



ant neuro  
inspiring technology



[www.ant-neuro.com](http://www.ant-neuro.com)

Follow us:





# visor2™ product portfolio

## Sales & DP presentation

Complete solutions for navigated rTMS, functional mapping  
& EEG/EMG

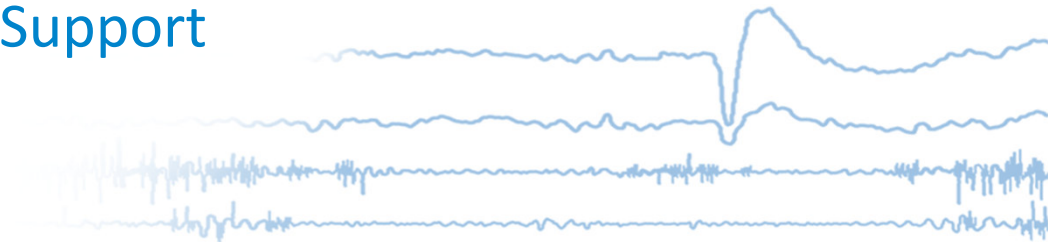
For internal use only. No intended for end users



DRN-M4M-09177



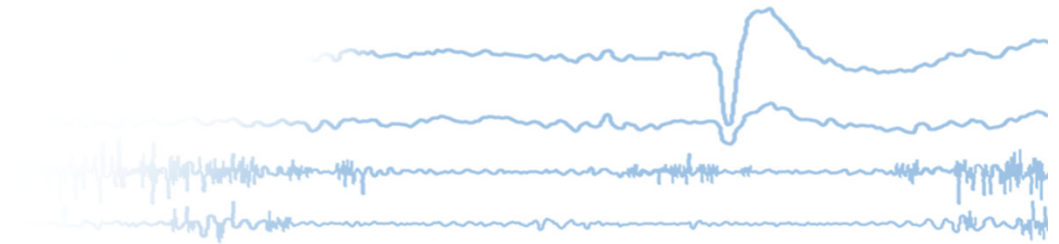
1. What is nTMS?
2. Therapy
3. Diagnostics
4. Research
5. Sales Support
6. FAQ



## Neuronavigation for every application

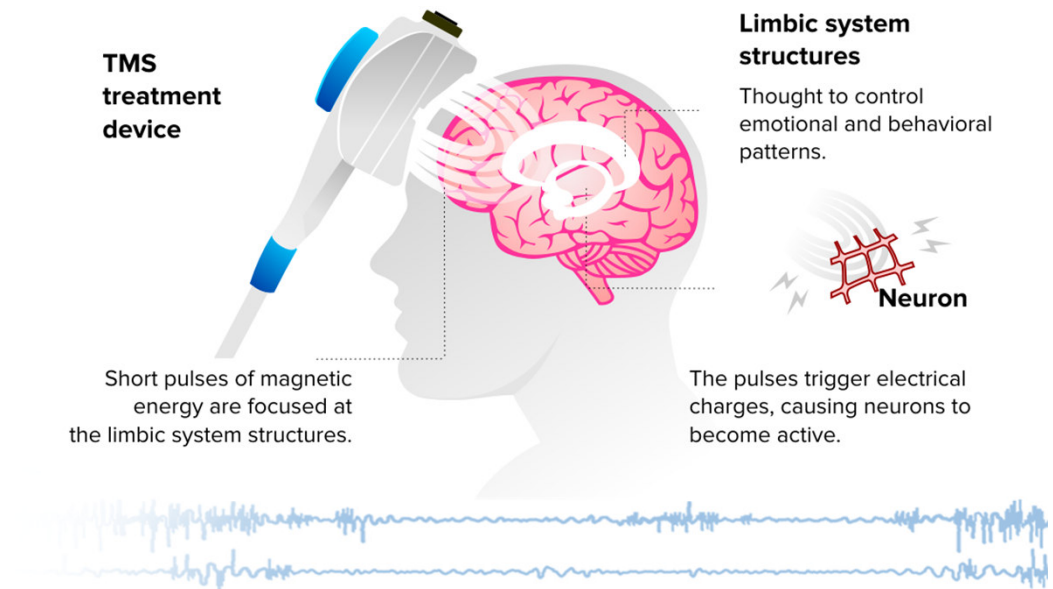


# What is nTMS?

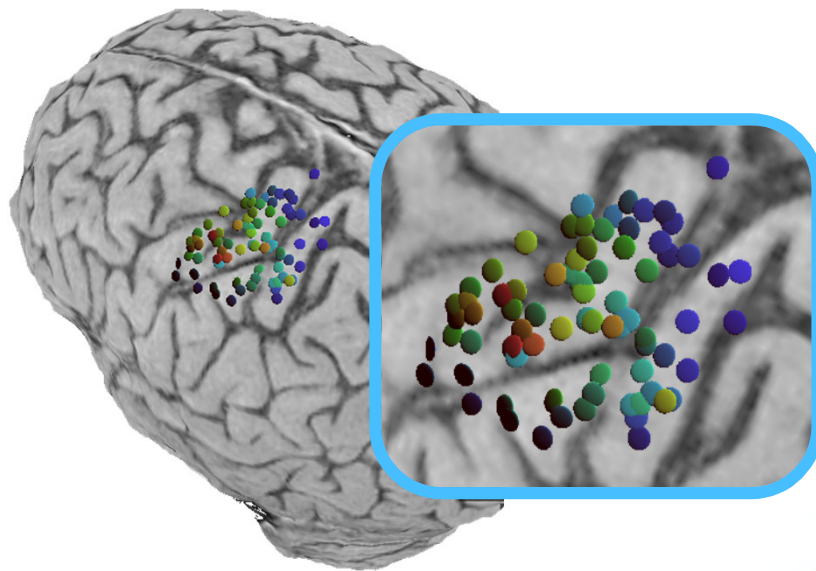


# What is TMS?

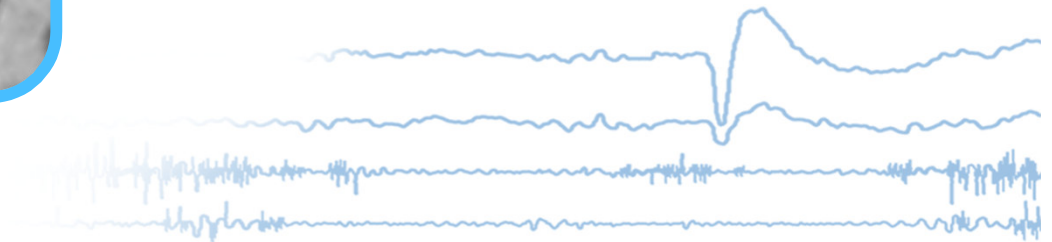
- Transcranial magnetic stimulation (TMS) is a noninvasive method used to stimulate regions of the cortex
- During a TMS procedure, a TMS coil is placed near the head of a person to induce an electromagnetic field which can increase or decrease the excitability of neurons.
- It can activate regions of the brain that have decreased activity due to depression and improve mood for example.



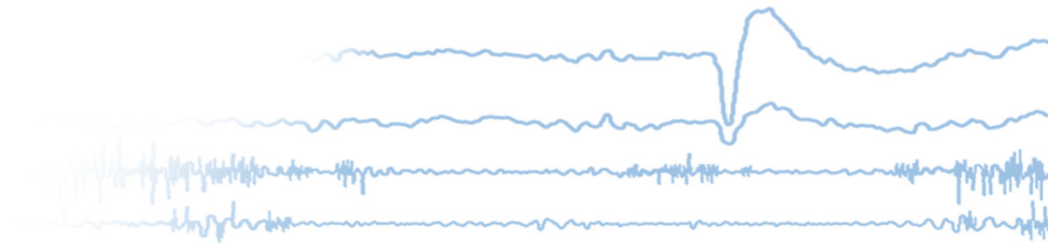
# What is navigated TMS?



