Sustainability Statement

of the Diagnostyka Group for 2025

Introduction

Against a backdrop of rapidly shifting geopolitical conditions and growing emphasis on business resilience, our sustainability priorities remain unchanged. The findings of our review of material impacts, opportunities and risks confirm that social responsibility lies at the foundation of everything we do – and in particular the responsibility that flows from the role the Group plays in preventive healthcare and medical treatment in Poland.

2025 was yet another year of intensive growth for Diagnostyka. Through acquisitions completed during the year, we expanded our portfolio of diagnostic imaging centres to 25 locations. In parallel, we worked to broaden access to testing through new enhancements – particularly for patients with special needs. We further developed our expertise through R&D projects, the deployment of innovative laboratory technologies, and tools supporting preventive healthcare, such as an application featuring a dedicated AI assistant and Profilaktometr. For more details on these developments, see the Social *section of this Statement*.

People are integral to our growth. At the end of 2025, the Diagnostyka team was approximately 800 stronger than a year earlier. For the first time, we are presenting training metrics, which reflects the importance we place on investing in up-to-date knowledge and professional development. This Statement also describes the new D+Zdrowie *employee programme and our initiatives to retain skilled medical personnel and help them enhance their qualifications.*

The Business Conduct *section covers our internal policies and the Group's efforts to strengthen corporate culture, cybersecurity and the anti-corruption framework.*

On the environmental side, we continue to measure and analyse our impact. We monitor climate risks across the entire supply chain, while also examining climate change through the lens of its effects on health. We are actively supporting decarbonisation by increasing the share of green energy in our procurement portfolio for another consecutive year. At the same time, given the particular nature of medical operations – including the need to manage hazardous waste – we emphasise the role that preventive healthcare plays in reducing the environmental costs of in-patient treatment.

Expectations of sustainability reporting are evolving. Year on year, we too continue to improve the quality, scope and transparency of our disclosures. We are confident that the double materiality assessment underpinning this Statement provides a structured basis for reflecting on the Company's resilience to change across the entire value chain – and that, as such, it represents a significant source of value both for us and for its readers. We invite you to read on.

Barbara Kopeć,
Management Board Representative for Project Management and ESG
Head of the Research and Sustainability Department

Sustainability at the Diagnostyka Group in 2025

SOCIETY

25 (+6)
diagnostic imaging centres

174.4 million (+13.4 million)
tests and examinations performed

Patient satisfaction
NPS 78

New solutions for patients
- Polish Sign Language interpreter
- Dedicated helpline for parents
- Video registration, queue management kiosks

WORKFORCE

Training metrics:
Women: 27.5 h/year
Men: 18.5 h/year

R&D projects:
127,000 hours

Equity and diversity within the Group
Women: 86%
Men: 14%

Adjusted gender pay gap:
1.69%

8,645 (+808)
employees and contractors (FTEs)

ENVIRONMENT

Carbon footprint – Scopes 1, 2 and 3:
~162,220 t CO_2e
(market-based)

15%
share of renewables in electricity consumption

Growth figures reflect comparison with 2024.

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I. General Information – ESRS 2

Reporting framework

BP-1

This sustainability statement of the Diagnostyka Group (the "Sustainability Statement") forms part of the Directors' Report on the operations of Diagnostyka S.A. and the Diagnostyka Group for 2025 (the "Directors' Report"). It covers the period from 1 January 2025 to 31 December 2025 and presents data on a consolidated basis for the Group as a whole. This Sustainability Statement complies with the Corporate Sustainability Reporting Directive (CSRD), the European Sustainability Reporting Standards (ESRS), the Polish legislation implementing the CSRD,[1] and Regulation (EU) 2020/852 of the European Parliament and of the Council of 18 June 2020 on the establishment of a framework to facilitate sustainable investment (the EU Taxonomy Regulation).

Entities included in this Sustainability Statement

The Diagnostyka Group consists of Diagnostyka S.A. as the Parent and 25 subsidiaries. The scope of consolidation applied in this Sustainability Statement is the same as that applied in the Financial Statements (Note 32.1) and the Directors' Report (→ ***Corporate Governance***). Throughout this Sustainability Statement, the terms "Diagnostyka Group" and "Group" refer to the Parent Diagnostyka S.A. together with its consolidated subsidiaries.

This Sustainability Statement covers the Group's upstream and downstream value chain, as well as its own operations and support functions. All these value-chain levels, together with the identified resources, relationships and dependencies, and the activities concerned, were considered in our assessment of impacts, risks, and opportunities. For details on the extent to which particular policies, measures, targets and metrics cover the Group's value chain, see the sections addressing the relevant disclosures.

Omitted data

We have not applied the exemption from disclosing intellectual property, know-how or results of innovation, nor have we used the exemption from disclosure of impending developments or matters under negotiation.

Events after the reporting date

As at the date of preparation of this Sustainability Statement, we had analysed the potential implications of the conflict in Iran and did not identify any material impact of that event on our identified material impacts, risks or opportunities, or on any other information disclosed herein.

[1] *Act Amending the Accounting Act, the Act on Statutory Auditors, Audit Firms and Public Oversight, and certain other acts of 6 December 2024.*

BP-2

Time horizons

In preparing this Sustainability Statement, we adhered to the definitions of short-, medium- and long-term time horizons specified in ESRS 1. We have adopted one year as the short-term horizon, five years as the medium-term horizon, and a period exceeding five years as the long-term horizon.

Estimation methodologies

The metrics presented have been calculated in part using estimates For details on the methodologies used to determine the metrics listed below, the estimation methods applied and the associated measurement uncertainty, see the sections indicated.

A. Natural gas, electricity and district heating consumption → ***Disclosure E1-5.***

B. Scope 3 GHG emissions – Categories 1, 2, 4, 6, 7 and 15 → ***Disclosure E1-6.***

C. Fleet mileage → ***Disclosure E2-4.***

D. Number of training hours at subsidiaries → ***Disclosure S1-13.***

We intend to continue improving the accuracy of utility consumption data by increasing the number of locations covered by supply agreements signed directly between Group companies and suppliers, as well as the accuracy of data on guarantees of origin for electricity.

Changes in preparation of data

We have revised the methodology used to calculate the unadjusted gender pay gap. For a description of the revised methodology and the restated comparative figures for the prior year, see → ***Disclosure S1-16***.

Reporting errors in prior periods

We have identified errors in disclosures included in the 2024 Sustainability Statement, i.e. in → ***Disclosure E1-6*** (Scope 3 GHG emissions in Category 5 (Waste generated in operations)) and Total GHG emissions, and → ***Disclosure S1-17*** (Reported incidents of discrimination, including harassment). For details on those errors and their corrections, see the relevant sections of this Sustainability Statement.

Incorporation by reference

In presenting information on corporate governance, the business model and operating activities, this Sustainability Statement refers to other sections of the Directors' Report and to the Consolidated Financial Statements of the Diagnostyka Group.

We applied incorporation by reference for the following disclosure requirements: **GOV-1** (Role, powers and responsibilities of the Management Board and the Supervisory Board), **BP-1** (Group structure) and **SBM-1** (Shareholding structure). For

each of these items, the relevant reference is indicated in the body of this Sustainability Statement. Information incorporated by reference forms an integral part of this Sustainability Statement.

GOV-1
Sustainability governance

In 2025, the Diagnostyka Group was managed and supervised by the governing bodies of its Parent, Diagnostyka S.A. Neither body has formally allocated sustainability responsibilities; accordingly, both bear collective and equal responsibility for all material impacts, risks and opportunities.

Management Board

In 2025, the Management Board comprised five members.

Management Board

as at 31 December 2025

- **dr hab. n. med. Jakub Swadźba** – President of the Management Board, CEO
- **Paweł Chytła*** – Vice President of the Management Board, CFO
- **Dariusz Zowczak –** Vice President of the Management Board, CSO
- **Marta Rogalska-Kupiec** – Vice President of the Management Board, COO
- **Jaromir Pelczarski** – Vice President of the Management Board, CTO

* With effect from 31 December 2025, Paweł Chytła stepped down from his position, and the duties of Chief Financial Officer are being performed by his former deputy.

For more details of the Management Board's membership, powers and responsibilities, see → the ***Corporate governance*** section of the Directors' Report. The Management Board monitors the material impacts, risks and opportunities of the Diagnostyka Group and leads our sustainability efforts.

Supervisory Board

The Supervisory Board of Diagnostyka S.A. exercises ongoing supervision over all areas of our business and other activities in accordance with applicable laws, regulations and by-laws, including the Diagnostyka S.A. Articles of Association, General Meeting resolutions, and the Rules of Procedure for the Supervisory Board. Members of the Supervisory Board are appointed for indefinite terms of office. There is no distinction between executive and non-executive members.

For more information on the powers and responsibilities of the Supervisory Board Members, see → the ***Corporate governance*** section.

Supervisory Board

as at 31 December 2025

- **Artur Olender** – Chair of the Supervisory Board
- **Jacek Prusek** – Member of the Supervisory Board
- **Grzegorz Głownia** – Member of the Supervisory Board
- **Marcin Fryda** – Member of the Supervisory Board
- **Patrycja Swadźba** – Member of the Supervisory Board
- **Paweł Leżański** – Member of the Supervisory Board
- **Piotr Solorz** – Member of the Supervisory Board
- **Aniela Hejnowska** – Member of the Supervisory Board

Audit Committee

as at 31 December 2025

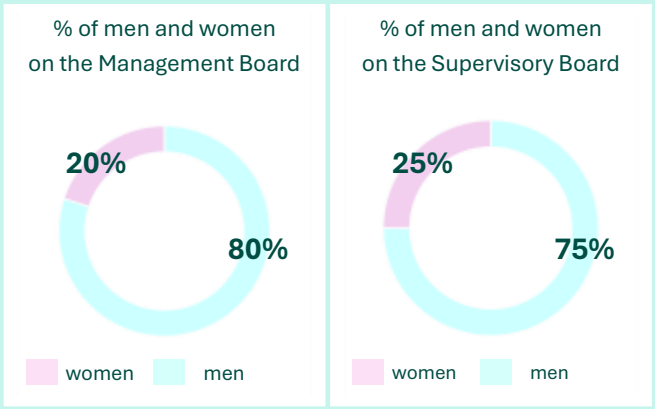
- **Aniela Hejnowska** (Chair)
- **Artur Olender**
- **Grzegorz Głownia**

Audit Committee

The Supervisory Board has established an Audit Committee, which supports the Supervisory Board in an advisory and supervisory capacity on financial and sustainability reporting, audit and internal controls. Its responsibilities include monitoring the financial and sustainability reporting processes and the effectiveness of the internal control and risk management systems, and ensuring the independence of the auditor.

The Audit Committee provides an advisory opinion on the proposed auditor in the auditor selection process. It also reviews audit findings and recommends remedial action where deficiencies are identified. The Committee's role is to help ensure the transparency and integrity of the information presented to investors in the financial statements and this Sustainability Statement.

Membership of the Management and Supervisory Boards	2025	2024
Number of Management Board Members, of whom:	5	4
Women	1	1
Men	4	3
Percentage of women on the Management Board	20%	25%
Percentage of men on the Management Board	80%	75%
Percentage of independent members of the Management Board	N/A[2]	N/A[3]
Number of Supervisory Board members, of whom:	8	7
Women	2	1
Men	6	6
Percentage of women on the Supervisory Board	25%	14%
Percentage of men on the Supervisory Board	75%	86%
Percentage of independent members of the Supervisory Board	37.5%	28.6%



No employee representatives served on the Management Board or the Supervisory Board in 2025.

ESG expertise of the Management Board

Our Management Board members build their sustainability expertise continuously through regular training and attendance at business and scientific conferences. In 2025:

- Jakub Swadźba, President of the Management Board, attended events on the Polish healthcare market, lifestyle medicine and clinical research.
- Paweł Chytła, Vice President of the Management Board, deepened his practical knowledge of ESG reporting through active oversight of our sustainability reporting.
- Marta Rogalska-Kupiec, Vice President of the Management Board, focused on building expertise in women's leadership.
- Dariusz Zowczak, Vice President of the Management Board, attended a forum addressing the challenges facing the Polish healthcare market.
- Jaromir Pelczarski, Vice President of the Management Board, attended conferences on IT in healthcare, with a particular focus on cybersecurity.

GOV-2

Sustainability oversight

We have not adopted formal procedures for setting targets related to material impacts, risks and opportunities or for monitoring progress towards them at management board or senior executive level.

The Management Board's involvement in sustainability-related processes encompasses:

- deciding on sustainability measures to take and overseeing their implementation;
- defining internal policies and procedures and overseeing compliance;
- approving the selection of material topics and disclosures for the Sustainability Statement.

In making strategic decisions, the Management Board seeks to strike the right balance between short-term operational needs and long-term sustainability objectives.

Our annual budgeting process includes the Management Board's careful consideration and approval of growth plans, including sustainability initiatives, and the allocation of funding for them.

Certain impacts, risks and opportunities are covered by our integrated management system compliant with ISO 9001:2015, ISO 14001:2015 and ISO 27001:2015, and management systems compliant with ISO 15189 and ISO 17025. As part of the procedures established within these systems, the Management Board is routinely provided with:

- complaints reports (once a quarter);
- updates on complaint rates and improvement recommendations (twice a year);
- quality indicators and pre-analytical non-conformity rates (twice a year);

[2]The independence criterion does not apply to executive members of governing bodies.

[3] Same as above

- management system review reports (once a year);
- external audit findings (immediately on audit completion);
- compliance reports (once a quarter);
- data protection audit findings and risk assessments, and updates on the progress in implementing the GDPR-compliant data protection standard across the Group; and
- reports on serious security incidents (as incidents occur, but at least monthly).

Management Board Representative for Project Management and ESG

Diagnostyka S.A. has a Research and Sustainability Department, which manages ESG matters across the Group. Its responsibilities include:

- reporting ESG data,
- overseeing the ESG data collection framework,
- tracking the implementation of ESG initiatives,
- providing recommendations on policies and procedures,
- initiating sustainability projects,
- providing sustainability training to employees.

The Head of the Research and Sustainability Department, who also serves as the Management Board Representative for Project Management and ESG, reports to the Vice President of the Management Board, Chief Financial Officer.

