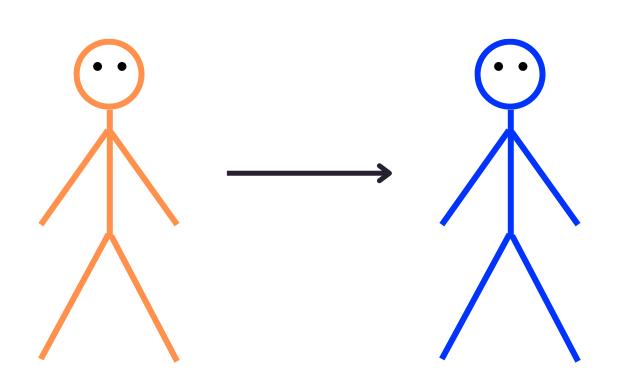
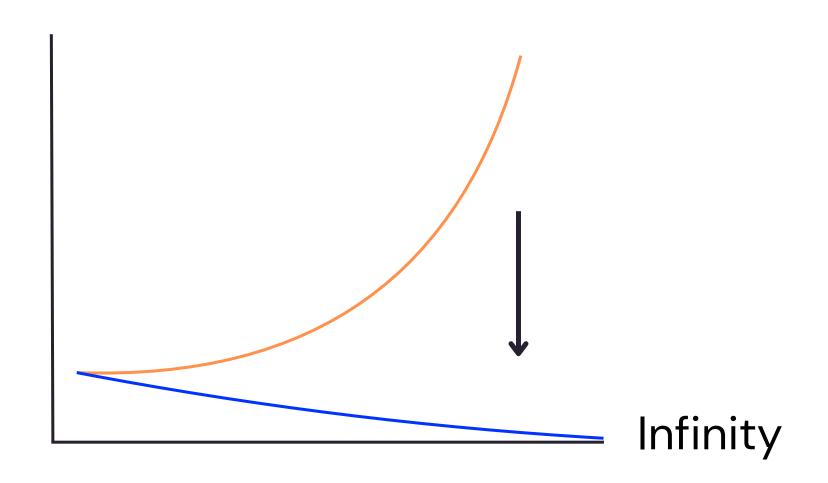
Mortality







SCIBORG DAO

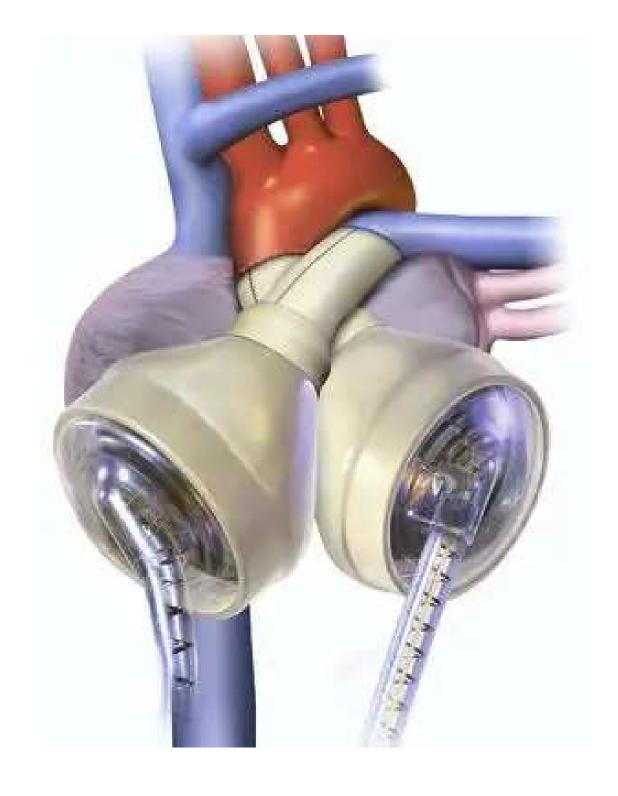
Solving death with synthetic replacements