- A stereotactic neuronavigation system (e.g. **visor2™**) is added to TMS which uses previously acquired data (e.g. individual MRI data) and correlates the stimulated sites on the scalp to the underlying brain anatomy
- It adds accuracy and reproducibility to TMS stimulation in clinical therapy, diagnostics and general TMS research
- It can be combined with other modalities (e.g. functional MRI) or electro-physiological measurements (e.g. EEG, EMG) for state-of-the-art neuroscience



# Therapy with TMS



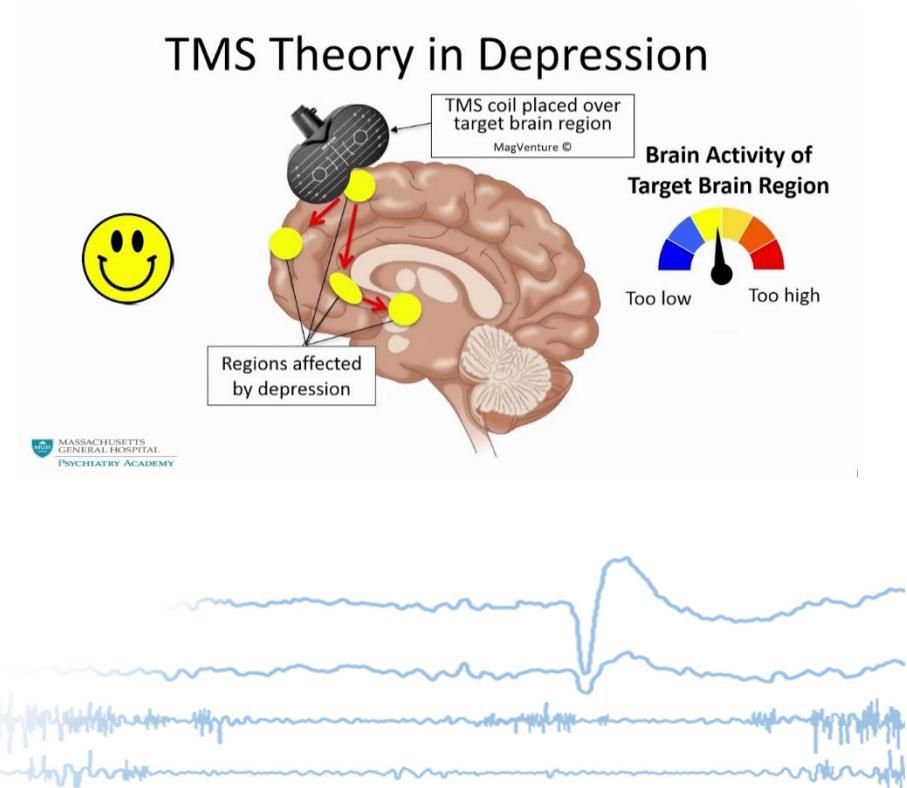
# Therapy with TMS

## What?

- Clinical therapy of:
  - Major Depressive Disorder (MDD)
  - Obsessive-compulsive Disorder (OCD)
  - Chronic Pain
  - Addiction Treatment (e.g. smoking)
  - Alzheimer: positive effects on cognitive outcome measures with TMS

## How?

- Repeated TMS stimulation protocols (e.g. rTMS with 5Hz for 30 minutes) over functional areas (e.g. dorsolateral prefrontal cortex) to achieve long-term plastic changes
- TMS stimulation over up to 30 sessions over the same position on the patient head

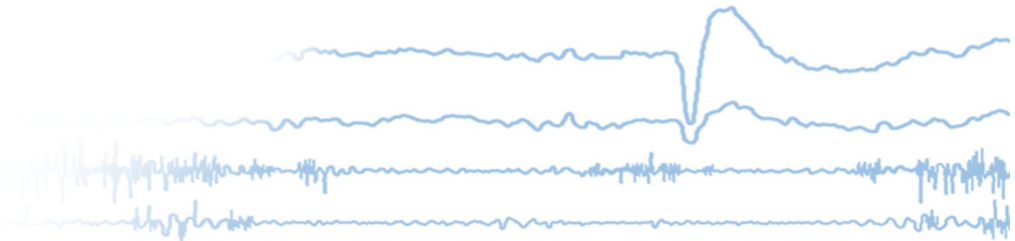


## Therapy with TMS today is imprecise



### Why?

- Targeting is commonly done using a generic, rule-of-thumb based measurement
- TMS target sites typically identified as being 5 cm anterior to the motor cortical hotspot – the “5 cm” rule
- Textile caps are sometimes applied to provide reference points for targeting of treatment
- This leads to imprecise TMS application over various sessions and operators



# Reimbursement for TMS therapy

### USA

- Biggest market for TMS therapy are the USA (50% market share) because of healthcare insurance reimbursement for drug-treatment resistant Major Depressive Disorder (MDD) and Obsessive-Compulsive Disorder (OCD)
- Average reimbursement rate per MDD treatment session: 300 USD

### Europe

- No reimbursement for MDD or other therapy treatments in Europe, must be paid out of the pocket

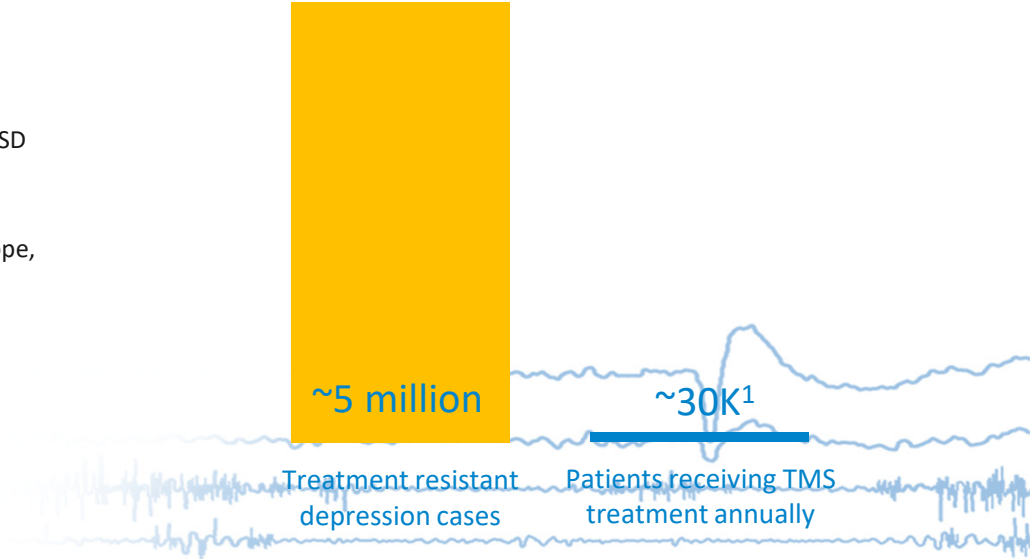
### Japan

- Out-patient reimbursement for MDD therapy with TMS

### Australia

- In- and outpatient reimbursement for MDD therapy with TMS

Patients receiving TMS is a small proportion of treatment-resistant depression cases (USA, 2021)



1: <https://irp.cdn-website.com/fbcdaa21/files/uploaded/Corporate%20Presentation%20August%202021.pdf>

# Market Size and Target Customers

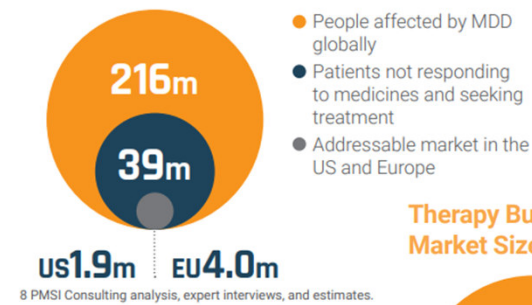
## Market overview

- Biggest market for TMS therapy are the USA (50% market share)
- Followed by Europe (only private payment), China, Japan and Australia
- High growth rates anticipated over the next years

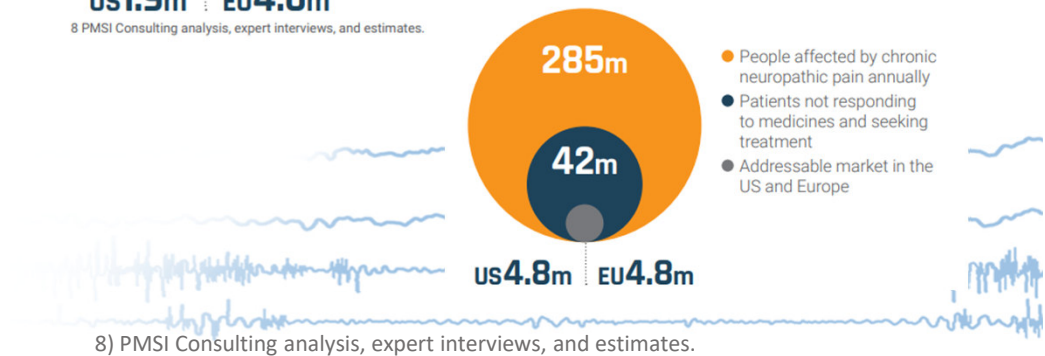
## Customer Personas

- Academic Centers at Hospitals (US/Europe/Australia)
- Private TMS Centers (US/Australia)

## Therapy Business: MDD Market Size Estimate<sup>8</sup> (Patients)



## Therapy Business: Chronic Neuropathic Pain Market Size Estimate<sup>8</sup> (Patients)



# TMS treatment centers (therapy, USA)

## Personal information:

- Works at a TMS Center in the USA which provides TMS treatment for (out-) patients with major depressive disorder and/or OCD
- Has TMS devices available but no access to MRI machine
- Is using manual methods for TMS coil positioning and targeting (e.g. measuring distances on scalp)

## His goals:

- I want to treat more patients in less time to improve margin per session
- I want to promote state-of-the-art treatment and best care for my patients
- I want to improve patient perception of treatment quality and improve the treatment outcome

## His challenges:

- How can I increase patient throughput and increase margin per session?
- I am experiencing a competitive market from increased number of competitors. How can I distinguish myself from competitors?
- How can I do marketing to more attract patients?



