at the lower of the nominal value or probable value. Securities included in the financial assets and other such financial assets are measured at the lower of the acquisition cost or fair value. Debts are measured at nominal value.

1.3 Research and development expenses and other capitalized long-term expenses

The company records research expenses, such as the acquisition of new information and the search for alternative products and processes, as expenses on an accrual basis, i.e. on the date the expense is incurred.

The company capitalizes development expenditure on the balance sheet under intangible assets if they are expected to generate income over several financial periods. When the company classifies a development expenditure or other capitalized long-term expenditure as an intangible asset, the completion of the asset is technically feasible so that the asset is available for use or sale, the company has the capacity, intention, and resources to complete the asset as well as to use it or sell it, the company estimates that the asset is likely to have future economic benefits that can be demonstrated, and the company is able to reliably measure the expenditure attributable to the intangible asset during its development phase.

The estimates concerning capitalized development expenditure or other capitalized long-term expenditure on the balance sheet involve factors of uncertainty and it is possible that the expected economic benefits to be generated from development projects may vary as conditions change. The value of capitalized development expenditure or other capitalized long-term expenditure on the balance sheet may be reduced if the expected economic benefits changes. If the expected economic benefits to be generated by an asset capitalized on the balance sheet is less than the amount of development expenditure capitalized on the balance sheet, the value of the capitalized development expenditure is adjusted with a write-down to correspond to the expected economic benefits to be generated by the asset.

Capitalized development expenditure has arisen directly from the process of completing the asset for its intended use. Capitalized development expenditure and other capitalized long-term expenditure are amortized over the estimated useful economic life of 3-5 years using straight-line method.

1.4. Comparability of information for the previous financial year

On 31 January 2026, Nightingale Health Plc transferred its healthcare business to its wholly owned subsidiary, Nightingale Health Finland Oy, as a business transfer. The purpose of the business transfer was to simplify the Group structure. As a result of the transfer, the parent company's figures for the financial year are not fully comparable with those of the previous financial year, as the income and expenses of the transferred business are included in the parent company's income statement only up to the date on which the business transfer was completed.

2 NOTES TO INCOME STATEMENT

2.1 Revenue by geographical market

Revenue is recognized over time with a method based on number of blood samples analyzed compared to total number of blood sample analyses sold. The revenue is recognized to the amount that Nightingale Health expects to be entitled to, based on the services transferred. The transaction price includes promised discounts and indirect taxes, which reduce the amount to be recognized.

During the financial year 2025–2026, the Company changed the geographical breakdown of revenue. The new breakdown is based on the geographical areas of responsibility of the Company's commercial directors. Comparative information has been presented in accordance with the new geographical breakdown.

EUR thousand	7/2025–6/2026	7/2024–6/2025
Geographical distribution		
Finland	638	1,129
EMEA	2,788	1,566
AMER	526	427
APAC	1,144	621
Total	5,097	3,742

Of total revenue, EUR 944 thousand (EUR 897 thousand) was generated from Group companies.

The decrease in revenue in Finland compared with the comparative period was mainly due to the business transfer to Nightingale Health Finland Oy completed on 31 January 2026. The business transfer reduced revenue for the financial year by EUR 459 thousand.

2.2 Other operating income

EUR thousand	7/2025–6/2026	7/2024–6/2025
Other operating income		
Insurance compensations	-	1
Other operating income	20	22
Total	20	23

Grants received are recognized in other operating income when the grant is received for costs to be recognized in the income statement. Grants received that are related to capitalized development expenditure in the balance sheet are recorded to offset balance sheet development expenditure.

2.3 Materials and services

Costs are recorded on an accrual basis when the company has received goods or services.