In 2025, the results of the revised double materiality assessment, comprising the identified material impacts, risks and opportunities, were presented to the Management Board, which approved them on 29 January 2026. The findings confirmed the validity of our current business and strategic priorities, which are rooted in the Group's business model.

GOV-3

Integration of ESG performance in incentive schemes

In 2025, the remuneration of members of the Group's administrative, management and supervisory bodies was not contingent on sustainability-related performance.

GOV-4

Statement on due diligence

Core elements of due diligence	Location in this Sustainability Statement
Embedding due diligence in governance, strategy and business model	GOV-1, GOV-2, SBM-3
Engaging with affected stakeholders in all key steps of the due diligence	IRO-1, SBM-2, S1-2, S4-2
Identifying and assessing adverse impacts	SBM-3, IRO-1, together with E1.IRO-1, E2.IRO-1 and E5.IRO-1
Taking actions to address those adverse impacts	E1-3, E2-2, E5-2, S1-3, S1-4, S4-4, G1-3
Tracking the effectiveness of these efforts and communicating results	GOV-1, GOV-2

GOV-5

Risk management and internal controls over ESG

To ensure the completeness and integrity of our sustainability data we have put in place internal controls for sustainability reporting. The scope of these controls is tailored to the nature of the data sources, which vary considerably and include data drawn from IT systems as well as data collected manually. The controls are reviewed and refined on an annual basis. Responsibility for the reporting process is clearly allocated within the reporting team, which facilitates cross-checking of data. All reported data require final sign-off by the Group CFO. As sustainability reporting is closely aligned with financial reporting, which is itself subject to formal internal controls, much of the quantitative sustainability data can be verified against the Group's financial records. The internal control framework also includes ongoing communication with the Management Board, which is responsible for the final review and approval of the Sustainability Statement, and with the Audit Committee, which is responsible for monitoring sustainability reporting. The Group has not yet introduced a dedicated risk management system for sustainability reporting.

SBM-1

Strategy, business model and value chain

The Diagnostyka Group is a provider of medical diagnostic services in Poland. Established 28 years ago, we have built our market position on the volume of testing we perform, our network of laboratories and specimen collection points, our specialist workforce and the reach of our own courier network.

We are rapidly expanding our diagnostic imaging capabilities, investing in cutting-edge medical equipment and developing a network of facilities offering ultrasound scans, X-ray, computed tomography (CT) and magnetic resonance imaging (MRI).

Our business model is centred on delivering a comprehensive, integrated range of medical diagnostic services to patients and referring clinicians in order to provide clinically relevant insights that support preventive action or informed treatment decisions.

Our Poland-wide laboratory network comprises **approximately 1,200 specimen collection points**.

Laboratory and genetic diagnostics services

Biological specimen collection → Transport to the laboratory → Testing and authorisation of results by laboratory diagnosticians → Delivery of results to patients and doctors

Anatomical pathology

Collection of tissue samples → Transport to the pathology laboratory → Slide preparation and examination by a pathologist → Delivery of results to patients and doctors

Medical diagnostic imaging

Diagnostic imaging examinations: ultrasound, X-ray, CT and MRI → Reporting by radiologists → Delivery of results to patients and doctors

Diagnostyka Group's service offering

laboratory diagnostics

- basic screening tests
- specialist tests in:
  - + microbiology
  - + autoimmunity
  - + toxicology
  - + molecular biology

genetic diagnostics

- human genome testing
- consultations and counselling by clinical geneticists

anatomical pathology

- histopathological examinations
- immunohistochemical tests
- cytology tests
- cytogenetic tests
- consultations with pathologists

diagnostic imaging

- X-ray
- computed tomography (CT)
- ultrasound scans (USG)
- magnetic resonance imaging (MRI)
- reporting by radiologists

comprehensive diagnostics (Longevity+)

The Diagnostyka Group's integrated service offering is delivered by companies operating across several segments; for a detailed structure of the Group, see → the ***Corporate governance*** section.

In 2025, we expanded our offering to include the hire of mobile diagnostic imaging (CT, MRI and X-ray) units by hospitals and other medical facilities. In addition, following the acquisition of a medical centre in Wrocław, we began providing primary and specialist medical consultations.

Diagnostyka S.A. is the parent of the Diagnostyka Group, with its registered office at ul. Prof. Michała Życzkowskiego 16, Kraków, Poland. The Group operates predominantly in Poland.

As at the end of 2025, our own workforce comprised **12,052 people**, of whom 5,492 were employed under contracts of employment. This represented a total of **8,645 full-time equivalents**. The latter figure, net of self-employed contractors, is reflected in the headcount information in Note 37 to the Consolidated Financial Statements.

At year-end 2025, the Group's workforce totalled

12,052 individuals

including

5,492 employees

Customer groups

We serve two principal customer groups:

- **Individual customers** – individuals who purchase and pay for diagnostic tests at specimen collection points or online. In 2025, they accounted for approximately 37% of the Group's revenue.
- **Institutional customers** – small, medium-sized and large healthcare providers, both public and private, which order tests under funding arrangements with the National Health Fund (NFZ) or otherwise, as well as universities, research and development centres, scientific and clinical research institutions, and dietitians. In 2025, they accounted for approximately 62% of the Group's revenue.

Growth strategy

Our aim is to establish the Diagnostyka Group as a leader in medical diagnostics and preventive healthcare in Poland by delivering clinically actionable results and enhancing the overall patient experience. We intend to continue investing in quality and customer service, improving the accessibility of advanced diagnostics, integrating state-of-the-art technologies and extending our reach. Our strategy also encompasses maintaining and deepening our business partnerships. We are committed to providing our business partners with reliable and timely access to services, as well as the necessary training and support for their staff.

Our strategy is built on a combination of organic growth and acquisitions in the laboratory diagnostics, genetic diagnostics and diagnostic imaging segments. A further strategic objective is to offer comprehensive preventive medicine services that help people live long and healthy lives (Longevity+). This will be accompanied by process optimisation, stronger corporate functions and the development of technology solutions, including AI.

For more information on our strategy, see → the ***Growth strategy and prospects*** section.

During the reporting period, we did not set any specific targets for individual sustainability areas. For our general ESG priori-

ties, see →the ***Business profile*** section of the Directors' Report.

We combine our social mission with our business activities by aligning our strategy with the United Nations Sustainable Development Goals. A core priority for the Group is public health: delivering medical diagnostic services, increasing their accessibility, promoting preventive healthcare through diagnostic testing, and providing health education. In our day-to-day operations, we invest in upskilling our workforce and are committed to ensuring safe working conditions and fostering a culture of respect.

Our key inputs are:

- our people,
- the operation of medical diagnostic equipment, and
- our specimen collection points and laboratories.

Our strategic priorities place particular emphasis on enhancing the capabilities of our workforce, expanding our test menu, and extending our reach through the continued rollout of our network of specimen collection points and diagnostic imaging centres.

At the same time, the growing number of laboratories and facilities, coupled with investment in more advanced equipment, has increased our capacity, enabling us to process a higher volume of orders. This ability to meet patient expectations – through convenient access and timely turnaround – is reflected in the rising number of tests and examinations performed, which in turn drives financial returns for investors.

Test and examination volumes

In 2025, the Group performed more than 174.4 million diagnostic tests and examinations. The most significant increase – more than tenfold – was recorded in the number of diagnostic imaging examinations, the majority of which were performed for institutional customers.

In 2025, the Group performed

174.4 million tests

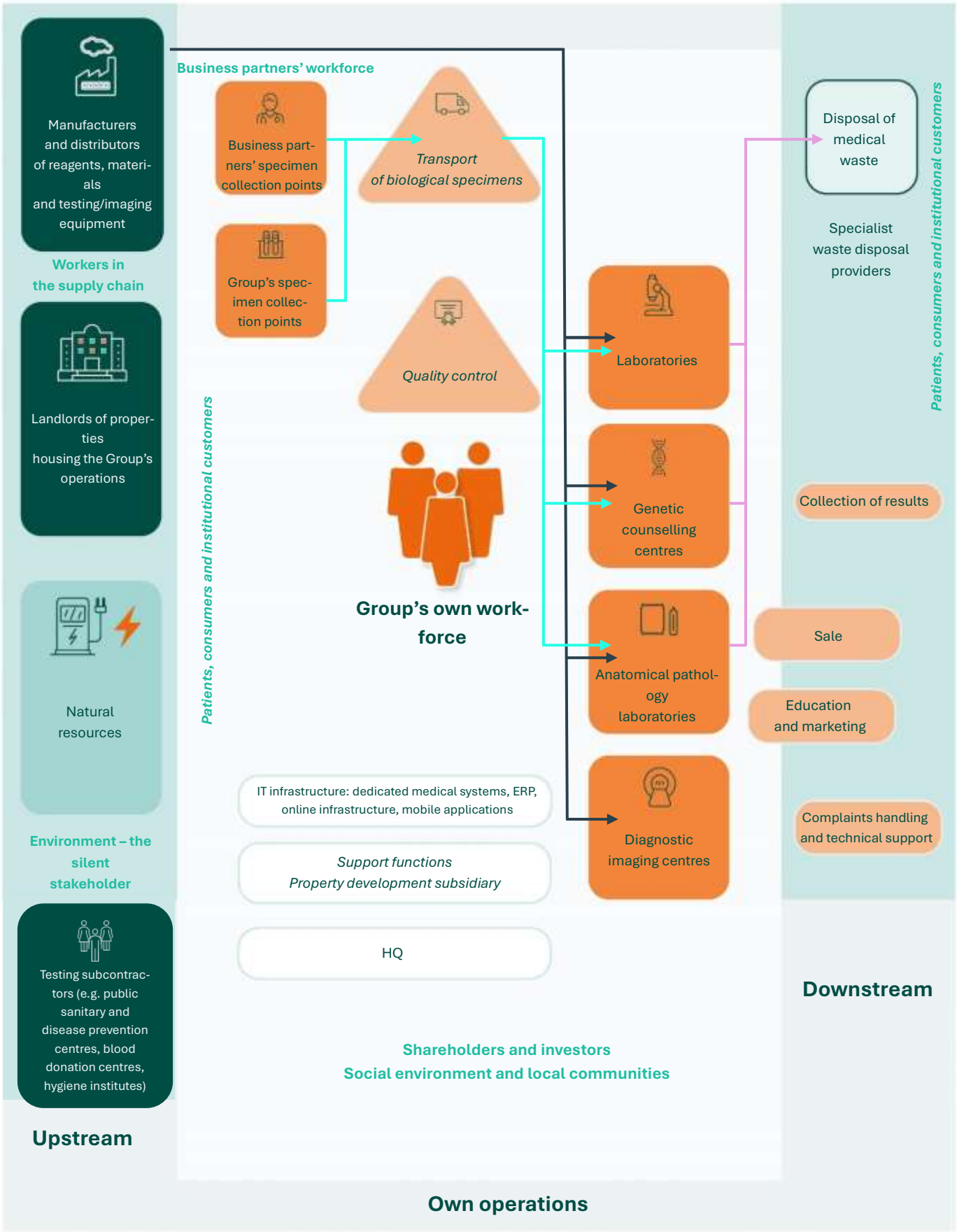
Type	Volume 2025	Volume 2024
Laboratory	169,775,460	157,180,025
Anatomical pathology	3,980,823	3,979,484
Diagnostic imaging	595,815	58,525
Genetic	83,334	76,508
Total	**174,435,432**	**161,294,542**

Value chain

Our value chain is presented in the diagram below. In the upstream value chain, we identify key dependencies on suppliers and manufacturers of technology, chemical reagents, and single-use medical consumables essential for performing tests and examinations. We also depend on providers of diagnostic imaging equipment, IT infrastructure, software and related services, as well as landlords and providers of construction and fit-out services. The downstream value chain comprises primarily providers of hazardous waste disposal services, as well as business and consumer relationships arising from our operations.

Within our own operations, we have identified and described the medical diagnostic services that form the core of our business, together with the associated transport of medical specimens and support functions. The value chain also encompasses customers, including private individuals, healthcare establishments, and businesses.

Diagnostyka Group value chain



SBM-2

Stakeholder engagement

Our business model is built around the needs, expectations and rights of our stakeholders, in particular patients and employees. To better understand their interests and perspectives, we engage in an ongoing dialogue with them, which informs our sustainability priorities and provides valuable feedback on the initiatives we undertake.

	Forms of stakeholder engagement	Impact on strategy and business model
Employees	• town halls and individual meetings with management • regular meetings among professionals and training • internal communication and knowledge management platform • newsletters • onboarding and exit surveys • engagement survey	Addressing the training and development needs of our workforce enables us to respond to market and societal needs by introducing new diagnostic processes, tests and services.
Suppliers The Group contracts with several dozen Polish distributors of global medical technology companies, which supply testing and imaging equipment and reagents.	• phone calls and in-person meetings • email • offers • website – supplier information at www.diag.pl	The solutions offered by our key suppliers have a direct bearing on the availability, quality and safety of our diagnostic services.
Institutional customers (business partners) Public and private healthcare providers such as hospitals, specialist outpatient clinics, including healthcare services networks, primary healthcare centres, and individual specialist medical practices. These entities provide healthcare services contracted directly with the National Health Fund (NFZ).	• meetings and one-to-one contact with dedicated medical representatives • dedicated helpline and email • websites (grupadiagnostyka.pl/, grupadiagnostyka.pl/dla-kontrahentow/) • CSWL system, including access to laboratory test results for physicians • business negotiations • involvement in contract award (bidding) procedures	The needs of our institutional customers determine the development of our service portfolio and define our quality and procedural requirements. To meet their expectations, we continue to increase the availability of our services and improve the efficiency of our internal processes.
Individual customers (patients)	• visits to specimen collection points • websites (www.diag.pl) – online test results • online shop • contact and complaints forms (diag.pl/pacjent/kontakt/) • posts and comments, chatbots, reviews on social media • central and regional helplines • privacy notices and availability of the Data Protection Officer • patient satisfaction surveys and feedback collection by independent third parties • local thematic events • webinars, disease prevention campaigns • quarterly newsletter distributed to approximately 580,000 subscribers	One of our business objectives is to ensure broad access to diagnostic services while maintaining appropriate patient safety standards and protecting the data of consumers and end-users.
Environmental **experts** representing the silent stakeholder – the natural environment	• internal environmental and waste management experts suggest amendments to environmental policies and implement initiatives in this area • consultations with internal experts as part of the DMA process • environmental audits conducted by third-party experts • review of expert documents and analyses	Our internal experts support the effective and efficient management of environmental impacts, in line with the Group's objectives under ISO 14001 and applicable regulatory requirements.
Investors and shareholders For details on the shareholding structure of Diagnostyka S.A., see →the ***Corporate governance*** section.	• General Meetings • quarterly conferences for investors, shareholders, analysts, industry experts and media representatives • Investor relations website	Stakeholder expectations inform the Group's strategic development trajectory.
Industry organisations Our representatives are active in industry organisations, including associations of healthcare professionals, employer organisations and scientific societies.	• in-person meetings and collaborations • formal memberships	Dialogue conducted through these organisations helps us adapt our business model and operations to the evolving market environment.