## His objections:

- Investment costs, TCO are high and I will have less margin per session when using neuronavigation?
- How can I manage the required training effort for neuronavigation?
- Does neuronavigation really increase efficiency and outcome?
- How can I use neuronavigation without MRI and is MRI-based neuronavigation really better?

## Academic centers at hospitals (therapy, worldwide)

### Personal information:

- Doctor at an academic center at a clinic or hospital which provides TMS treatment for (in and out) patients with major depressive disorder and/or OCD
- Has TMS devices available and access to MRI machine
- Is using manual methods for TMS coil positioning (e.g. measuring distances on patient scalp)

### Her goals:

- I want to improve patient outcome and remission rate with more individualized TMS
- I want to promote state-of-the-art treatment and best care for my patients
- I want scientific promotion and awareness (e.g. publications)

### Her challenges:

- How can I increase patient throughput while keeping costs under control?
- How can I attract more patients?
- How can I increase the scientific output?



### Her objections:

- How can I justify investment costs and TCO for neuronavigation?
- How can I manage the required training effort for neuronavigation?
- Does neuronavigation really increase efficiency and outcome?

## Value proposition of visor2

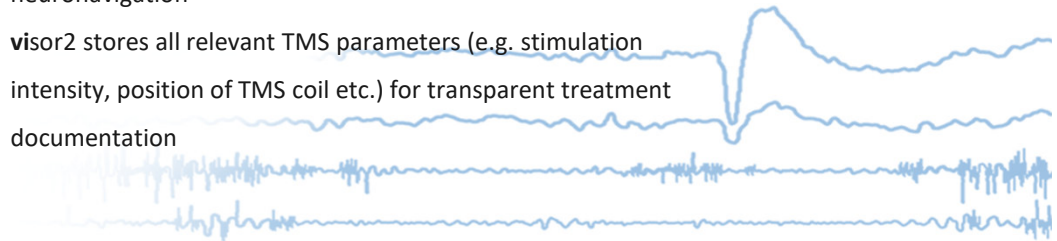
- visor2 hard- and software can easily be scaled to meet requirements and budget
- Regulatory approvals for clinical use in Europe (CE), USA (FDA 510k), Canada, China (in 2022), Australia and many more
- visor2 is compatible with majority of TMS coils available and comes without consumables to reduce investment costs and TCO
- visor2 is the only FDA 510k cleared TMS neuronavigation solution which supports a variety (FDA 510k cleared) TMS systems from Magstim, MagVenture, MAG&More and Neurostar)



## Value proposition of visor2 II.



- visor2 offers easy-to-use, step-by-step workflows with MRI-less navigation with reduced learning curve for unskilled operators and minimum training effort
- visor2 allows personalized TMS therapy with individual MRI-based neuronavigation and motor threshold determination to improve outcome and remission rate
- visor2 supports fast, consistent and reproducible TMS stimulation across sessions and operators
- visor2 uses optical tracking technology for most precise TMS neuronavigation
- visor2 stores all relevant TMS parameters (e.g. stimulation intensity, position of TMS coil etc.) for transparent treatment documentation



## visor2 basic - Price sensitive solution for nTMS therapy

- High-precision tracking camera
- Mobile medical cart with small footprint
- AiO PC with touch-based usability
- Support for individual or standard MRI and MRI-less, scalp-based neuronavigation with efield visualization and offline review workflow



## visor2 professional – personalized nTMS for therapy

- High-precision tracking camera
- Mobile medical cart with small footprint
- AiO PC with touchscreen
- **eego** mini EMG amplifier with 2 EMG channels
- Optional: secondary medical touch display
- Support for individual and standard MRI neuronavigation with efield visualization, fMRI targeting, dual-coil tracking, motor mapping and offline review with DICOM export



## Reference customers – Pain Treatment

### **Prof Dr. Luis Garcia-Larrea**

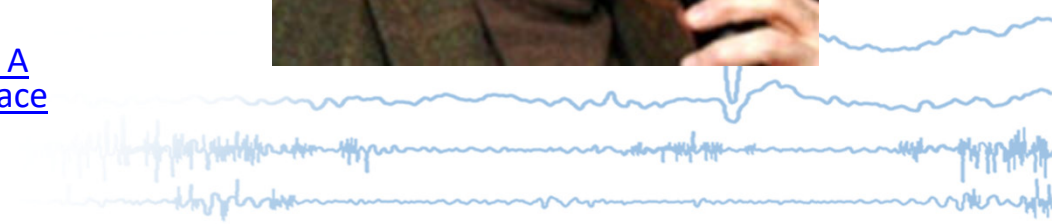
Central Integration of Pain, INSERM  
University hospital Lyon

visor2 user

*“A neurologist working in Neurosurgery department and involved in a lot of robotized navigated TMS treatment for post-stroke rehabilitation as well as presurgical mapping of tumor patients.”*

Example publication:

[Somatotopic effects of rTMS in neuropathic pain? A comparison between stimulation over hand and face motor areas](#)



## Reference customers – Pain Treatment

### **Prof Dr. Roland Peyron**

Associate Professor, Université Jean Monnet,  
Saint-Etienne (France)

Hospital of Saint-Étienne at the Neurology  
department

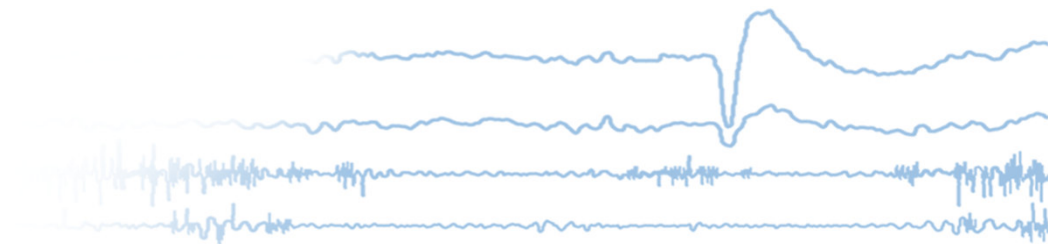
**visor2** user

Exampe publication:

[Robot-guided neuronavigated repetitive Transcranial  
Magnetic Stimulation \(rTMS\) in central neuropathic pain.  
An update of long-term follow-up](#)



# Diagnostics with TMS



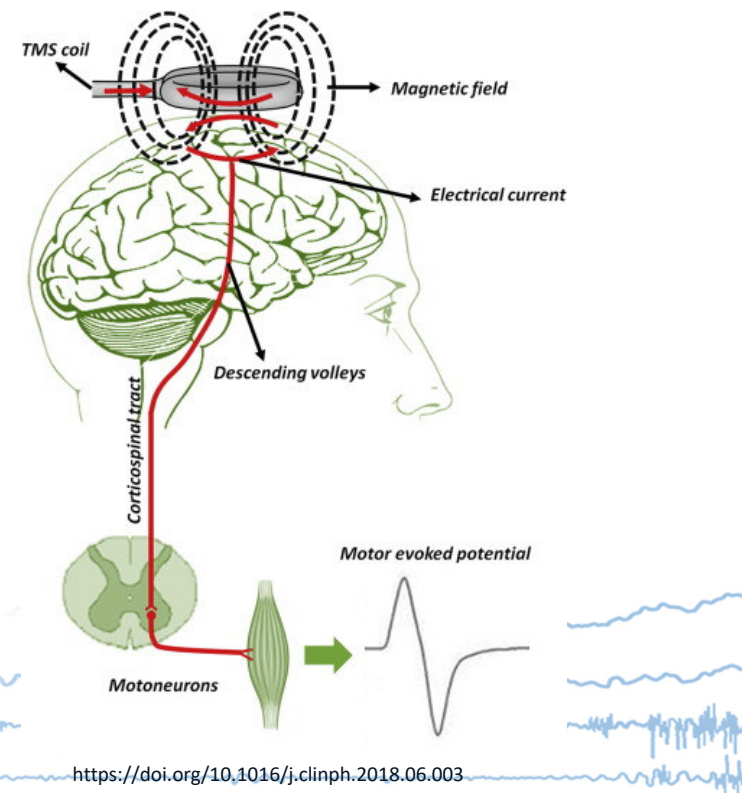
# Diagnostics with TMS

## What?

- Clinical diagnostics
  - Pre-surgical functional mapping (e.g. support removal of low-grade gliomas in eloquent areas)
  - Diagnostics of Movement Disorders (e.g. motor recovery after stroke)
  - Peripheral facial nerve palsies, TMS may be used to localize the site of nerve dysfunction
  - Rapid measurement of the cortical excitation/inhibition ratio with TMS- Electromyography (EMG) in epilepsy patients