CYBERNETICS NOW



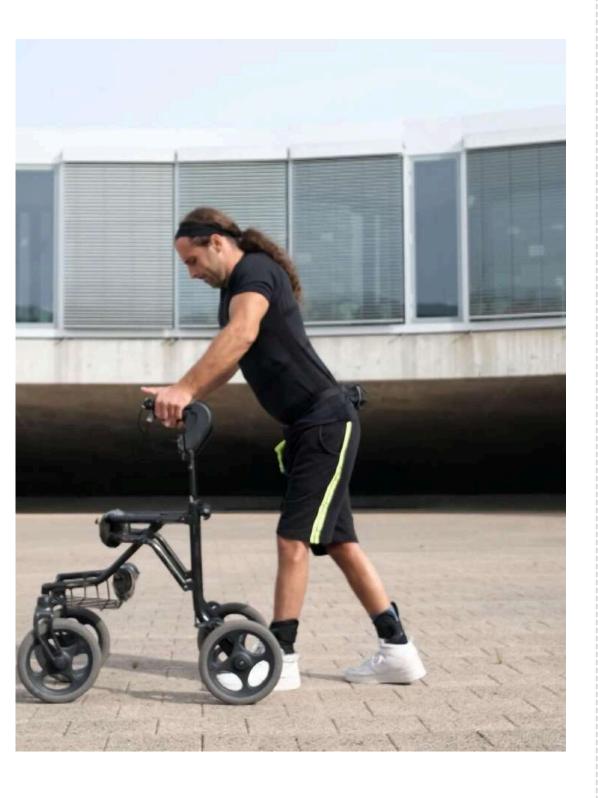
Artificial Organs

Artificial heart can last years



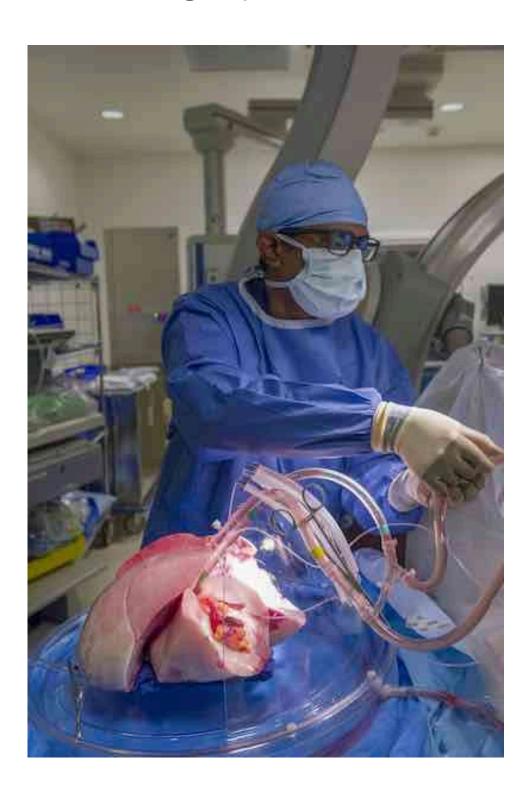
Brain Computer Interfaces

Paralized man walked



Ex Vivo Organ Perfusion

Human lung kept ex vivo for hours



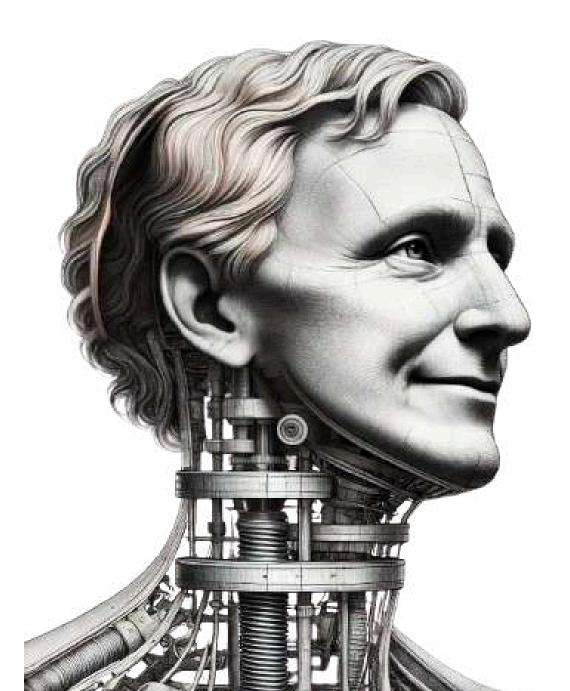
FUTURE OF CYBERNETICS



1. HEAD HOMEOSTASIS

15-20 years - complex

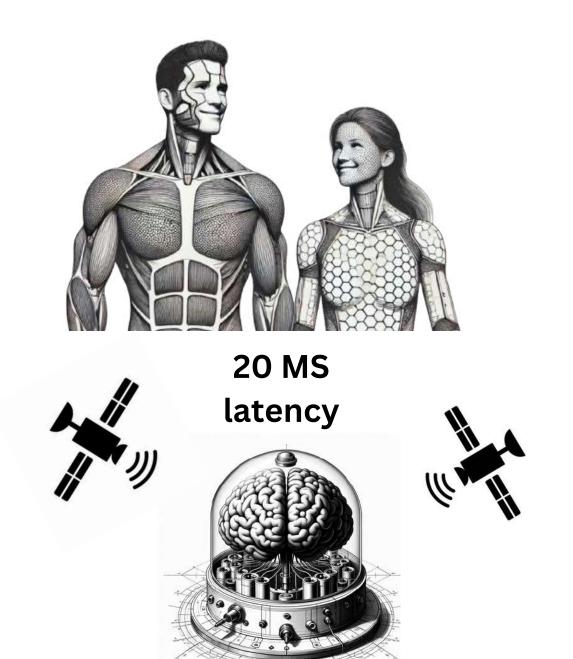
Metabolic support of disembodied head can prevent mortality in 90% of cases and extend average lifespan