The feedback obtained from each stakeholder group via the communication channels listed above is regularly reviewed and acted on depending on the insight it provides.

Stakeholder representatives are also involved in the double materiality assessment process (for a description of the process, see → ***Disclosure SBM-3***). In 2024, we conducted a sustainability-focused dialogue with representatives of our key stakeholder groups. With a view to ensuring efficiency of the process and relevance of the feedback, the 2025 update of the DMA and due diligence processes drew on the feedback collected in 2024, apart from that gathered through our other ongoing stakeholder dialogue channels. In addition, in 2025 we surveyed employees at our subsidiaries.

The stakeholder needs and views identified in this way fed into the DMA through the identification of individual impacts (both positive and negative) in the social and business conduct areas. The results of the DMA were presented to the Management Board. By publishing this Sustainability Statement, we aim to communicate with all internal and external stakeholders on topics related to the Group's sustainable development. Our sustainability reporting and other ESG-related documents are readily available on our corporate website.

SBM-3

Material impacts, risks and opportunities related to sustainability

We analyse the material impacts identified in the DMA over the short-term (up to one year), medium-term (one to five years) and long-term (more than five years) horizons, in accordance with ESRS definitions. We generate material impacts in our own operations and across our value chain, through our business partners, suppliers, customers and industry organisations.

IRO topic and sub-topic	Impacts, risks, and opportunities	Category	Value chain	Time horizon
ESRS E1 Climate change				
Climate change adaptation Climate change mitigation Energy	Contribution to climate change through greenhouse gas emissions	− A	U, O	S, M, L
	Disruptions across the value chain as a result of extreme weather events and other developments (physical risk)	⚠	U, O, D	S, M, L
ESRS E2 Pollution				
Microplastics	Contribution to microplastic pollution in the environment through fleet operations.	− A	O	S, M, L
Air pollution	Impact on air quality through pollutant emissions across the value chain from own processes (liquid fuels and utilities), production of chemicals (reagents) and incineration of medical waste	− A	U, O, D	S, M, L
ESRS E5 Resource use and circular economy				
Waste	Generation of large volumes of non-recyclable hazardous (medical) waste	− A	O	S, M, L
	Risk of rising charges for the collection and incineration of medical waste	⚠	O	S, M, L
ESRS S1 Own workforce				
Working conditions	Employees are exposed to workplace hazards, including needle-stick injuries, road traffic incidents, exposure to ionising radiation and exposure to potentially hazardous substances.	− P	O	S, M, L
	Enhanced access for employees to preventive healthcare, including through facilitation of diagnostic testing and imaging	+ P	O	S, M, L

IRO topic and sub-topic	Impacts, risks, and opportunities	Category	Value chain	Time horizon
Equal treatment and opportunities for all	Incidents of discriminatory treatment or conduct between employees at different levels of the organisation	⊖ P	O	S, M, L
	Risk of staff shortages due to limited availability of skilled professionals and regulatory changes	⚠	O	S, M, L
	Investing in the development of employees and contractors is likely to drive innovation, operational performance and service quality, directly enhancing the Group's competitive advantage	✓	O	D
ESRS S4 Consumers and end-users				
Entity-specific topic	Supporting patient therapies and disease prevention through diagnostic services	⊕ A	O	S, M, L
Personal safety of consumers and/or end-users	Clinical incidents affecting patient health and lives	⊖ A	O	S, M, L
Social inclusion of consumers and/or end-users	Impact on service accessibility through convenient specimen collection point locations, flexible opening hours, availability of practical technical solutions, the provision of tests funded by the public healthcare system, and the ability to have multiple tests performed at a single specimen collection point.	⊕ A	O	S, M, L
	Deployment of new technologies to enhance laboratory and imaging capacity, improve service quality and support workforce availability.	✓	O	D
	Opportunity arising from growing demand for the diagnosis of conditions related to demographic shifts and climate change	✓	O	S, M, L
Information-related impacts for consumers and/or end-users	Raising the health awareness of patients and the wider public through ethical marketing campaigns and educational activities promoting preventive healthcare	⊕ P	O	S, M, L
	Risks of personal data leaks leading to reputational damage and potential legal claims	⚠	O	S, M, L
Entity-specific topic	Contribution to the industry's growing expertise through R&D projects ★, specialist training, lectures and publications	⊕ A	O	S, M, L
ESRS G1 Business conduct				
Corporate culture	Raising employee awareness of corporate culture ★ fosters ethical conduct and compliance with applicable laws and regulations.	⊕ P	O	S, M, L
Corruption and bribery	Risk of corruption incidents that are likely to erode patient trust and result in reputational damage	⚠	U, O, D	S, M, L
Entity-specific topic	Risk of cyber attacks, security breaches, disruptions, supplier failures or major issues with the Group's IT infrastructure	⚠	U, O, D	S, M, L

Legend

Category

⊕ Positive impact

⊖ Negative impact

A – Actual

P – potential

Value chain

U – upstream

O – own operations

D – downstream

Time horizon

S – short-term

M – medium-term

L – long-term

✓ Opportunity

⚠ Risk

★ New

The material risks identified are driven primarily by the Group's interactions with the environment, its material and human resources, and its stakeholders, as well as by the need to adapt to evolving market and regulatory expectations.

The update of the double materiality assessment focused in particular on:

(1) assessing changes in the Group's structure and business profile;
(2) assessing changes in the legal and regulatory environment;
(3) reviewing the sustainability reporting of the Group's European peers.

The DMA update prompted a revision of the Group's material impacts, opportunities and risks.

Newly identified material topics:

- Enhanced access for employees to preventive healthcare, including through facilitation of diagnostic testing and imaging – reflecting the increased scale of measurable initiatives conducted in this area.
- Contribution to the industry's growing expertise through R&D projects, specialist training, lectures and publications – reassessed by the Management Board in view of the newly introduced measurement of the Group's impact and market benchmarks.
- Raising employee awareness of corporate culture fosters ethical conduct and compliance with applicable laws and regulations – following consideration of market benchmarks and assessment by the Management Board.

Topics assessed as immaterial

- As a significant proportion of our workforce are engaged under short-term civil-law contracts (PL *umowa zlecenia*) and not under contracts of employment, the Group could be perceived as not providing secure employment – this risk is considered immaterial given our consistent policy to give all new hires the option to elect their preferred form of contract.
- The risk of incurring costs to implement solutions and technologies required to reduce carbon emissions in own operations, rising charges for GHG emissions, and administrative costs of sustainability reporting – reduced materiality following regulatory changes.
- Exploitation of natural resources as a result of the use of single-use consumables — reassessed by the Management Board in view of market benchmarks.

All other impacts, risks and opportunities remained unchanged from the prior year.

This Sustainability Statement includes disclosures that extend beyond the topics listed in ESRS 1 AR 16 and relate to cybersecurity, knowledge creation and impact on public health.

We did not perform any calculations in 2025 to report on:

- the current financial effects of material risks and opportunities on the Group's financial position, financial performance and cash flows, and the material risks and opportunities for which there is a significant risk of a material adjustment within the next annual reporting period to the carrying amounts of assets and liabilities reported in the related financial statements;
- the anticipated financial effects of material risks and opportunities on the Group's financial position, financial performance and cash flows over the short-, medium- and long-term.

Interaction of the Group's impacts, risks and opportunities with its strategy and business model

The material sustainability-related impacts, risks and opportunities identified in the DMA are closely linked to our growth strategy and business model – an interaction that is reflected in our policies, actions and metrics. For more details, refer to → ***Disclosures S1, S4, E1, E2, E5 and G1 under Disclosure SBM-3***.

Resilience of strategy and the business model

Through the execution of our business strategy, we pursue objectives designed to ensure resilience to risks, including the ESG-related risks addressed in this Sustainability Statement.

- **Resilience in personal data protection and cybersecurity**

Threats that emerge in this area are monitored across our entire value chain, with a particular focus on our own operations. → ***Disclosures S4-1 and G1*** describe the policies, processes and measures we have put in place to mitigate these risks. The resilience of our strategy and business model in this regard rests on the continued digitalisation of our diagnostic and business processes, which strengthens data security, and on the extensive regulatory and supervisory framework in place across the European Union.

- **Resilience to corruption risk**

In 2024, we carried out a corruption risk assessment across the Group and its individual companies, as well as in relation to stakeholders in both our upstream and downstream value chain. A significant factor in the resilience of our strategy and business model to corruption risk is that we operate within the European Union, where business organisation in general and listed companies in particular are subject to extensive regulatory and supervisory frameworks. For more information on the measures we have taken to strengthen our anti-corruption framework, refer *Anti-Corruption* under → ***Disclosure G1***.

- **Resilience to workforce shortages**

We are facing challenges such as increasing wage pressure, growing competition for qualified clinical staff and an ageing

workforce. Our growth strategy provides for employee compensation and retention measures sufficient to safeguard the Group's future competitiveness. For more information on the Group's measures to secure the availability of medical personnel, refer to *Workforce Challenges* under → ***Disclosure S1-4***. In the Management Board's opinion, these measures are appropriate and sufficient to ensure resilience to this risk.

- **Resilience to rising medical waste disposal charges**

Our use of waste management services – predominantly for hazardous waste – grows in line with the expansion of our operations. The associated costs are also heavily dependent on market, regulatory and technological conditions. Our business model is designed to be flexible, which enables us to swiftly tailor our services to the evolving environment. Accordingly, while potential price increases for waste disposal may have financial consequences, they are not considered a threat to the delivery of our growth strategy.

- **Resilience to climate-related risks**

As part of the DMA in 2024, we analysed the resilience of our strategy and business model to climate-related risks, taking into account where those risks arise in the value chain. Following the calculation of emissions across all three scopes, we identified the major sources of emissions. We also established that our own operations and downstream activities are conducted predominantly in Poland. No dominant country or region was identified in the upstream segment of the value chain.

Scenario analysis

The analysis took into account, among other sources:

- the International Energy Agency's Net Zero Emissions by 2050 Scenario;
- the TCFD Guidance on Scenario Analysis for Non-Financial Companies,
- the Intergovernmental Panel on Climate Change report *Climate Change 2021: The Physical Science Basis*.

These scenarios were used to model possible future climate developments and their impact on the Group's operations.

The **high-emissions SSP5-8.5 scenario**, one of the five socio-economic development pathways described in the IPCC report *Climate Change 2021: The Physical Science Basis*, outlines the physical climate hazards that were used to identify climate-related risks. It assumes high economic growth driven by the intensive consumption of fossil fuels, limited progress in decarbonisation and rising greenhouse gas emissions through to 2100. Under this scenario, global warming could exceed 4°C by the end of the 21st century, accompanied by growing socio-economic inequality, unequal access to resources and the absence of effective global mechanisms for managing climate risk.

For physical risks, we identified both **acute and chronic risks**. Acute risks include sudden events such as heatwaves, tornadoes, floods and avalanches, whose frequency is projected to increase through to 2050. Chronic risks comprise phenomena of gradually increasing severity, such as temperature variability, changes in air circulation patterns and land degradation. For the geographies in which the Diagnostyka Group operates, we assessed the potential consequences of various risks, including more frequent heatwaves across all regions of Europe, conditions conducive to wildfires across most of Europe through to 2080, high winds and storms, droughts, flooding and extreme precipitation.

We concluded that acute weather events may cause damage to, or destruction of, infrastructure across our value chain, resulting in short-term operational disruption. At the same time, we determined that the geographically dispersed nature of our diagnostic facility network, coupled with the ability to redirect processes to alternative locations, significantly reduces the scale of potential disruption.

The **Net Zero Emissions by 2050 Scenario** sets out a pathway for the global energy sector to achieve net zero CO_2 emissions by 2050 and to limit global warming to 1.5°C. The scenario does not consider emission reductions outside the energy sector.

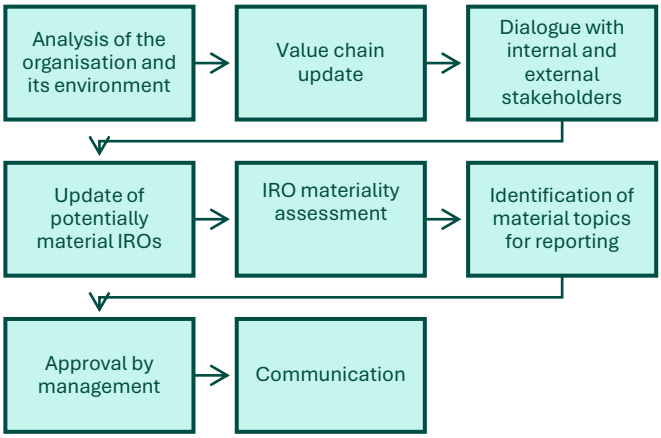
In respect of **transition risks**, we identified only immaterial threats associated with the shift to a low-carbon operating model. No assets or activities falling within exclusion criteria were identified. We reviewed the Group's business model in terms of its capacity to adapt to the objectives of the Paris Agreement, noting the need to optimise certain processes and to align products and services with increasingly stringent climate requirements. We also assessed potential administrative burdens, including emissions charges and reporting obligations, as well as possible changes in the behaviour of customers and business partners. In addition, we considered the technological pressure associated with the deployment of emission-reduction solutions and the reputational risks of failing to align with the low-carbon development pathway.