## How?

- Measuring the connection between the primary motor cortex of the central nervous system and the peripheral nervous system with TMS-EMG-based functional mapping
- Repeated TMS stimulation protocols (e.g. rTMS with 5Hz for 30 minutes) over functional areas to achieve long-term plastic changes



# Value proposition of visor2

## Why Neuronavigation?

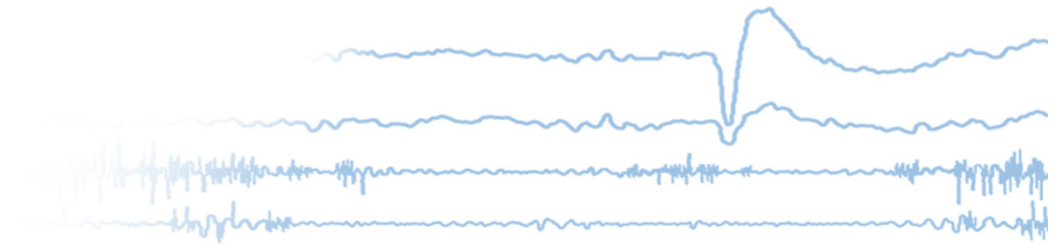
- Precise TMS stimulation over targeted cortical sites (e.g. motor cortex)
- Reproducibility across all TMS sessions
- Combination of the TMS stimulation of the underlying anatomy (e.g. motor cortex) with data from EMG recording
- Provides documentation of all relevant TMS stimulation information (e.g. intensity, position, tilt, rotation of TMS coil etc.)

## Why visor2?

- Target helper for precise and reproducible TMS stimulation
- Motor mapping with flexible number of EMG channels (up to 8 EMG channels) and fully integrated ANT Neuro **eegomini** EMG amplifier
- **CE certified** and **FDA 510k** clearance for clinical use (**motor mapping only**)



# Application pre-surgical mapping



# Current gold standard: direct cortical stimulation (DES)

## During awake surgery/ craniotomy

Motor mapping and speech mapping: when motor- or language-eloquent areas of the brain are also affected by tumors

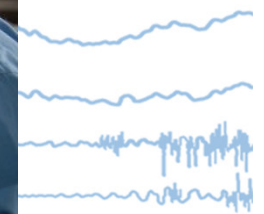
## What is the goal of DES?

To help the neurosurgery team to decide the extent of tumor resection while preserving the patient's quality of life after surgery and minimizing the risks of acquiring language deficits or motor impairments

## Limitations and problems of DES

Invasive and stressful for the patient

Time limitation: around 90 minutes of awake time



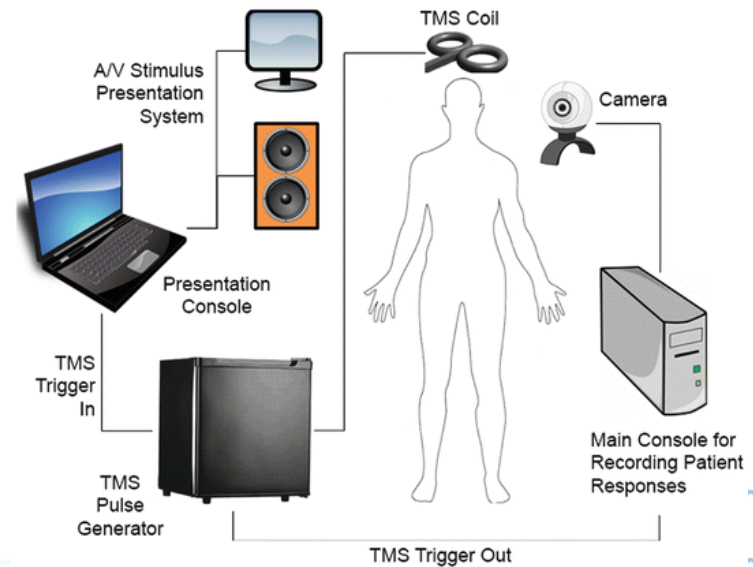
# Pre-surgical mapping with TMS

## What?

- Clinical pre-surgical mapping of low grade tumors in motor- and language-eloquent areas
- Provides roadmap of the brain which neurosurgeons can use to navigate critical cortical areas

## How?

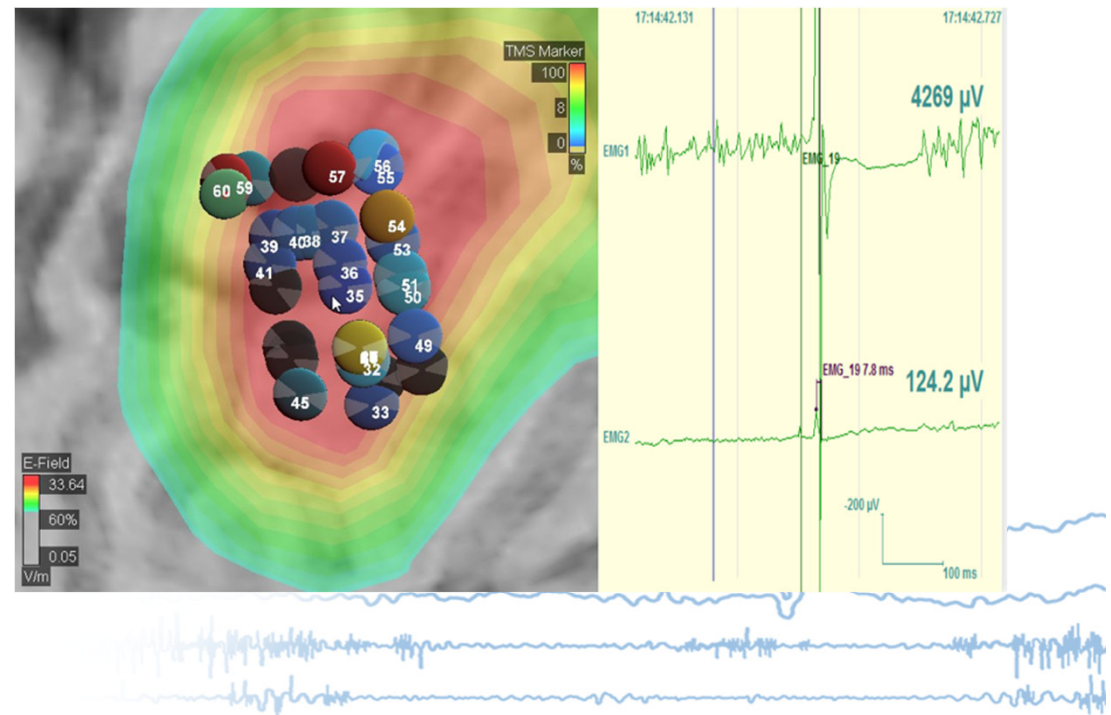
- Combination of TMS stimulation over the motor cortex with data from EMG recording -> **motor mapping**
- Combination of TMS stimulation over the language-eloquent areas (e.g. Broca area) with audio and video recordings of the patient -> **speech mapping**



DOI: 10.1007/978-1-4939-0879-0\_17

## Motor mapping

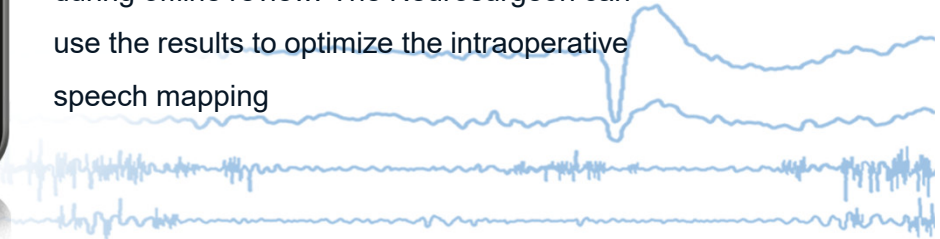
- The motor-eloquent brain areas can be mapped before the surgery based on the individual MRI of the patient
- The motor-evoked potentials (MEPs) as well as the resulting color-coded DICOM file can help the Neurosurgeon during the surgery to locate the motor hotspot more quickly and more efficiently