2. BRAIN IN A VAT

20 - 30 years - science fiction

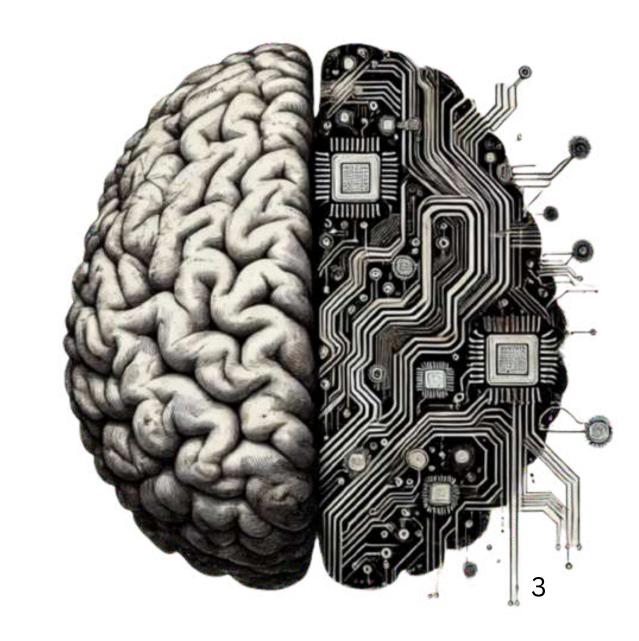
Isolated brain in homeostasis connected to FullSence BCI and controlling a VR or real-world avatar



3. MERGER

30 - 50+ years - fantasy

Integration of brain tissue with synthetic systems to enable migration of the mind onto an artificial platform



HEAD PERFUSION: MODERN TECH SUITE



Done

Someone is doing

Our todo

✓ Nutrients

Buffers

Hormonal signaling factors

Metabolic factors

Oxygen Carriers

Immune system componnts

Coagulation agents

- **✓** HeartLung function
- Kidney function

Liver detox function

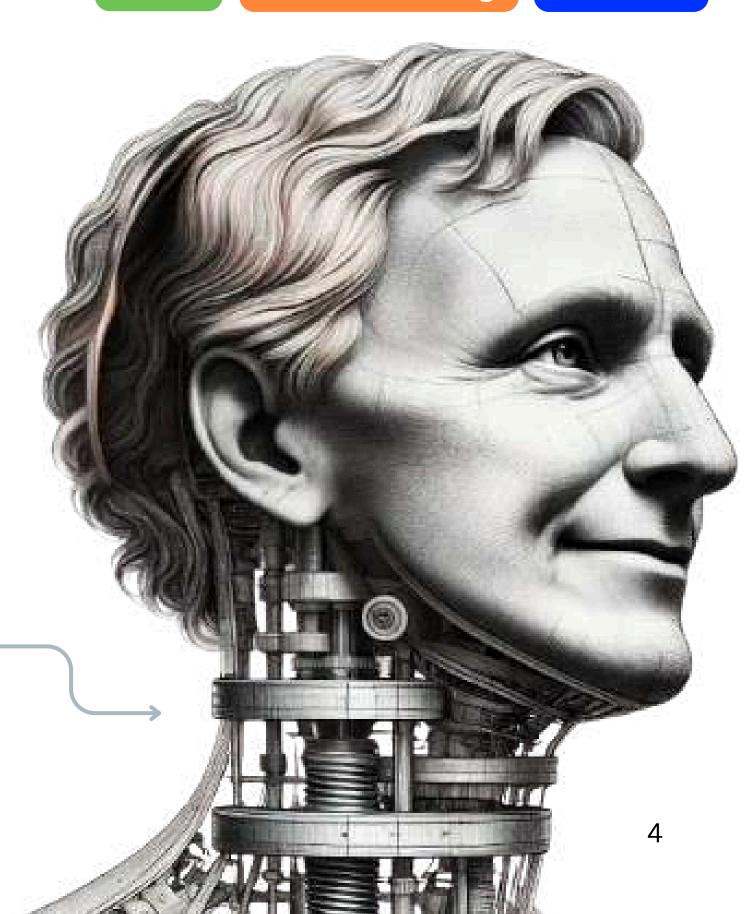
Blood substitute/ bioproduction

Homeostasis device

Sensor-guided feedback control

Real-time monitoring

Spinal Cord Termination Interface



DERISK 90% OF MORTALITY CAUSES



Heart disease

702,880

Cancer (not connected with head)