EUR thousand	7/2025–6/2026	7/2024–6/2025
Materials and services		
Materials and consumables		
Purchases during financial year from others	-1,924	-1,939
Purchases during financial year from group companies	-	-
Increase (+) / decrease (-) in inventories	96	978
External services		
Subcontracting	-485	-9
Total	-2,312	-970

2.4 Depreciation and amortization according to a predetermined plan

EUR thousand	7/2025–6/2026	7/2024–6/2025
D&A according to a predetermined plan		
Intangible assets		
Intangible rights	-94	-94
Development expenditure	-3,960	-5,386
Other long-term expenditure	-539	-549
Tangible assets		
Machinery and equipment	-246	-186
Total depreciation and amortization	-4,838	-6,216

2.5 Other operating expenses

EUR thousand	7/2025–6/2026	7/2024–6/2025
Other operating expenses		
Voluntary social security contributions	-282	-302
Premises	-890	-1,019
Vehicle expenses	-76	-110
Computer hardware and software expenses	-1,005	-879
Machinery and equipment expenses	-413	-681
Travel and representation expenses	-256	-295
Sales and marketing expenses	-527	-415
Research and development expenses	-304	-202
Administrative services	-1,229	-1,808
Other administrative expenses	-5,181	-2,790
Total	-10,164	-8,502

Other operating expenses have been capitalized in development expenditure and in other capitalized long-term expenditure in the amount of EUR 284 (468) thousand during the financial period.

2.6 Financial income and expenses

EUR thousand	7/2025–6/2026	7/2024–6/2025
Financial income and expenses		
Other interest and financial income		
From group companies	517	456
From others	581	1,279
Total interest and financial income	1,098	1,735
Interest and other financial expenses		
To group companies	-	-
To others	-17	-16
Total interest and other financial expenses	-17	-16
Translation difference		
Translation gains	181	986
Translation losses	-265	-1,094
Total translation difference	-84	-107
Total financial income and expenses	997	1,611

2.7 Income taxes

EUR thousand	7/2025–6/2026	7/2024–6/2025
Income taxes		
Other direct taxes	-15	-14
Total income taxes	-15	-14

3 NOTES TO ASSETS IN THE BALANCE SHEET

3.1 Intangible and tangible assets

Intangible and tangible assets are recognized in the balance sheet at the variable acquisition cost less any planned depreciations, possible adjustments and grants received related to capitalized development expenditure. Non-deployed assets whose useful life has not yet begun, are recorded under advance payments for intangible assets or advance payments for tangible assets and assets in progress according to their nature. Intangible and tangible assets are recorded as expenses as depreciation according to predetermined plans during their useful life. The following principles are applicable to depreciation according to predetermined plans:

Development expenditure and other long-term expenses	3–5 years
Intangible rights	10 years
Production machinery and equipment	3–10 years
Office furniture	25% reducing balance method

3.2 Intangible assets

EUR thousand	7/2025–6/2026	7/2024–6/2025
Development expenditure		
Acquisition cost on 1 July	25,090	23,210
Additions	1,362	1,879
Acquisition cost on 30 June	26,452	25,090
Accumulated depreciation on 1 July	-18,221	-12,834
Amortization	-3,960	-5,386
Accumulated depreciation on 30 June	-22,181	-18,221
Book value as of 30 June	4,271	6,869

EUR thousand	7/2025–6/2026	7/2024–6/2025
Other capitalized long-term expenses		
Acquisition cost 1 July	2,731	2,731
Additions	-	-
Acquisition cost on 30 June	2,731	2,731
Accumulated depreciation on 1 July	-2,175	-1,625
Amortization	-539	-549
Accumulated depreciation on 30 June	-2,713	-2,175
Book value as of 30 June	18	556

Capitalized development expenditure and other capitalized long-term expenditure during the financial period amounted to EUR 1,362 (1,879) thousand. The expenses consisted of wages in the amount of EUR 1,078 (1,141) thousand and purchases and other expenses in the amount of EUR 284 (469) thousand. The capitalization of development expenditure consisted of investments made in the development of applications, laboratory technology, and risk models.