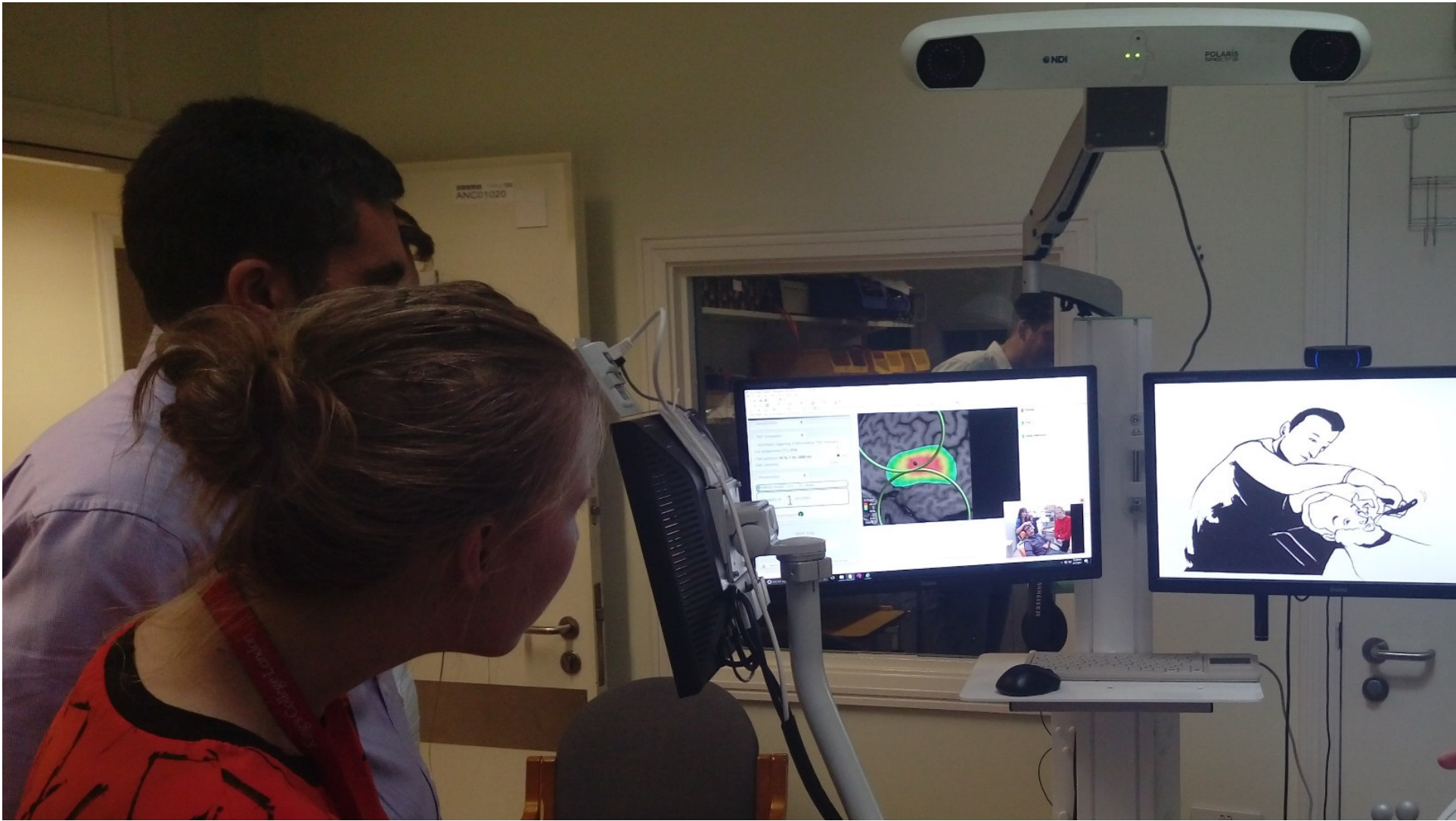


# Language mapping



The language-eloquent areas of the brain (e.g. Broca's area, Wernicke's area, etc) are mapped with navigated TMS based on the patients' response to a particular linguistic task (e.g. picture naming), and the resulting color-coded DICOM as well as the audio-visual recording of the session can be saved to be evaluated by a language specialist during offline review. The Neurosurgeon can use the results to optimize the intraoperative speech mapping





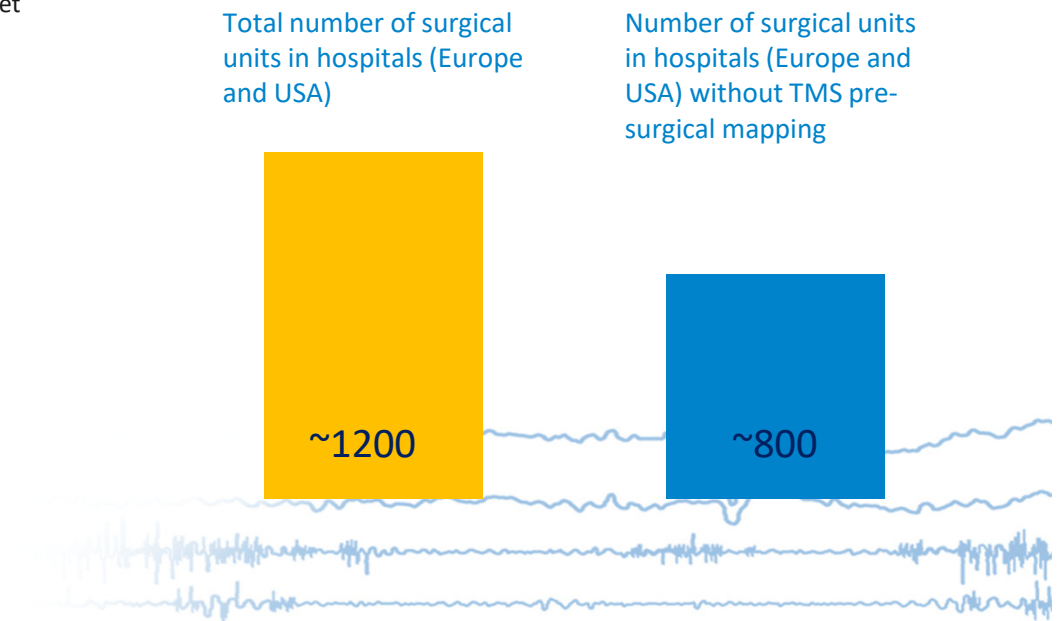
# Market Size and Target Customers

## Market overview

- Biggest market for pre-surgical mapping is the EU (~ 70% market share)
- Followed by USA, Japan and China
- High growth rates anticipated over the next years especially in emerging countries

## Customer Personas (Europe)

- University Hospitals



# Neurosurgery in University Hospital (Europe)

## Personal information:

- Doctor at a neurosurgical department at European university hospital performing intra-surgical functional mapping of low grade tumors (motor and language-eloquent cortical areas) patients
- Has no TMS hardware and neuronavigation system available
- Is only using direct cortical stimulation (gold standard)

## His goals:

- I want to improve the pre-planning of surgeries to reduce operation time
- I want to do a more radical surgery of tumors to improve patient remission rate and shorter bed time
- I want to avoid awake surgeries of language-eloquent tumors as they are complex and exhausting for patients
- I want to perform more clinical research

## His challenges:

- How can we stem investment costs and total costs of ownership?
- Reimbursement is still difficult and is not enough to fund the costs for neuronavigation or not available at all
- The hiring and training of qualified personnel is very difficult

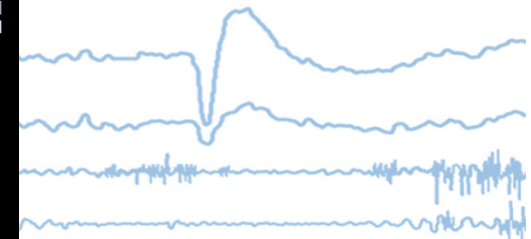
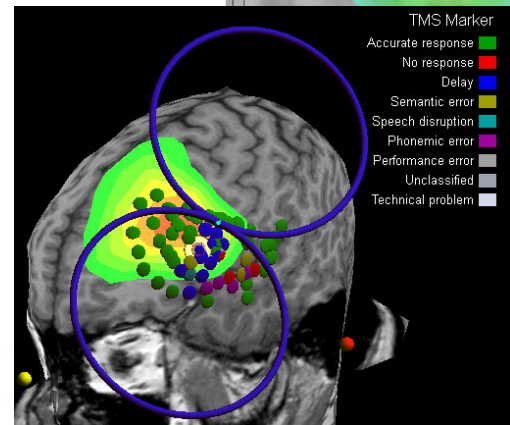
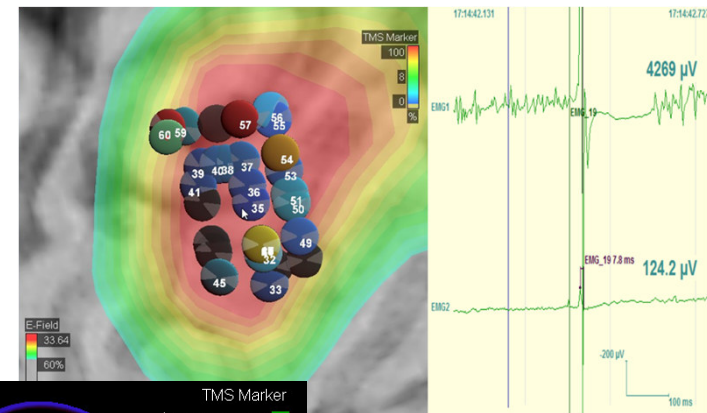