±578,000

Accidents (unintentional injuries)

227,039

COVID-19

186,552

Chronic lower respiratory diseases

147,382

Kidney iseases

57,937

Diabetes

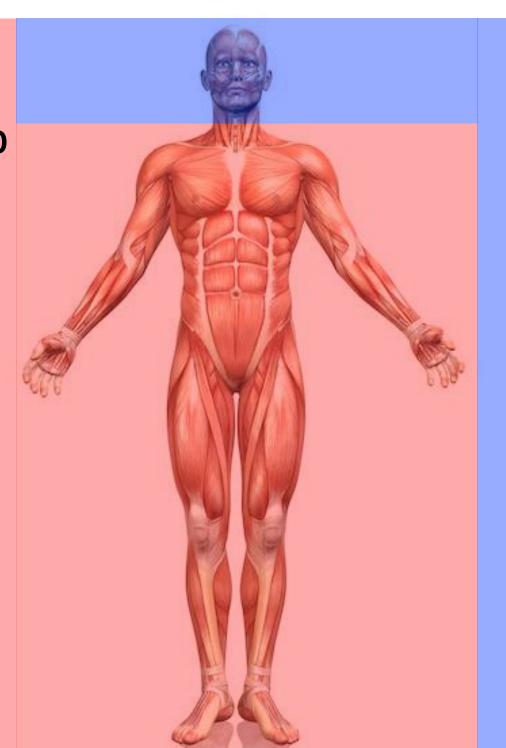
101,209

Chronic liver disease and cirrhosis

54,803

90%

2,052,000



10%

315,000

Alzheimer's disease

120,122

Cerebrovascular Diseases

(stroke)

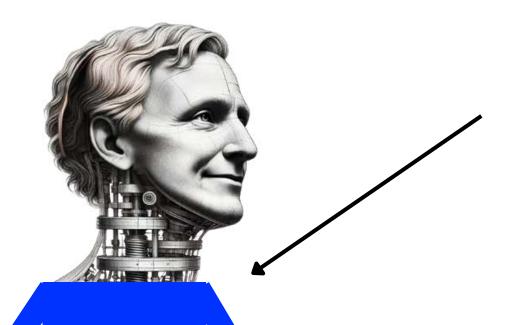
165,393

Cancer

(oral cavity, pharynx, larynx, brain, and thyroid cancers) ±30,000

EMBODIMENT SUITE





Sensoritmotor neural interface







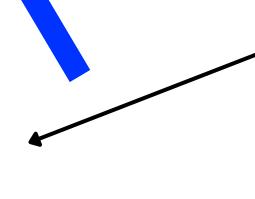












Robotic bodies











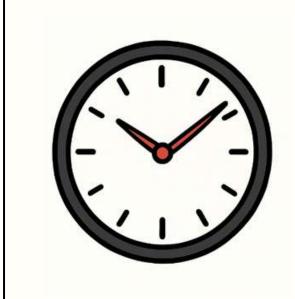


HEAD PERFUSION: HISTORICAL CONTEXT



First experiments in keeping the alive head on the blood circulation system was done in USSR 1928 by Sergei Brukhonenko

- > Mechanical blood pump (early heart-lung machine prototype)
- > Manual lung ventilation (bellows)
- > Circulating autologous blood