EUR thousand	7/2025–6/2026	7/2024–6/2025
Intangible rights		
Acquisition cost on 1 July	937	937
Additions	-	-
Acquisition cost on 30 June	937	937
Accumulated depreciation on 1 July	-148	-54
Amortization	-94	-94
Accumulated depreciation on 30 June	-241	-148
Book value as of 30 June	696	789

3.3 Tangible assets

EUR thousand	7/2025–6/2026	7/2024–6/2025
Machinery and equipment		
Acquisition cost on 1 July	909	750
Additions	697	159
Deductions	-205	-
Acquisition cost on 30 June	1,401	909
Accumulated depreciation/impairment 1 July	-418	-232
Depreciation	-246	-186
Accumulated depreciation on 30 June	-664	-418
Book value as of 30 June	738	491

3.4 Investments

EUR thousand	7/2025–6/2026	7/2024–6/2025
Holdings in group companies		
Acquisition cost on 1 July	228	226
Additions	737	3
Acquisition cost on 30 June	966	228

3.5 Inventories

EUR thousand	30 Jun 2026	30 Jun 2025
Inventories		
Materials and services	1,718	1,518
Finished goods	23	127
Total	1,741	1,645

The acquisition cost of inventories consists of the purchase price, production costs, and other costs arising directly from the acquisition of the item, which are incurred in bringing the inventories to their

present condition. Inventories are valued at the lowest of acquisition cost, probable replacement cost or probable selling price. The weighted average cost method is used to value inventories.

3.6 Receivables from group companies

EUR thousand	30 Jun 2026	30 Jun 2025
Non-current receivables from group companies		
Loan receivables	10,331	9,357
Current receivables from group companies		
Trade receivables	144	1,137
Accrued income	-	34
Total	10,475	10,528

3.7 Accrued income

EUR thousand	30 Jun 2026	30 Jun 2025
Short-term equipment lease expenses	19	-
Insurance expenses	3	31
Premises rent	1	2
Computer hardware and software expenses	391	241
Interest income	17	92
Other accrued income	106	74
Total	537	444

On 30 June 2026, the parent company had tax losses carried forward in the amount of EUR 72,225 (61,514) thousand, for which a deferred tax asset has not been recognized. The losses will expire in 2027–2035.

3.8 Loan receivables

The parent company has granted loans to its owners in relation to employee share issues. These loans have been granted in 2017 for the purpose of paying the subscription price of EMP shares as part of a share-based incentive scheme. All employees have been offered the opportunity to loan funds from the company for the acquisition of EMP shares. The interest rate of these loans is tied to the 12-month Euribor interest but will always be at least 0 per cent. The outstanding loans will become due no later than 31 December 2026.

EUR thousand	30 Jun 2026	30 Jun 2025
Loans to personnel in relation to share issues	164	164
Total	164	164

3.9 Other receivables

EUR thousand	30.6.2026	30.6.2025
Non-current other receivables		
Other receivables	219	97
Current other receivables		
Investments in bonds and commercial papers	-	9,884
Other receivables	60	212
Total	279	10,193

4 NOTES TO EQUITY AND LIABILITIES IN THE BALANCE SHEET

4.1 Consolidated statement of changes in equity

1 July 2025–30 June 2026

EUR thousand	Share capital	Reserve for invested un-restricted equity	Accumulated losses	Total equity
Equity 1 July 2025	80	147 502	-82 568	65 014
Profit (loss) for the financial period	-	-	-17 204	-17 204
Equity 30 June 2026	80	147 502	-99 772	47,810

1 July 2024–30 June 2025

EUR thousand	Share capital	Reserve for invested un-restricted equity	Accumulated losses	Total equity
Equity 1 July 2024	80	147,469	-66,408	81,141
Profit (loss) for the financial period	-	-	-16,160	-16,160
Share subscriptions with options	-	33	-	33
Equity 30 June 2025	80	147,502	-82,568	65,014

EUR thousand	30 Jun 2026	30 Jun 2025
Calculation of the parent company's distributable non-restricted equity		
Reserve for invested unrestricted equity	147 502	147 502
Accumulated losses	-82 568	-66 408
Profit (loss) for the financial period	-17 204	-16 160
Total non-restricted equity	47 730	64 934
Capitalized development expenditure	-4 271	-6 869
Total distributable equity	43 459	58 065

The Board of Directors proposes to the Annual General Meeting that no dividend is paid and that the loss for the financial period EUR -17,203,993 is recorded under accumulated losses.