On the basis of the scenario analyses conducted, we believe that the Group's business model and strategy are resilient – our core processes have a low carbon footprint, and the geographical distribution of our facilities ensures greater operational flexibility.

IRO-1
Identification of material IROs

In identifying and assessing our material impacts, risks and opportunities (IROs), we considered the full list of sustainability matters covered by ESRS 1 AR 16. Our analysis included a review of the corporate documents relating to the topics addressed by sustainability reporting. The Group does not operate a formalised enterprise-wide risk management system. In assessing financial materiality, we examined the effect of each

ESG topic on the Group's development, performance and business position. Each topic, sub-topic and sub-sub-topic was analysed in terms of its relationship with our value chain and business model.



In 2025, we updated the IRO identification and assessment process, which was first carried out in accordance with ESRS in 2024. The process of identifying material topics was informed by an updated analysis of topics specific to the healthcare sector and emerging market practice in ESRS reporting. The scope of the IRO materiality assessment update reflected significant changes in the Group's business during the period, as well as changes in its external environment. We intend to carry out further regular updates to the process going forward.

1. Analysis of the organisation and its environment

We began the update process by reviewing significant business developments within the Group and the internal policies implemented during the reporting year. Our ESG team prepared a benchmarking analysis of material ESG topics in the healthcare sector, drawing on sustainability reports published by other medical companies and on sector-specific guidance from the MSCI ESG Materiality Index and SASB Industry Topics for Health Care Delivery. The team also took into account emerging ESRS reporting practice, comparing reports published by other entities and conducting cross-sectoral analyses. A review of planned and recently implemented ESG-related regulatory changes was also an important element of the process.

2. Value chain

The value chain analysis covered the upstream and downstream value chain, together with own operations and support activities. We reviewed our resources and activities to identify actual and potential impacts, as well as the risks and opportunities associated with the use of those resources. In 2025, the analysis was revised to reflect new entities within the Group, in particular in the diagnostic imaging segment. We also assessed due diligence practices among our key technology and reagent suppliers, which confirmed the maturity of those entities in this area and enabled us to gather examples of good practice.

3. Stakeholder dialogue

The next stage in the IRO identification process is dialogue with stakeholders, primarily employees and key external stakeholders. This dialogue formed part of the due diligence process conducted in 2024. To collect stakeholder feedback on impacts, risks and opportunities, we prepared five versions of an anonymous survey – for employees of Diagnostyka S.A., employees of the Group's subsidiaries, patients, suppliers and institutional customers. We also conducted interviews with representatives of selected stakeholder groups. The surveys included both closed and open-ended questions covering all sustainability areas and addressed matters identified in the United Nations Guiding Principles for Business and Human Rights and the OECD Guidelines for Multinational Enterprises on Responsible Business Conduct. The analysis of responses focused in particular on human rights covered by the International Bill of Human Rights (the Universal Declaration of Human Rights, the International Covenant on Civil and Political Rights and the International Covenant on Economic, Social and Cultural Rights), as well as on the principles and rights set out in the fundamental conventions referenced in the International Labour Organization's Declaration on Fundamental Principles and Rights at Work.

A key objective for the enhancement of our stakeholder engagement in 2025 was to increase both the efficiency of the process and the relevance of the surveys. We therefore concluded that our sustainability reporting dialogue should be integrated with the Group's existing channels for collecting stakeholder feedback and understanding their needs, as described in → ***Disclosure SBM-2***.

As a result, the DMA drew on inputs including the HR-led employee engagement survey, the patient NPS survey and the Google reviews report produced by the Customer Experience Department. We have begun developing these tools to ensure comprehensive coverage of ESG topics, in particular those material to the Group.

In addition, in 2025 we conducted a survey of employees at the Group's subsidiaries, modelled on the 2024 survey. The response rate was three times higher than in 2024. The results were shared with the management of the respective companies.

4. Update of the material IRO list and materiality assessment

We mapped the results of the steps described in items 1 to 3 above against the list of material impacts, opportunities and risks identified in 2024 and updated the latter accordingly. We then re-assessed those impacts, risks and opportunities that required such revision and assessed the new ones for the first time. The materiality assessment followed the methodology

applied in 2024, with the exception of a change to the materiality threshold.

Materiality assessment methodology

In conducting the assessment against the criteria of scale, scope, irremediable character and likelihood, we took into consideration the relationship to specific human rights. ESG risks were assessed using our internal risk assessment methodology (see → the ***Growth strategy and prospects*** section), which is consistent with our general approach to risk assessment and takes into account disruptions to financial resource flows, reputational considerations and other factors. As a consequence of applying the same assessment methodology, ESG risks are not weighted differently from other risks. The materiality of impacts was assessed on the basis of four parameters:

- scale of the impact: the severity of the impact on sustainability matters,
- scope of the impact: the reach or extent of the impact,
- likelihood of potential impacts,
- irremediable character of the impact: the degree to which the effects can be remedied.

The materiality of risks and opportunities was assessed on the basis of two parameters:

- financial magnitude: the scale of the impact on the Group's financial and operating position,
- likelihood of the event occurring.

These parameters were assessed on a five-point scale, as follows:

1 – negligible / unlikely / easily remediable
2 – low / improbable / reasonably remediable
3 – moderate / moderately likely / moderately difficult to remediate
4 – significant / highly likely / difficult to remediate
5 – severe / almost certain / irremediable

The individual parameter scores were aggregated and then normalised to a uniform five-point scale. Under this methodology, the dominant element in the assessment of impacts was their severity for people or the environment (scale, scope and irremediable character), which outweighed likelihood. For risks and opportunities, the dominant criteria were the magnitude and likelihood of potential financial effects.

The resulting composite score served as the basis for classifying each IRO as material or not material. Impacts, risks and opportunities with a final score of 3 or above were classified as material.

Working team

The 2024 IRO identification and assessment involved representatives from all of the Group's core functions. The working team comprised individuals responsible for ESG, payroll, human resources, marketing, investor relations, sales, product development and laboratory coordination, compliance, legal affairs, technology, procurement, finance, personal data protection, IT, logistics, quality and administration. We were supported in the materiality assessment by external experts in environmental protection, social impact and ESG reporting. A number of workshops were held, covering topics including the identified impacts, scenario analysis and the due diligence process. The 2025 DMA update involved internal experts with specialist knowledge of the topics under review.

The outcomes of this process, including the list of material IROs, were approved by the Management Board. The diversity of the team and the clear allocation of powers and responsibilities ensure the necessary internal control over the process. No formalised procedures have been established in this regard.

In identifying material IROs, we considered criteria such as location, specific nature of our operations, sector and transaction structures. The geographical footprint of our operations was analysed, among other aspects, for compliance with ESG regulatory requirements. Representatives of the diagnostic imaging business were involved in the process, as this is the area of the Group's business in which the risks due to ionising radiation are elevated.

Identification of business conduct-related IROs

We assessed business conduct-related IROs in view of the specific nature of our sector and the scope of our own operations and wider value chain. This included, in particular, a benchmarking analysis of key technology and reagent suppliers, as well as deference to sector-specific standards, regulatory requirements, Best Practice for GPW Listed Companies and other sources used in the DMA. The specific nature of the medical sector calls for particular attention to corruption risk and to the threat of cyberattacks and security breaches affecting the Group's IT infrastructure.

Identification of environment-related IROs

Pollution

We considered impacts related to air, water and soil pollution arising from our activities across the entire value chain: upstream (in particular the manufacture of reagents), in our own operations (particulate emissions, such as microplastics generated by tyre wear in our vehicle fleet); and downstream (waste incineration). This assessment drew on the same sources and assumed the same value chain as the broader DMA.

Water and marine resources

We do not conduct any material activities related to inland or marine waters. Water consumption in our own operations arises from laboratory processes and staff welfare facilities. This assessment drew on the same sources and assumed the same value chain as the broader DMA. Accordingly, water and marine resources were assessed as not material.

Biodiversity

We reviewed our activities and locations for their impact on species diversity and ecosystems. In particular, we analysed the scale of the impact of our vehicle fleet on pollinator health and of VOC emissions from our own operations and from waste incineration. This assessment drew on the same sources and assumed the same value chain as the broader DMA. This area was assessed as not material.

Resource use and circular economy

We reviewed our resources and activities in order to identify actual and potential impacts, risks and opportunities related to resource use and circular economy in our own operations and the upstream and downstream value chain. The key resources were taken to be those characteristic of the medical diagnostics sector: chemical reagents, single-use instruments and consumables, and vehicle tyres, given the size of our courier fleet. The analysis was also informed by a review of waste management literature.

Identification of climate-related IROs

The identification of material climate-related risks and opportunities was conducted as part of the assessment of the resilience of our strategy and business model to climate-related risks, taking into account where those risks arise in the value chain. For more details, see → ***Disclosure SBM-3***.

IRO-2

Disclosure Requirements in ESRS covered by this Sustainability Statement

The disclosures required in connection with IROs assessed as material were identified by mapping impacts, risks and opportunities to the relevant topics, sub-topics and sub-sub-topics during the DMA and applying the materiality thresholds.

These disclosures are included in → the ***Content Index***, which is attached as Appendix 1 to this Sustainability Statement.

II. Environmental information (E)

ESRS E1 Climate change

GOV-3

The fixed remuneration of the members of the Management Board and the Supervisory Board of the Diagnostyka Group is not linked to the achievement of ESG targets, including climate-related targets.

SBM-3, IRO-1

For more information on the material climate-related impacts, risks and opportunities and their interaction with our strategy and business model, see → ***Disclosure SBM-3*** in the ***ESRS 2*** section, and for their identification and assessment →, see ***Disclosure IRO-1*** in that section.

E1-1

Transition plan for climate change mitigation

In 2025, we did not have a transition plan for climate change mitigation in place to support limiting global warming to 1.5˚C in accordance with the Paris Agreement. Given that our operations comprise mainly services that do not generate significant levels of emissions, we do not envisage adopting such a plan.

E1-2

Policies related to climate change mitigation and adaptation

In 2025, the Group did not have a dedicated formal climate change mitigation policy. Climate-related matters are addressed within the Group's updated *Environmental Policy*, which focuses on reducing adverse environmental impacts and ensuring efficient resource management. As we are not a carbon-intensive organisation, we do not intend to adopt a standalone climate-specific policy. In 2025, the Group adopted the *Diagnostyka Group Supplier Code of Conduct*, which promotes collaboration with suppliers that actively work to reduce the environmental impact of their operations.

E1-3, E1-4

Actions and resources related to climate change

We have not adopted specific greenhouse gas emission reduction targets but plan to define them in the coming years. At the same time, we are taking active measures to reduce emissions relative to the base year 2024. In 2025, we increased the number of the Group sites supplied with renewable electricity, expanded the share of renewables in our total energy consumption, and upgraded our vehicle fleet to include more efficient, lower-carbon solutions.

A significant proportion of our operations is conducted in leased premises, and the carbon emissions generated by electricity consumption depend largely on Poland's overall energy mix. Where we contract directly with the electricity provider, we are increasing the share of renewable energy in our supply agreements. As at 31 December 2025, we had such agreements in place with a single green energy supplier, backed by cancelled guarantees of origin covering 3,079 MWh. A further green energy supply agreement, signed with a different provider, came into effect as of 1 January 2026.

These initiatives are financed from operating cash flow and accordingly do not materially increase the Group's capital expenditure. They will be continued over the short and medium terms. No need for remedial action has been identified.

E1-5

Energy consumption and mix

All energy and fuel consumption data are presented in MWh, and the related disclosures cover the Group as a whole.

Methodology for calculating energy consumption from fossil fuels

We operate from approximately 1,200 locations across Poland. The majority of our premises are leased and vary considerably in size, from a few square metres to several thousand. This makes it difficult to obtain complete and reliable data on the consumption of different utilities, and as a result some of these data are estimates. For the purposes of calculating electricity, natural gas and district heating consumption presented under Disclosure E1-5, the Group entities have been allocated to different calculation categories as follows:

- Key companies, i.e. those with the highest consumption of each utility, which together account for at least 95% of the Group's total utility consumption according to the 2024 data; actual data were obtained, with missing data estimated.
- Other companies, i.e. those accounting for ≤5% of the Group's utility consumption; data were estimated on the basis of the data for the key companies (this represents a change in methodology compared with the base year 2024).
- New companies, i.e. those for which no historical data for 2024 are available; actual data are being collected.

In addition, financial data concerning the Group's operations in 2025 and 2024 were used to verify the above categorisation, which confirmed that the pace of growth of individual companies was broadly in line with that of the entire Group.

Liquid fuel consumption

Our liquid fuel consumption relates to petrol and diesel, including biocomponents, and LPG used across the Group's vehicle fleet. We sourced fuel consumption data from purchase invoices, which allowed us to determine volumes in litres. These volumes were then converted into MWh using conversion factors from the KOBiZE (Poland's National Centre for Emissions Management) database and the safety data sheets for each fuel type.

Natural gas consumption

We obtained actual natural gas consumption data from PGNiG, the gas supplier, for locations where Diagnostyka S.A. is directly party to gas supply agreements. Where landlords confirmed that the heating source was gas but did not provide consumption data, we estimated consumption using a standard gas consumption factor (kWh/m^2) calculated by reference to actual data. We applied the same estimation method to the Group's other companies. Actual data accounted for 58.24% of total reported natural gas consumption.

Electricity consumption

We obtained actual electricity consumption data for Diagnostyka S.A. directly from electricity suppliers and from invoices or re-invoices issued by landlords. These data covered 394 locations with a total floor area of 86,868.90 m^2, which represents 57.30% of the total floor area of Diagnostyka S.A.'s premises. For the remaining locations, consumption was estimated by applying a standard electricity consumption factor (kWh/m^2) to actual data. Separate standard consumption factors were applied for laboratories, specimen collection points and other types of premises. We applied the same estimation method to the Group's other companies. Actual data accounted for 67.81% of total reported electricity consumption.