3.5 hours

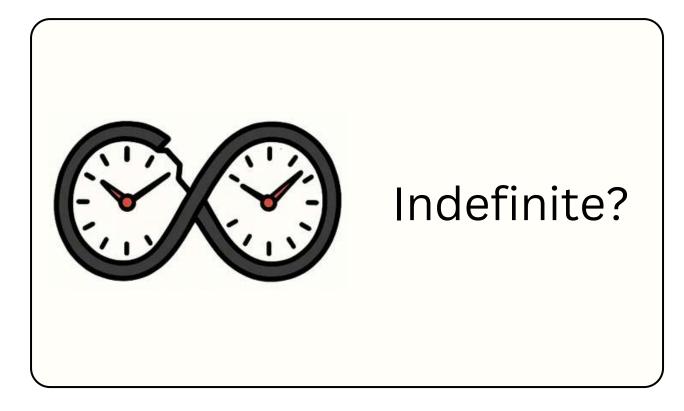


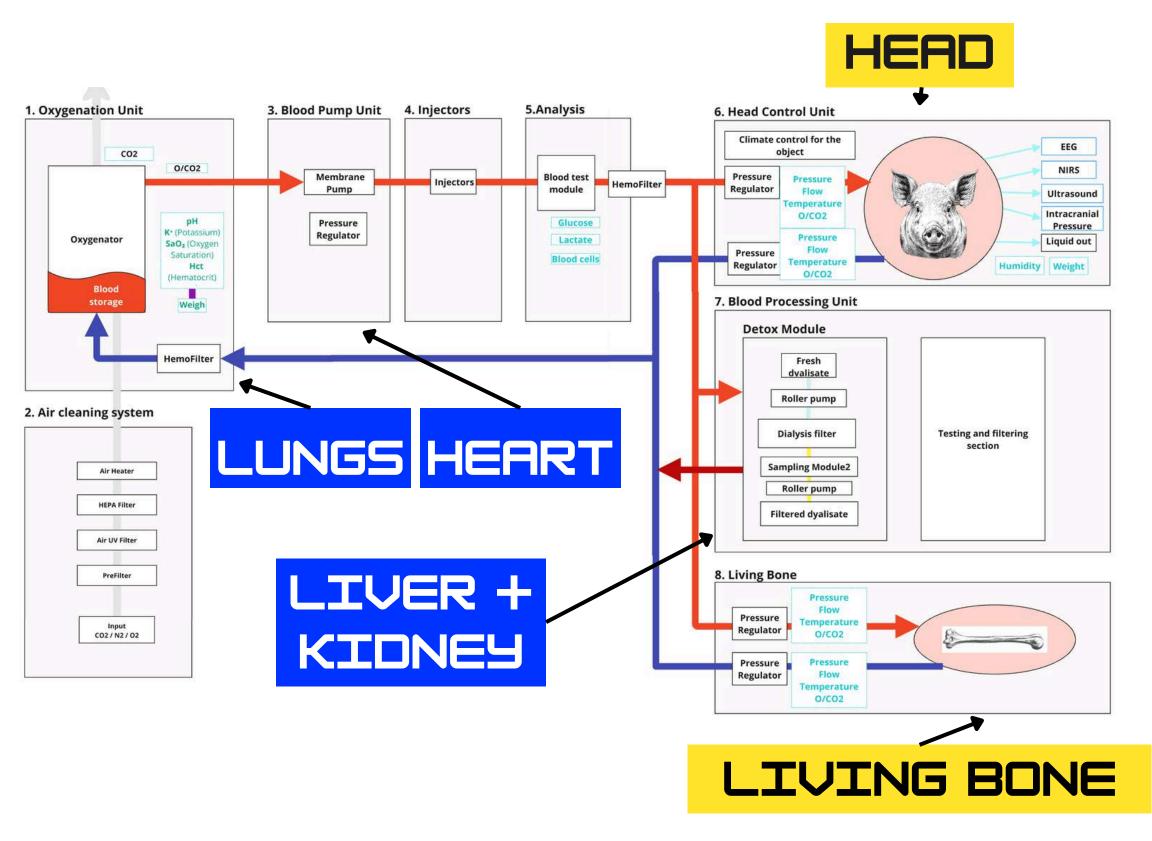


OUR VISION: AUTONOMOUS CIRCTUIT



- > Living bone integration
- > Next-gen oxygenator
- > Detox module
- > Recombinant plasma
- > Nutrient infusion



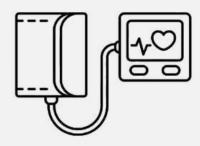


TARGET MARKETS

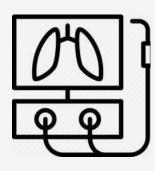




REAL TIME BLOOD
MONITORING & INFUSIONS
8 B\$



LONG-TERM HEART-LUNG
MACHINES
3.6 B\$

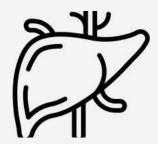




BLOOD PURIFICATION



LONG-TERM
ORGAN PERFUSION
2 B\$



BLOOD BIOPRODUCTION 6.7 B\$



NEURAL DRUGS SCREENING 8 B\$

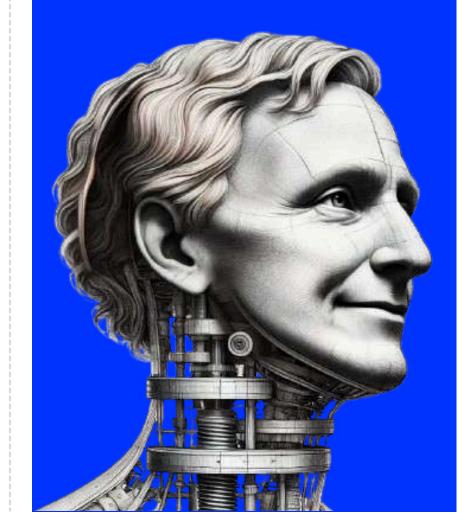


4

HEAD PERFUSION

XX% of all deaths

\$ 600 bln opportunity



DEALFLOW: BIO-HYBRID BLOOD TUBES



The Problem: Synthetic tubing in ECMO and perfusion machines damages blood cells and activate clotting, limiting life or organ support viability.