4.2 Shares

At the end of the financial year 30 June 2026 Nightingale Health had issued 60,938,915 fully paid shares. Shares are divided into share series as follows: Series A shares (19,374,768 pcs), which entitle the holder to 10 votes at the General Meeting, Series B shares (40,535,179 pcs), which entitle the holder to one vote at the General Meeting and Series EMP share (1,028,968 pcs), which do not carry voting rights. The dividends that will be paid to Series B shares will be 5% higher than those paid to Series A shares and EMP shares.

Nightingale Health held 577,920 EMP shares at the end of the financial year 30 June 2026 which constituted approximately 1 per cent of outstanding shares. The shares held by the company carry no voting rights and no entitlement to dividends.

4.3 Current liabilities

EUR thousand	30 Jun 2026	30 Jun 2025
Current liabilities		
Liabilities to group companies		
Trade payables	3,182	2,829
Total	3,182	2,829
Liabilities to others		
Loans from financial institutions	-	261
Advances received	1,524	780
Trade payables	977	685
Accrued liabilities	1,839	1,959
Other liabilities	448	732
Total	4,787	4,416
Current liabilities total	7,969	7,245

4.4 Key items in other liabilities

EUR thousand	30 Jun 2026	30 Jun 2025
Key items in other liabilities		
Tax withholdings	211	256
Social security contribution	15	17
VAT liability	-	173
Others	221	286
Total key items in other liabilities	448	732

4.5 Key items included in accruals and deferred income

EUR thousand	30 Jun 2026	30 Jun 2025
Key items included in accruals and deferred income		
Accrued salary expenses	1,808	1,949
Accrued interest payable	-	10
Expense accruals	31	
Total	1,839	1,959

5 COLLATERALS AND COMMITMENTS

5.1. Collaterals

EUR thousand	30 Jun 2026	30 Jun 2025
Collaterals		
<u>Loans secured by business mortgages</u>		
Bank loans		-
Business mortgages	7,800	7,800

5.2. Off-balance sheet commitments

EUR thousand	30 Jun 2026	30 Jun 2025
Off-balance sheet commitments in total		
To be paid within one year		
Machinery and equipment lease liabilities	253	223
Facility rental liabilities	809	599
Machinery acquisition contracts	522	246
Total	1,584	1,068
To be paid after one year		
Machinery and equipment lease liabilities	180	353
Facility rental liabilities	2 825	-
Total	3,005	353

6 FEES TO AUDITORS

6.1 Fees to auditors

EUR thousand	7/2025–6/2026	7/2024–6/2025
Audit fees	-155	-168
Engagement related to Auditing Act 1:1.1 § (2)	-10	-1
Other fees	-	-69
Total	-165	-239

7 RELATED PARTY TRANSACTIONS

See note 25 Related party transactions in Notes to the consolidated financial statements.

8 NOTES CONCERNING PERSONNEL AND MEMBERS OF GOVERNING BODIES

8.1 Average number of personnel

	30 Jun 2026	30 Jun 2025
Officers	4	4
Workers	79	76
Total	83	80

8.2 Personnel expenses

EUR thousand	30 Jun 2026	30 Jun 2025
Wages and salaries	-4,926	-4,800
Pension expenses	-873	-784
Other social security expenses	-189	-251
Total	-5,989	-5,835

Of the personnel expenses, wages have been capitalized in development expenditure in the amount of EUR 1,078 thousand (EUR 1,141 thousand).

8.3 Remuneration of the management

See note 25 Related party transactions in Notes to the consolidated financial statements.

8.4. Stock and stock option plans

See note 7 Share-based payments in Notes to the consolidated financial statements.

Signatures to the financial statements and BoDs' report

Helsinki, 30 September 2026

Leena Niemistö
Chair

Teemu Suna
Board member, CEO

Antti Kangas
Board member

Olli Karhi
Board member

Timo Soininen
Board member

Ilkka Laurila
Board member

The Auditor's note

A report of the audit performed has been issued today.