The Group does not consume energy from nuclear sources. No volumes of energy from nuclear fuels and no purchases of energy of nuclear origin were recorded in the reporting year.

Consumption of electricity from renewable sources

In 2025, electricity consumption across the Group totalled 20,119 MWh (2024: 17,159 MWh). The Group holds cancelled guarantees of origin for 3,079 MWh, representing 15.30% of its total electricity consumption.

District heating consumption

District heating consumption carries the highest level of measurement uncertainty. We obtained actual district heating consumption data from invoices or re-invoices issued by landlords. Where consumption data were not available, we estimated consumption by applying a standard heat consumption factor (kWh/m^2) to actual data. For locations where no information was available on the heating system in use, we assumed district heating. This assumption may result in the inclusion of locations where heating is in fact provided using natural gas. We applied the same estimation method to the Group's other companies. Actual data accounted for 42.78% of total reported district heating consumption.

Energy consumption and mix	2025	2024	Change
(1) Total fossil energy consumption (MWh)	53,629.34	51,285.98	+4.57%
Share of fossil sources in total energy consumption (%)	94.57	95.14	-0.57pp
(2) Consumption from nuclear sources (MWh)	0	0	-
Share of consumption from nuclear sources in total energy consumption (%)	0	0	-
(3) Fuel consumption for renewable sources, including biomass (also comprising industrial and municipal waste of biological origin, biogas, renewable hydrogen, etc.) (MWh)	0	0	-
(4) Consumption of purchased or acquired electricity, heat, steam, and cooling from renewable sources (MWh)	3,079	2,617	17.66%
(5) The consumption of self-generated non-fuel renewable energy (MWh)	0	0	-
(6) Total renewable energy consumption (MWh) (calculated as the sum of lines 3 to 5)	3,079	2,617	17.66%
Share of renewable sources in total energy consumption (%)	5.43	4.86	+0.57pp
Total energy consumption, calculated as the sum of lines 1, 2, 6 (MWh)	**56,708.34**	**53,902.98**	+5.20%

In 2025, our energy consumption from fossil sources increased, primarily reflecting higher diagnostic test volumes and the expansion of our diagnostic imaging business, which relies heavily on energy-intensive equipment. The share of diagnostic imaging in the Group's total electricity consumption rose from 0.03% in 2024 to 10.08% in 2025. At the same time consumption of energy from renewable sources increased by 17.66%.

The collection of utility consumption data, particularly at the Parent, is complicated by the fact that the premises used by the Group to operate comprise both owned and leased properties of varying sizes and other specifications. Actual data accounted for 75.69% of the Group's total reported energy consumption in 2025.

E1-6

Greenhouse gas emissions

Emissions calculation methodology

We have adopted 2024 as the base year for our carbon footprint calculations. From 2025 onwards, greenhouse gas emissions data are compared with base-year values.

We do not hold data that would enable us to report biogenic CO_2 emissions from the combustion or biodegradation of biomass that are not already captured in Scope 1, Scope 2 or Scope 3.

Scope 1

Scope 1 comprises emissions from **fuel combustion** by the Group's vehicle fleet and from natural gas combustion at locations within the reporting boundary. Emissions were calculated using DEFRA 2025 emission factors and are presented in tCO_2e for both liquid fuels and natural gas.

Scope 2

Scope 2 covers CO_2 emissions arising from electricity and district heating consumed at the Group's locations.

In accordance with the GHG Protocol, the **market-based calculation of emissions from electricity consumption** did not use supplier-specific emission factors. Instead, the calculation was performed by deducting the volume of electricity covered by guarantees of origin from total electricity consumption. The European Residual Mix factor published by the Association of Issuing Bodies (AIB) in 2025, at 0.808 tCO_2/MWh, was then applied to the remaining electricity. Under the **location-based** method, emissions were calculated for total electricity consumption using the emission factor published by Poland's National Centre for Emissions Management (KOBiZE) in 2025, which stands at 0.525 tCO_2/MWh after adjusting for transmission losses. As a result, emissions calculated using the market-based method exceeded those calculated using the location-based method.

Emissions associated with **district heating consumption** were calculated on the basis of consumption data in MWh and the emission factor published by the Energy Regulatory Office (URE) in 2025. This factor relates exclusively to carbon emissions and is 0.356 tCO_2/MWh; accordingly, the emissions figure is presented in tCO_2e.

Other than the guarantees of origin referred to above, the Group does not use any other contractual instruments in calculating Scope 2 emissions.

Scope 3

Scope 3 emissions are indirect GHG emissions that arise across the Group's value chain. The following categories were included in the Scope 3 carbon footprint calculations:

- **Category 1: Purchased goods and services** – covers emissions arising from the purchase of key inputs and services, including:
  - reagents and diagnostic testing supplies,
  - disinfectants and cleaning agents, personal and workplace hygiene products,
  - personal protective equipment,
  - paper,
  - tests and subcontracted services, including order entry and specimen collection,
  - medical consultations,
  - laboratory procedures,
  - other materials and services.

  Emissions were estimated using factors from the EXIOBASE 3.8.2 database (2019).
- **Category 2: Capital goods** – covers emissions associated with expenditure on property, plant and equipment, including assets under construction, intangible assets and internally developed software before being brought into use, in each case to the extent recorded in the finance and accounting system. This includes assets acquired through business acquisitions. Emissions were estimated using spend-based emission factors from the EXIOBASE 3.8.2 database (2019).
- **Category 4: Upstream transportation and distribution** – emissions from upstream transportation and distribution for 2025 were estimated on the basis of financial and accounting data. Spend-based emission factors from the EXIOBASE 3.8.2 database (2019) were applied to convert the financial value of purchased transport services into emissions.
- **Category 5: Waste generated in operations** – the Group generates significant volumes of hazardous medical waste, which are disposed of by incineration. Because our operations make extensive use of single-use plastics, including evacuated blood collection tubes and laboratory consumables, plastic is the predominant component of this waste. Emissions from incineration were calculated on the basis of total waste mass, with the entire mass treated as plastic for calculation purposes and by using the plastic emission factor from the DEFRA database. Emissions associated with waste transport were also included. These were calculated using a spend-based method, by determining the proportion of transport costs in the total waste disposal charge. The EXIOBASE 3.8.2 database (2019) emission factor was used to convert the related transport spend into emissions.
- **Category 6: Business travel** – emissions from business travel for 2025 were estimated on the basis of historical data obtained from the finance and accounting system. Spend-based emission factors from the EXIOBASE 3.8.2

database (2019) were applied to convert these data into emissions.

- **Category 7: Employee commuting** – emissions from employee commuting were estimated using the distance-based method. This required making assumptions regarding the commuter headcount, the average commuting distance and the number of working days per year, adjusted for absences. In the absence of actual internal data, we relied on publicly available reports to determine these values. The assumptions were adapted to reflect the nature and geographical distribution of our operations, including laboratories and specimen collection points, so as to capture varying commuting distances as accurately as possible. On this basis, we calculated the total annual kilometres travelled by employees and other members of our own workforce, and applied DEFRA emission factors to convert the activity data into emissions.

For Categories 1, 2, 4 and 6, emissions were estimated using the spend-based method. As certain emission factors are drawn from databases predating the reporting year, an inflation adjustment factor of 0.68, calculated using the Global-Rates calculator, was applied. In addition, under the spend-based method, amounts denominated in PLN were converted into EUR at the NBP exchange rate as at 31 December 2025 of 4.2267.

Details of other Scope 3 categories:

- **Category 3: Fuel- and energy-related activities** – emissions in this category are calculated on the basis of quantitative data collected under Scopes 1 and 2. DEFRA well-to-tank (WTT) emission factors were applied for the calculations.
- **Category 8: Upstream leased assets** – emissions associated with the use of properties, the vehicle fleet and other leased assets are included and reported under Scopes 1 and 2.
- **Category 9: Downstream transport and distribution** – not applicable to the Diagnostyka Group.
- **Category 10: Processing of sold products** – not applicable, as the Group companies provide services, namely diagnostic test and examination results, rather than products requiring further processing.
- **Category 11: Use of sold products** – not applicable, as the Group companies provide services, namely diagnostic test and examination results, rather than products requiring further processing.
- **Category 12: End-of-life treatment of sold products** – not applicable, as the output of the Group entities consists of services (diagnostic test and examination results).
- **Category 13: Downstream leased assets –** not applicable to the Diagnostyka Group.
- **Category 14: Franchises –** not applicable to the Diagnostyka Group.
- **Category 15: Investments** – includes Scope 1 and 2 data for entities over which the Diagnostyka Group does not hold operational control.

Diagnostyka Group	2025	2024	Change
Scope 1 GHG emissions			
Gross Scope 1 GHG emissions (tCO_2e)	5,968.16	5,219.41	+14.35%
Percentage of Scope 1 GHG emissions from regulated emission trading schemes (%)	0.00	0.00	
Scope 2 GHG emissions			
Gross location-based Scope 2 GHG emissions (tCO_2e)	14,059.57	13,703.53	+2.60%
Gross market-based Scope 2 GHG emissions (tCO_2e)	17,265.62	15,553.66	+11.01%
Scope 3 GHG emissions			
Total gross indirect (Scope 3) GHG emissions (tCO_2e)	138,988.18	119,411.34*	+16.39%
1 Purchased raw materials and services	105,092.32	84,257.81	+24.73%
2 Capital goods	23,719.85	25,931.92	-8.53%
3 Fuel- and energy-related activities	4,958.62	4,329.91	+14.52%
4 Upstream transport and distribution	596.34	510.86	+16.73%
5 Waste generated in operations	16.95	11.87*	+42.80%
6 Business travel	174.75	130.24	+34.18%
7 Employee commuting	4,037.66	3,646.69	+10.72%
15 Investments	391.68	592.04	-33.84%
Total market-based emissions	**162,221.96**	**140,184.41***	+15.72%
Total location-based emissions	**159,015.91**	**138,334.28***	+14.95%

The increase in Scope 1 emissions was driven primarily by higher fleet mileage in 2025. Under the location-based method, Scope 2 emissions rose only marginally year on year, reflecting changes in the national electricity grid emission factor in 2025. Under the market-based method, the moderate increase in Scope 2 emissions resulted from the application of a higher residual mix factor in 2025 compared with 2024. The increase in Scope 3 emissions was largely attributable to the increased scale of our operations, in particular the higher volume of diagnostic tests and examinations performed.

* An error was identified in Category 5 for 2024: the figure was reported in kilograms rather than tonnes. The 2024 total GHG emissions figures under both the market-based and location-based methods have been restated accordingly.

GHG intensity

Emissions intensity per net revenue	2025	2024
Total market-based GHG emissions per net revenue (t CO_2e/PLN 1,000)	0.0673	0.0780
Total location-based GHG emissions per net revenue (t CO_2e/PLN 1,000)	0.0660	0.0770
Total net revenue (according to financial statements) (thousand PLN)	2,410,467	1,950,147

Revenue figures are based on Note 6 to the Consolidated Financial Statements.

E1-7, E1-8

We have not undertaken, and do not plan to undertake, GHG removal or storage projects in our own operations. Nor do we participate in such projects within our value chain or apply internal carbon pricing mechanisms.

E1-9

Anticipated financial effects from material climate-related IROs

We carried out a qualitative assessment of our exposure to material physical risks over the short, medium and long term, as well as potential climate-related opportunities. For a detailed climate scenario analysis and the assessment of the resilience of our business model and strategy to climate change, see → ***Disclosure SBM-3*** under the ***ESRS 2 General Information*** section.

At this stage, we do not hold sufficient quantitative data to assess physical or transition risks or their impact on our assets and revenue.

ESRS E2 Pollution

IRO-1

The impacts identified in this area relate primarily to the upstream manufacture of reagents, downstream incineration of waste, and emissions of particulate matter, including microplastics, generated by tyre wear across the Group's vehicle fleet.

For the description of the processes to identify and assess material pollution-related impacts, risks and opportunities, see → the ***ESRS 2 General Information*** section.

E2-1

Policies related to pollution

The 2025 update of the double materiality assessment confirmed this topic as material. We do not currently have a dedicated pollution policy. Pollution-related matters are addressed indirectly in the *Environmental Policy*, which focuses primarily on waste management. We do not plan to develop standalone pollution-specific policies.

E2-2, E2-3

Actions, resources and targets related to pollution

We do not currently have pollution-specific action plans and have not undertaken, or planned, any dedicated initiatives in this area beyond those relating to waste management. The Group holds ISO 14001 certification and intends to maintain it.

We have not set, and do not plan to set, specific pollution-related targets, as these would overlap with our waste management targets.

E2-4

Metrics related to pollution impacts

We identified an environmental impact associated with the **emissions of particulate matter, including microplastics, generated by tyre wear across the Group's vehicle fleet**. The mass of particulate matter generated was calculated based on the total kilometres driven by the Group's vehicles, which in 2025 was 36,165,353 km. The figure for Diagnostyka S.A. was estimated using fuel consumption data recorded through the fuel card system. Data for the other Group entities were provided by their respective management teams.

Year	Kilometres driven [km]	Particulate matter emissions [t]
2024	31,544,692	3.47
2025	36,165,353	3.98
Change	14.7%	14.7%

Total emissions of particulate matter, including microplastics, from the operation of the Group's vehicles were estimated using total kilometres driven by the fleet and a tyre-wear particulate matter emission factor of 110 mg/km, sourced from Contribution of Road Vehicle Tyre Wear to Microplastics and Ambient Air Pollution. In 2025, these emissions amounted to **3.98** tonnes. The 14.7% increase was in line with the increase in the kilometres driven by our fleet.

Other pollutants

As a service company, we are not subject to the provisions of Regulation No 166/2006. There is no evidence to suggest that any of our laboratories released pollutants into the air in quantities exceeding the thresholds set out in Annex II to the Regulation. This is supported, among other factors, by the absence of sanctions from the supervisory authorities.

With respect to upstream and downstream activities, we do not currently hold data on emissions to air, water or soil from our business partners.

ESRS E5 Resource use and circular economy

IRO-1

The DMA identified material circular economy matters, with hazardous waste management assessed as the key issue. The volume of waste we generate is proportionate to the number of laboratory tests performed. The waste stream is dominated by infectious clinical waste, comprising materials containing pathogenic microorganisms, blood and body fluids, including used needles, blood collection tubes and laboratory plastic, as well as chemical waste, including spent laboratory reagents and packaging contaminated with hazardous substances.