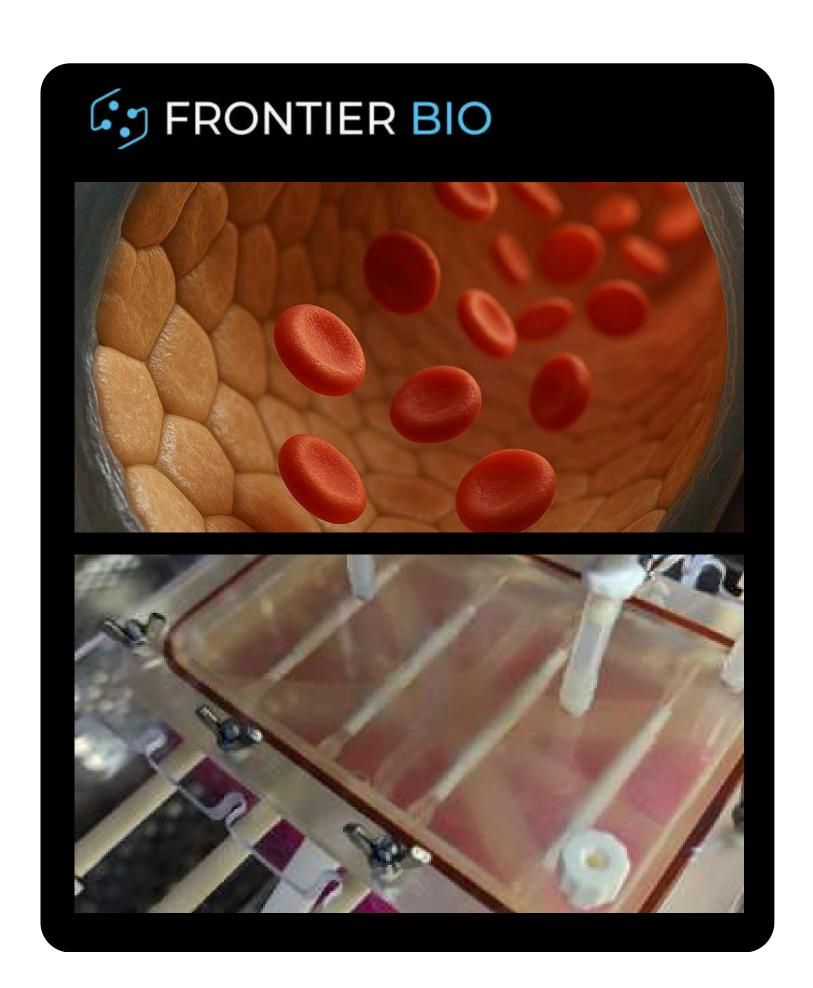
The Solution: Coat synthetic tubing with living vascular endothelial cells. This mimics natural vessels, preserving cells and preventing clotting via glycocalyx and antithrombogenic factors.

Objectives:

- Develop endothelial coatings for silicone tubing (plasma, fibronectin, etc.)
- Validate cell viability, glycocalyx integrity, and RBC-protective markers
- Engineer autologous vessels from iPSC-derived endothelium
- Test under pulsatile flow and physiological shear
- Scale to branched vessel networks for multi-organ perfusion

An important step in unlocking long-term perfusion

Budget: \$X | Timeline: 12 months



DEALFLOW: EXTENDED LIVER PERFUSION



The Problem: There is an organ shortage, yet many viable organs are discarded for logistical reasons.

The Solution: We're using AI real-time imaging and infusions to extend the time of organ preservation. Even 1 day of extension of liver preservation could save 10.000 extra people per year and bring \$ 1 bln of capitalization

Objectives:

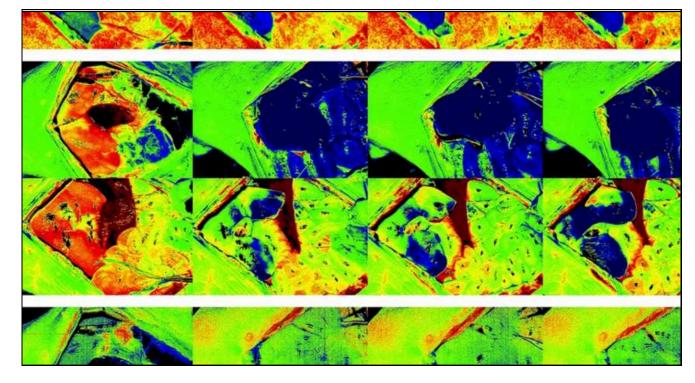
- Develop mechanics for real-time phase-contrast supply to validate blood cells viability
- Develop longer-term oxygenation, that's less harmful for the blood
- Apply organ massage techniques
- Use hypersceptral imaging for assessing organs viability