Helsinki

PricewaterhouseCoopers Oy

Authorized Public Accountants

Panu Vänskä
Authorized public accountant

Auditor's Report (Translation of the Finnish Original)

To the Annual General Meeting of Nightingale Health Oyj

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

In our opinion

- the consolidated financial statements give a true and fair view of the group's financial position, financial performance and cash flows in accordance with IFRS Accounting Standards as adopted by the EU
- the financial statements give a true and fair view of the parent company's financial performance and financial position in accordance with the laws and regulations governing the preparation of financial statements in Finland and comply with statutory requirements.

Our opinion is consistent with the additional report to the Board of Directors.

What we have audited

We have audited the financial statements of Nightingale Health Oyj (business identity code 1750524-0) for the year ended 30 June 2026. The financial statements comprise:

- the consolidated balance sheet, income statement, statement of comprehensive income, statement of changes in equity, statement of cash flows and notes, which include material accounting policy information and other explanatory information
- the parent company's balance sheet, income statement, cash flow statement and notes.

Basis for Opinion

We conducted our audit in accordance with good auditing practice in Finland. Our responsibilities under good auditing practice are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Independence

We are independent of the parent company and of the group companies in accordance with the ethical requirements that are applicable in Finland and are relevant to our audit, and we have fulfilled our other ethical responsibilities in accordance with these requirements.

To the best of our knowledge and belief, the non-audit services that we have provided to the parent company and group companies are in accordance with the applicable law and regulations in Finland and we have not provided non-audit services that are prohibited under Article 5(1) of Regulation (EU) No 537/2014. The non-audit services that we have provided are disclosed in note 8 to the Financial Statements.

Our Audit Approach

Overview



- Overall group materiality: € 920,000, which represents 5% of profit before tax
- The scope of the Group audit consists of the parent company based on our risk assessment and materiality.
- Capitalisation of development costs

As part of designing our audit, we determined materiality and assessed the risks of material misstatement in the financial statements. In particular, we considered where management made subjective judgements; for example, in respect of significant accounting estimates that involved making assumptions and considering future events that are inherently uncertain.

Materiality

The scope of our audit was influenced by our application of materiality. An audit is designed to obtain reasonable assurance whether the financial statements are free from material misstatement. Misstatements may arise due to fraud or error. They are considered material if individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

Based on our professional judgement, we determined certain quantitative thresholds for materiality, including the overall group materiality for the consolidated financial statements as set out in the table below. These, together with qualitative considerations, helped us to determine the scope of our audit and the nature, timing and extent of our audit procedures and to evaluate the effect of misstatements on the financial statements as a whole.

Overall group materiality	€ 920,000 (previous year € 920,000)
How we determined it	5% of profit before tax
Rationale for the materiality benchmark applied	We chose profit before tax as the benchmark because, in our view, it is the benchmark against which the performance of the group is most commonly measured by users, and is a generally accepted benchmark. We chose 5% which is within the range of acceptable quantitative materiality thresholds in auditing standards.

How we tailored our group audit scope

We tailored the scope of our audit, taking into account the structure of the Nightingale Health Group, the accounting processes and controls, and the industry in which the group operates.

The Group operates internationally through entities located in eight countries. We determined the nature, timing and extent of the audit procedures to be performed in the companies. Based on our risk assessment, we performed audit procedures in the parent company. The other companies are not considered to have a significant risk of material misstatement in the consolidated financial statements, and therefore, the audit procedures for these have been limited to analytical procedures performed at the group level and separately specified audit procedures for individual financial statement items.

Key Audit Matters

Key audit matters are those matters that, in our professional judgment, were of most significance in our audit of the financial statements of the current period. These matters were addressed in the context of our audit of the financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters.

As in all of our audits, we also addressed the risk of management override of internal controls, including among other matters consideration of whether there was evidence of bias that represented a risk of material misstatement due to fraud.