Diagnostic procedures, including specimen collection and laboratory work, require the use of single-use materials. These are essential to ensure the quality of tests and to limit the exposure of patients and employees to direct contact with potentially infectious clinical specimens. Patient safety and promoting good professional practice among our staff are strategic priorities for the Group.

For the description of the processes to identify and assess material resource use and circular economy-related impacts, risks and opportunities, see → ***Disclosure IRO-1*** under the ***ESRS 2 General Information*** section.

E5-1

Environmental Policy and hazardous waste procedures

In 2025, the *Environmental Policy* applied only at the Parent, Diagnostyka S.A. The Policy focuses on the responsible management of resources and waste, with particular emphasis on hazardous waste. The Policy is certified to ISO 14001. However, it does not extend to upstream relationships and is geographically limited to the footprint of Diagnostyka S.A.'s operations. The responsibility for its implementation lies with the President of the Management Board, The Policy is available on the Diagnostyka Group corporate website under Sustainability

Each Group company has developed, implemented and maintains detailed Hazardous Waste Management Procedures. This applies in particular to our laboratories and genetic diagnostics and anatomical pathology providers. The Procedures set out requirements for strict control over waste collection, on-site storage at laboratories and handover to disposal companies.

The responsibility for implementing these Procedures lies with members of Management Boards and other senior executives at the respective Group companies.

The Procedures support compliance with a range of standards, including EU regulations and directives:

- Directive 2008/98/EC on waste – implementation of the procedure ensures alignment with the waste hierarchy principles (prevent, reuse, recycle, dispose);
- Regulation (EC) No 1013/2006 on shipments of waste – applicable to the transport of medical and hazardous waste;
- Directive 2010/75/EU on industrial emissions – aimed at reducing emissions associated with improper waste management;

National legislation:

- Waste Act – implementation of the procedure ensures compliance with national waste management legislation;
- Healthcare Act – the procedure supports compliance with safety requirements applicable to patients and healthcare professionals;
- Regulation of the Minister of Health on the handling of medical waste – lays down specific rules for handling waste at healthcare facilities;

Industry initiatives and best practice reflected in our policies and procedures:

- WHO: Safe management of wastes from health-care activities – guidelines for the safe and responsible handling of medical waste;
- Green Healthcare Initiative – an initiative promoting sustainability in healthcare facilities, including the minimisation and appropriate segregation of waste;
- Health Care Without Harm – a global initiative aimed at reducing the environmental impact of the healthcare sector through the promotion of responsible waste management and sustainable practices.

The procedures take into account key stakeholders, such as:

- Medical establishments and laboratories – ensuring compliance with waste management regulations and minimising legal and financial risks;
- Laboratory and medical personnel – supporting occupational safety through guidance on the segregation and disposal of hazardous waste;
- Patients – protecting public health by reducing the risk of infection arising from improper waste handling;
- Regulatory authorities (e.g. sanitary inspectorate, environmental inspectorate) – complying with legal and environmental requirements;
- Waste disposal companies – following clear rules on waste collection and disposal to facilitate their services;
- Society and the environment – reducing the negative impact of medical waste on ecosystems and public health.

The Procedures are available to Group employees through our internal IT systems, as well as being provided to individuals performing outsourced cleaning services at our premises. Laboratory and specimen collection point staff, couriers and other individuals who may come into contact with hazardous waste receive training from their line managers, including laboratory managers, facility managers and collection point managers.

Given the nature of the Group's operations and the applicable sanitary requirements, including the need to maintain sterile conditions, the Procedures rule out the reuse of materials, the use of materials with recycled content or increased use of renewable resources. Segregated collection of non-medical waste is in place only at the largest Group company.

E5-2, E5-3

Actions related to resource use and the circular economy

In 2025, we did not undertake any dedicated circular economy initiatives; nor have we developed specific action plans for improving resource use and circular economy practices. This reflects the nature of our operations: single-use consumables are mandatory, and all materials that come into contact with clinical specimens must be incinerated.

At the same time, we apply the principle of **prudent resource use** in our day-to-day operations.

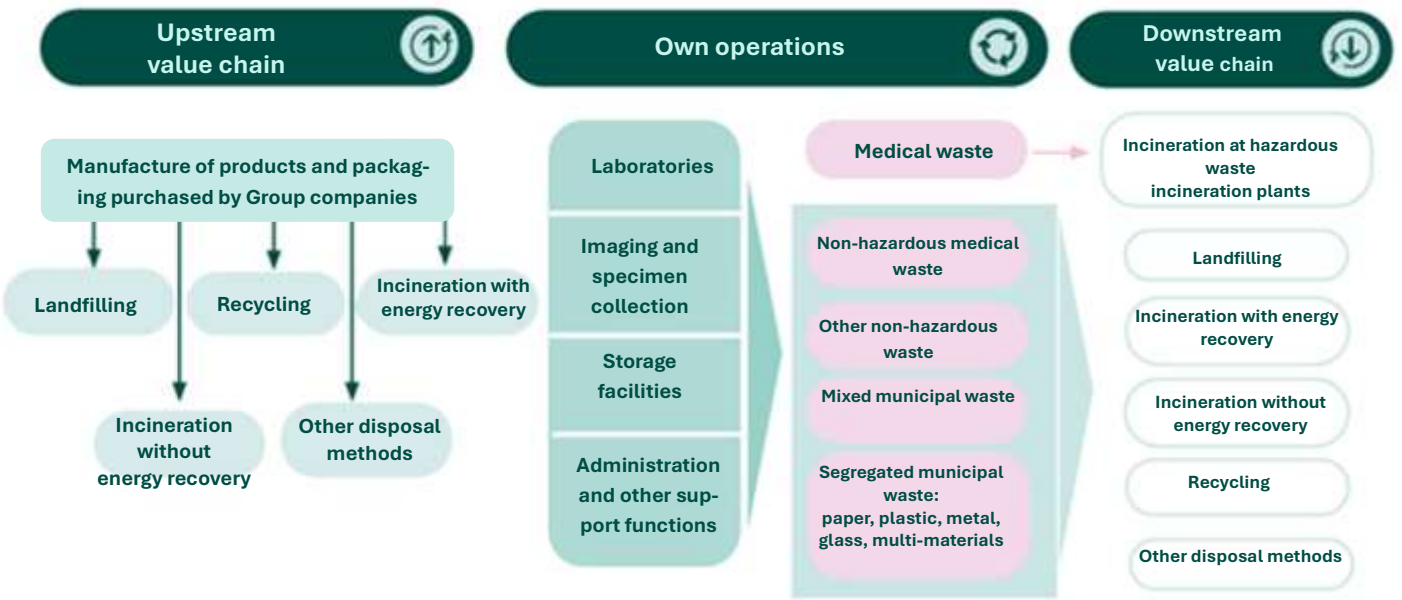
Our actions in this area focus on **rigorous waste management**.

The management of hazardous waste is supported by the mandatory **BDO** (Poland's Product, Packaging and Waste Management Database) **application**. BDO is a state-run electronic system used for the registration, recording and reporting of waste. The Parent, Diagnostyka S.A., generates an average of approximately 4,000 Waste Transfer Cards per month. We have developed a dedicated **in-house system to automate and monitor** the Waste Transfer Card process, including automated analysis and reporting, which has improved data reliability. In addition, for each waste collection covered by a Waste Transfer Card, the BDO application collects data on subsequent waste management.

These measures are part of the Group's operating expenditure.

Given the nature of our operations, they do not extend to increased resource efficiency in respect of technical materials and clinical specimens, water, critical raw materials or rare earth metals, the use of secondary raw materials, circular design, or measures to prevent waste generation in the upstream or downstream value chain.

Waste management at the Diagnostyka Group



E5-5

Resource outflows

In 2025, the Diagnostyka Group generated hazardous medical waste in the course of its day-to-day operating processes. This waste was classified under the following codes: 15 01 10*; 16 02 11*; 16 02 13*; 16 03 03*; 18 01 02*;18 01 03*; and 18 01 06*.

The principal materials present in this waste are:

- single-use plastic items, including test tubes;
- protective gloves,
- dressings, including gauze;
- biological material.

Data on waste mass and type are sourced from the BDO (https://rejestr-bdo.mos.gov.pl) and cover all Group entities that generate hazardous waste. The majority of this waste is generated by the Group's laboratory, anatomical pathology, genetic diagnostics and diagnostic imaging businesses, and its collection and disposal are outsourced to licensed third-party operators on a contract basis.

All medical waste is disposed of by incineration; accordingly, the table below presents information exclusively on medical waste transferred for disposal.

Total quantity of waste directed to disposal [tonnes]	2025	2024	Change
Hazardous waste	2,023.99	1,809.78	+11.84
Incineration	2,020.29	1,805.41	+11.90
landfilling	0.00	0	
other processes	3.70	4.37	-15.33
Non-hazardous waste	52.20	39.03	+33.74
Incineration	27.61	24.22	+14.00
landfilling	0.00	0	
other processes	24.59	14.81	+66.04
Total waste generated	**2,076.19**	**1,848.81**	**+12.30**

Total waste generated in 2025 amounted to 2,076.19 tonnes, an increase of 12.3%. Hazardous medical waste increased by 11.84%, primarily reflecting the higher volume of laboratory tests performed. We take measures to ensure that hazardous waste is managed safely for people and the environment. Waste volumes are proportionate to laboratory testing volumes. We manage and seek to limit waste generation by maintaining and enforcing waste handling procedures, including procedures specific to medical waste, and by monitoring waste quantities on an regular basis.

EU Taxonomy

Disclosures pursuant to Article 8 of Regulation (EU) 2020/852 (Taxonomy Regulation)

The majority of our activities, which consist of providing diagnostic services to individual and institutional customers, currently fall outside the scope of the EU Taxonomy. Consequently, Taxonomy disclosures included in this Sustainability Statement are limited.

In accordance with the EU Taxonomy Regulation (i.e. Regulation (EU) 2020/852 of the European Parliament and of the Council of 18 June 2020 on the establishment of a framework to facilitate sustainable investment) and with Commission Delegated Regulation (EU) 2026/73 of 4 July 2025 amending Delegated Regulation (EU) 2021/2178 as regards the simplification of the content and presentation of information to be disclosed concerning environmentally sustainable activities, the Diagnostyka Group is required to disclose the following in its annual report:

- the proportion of turnover derived from products or services associated with environmentally sustainable economic activities;
- the proportion of capital expenditure (CapEx) corresponding to assets or processes associated with environmentally sustainable economic activities;
- the proportion of operating expenditure (OpEx) corresponding to assets or processes associated with environmentally sustainable economic activities.

To determine whether an economic activity qualifies as environmentally sustainable, it must be assessed against the EU Taxonomy alignment criteria. A Taxonomy-aligned economic activity must:

- contribute substantially to one or more of the environmental objectives of the EU Taxonomy (climate change mitigation; climate change adaptation; the sustainable use and protection of water and marine resources; the transition to a circular economy; pollution prevention and control; and the protection and restoration of biodiversity and ecosystems);
- not significantly harm any of the other environmental objectives of the EU Taxonomy (DNSH principle);
- be carried out in compliance with the minimum safeguards (Group-level assessment);
- comply with the technical screening criteria (according to Commission Delegated Regulation (EU) 2023/2486 of 27 June 2023 supplementing Regulation (EU) 2020/852 of the European Parliament and the Council and Commission Delegated Regulation (EU) 2021/2139 of 4 June 2021 supplementing Regulation (EU) 2020/852 of the European Parliament and of the Council.

We have developed and implemented an EU Taxonomy reporting process structured around four key stages:

1. assessing compliance with minimum safeguards,
2. identifying Taxonomy-eligible activities,
3. assessing compliance of activities with technical screening criteria and DNSH criteria,
4. allocating financial data to determine KPIs.

The process was carried out for the first time for the 2024 financial year. For 2025 reporting purposes, we reverified whether the Taxonomy-related activities remained unchanged. On that basis, we present the key performance indicators below. The methodology used to identify Taxonomy-eligible activities for turnover, capital expenditure and operating expenditure has not changed since 2024.

Reporting process

Under the authorisation of the Management Board of Diagnostyka S.A., the Group parent, the EU Taxonomy reporting process is overseen by the Management Board Representative for Project Management and ESG. The report is prepared in a collaborative process by the Research and Sustainability Department, the Analysis and Corporate Control Department and the Accounting Department.

The assessment of compliance with the technical screening criteria also involves representatives from departments responsible for the relevant operational areas, such as the Logistics Department and Investment Department.

Identification of Taxonomy-eligible activities

We have updated the list of the Diagnostyka Group's Taxonomy-eligible activities across all EU Taxonomy environmental objectives. Identification was based on the descriptions provided in annexes to the delegated regulations establishing the technical screening criteria under the EU Taxonomy.

We identified four economic activities under the first environmental objective, Climate Change Mitigation (CCM):

Economic activity under the EU Taxonomy	Description of the Group's activity
CCM 7.4 Installation, maintenance and repair of electric vehicle charging stations in buildings (and parking spaces attached to buildings)	Construction of recharging stations with power supply lines and necessary upgrades to the existing power supply system
CCM 6.5 Transport by motorbikes, passenger cars and light commercial vehicles,	Purchase of combustion engine and electric vehicles
CCM 7.2 Renovation of existing buildings	Investments in buildings for laboratories, specimen collection points and administration activities
CCM 7.7 Acquisition and ownership of buildings	Rental of premises, primarily for the Group's laboratories and specimen collection points

and one under the fourth environmental objective – Circular Economy (CE):

CE 3.2 Renovation of existing buildings	Investments in buildings for laboratories, specimen collection points and administration activities

For activity CCM 7.2/CE 3.2 Renovation of existing buildings, Climate Change Mitigation (CCM) was identified as the leading objective.