Liver perfusion is an onramp to head perfusion

Budget: \$X | Timeline: 12 months



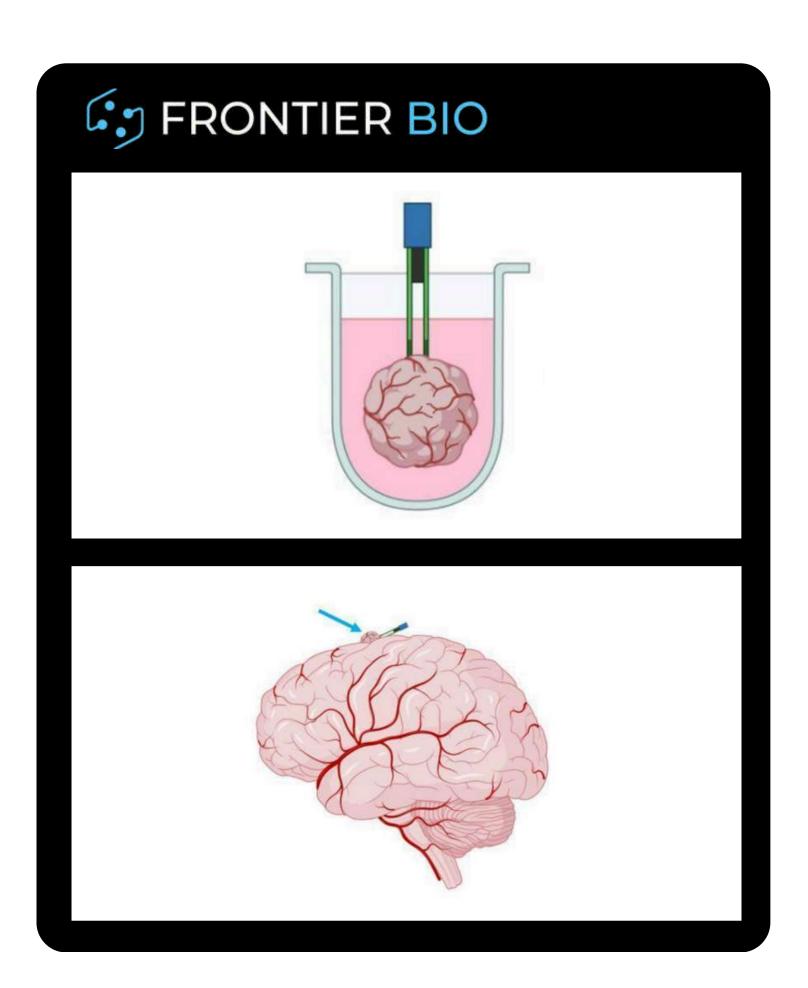




DEALFLOW: BIO-HYBRID BCI



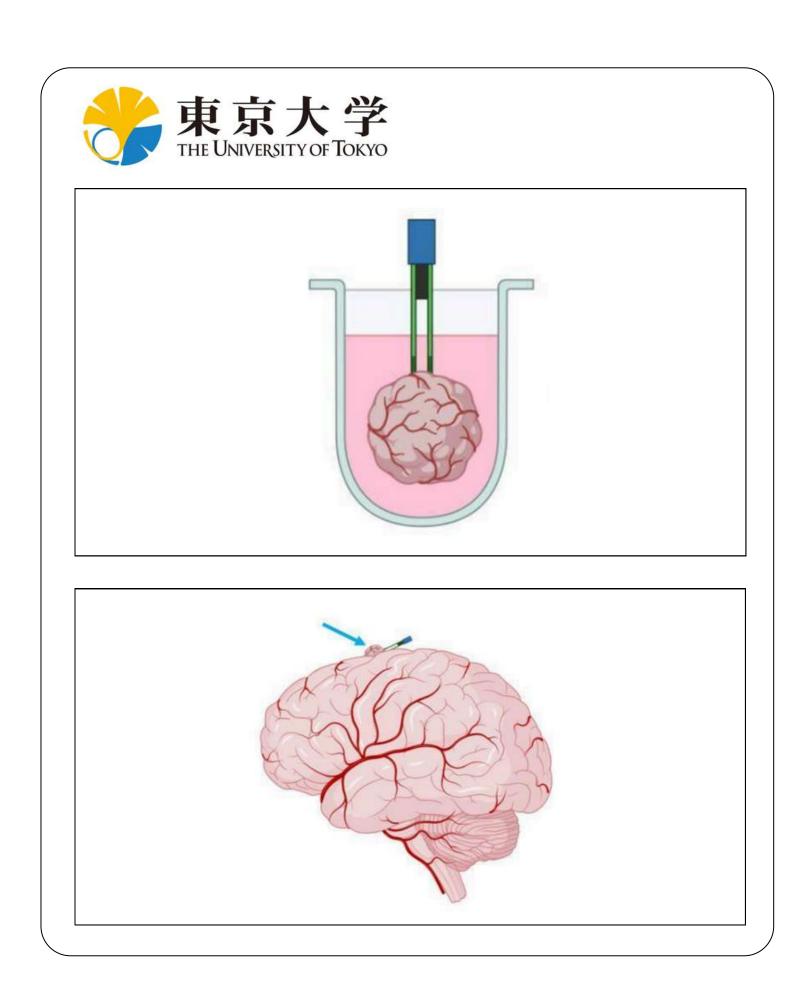
TBA



DEALFLOW: INTER-HEMISPHERE BCI

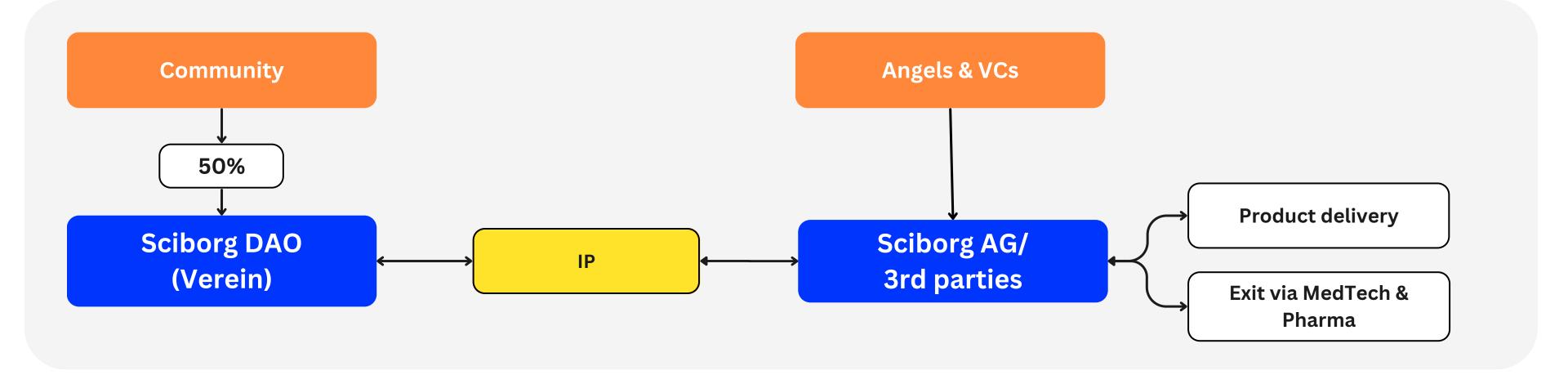


TBA



SCIBORG ECOSYSTEM







WHY DAO?



FUNDING PRE-CLINICAL & BASIC SCIENCE IN A VARIETY OF FIELDS



ASSEMBLING THE COMMUNITY **OF CYBERNETICS**





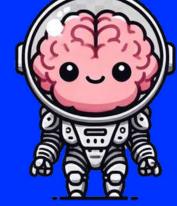












BUILDING THE INDUSTRY FOR FUTURE COMMERCIAL **SPINOUTS**







FOUNDING TEAM



Andrei Panferov Execution



Tomer Landsberger, PhDScience



Michele Diana, MD MedTech

PERFUSION TEAM



Michael Lebenstein-Gumovski, MD Neural Surgeon



Igor Dobrokhodov, PhDPerfusion



Toptun Alexey StanislavovichEngineer

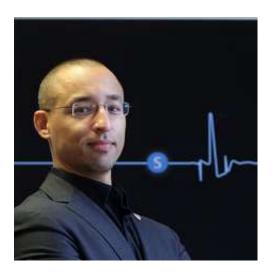
DAO CORE



Adam GriesOps, fundraising



Kai Micah MillsOps, Tokenomics



Eli MohamadOps, Tokenomics

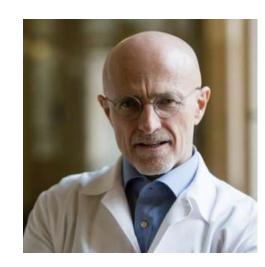


Kamen Shoylev Legal

SCIENTIFIC ADVISORY



Dr. Michael LebedevNeural Interfaces



Dr. Sergio CanaveroSurgery

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PROMOTIONAL
ACTIVIRY

AG RAISE

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VALUATION OF €

5.000.000

FOR POC

\$5CBRG



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