Key audit matter in the audit of the group	How our audit addressed the key audit matter
Capitalisation of development costs <i>Note 12 to the consolidated financial statements, note 3.2 to the parent company's financial statements</i> The value of development costs capitalised in the consolidated and parent company financial statements as of 30 June 2026 was EUR 4,3 million. Development costs of EUR 1.4 million were capitalised during the financial year in the Group and the parent company. Development costs are valued at cost less accumulated depreciation. Development costs are capitalised in the balance sheet when all of the following capitalisation criteria are met: • The company can demonstrate that it is technically feasible to complete the intangible asset so that the asset can be used or sold. • The company intends to complete the intangible asset and use it or sell it. • The company is able to use or sell the intangible asset. • The company is able to demonstrate how the intangible asset will generate probable future economic benefits.	We obtained an understanding of the management process related to the capitalisation of development costs. We assessed the design and effectiveness of key controls related to the process. Our audit work included a review of documentation related to the capitalisation of development costs. Our audit procedures included, among others, the following procedures: • We assessed whether the capitalisation criteria for development costs are met. • We tested the additions to development costs on a sample basis to ensure that the capitalised development costs meet the set capitalisation criteria. • We assessed the appropriateness of the disclosures regarding development costs.

- The company has adequate technical, financial and other resources available to complete the development work and use or sell the intangible asset.
- The company can reliably determine the costs associated with the intangible asset during its development phase.

Capitalised development costs at Nightingale Health mainly include employee benefits, research sample analysis costs and purchases from third parties.

Development costs are a material item in the consolidated and parent company financial statements.

Management uses judgment and assumptions when assessing the criteria for capitalising development costs. For these reasons, the capitalisation of development costs was a key audit matter.

There are no significant risks of material misstatement referred to in Article 10(2c) of Regulation (EU) No 537/2014 with respect to the consolidated financial statements or the parent company financial statements.

Responsibilities of the Board of Directors and the Managing Director for the Financial Statements

The Board of Directors and the Managing Director are responsible for the preparation of consolidated financial statements that give a true and fair view in accordance with IFRS Accounting Standards as adopted by the EU, and of financial statements that give a true and fair view in accordance with the laws and regulations governing the preparation of financial statements in Finland and comply with statutory requirements. The Board of Directors and the Managing Director are also responsible for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Board of Directors and the Managing Director are responsible for assessing the parent company's and the group's ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting. The financial statements are prepared using the going concern basis of accounting unless there is an intention to liquidate the parent company or the group or to cease operations, or there is no realistic alternative but to do so.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with good auditing practice will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with good auditing practice, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the parent company's or the group's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of the Board of Directors' and the Managing Director's use of the going concern basis of accounting and based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the parent company's or the group's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the parent company or the group to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events so that the financial statements give a true and fair view.
- Plan and perform the group audit to obtain sufficient appropriate audit evidence regarding the financial information of the entities or business units within the group as a basis for forming an opinion on the group financial statements. We are responsible for the direction, supervision and review of the audit work performed for purposes of the group audit. We remain solely responsible for our audit opinion.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

We also provide those charged with governance with a statement that we have complied with relevant ethical requirements regarding independence, and communicate with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, related safeguards.

From the matters communicated with those charged with governance, we determine those matters that were of most significance in the audit of the financial statements of the current period and are therefore the key audit matters. We describe these matters in our auditor's report unless law or regulation precludes public disclosure about the matter or when, in extremely rare circumstances, we determine that a matter should not be communicated in our report because the adverse consequences of doing so would reasonably be expected to outweigh the public interest benefits of such communication.

OTHER REPORTING REQUIREMENTS

Appointment

Nightingale Health Oyj has become a public interest entity on 19 March 2025. We were first appointed as auditors by annual general meeting on 31 December 2017.

Other Information

The Board of Directors and the Managing Director are responsible for the other information. The other information comprises the report of the Board of Directors and the information included in the Annual Report but does not include the financial statements and our auditor's report thereon.

Our opinion on the financial statements does not cover the other information.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. With respect to the report of the Board of Directors, our responsibility also includes considering whether the report of the Board of Directors has been prepared in compliance with the applicable provisions.

In our opinion, the information in the report of the Board of Directors is consistent with the information in the financial statements and the report of the Board of Directors has been prepared in compliance with the applicable provisions.

If, based on the work we have performed, we conclude that there is a material misstatement of the other information, we are required to report that fact. We have nothing to report in this regard.

Helsinki 30 September 2026

PricewaterhouseCoopers Oy
Authorised Public Accountants

Panu Vänskä
Authorised Public Accountant (KHT)