Assessing compliance of activities with technical screening criteria

We have not identified any Taxonomy-aligned activities. This is mainly because we were unable to demonstrate that the individual technical screening criteria had been met. Regarding specific activities:

Economic activity under the EU Taxonomy	Reason for non-alignment
CCM 7.4 Installation, maintenance and repair of electric vehicle charging stations in buildings (and parking spaces attached to buildings)	Unable to demonstrate compliance with DNSH criteria
CCM 6.5 Transport by motorbikes, passenger cars and light commercial vehicles,	Unable to demonstrate compliance with DNSH criteria
CCM 7.2 / CE 3.2 Renovation of existing buildings	Failure to meet the substantial contribution criterion under CE 3.2 and failure to comply with the DNSH principle under CCM 7.2
CCM 7.7 Acquisition and ownership of buildings	Failure to meet the substantial contribution criterion with respect to energy efficiency requirements Compliance with DNSH criteria was not analysed.

Allocation of financial results

At this stage, we allocated the amounts of turnover, capital expenditure and operating expenditure to the individual activities identified above.

Turnover was determined in accordance with the approach used in the Diagnostyka Group's financial reporting.

CapEx was determined based on tables showing movements of property, plant and equipment, right-of-use assets and intangible assets, as provided in the financial statements. We analysed the registers for individual property, plant and equipment categories for 2025 to identify capital expenditure qualifying as Taxonomy-eligible, and allocated amounts to the numerator or denominator accordingly.

In relation to OpEx, the analysis covered all types of costs, categorised as human resources, premises, equipment, vehicles, services and material costs. The cost analysis was carried out in accordance with the Diagnostyka Group's chart of accounts. Ultimately, the OpEx amount was determined based on cost items aligned with the EU Taxonomy definition of operating expenditure.

Based on the information obtained during the EU Taxonomy eligibility and alignment assessment, we prepared the required information tables and descriptive disclosures in accordance with the requirements of Commission Delegated Regulation (EU) 2026/73 of 4 July 2025.

Verification of compliance with minimum safeguards

To be Taxonomy-aligned, an activity must be conducted in compliance with the minimum safeguards defined in Article 18 of the EU Taxonomy, i.e.:

- OECD Guidelines for Multinational Enterprises,
- UN Guiding Principles on Business and Human Rights,
- and in line with the principle of 'do no significant harm' referred to in Article 2(17) of Regulation (EU) 2019/2088.

For more information on our policies and procedures ensuring compliance with the guidelines, see → the ***ESRS 2*** section and ***thematic Disclosures S1, S4 and G1***.

Compliance with the minimum safeguards is monitored on a continuous basis across the Group. Based on the assessment conducted during the preparation of the Taxonomy disclosures for the 2025 reporting year, our activities were found to be in compliance with the minimum safeguards.

Accounting policies

The calculation of the turnover, capital expenditure (CapEx) and operating expenditure (OpEx) indicators was based on the definitions set out in Annex I of Commission Delegated Regulation (EU) 2021/2178.

We avoided double counting by determining the reported indicators and allocating each amount to only one identified Taxonomy-eligible activity. Depreciated OpEx items were not classified as Taxonomy-eligible. The financial data used in the process included all consolidation adjustments.

Other information

We have not identified any activities that make a substantial contribution to two of the EU Taxonomy's objectives. The key performance indicators in relation to economic activities were not disaggregated.

Key performance indicators

Proportion of turnover, capital expenditure and operating expenditure from products or services associated with Taxonomy-eligible or Taxonomy-aligned economic activities

The KPIs did not change materially year on year.

Financial year 2025					Breakdown by environmental objectives of Taxonomy-aligned activities										
Key performance indicator (1)	Total (PLN '000) (2)	Proportion of Taxonomy-eligible activities (3)	Taxonomy-aligned activities (4)	Proportion of Taxonomy-aligned activities (5)	Climate Change Mitigation (6)	Climate Change Adaptation (7)	Water (8)	Circular economy (9)	Pollution (10)	Biodiversity (11)	Proportion of enabling activities (12)	Proportion of transitional activities (13)	Not assessed activities considered non-material (14)	Taxonomy-aligned activities in previous reported period (2024) (15)	Proportion of Taxonomy-aligned activities in previous reported period (2024) (16)
Turnover	**2,410,467**	**0%**	**0**	**0%**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	0%
CapEx	**459,739**	**40.40%**	**0**	**0%**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	0%
OpEx	**2,057,705**	**0%**	**0**	**0%**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	0%

The turnover denominator is reported in Note 6 'Revenue' to the Consolidated Financial Statements for 2025.
The CapEx denominator comprises additions to property, plant and equipment and intangible assets, as described in Note 16 'Property, plant and equipment', Note 18 'Intangible assets', and Note 17.2 'Right-of-use assets'.

Turnover

As part of the Taxonomy alignment assessment, we have reviewed the Group's turnover in 2025. As in 2024, no Taxonomy-eligible activities were identified in relation to turnover.

Capital expenditures (CapEx)

As part of the Taxonomy alignment assessment, we have reviewed the Group's capital expenditure in 2025. No Taxonomy-aligned activities were identified.

The following activities were qualified as Taxonomy-eligible but not Taxonomy-aligned in the context of capital expenditure:

1. CCM 7.4 Installation, maintenance and repair of electric vehicle charging stations in buildings (and parking spaces attached to buildings)
2. CCM 6.5 Transport by motorbikes, passenger cars and light commercial vehicles,
3. CCM 7.2 / CE 3.2 Renovation of existing buildings,
4. CCM 7.7 Acquisition and ownership of buildings

In 2025, capital expenditure related to Acquisition and ownership of buildings decreased by 9%, which reflects the completion in 2024 of key projects to develop laboratory and administrative infrastructure. At the same time, capital expenditure on vehicles rose by 4%, driven by the acquisition of Eurodiagnostic, which operates a specialist fleet used to transport mobile diagnostic imaging equipment.

Proportion of capital expenditure from products or services associated with Taxonomy-eligible or Taxonomy-aligned economic activities of the Diagnostyka Group for 2025, by activity

CapEx	Year 2025			Substantial contribution criteria								
Economic activities (1)	Code (2)	Proportion of Taxonomy-eligible CapEx (3)	Monetary amount of Taxonomy-aligned CapEx (4)	Proportion of Taxonomy-aligned CapEx (5)	Climate Change Mitigation (6)	Climate Change Adaptation (7)	Water (8)	Pollution (9)	Circular economy (10)	Biodiversity (11)	Enabling activities (12)	Transitional activities (13)	Proportion of Taxonomy-aligned in Taxonomy-eligible (14)
Installation, maintenance and repair of charging stations for electric vehicles in buildings (and parking spaces attached to buildings)	*CCM 7.4*	**0.5%**	***0.0***	***0%***	***0%***	***0%***	***0%***	***0%***	***0%***	***0%***	_	_	***0%***
Transport by motorbikes, passenger cars and light commercial vehicles	*CCM 6.5*	**8.7%**	***0.0***	***0%***	***0%***	***0%***	***0%***	***0%***	***0%***	***0%***	_	_	***0%***
Renovation of existing buildings	*CCM 7.2, CE 3.2*	**11.7%**	***0.0***	***0%***	***0%***	***0%***	***0%***	***0%***	***0%***	***0%***	_	_	***0%***
Acquisition and ownership of buildings	*CCM 7.7*	**19.5%**	***0.0***	***0%***	***0%***	***0%***	***0%***	***0%***	***0%***	***0%***	_	_	***0%***
Sum of alignment per objective			0.0		0	0	0	0	0	0			
Total KPI (CapEx)		**40.40%**											

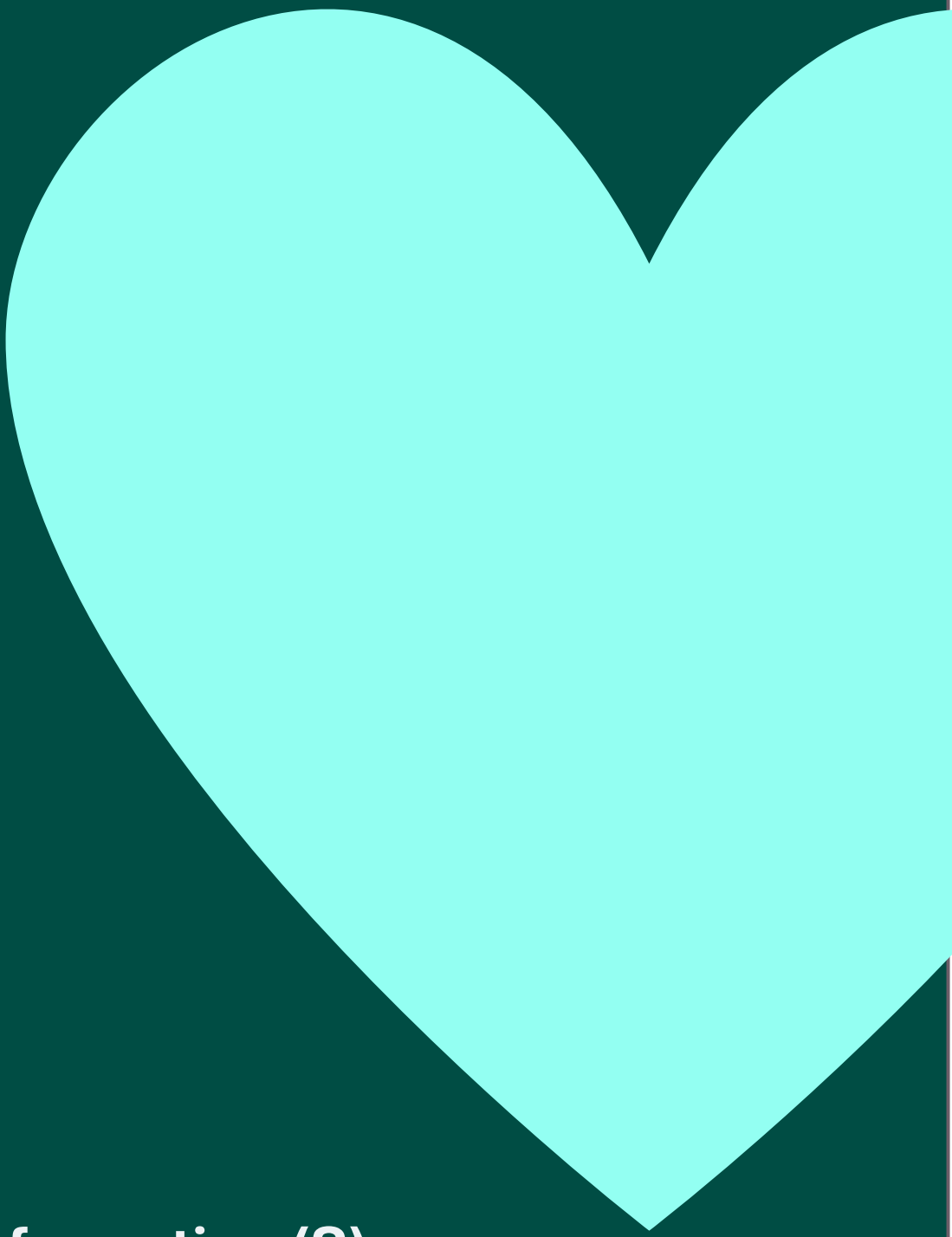
Financial data are consistent with the data disclosed in the Consolidated Financial Statements.

Operating expenditure (OpEx)

For OpEx reporting, we have chosen to make use of the exemption from calculating the numerator of the key performance indicators related to operating expenditure, provided under point 1.1.3.2 of Annex I of Regulation 2021/2178. The calculated denominator of operating expenditure represented approximately 2.25% of our total operating expenditure (2024: approximately 2%). This confirms that operating expenditures, as defined in accordance with the Taxonomy, are not material to our business model, which is based on the provision of diagnostic services.

Nuclear and fossil gas related activities

We do not conduct, finance or have any exposure to the activities referred to in Sections 4.26 to 4.31 of Annexes I and II to Commission Delegated Regulation (EU) 2021/2139 (nuclear energy-related activities and production of energy from fossil fuels).



III. Social information (S)

ESRS S1 Own workforce

SBM-3

In relation to our own workforce, we manage the following material impacts, risks and opportunities:

Material impact, risk or opportunity (IRO)	IRO type	Actions and metrics described in Disclosure S1-4 and S1 metrics	Related stakeholder groups
Investing in the development of employees and contractors is likely to drive innovation, operational performance and service quality, directly enhancing the Group's competitive advantage	✓	Training and professional development programmes • Training metric S1-13	Own workforce
Enhanced access for employees to preventive healthcare, including through a discount scheme for diagnostic tests. ★	+ P	*D+Zdrowie* employee healthcare programme • 1,673 employees who are fitness membership card holders	Employees Diagnostyka S.A.
Employees are exposed to workplace hazards, including needlestick injuries, road traffic incidents, exposure to ionising radiation and exposure to potentially hazardous substances.	− P	OHS training OHS audits • OHS metrics S1-14	Specimen collection point and diagnostic facility personnel, couriers
Incidents of discriminatory treatment or conduct between employees at different levels of the organisation	− P	Dedicated 'Standards, regulations and measures to prevent workplace bullying' training • Approx. 3,000 participants • 0 cases of discrimination (Metric S1-17)	Own workforce
Risk of staff shortages due to limited availability of skilled professionals and regulatory changes	⚠	Student placements and internships at the Group's laboratories • 259 participants Collaboration with the academia Employer branding	Medical personnel: laboratory diagnosticians, laboratory managers, radiologists, pathologists

Legend

+ P Potential positive impact

− P Potential negative impact

✓ Opportunity

⚠ Risk

★ New

In this sustainability statement, we disclose information on material impacts on all individuals who work for the Group, including:

- **Employees with employment contracts**, accounting for 46% of the Group's own workforce;
- **Individuals engaged under short-term civil-law contracts** (PL *umowa zlecenia*), accounting for 46% of the Group's own workforce. Given the nature of our operations, many employees, particularly nurses and midwives, elect to work limited hours under short-term arrangements. For most of these individuals, Group companies are a secondary place of work. At the same time, part-time work aligns with our business model – the most common laboratory tests require fasting blood samples, which must be collected in the morning. As a result, shifts at specimen collection points typically last 3 to 4 hours;
- **Independent contractors, i.e. self-employed service providers engaged on a B2B basis**, accounting for 8% of the Group's own workforce. These are mainly IT staff and physicians, but also nurses, midwives, diagnosticians and paramedics.