## His objections:

- High investment costs and TOC for TMS devices
- Regulatory issues (CE for specific application)
- Pre-operative functional mapping with TMS requires more time
- Pre-operative functional mapping requires highly trained staff

# Value proposition of visor2

- visor2 provides advanced functional mapping features and dedicated workflows for motor and speech mapping
- **CE and FDA 510k cleared motor mapping:**
  - support for up to 8 EMG channels
  - automatic peak-to-peak extraction of the MEP from the live EMG signal and heat map creation
  - colored DICOM export for import of mapping result in surgical navigation systems (e.g. Brainlab or Medtronic)
- **Speech mapping (research only):**
  - dedicated workflows for baseline and stimulation audio and video recordings
  - highly customizable paradigms,
  - colored DICOM export



# visor2 Professional – ultimate precision for TMS research

- High-precision tracking camera
- Mobile medical cart with small footprint
- AiO PC with touchscreen
- **eego** mini EMG amplifier with 2 EMG channels
- Optional: secondary medical touch display
- Support for individual and standard MRI neuronavigation with efield visualization, fMRI targeting, dual-coil tracking, motor mapping and offline review with DICOM export



# visor2 Premium - cutting-edge solution for functional mapping

- visor2 system with 8 EMG channels
- High-precision tracking camera
- Mobile medical cart with small footprint
- AiO PC with touchscreen
- eego™ mini amplifier with 8 EMG channels
- secondary medical touch display
- HD video camera, microphone and headphone
- Optional: mapping license with all features of visor2 premium and dedicated language mapping features and workflows



## Reference customers

**Prof. Dr. Alexander Hartmann**

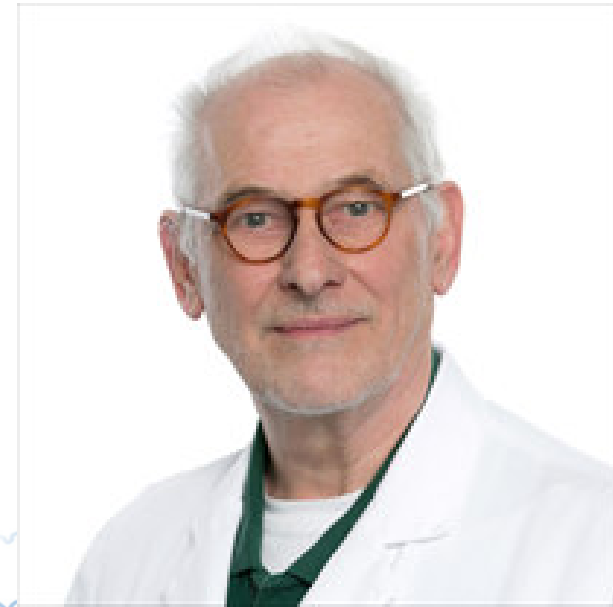
University Clinic Cologne, Merheim

visor2 user

*“A neurologist working in Neurosurgery department and involved in a lot of robotized navigated TMS treatment for post-stroke rehabilitation as well as presurgical mapping of tumor patients.”*

Example publication:

[Righthemispheric inhibitory rTMS in patients with leftsided brain infarcts: Effect on cerebral blood flow using PET and speech performance](#)



## Reference customers

### **Prof. Stefano Seri**

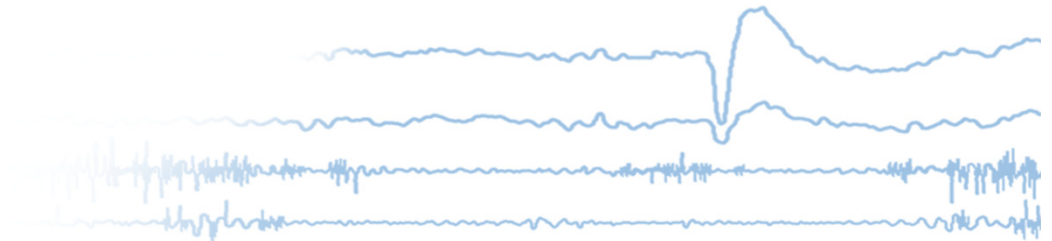
Consultant in Clinical Neurophysiology, Birmingham Women's and Children's hospital

visor2 user (functional motor mapping)

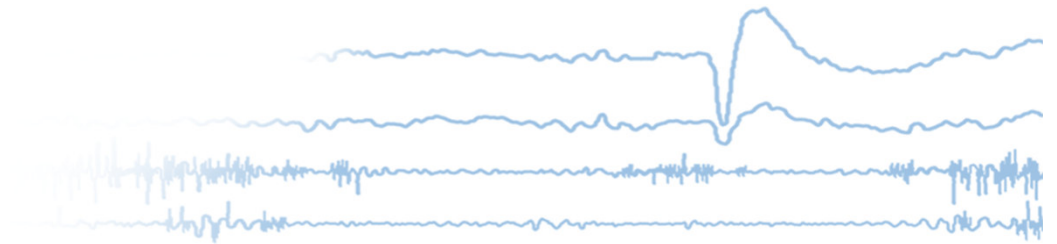
### **Prof. Dr. Olga Dragoy**

Director, Center for Language and Brain, Moscow

visor2 user (functional speech mapping)



# TMS research



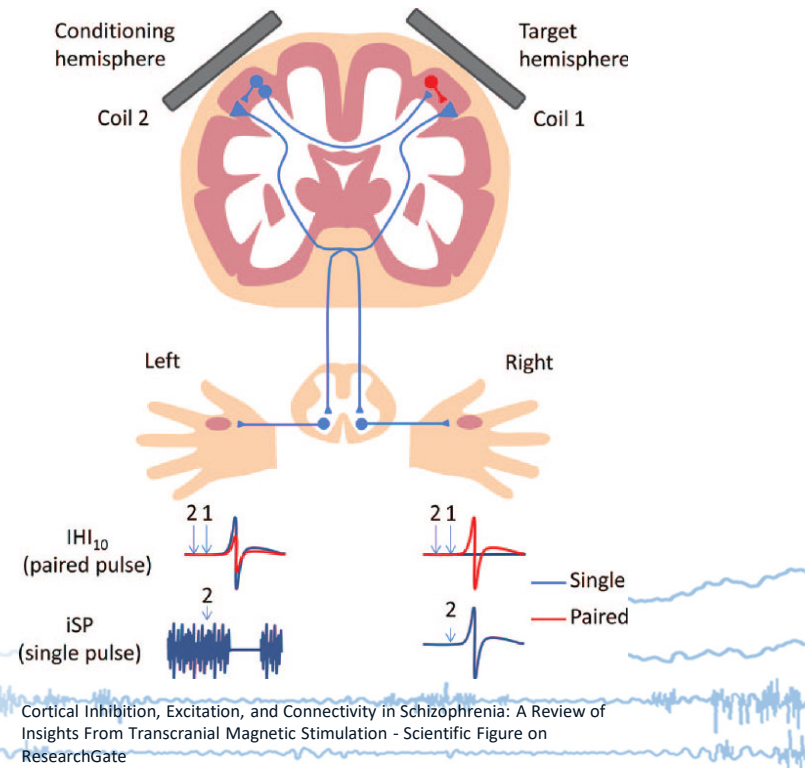
# TMS research

## What?

- Enabling researchers to gain an even deeper understanding of the human brain
- Measuring the connection between the primary motor cortex of the central nervous system and the peripheral nervous system
- Studying the effects of TMS including behavioral, metabolic, (epi) genetics, molecular and biochemical pathways

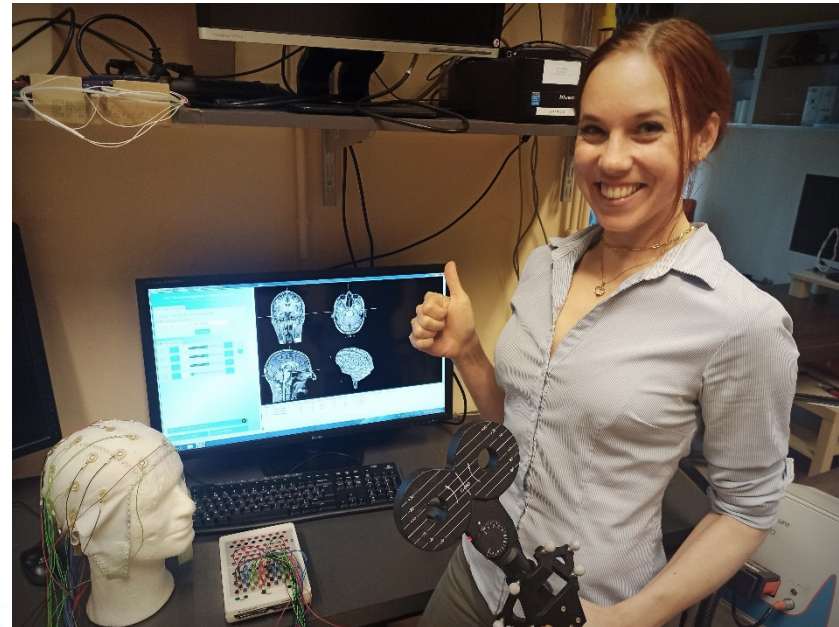
## How?

- Measuring the connection between the primary motor cortex of the central nervous system and the peripheral nervous system with TMS-EMG-based functional mapping
- Repeated TMS stimulation protocols (e.g. rTMS with 5Hz for 30 minutes) over functional areas to achieve long-term plastic changes
- Paired-pulse TMS to probe intracortical inhibition and facilitation

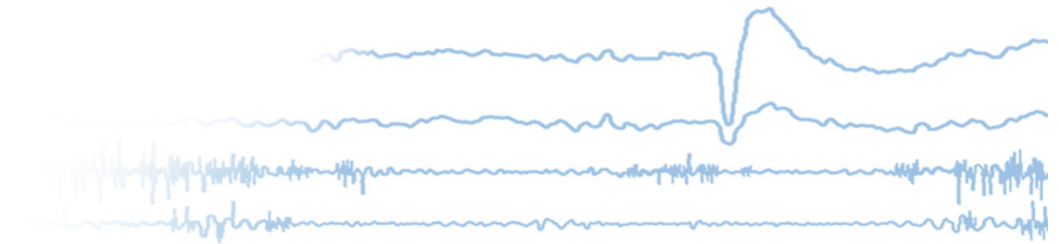


## Value proposition visor2

- visor2 supports the majority of TMS stimulators and coils from major TMS manufacturers
- visor2 supports the navigation of 2 TMS coils simultaneously (dual coil tracking -> paired pulse TMS protocols)
- visor2 provides advanced and highly flexible functional mapping features and dedicated workflows for motor and speech mapping
- visor2 provides trigger interfaces to a variety of TMS stimulators for time-triggered stimulation
- visor2 can integrate several ANT Neuro EEG and EMG products for highly advanced TMS-EEG research



# Application TMS-EEG



# EEG-TMS with visor2

## What?

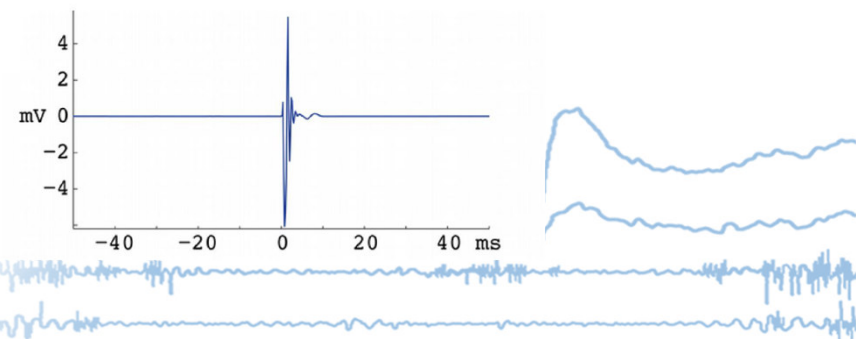
- Combination of TMS with electroencephalography (EEG) provides a method of directly probing both local and widespread changes in brain neurophysiology, by recording of TMS-evoked potentials and cortical oscillations

## How?

- Deep integration of 3 different ANT Neuro products: **visor2** premium, **eego** mylab EEG recording and **waveguard** EEG caps
- Combined EEG-TMS recordings with up to 64 EEG channels, high sampling rate and unique active shielding technology
- To minimize TMS-induced artifacts, waveguard caps feature optimized electrode shapes and have no exposed wires
- Dedicated TMS-EEG adapter between cap and amplifier allows quick recovery of the EEG signal after the TMS pulse

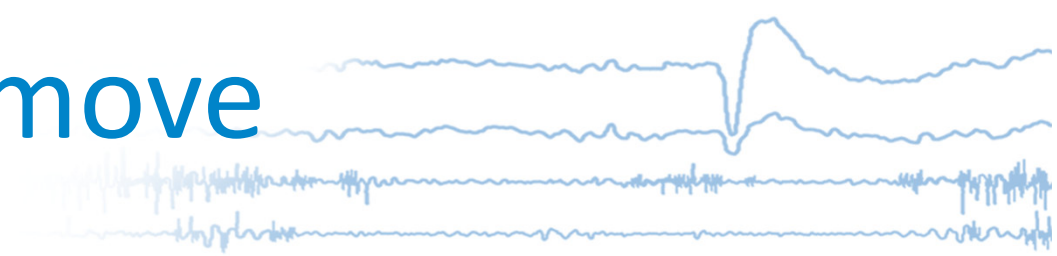


Typical TMS-induced artefact on EEG signal





# Collaborative robot add-on vmove



DRN-M4M-09177

visor2 sales & DP training 2023

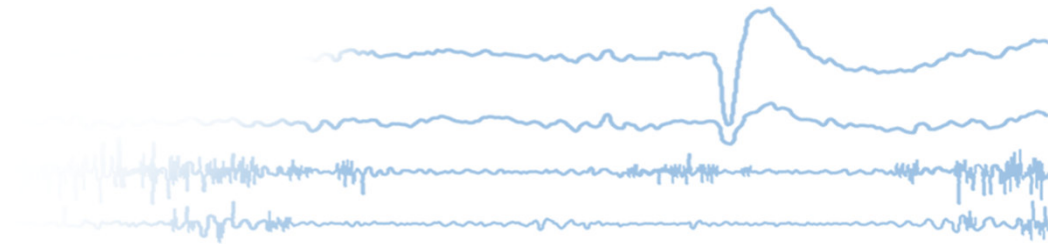


## vmove – ultra-precise coil positioning (research only)

- Highly precise and automatic TMS targeting with active head movement compensation
- Collaborative robotic arm designed to work safely alongside the human operator
- Manual guidance mode for quick pre-positioning of the robot arm and TMS coil
- Support for figure-of-8 TMS coils from all major TMS manufacturers
- Support for existing and new neuromodulation modalities (tFUS)
- Modern user interface with easy usability
- Interface to **visor2** solution for MRI-guided targeting and advanced features, e.g. functional mapping



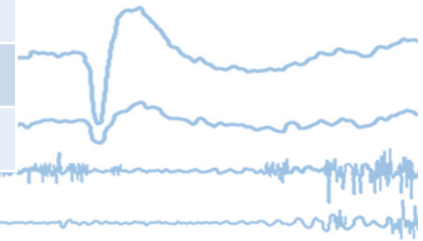
# Summary



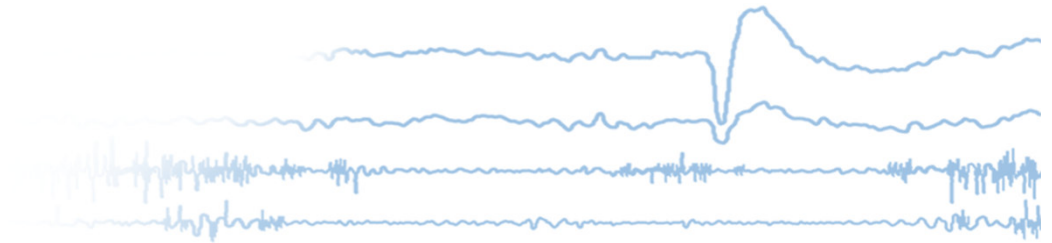
| Features  | Basic    | Professional | Premium  |
|---|----------|--------------|----------|
| Scalp-based navigation  | ✓        | ✓            | ✓        |
| Individual and standard MRI                                   | ✓        | ✓            | ✓        |
| Efield visualisation  | ✓        | ✓            | ✓        |
| Dual-coil tracking  | -        | ✓            | ✓        |
| Motor mapping with up to 8 channels                           | -        | ✓ (2ch)      | ✓        |
| Functional image import                                       | -        | ✓            | ✓        |
| DICOM export  | -        | ✓            | ✓        |
| Language mapping addon  | -        | -            | optional |
| EEG addon   | -        | optional     | optional |
| Collaborative robot add-on for ultra-precise coil positioning | -        | optional     | optional |
| Dual-display  | -        | optional     | optional |
| Patient chair   | optional | optional     | optional |

## Unique selling points

- + supports majority of TMS stimulators and coils from all major manufacturers
- + Step-by-step workflows for improved usability and reduced training required
- + Easy-to-use MRI-less navigation possible
- + Dedicated functional motor and speech mapping workflows
- + Up to 8 EMG channels, with in-house **eegomini** amplifier, advanced EMG features
- + Tracking of up to 2 TMS coils simultaneously
- + Precise optical tracking (2 mm or better)
- + No consumables as coil and head reference tracker can be reused



# Sales & Customer Support





# Regular posting on all Social Media channels

**scientific publication**

The critical role of the inferior frontal cortex in establishing a prediction model for generating subsequent mismatch negativity (MMN): A TMS-EEG study

**Author:** Lui et al.  
**Product(s):** visor2™ (TMS neuronavigation solutions)



**field report**

Our latest visor2™ software version is well received

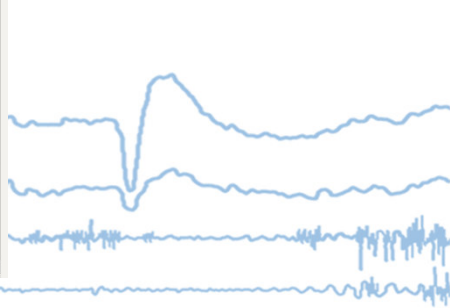


and you know

that visor2™ supports coils from all major TMS manufacturers?



utions)  ant neuro  
inspiring technology



# Regular neuromodulation related Webinars

## Correcting reward-related neural dysfunction in substance use disorders using a robot-guided TMS

Welcome to ANT Neuro Educational Webinar Series!

Reward-related processes appears to be one of the most consistently and severely affected functions in substance use disorders (SUD). By combining human electrophysiology and robot-assisted image-guided TMS (Ri-TMS), the proposed research aims to examine and restore reward functioning in SUD. In this talk, the application of Ri-TMS for addiction medicine will be first discussed, and then a novel application of cortical thickness maps to select individualized Ri-TMS targets will be presented. Such efforts point to a decisive role of integrating Ri-TMS methods to modulate reward functioning in health and disease, which could accelerate the pace of scientific progress and have a positive impact on mental health care. Research reported in this talk was supported by the National Institute On Drug Abuse of the National Institutes of Health.



The presenter is Dr. Travis Baker who earned his PhD in 2012 from the University of Victoria in the Brain and Cognitive Science program, and supported by a Frederick Banting and Charles Best Canada Graduate Scholarships Doctoral Award. Canadian Institute of Masters of Science degree in Experimental Neuropsychology (University of Victoria) and received a B.A. (with distinction: Psychology) from Rutgers University faculty, he worked as a post-doctoral fellow at the Montreal Neurological Institute in the Department of Neurology and at CHE Sainte-Justine Children's Hospital Research Center.

Looking forward to welcoming you to this webinar!

Recordings of most webinars are available at the ANT Neuro YouTube channel at

<https://rb.gy/mg8aot>

## Webinar Series

Ultrasonic Neuromodulation: A New Tool for Brain Mapping and Therapeutic Interventions



Presented by Dr. Jay Sanguinetti  
Wed, Aug 12, 2020  
3:00 PM - 4:00 PM CEST

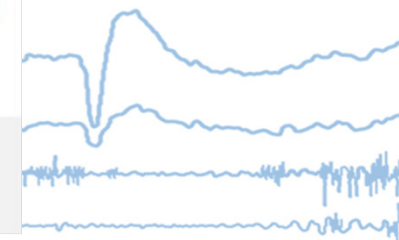


## Webinar Reminder

Intraoperative Electrical vs. Preoperative TMS Language Mapping: a Linguist's Perspective



Presented by Dr. Olga Dragoy  
Wed, Aug 26, 2020  
3:00 PM - 4:00 PM CEST



# Scientific publications posts

Growing number of scientific publications in which **visor2** or **smartmove** was used. Alone **25** publications in the first half year of 2021

**scientific publication**




Alertness fluctuations when performing a task modulate cortical evoked responses to transcranial magnetic stimulation

**Author:** Noreika et al.  
**Product(s):** visor2™ (TMS neuronavigation solution)




**scientific publication**

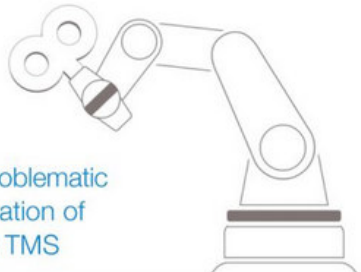


γ-related GABAergic differences in the primary sensorimotor cortex: a multimodal approach combining MRS and TMS

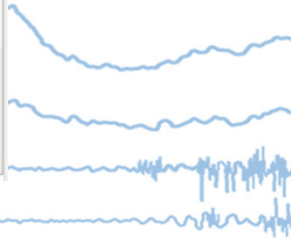

**Author:** Cuypers et al.  
**Product(s):** visor2™ (TMS neuronavigation solutions)



**scientific publication**

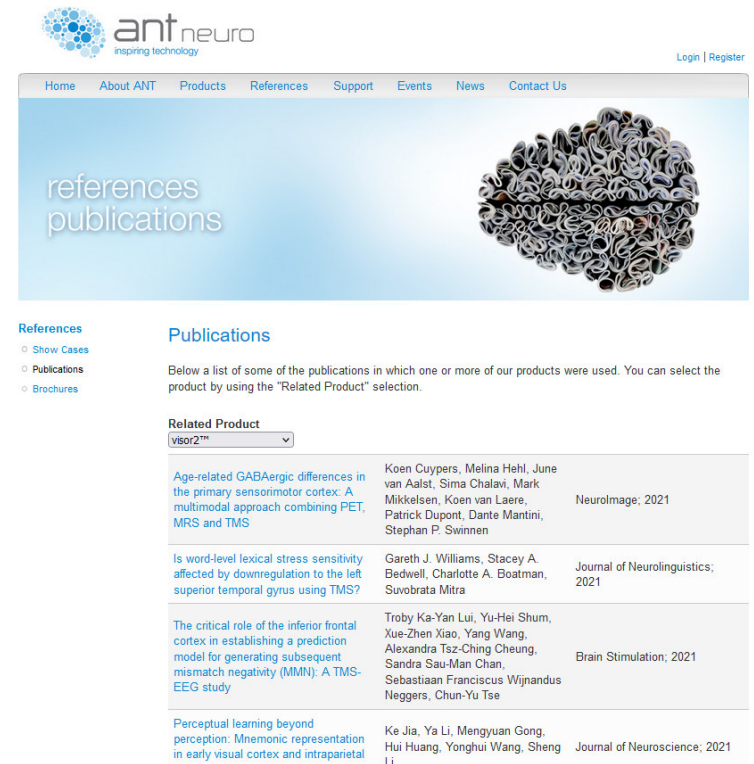


Recovery of reward function in problematic substance users using a combination of robotics, electrophysiology, and TMS



# Brochures and leaflets

- General brochure for all available visor2 product solutions
- Application-specific leaflets for:
  - Functional motor mapping
  - Functional speech mapping
  - Treatment of psychiatric disorders
  - Treatment of Neurological Disorders
  - Cognitive Neuroscience
  - Neurolinguistics
- Scientific publications and showcases available at <https://www.ant-neuro.com/references>



ant neuro  
inspiring technology

Home About ANT Products References Support Events News Contact Us

references publications

References

- Show Cases
- Publications
- Brochures

Publications

Below a list of some of the publications in which one or more of our products were used. You can select the product by using the "Related Product" selection.

Related Product  
visor2™

|  |  |                                   |
|--|--|-----------------------------------|
| Age-related GABAergic differences in the primary sensorimotor cortex: A multimodal approach combining PET, MRS and TMS                                   | Koen Cuypers, Melina Hehl, June van Aalst, Sima Chalavi, Mark Mikkelsen, Koen van Laere, Patrick Dupont, Dante Mantini, Stephan P. Swinnen                     | NeuroImage; 2021                  |
| Is word-level lexical stress sensitivity affected by downregulation to the left superior temporal gyrus using TMS?                                       | Gareth J. Williams, Stacey A. Bedwell, Charlotte A. Boatman, Suvostrata Mitra  | Journal of Neurolinguistics; 2021 |
| The critical role of the inferior frontal cortex in establishing a prediction model for generating subsequent mismatch negativity (MMN): A TMS-EEG study | Troby Ka-Yan Lui, Yu-Hei Shum, Xue-Zhen Xiao, Yang Wang, Alexandra Tsz-Ching Cheung, Sandra Sau-Man Chan, Sebastiaan Franciscus Wijnandus Neggers, Chun-Yu Tse | Brain Stimulation; 2021           |
| Perceptual learning beyond perception: Mnemonic representation in early visual cortex and intraparietal  | Ke Jia, Ya Li, Mengyuan Gong, Hui Huang, Yonghui Wang, Sheng Li  | Journal of Neuroscience; 2021     |

## Education, Training and Support

- visor2 educational and training videos available on request
- Onboarding videos for fresh users soon available via the ANT Neuro Education web platform
  - Unboxing
  - First steps with visor2
  - Application-centered videos
  - And much more
- Training and presentation support available via the ANT Neuro Customer Success team
- Support available via email, telephone, Skype and remote connection (TeamViewer)



inspiring technology for the human brain