S1-5

In 2025, the Diagnostyka Group did not have quantitative targets for the identified impacts. We define qualitative development plans for selected areas, as discussed in ***Disclosure S1-4***.

S1-1

Workforce policies

We manage the material impacts, risks and opportunities relating to our workforce through a range of policies, procedures and internal regulations. The most important of these include:

- the *Workplace Rules*,
- the *Anti-Discrimination and Anti-Bullying Procedure*[4],
- the *Occupational Health and Safety Policy,*
- the *Diversity Policy,*
- the *Code of Ethics*.

The ***Workplace Rules*** apply to employees under employment contracts in all Group companies with at least 50 employees. The document defines employer and worker obligations and governs issues such as working time, remuneration, counteracting discrimination and workplace bullying, and workplace safety. Responsibility for implementing the Workplace Rules rests with the management boards of the individual companies.

The ***Anti-Discrimination and Anti-Bullying Procedure*** (an appendix to the Workplace Rules) sets out the framework for counteracting workplace bullying, discrimination and sexual harassment at Diagnostyka S.A. Similar procedures are in place in all subsidiaries employing more than 50 people. The document clearly states the organisation's zero tolerance for such conduct and establishes procedures for reporting incidents by employees and investigating the reports. Each case is reviewed by an appointed committee, and any necessary improvements are implemented promptly. The mechanisms introduced by the Procedure are aligned with the Labour Code and the European Convention on Human Rights. The Procedure is available to employees via the internal IT platform, and its provisions are also communicated to every new hire at Diagnostyka S.A.

The Diagnostyka Group Code of Ethics sets out the key ethical principles and values that all members of our workforce should follow in their work. Diagnostyka S.A. adopted it in December 2025. At the Parent, oversight of compliance with the Code is exercised by its Management Board, and at subsidiaries, by designated members of their management boards or persons they delegate their oversight authority to. The Code is made available to all members of the workforce through the Group's internal platform.

Diagnostyka S.A.'s ***Occupational Health and Safety Policy*** sets out the principles for ensuring safe and healthy working conditions and appropriate accident prevention. The document also governs accident follow-up procedures undertaken by the company. The Policy is based on the Polish Labour Code and the ISO 45001 standard, and applies to all workers and contractors of the Parent. Responsibility for implementing the Policy lies with the Management Board. The document can be accessed via the Group's internal platform and is also published on the Group's corporate website. The *Occupational Health and Safety Policy* was not subject to stakeholder consultation.

The ***Diversity Policy of Diagnostyka S.A.*** defines the Company's commitments to promoting diversity and embedding it in recruitment processes, employee development, corporate culture and the selection of members of the Management Board and the Supervisory Board. By implementing this Policy in early 2025, Diagnostyka S.A. has given effect to the principles of sustainable corporate governance as outlined in Best Practice for GPW Listed Companies 2021. The Policy applies to the entire workforce, and responsibility for its implementation rests with the Management Board.

The ***Recruitment Procedure*** is an internal document forming part of the quality management system at Diagnostyka S.A. It was updated in 2025 to introduce internal and external recruitment processes, including recruitment across the Group, using the existing HR systems. The document is available to the entire workforce. The rollout of the Procedure was accompanied by provision of dedicated educational materials for management, setting out the new processes and good recruitment practices.

The *Anti-Discrimination and Anti-Bullying Procedure, Diversity Policy* and *Occupational Health and Safety Policy* directly address human rights that are important to our employees, such as countering discrimination and provision of safe working conditions. As far as human rights are concerned, we also apply internal ***Child Protection Standards***, which align with statutory provisions, the UN Convention on the Rights of the Child, the International Labour Organization's Declaration on Fundamental Principles and Rights at Work and the fundamental ILO conventions. These standards address the rights to life, freedom, personal security and health as well as the prohibition of torture and inhuman or degrading treatment. An additional key document in this area is our ***Anti-Corruption Code*** and is aligned with instruments such as The UN Convention against Corruption. The documents referred to above do not specifically concern issues such as human trafficking, forced labour or child labour. The *Code of Ethics* addresses respect for human rights as a whole and opposes all forms of physical or psychological coercion.

We respond to human rights impacts on our workforce primarily by providing our people with safe, accessible channels for reporting irregularities This is regulated by the ***Diagnostyka Group Whistleblowing and Follow-Up Procedure*** (formerly: *Internal Reporting Regulations*). For details, see → ***Disclosure G1-1***.

We do not implement regulations through specific anti-discrimination procedures, neither did we have any specific commitments in 2025 related to inclusion policies for groups particularly vulnerable to risks within our own workforce.

[4] an appendix to the Workplace Rules,

S1-2

Processes for engaging with own workforce and workers' representatives

We incorporate the perspective of workers into the management of actual and potential impacts of our operations. **Trade unions and employee representatives** (depending on the Group company concerned) are consulted on various matters, including amendments to workplace rules and remuneration policies, changes to collective bargaining agreements, potential collective redundancies and allocations from the Employee Social Benefits Fund. These consultations are conducted via traditional and electronic correspondence managed by HR departments. Responsibility for employee dialogue lies with the Management Boards of the respective companies.

Diagnostyka S.A. runs regular **opinion surveys among its own workforce** To gauge the recruitment, onboarding and training experience. In 2025, the Company carried out a pilot project to assess job satisfaction after the probationary period The company also regularly performs exit interviews to understand the reasons behind employee attrition. The results of engagement surveys are analysed and feed into workplace improvements in areas such as work organisation, communication, relations with line managers, development, employer image, remuneration and team spirit. In 2025, Diagnostyka S.A. conducted an engagement survey at three locations across three macroregions: Gorzów Wielkopolski, Łódź and Poznań. The survey incorporated an eNPS measurement of employee engagement. Approximately 28% of the Company's workforce participated, and the average engagement score was 62.50. The Company also carried out a comprehensive internal assessment of IT service quality.

In addition, Diagnostyka S.A. maintains an ongoing employee initiatives programme. In 2025, the Company implemented five employee-submitted ideas aimed at improving the efficiency and quality of internal processes.

Employees at all of the Group's subsidiaries participate in the stakeholder survey conducted as part of the due diligence process. In 2025, employees completed 157 questionnaires on the working environment and sustainability. The survey gave them an opportunity to express views on matters including discrimination and marginalisation.

Diagnostyka S.A. and Dr n. med. Teresa Fryda Laboratorium Medyczne work with the trade unions active within their organisations. Trade union representatives are invited to collaborate on projects related to employee matters. Negotiations are conducted in accordance with applicable laws.

At Diagnostyka Consilio Sp. z o.o., NZOZ Diagno-Med., Diagnostyka Genesis Sp. z o.o. and Dr n. med. Teresa Fryda Laboratorium Medyczne, changes affected workforce matters are consulted with employee representatives.

S1-3

Remediation processes and channels for raising concerns

For the channels for members of our workforce to raise concerns, the ways in which they are made available, and follow-up actions and whistleblower protection, see → ***Disclosure G1-1***. In 2024, the Company assessed awareness of the whistleblowing procedure and reporting channels: according to the due diligence survey, **more than 80% of respondents confirmed that they were aware of the channels available to them**.

Description of own workforce

Principal occupational groups within the Group's own workforce

1,853 laboratory diagnosticians, including 377 with a specialist title

2,666 nurses and midwives

377 physicians

560 medical laboratory technicians

101 radiology technicians

154 paramedics

567 couriers

228 IT specialists

S1-6

Employees

At the end of 2025, the Diagnostyka Group employed 5,492 individuals under contracts of employment: 4,705 women (86%) and 787 men (14%). At the end of 2024, the corresponding figures were 5,079 individuals: 4,351 women (86%) and 728 men (14%).

In 2025, 605 individuals left the Group (2024: 598), giving an employee turnover rate of 11% (2024: 11.8%).

Total workforce by gender and type of employment arrangement at year-end of (full-time equivalents)

Type of employment arrangement	Year	Men[5]	Women	Total
Temporary employees (probationary or fixed-term employment contracts)	**2025**	187.17	1,267.76	**1,454.93**
	2024	199.67	1,264.78	**1,464.45**
Permanent employees (permanent employment contracts)	**2025**	575.23	3,295.84	**3,871.07**
	2024	509.15	2,963.48	**3,472.63**
TOTAL	**2025**	762.4	4,563.6	**5,326**
	2024	708.82	4,228.26	**4,937.08**

All employees of the Group work in Poland.

S1-7

Non-employee workers

Non-employee workers (full-time equivalents)

	Year	Men[6]	Women	Total
Individuals engaged under short-term civil-law contracts (PL *umowa zlecenia*)	**2025**	555.44	1,759.53	**2,314.97**
	2024	502.65	1,527.66	**2,030.32**
Independent contractors (self-employed service providers engaged on a B2B basis)	**2025**	N.A.	N.A.	**1,004**
	2024	N.A.	N.A.	**869**
TOTAL	**2025**			**3,318.97**
	2024			**2,899.32**

[5] *In 2025, there were no individuals at the Diagnostyka Group who declared a gender other than male/female or chose not to disclose their gender.*
[6] *Same as above*

The data presented in the table are expressed in full-time equivalents (FTEs), calculated as at the end of the calendar year. We applied the following method to calculate FTEs: for short-term civil-law contracts (PL umowa zlecenia*), the number of hours paid to individuals employed as at the reporting date was divided by the standard number of hours constituting a full-time position for medical staff (159.25 hours); for B2B contracts, all individuals who had an active service con-*

The information provided in disclosures S1-6 and S1-7 (with regard to persons employed under civil-law contracts) is consistent with Note 37 to our Consolidated Financial Statements.

Physicians and IT professionals are the groups most likely to work on a B2B basis. Independent contractors accordingly make up a large share of the workforce at Group companies operating in telemedicine, histopathology and IT. The number of self-employed nurses, midwives, laboratory diagnosticians and paramedics is also substantial.

S1-9
Diversity metrics

The healthcare sector is characterised by a high percentage of female employees, Particularly in laboratory medicine. The nursing profession is also female-dominated. **At the Diagnostyka Group, women account for as much as 86% of all employees.** Women predominate in middle management and hold most leadership roles in laboratories and specimen collection points. They also make up 53% of top management.

Number of top management employees by gender[7]

Year	Women	%	Men
2025	**56**	**53%**	**50**
2024	45	53%	40

Employees under contracts of employment at year-end, by age[8]

Employee age bracket	Year	Total	Percentage
Under 30	**2025**	1,319	24%
	2024	1,209	24%
30-50	**2025**	3,015	55%
	2024	2,771	54%
Over 50	**2025**	1,158	21%
	2024	1,099	22%
TOTAL	**2025**	**5,492**	**100%**
	2024	5,079	100%

Workforce challenges

The key roles for which we recruit are laboratory diagnosticians, laboratory managers, radiologists and pathologists. To identify the measures required to secure access to qualified personnel, we conduct surveys, hold meetings with employees, attend job fairs, and consult with members of the management. We also monitor labour market trends and track recruitment needs across individual regions and business segments.

The measures taken in 2025 to support access to qualified personnel included:

- **Training and development programmes** – see further down this section.
- **Employer branding.**
- **Collaboration with universities and vocational schools** – partnership agreements, primarily with medical universities, provide for student and graduate engagement, research and development projects, commissioned research and educational programmes. For more details, see → ***S4-4 Knowledge Creation***.
- **Placements and internships** – students of laboratory medicine, biology, biotechnology and microbiology undertake placements at the Group's laboratories across Poland. In 2025, 259 individuals participated. Specialist training placements are also offered to laboratory diagnosticians undergoing specialisation training.
- **University job fairs** – we participated in 13 job fairs and industry events (2024: 11).
- **Student initiatives** – we sponsored academic competitions and conferences.

[7] *ESRS-compliant definition of management*

[8] *Data expressed as headcount*

- **Legislative engagement** – our Research and Sustainability Department and the Legal Department, in co-operation with industry organisations and foundations, coordinate the review of proposed parliamentary bills and subordinate legislation affecting laboratory medicine.
- **Support for diagnosticians in obtaining qualifications** – we continue to support diagnosticians in the specialisation process by offering them additional leave entitlement and by funding the specialisation course tuition fee. According to data held by the HR Department, 25 to 30 diagnosticians begin specialisation training at the Group's laboratories each year.

We measure the effectiveness of these initiatives using metrics including the number of applications for medical roles, the number of individuals expressing interest in placements or internships, the number of unsolicited applications, and the number of applications received following job fairs. We also monitor attendance at team-building events.

Our plans for 2026 include continued funding to support these activities, with the exact level of expenditure contingent on evolving needs. Planned initiatives include developing an expertise-based succession plan for laboratory roles.

Training and professional development

For training and professional development across our own workforce, we identify needs by reference to both the organisation's business objectives and individual development. Training needs are determined on the basis of analyses by Medical Directors, employee surveys and meetings, managerial observation, and Management Board input on strategic priorities, including corporate culture and the skills deemed critical across the organisation.

Training activities are driven by the need to maintain up-to-date professional qualifications and analytical quality, which in turn supports employee development and operational effectiveness. Professional development also responds to employees' personal aspirations and strengthens engagement. We believe that these training efforts foster innovation, enhance operational efficiency and help retain talent.

Training plans are determined and delivered at the level of individual Group entities. Unless otherwise indicated, the activities described below relate to Diagnostyka S.A.

The majority of training is delivered by internal experts, most commonly online via the Group's training platform. Poland-wide training sessions also provide opportunities for employees to share experience and build connections across the organisation.

Training activities in 2025

a) Open-access training:

- **Safety and Security Fundamentals** – a series of mandatory training courses covering GDPR, HR, compliance, OHS, and security.
- **Foreign language learning.**
- **Focus on Development** – soft skills training covering mental resilience, time management, patient service and diversity.

b) Leadership training:

- **Leadership Fundamentals** – training covering GDPR, HR, compliance, OHS, and security, with content tailored to the requirements of executive roles.
- **The Conscious Leader** – a continuation of the Leadership Fundamentals programme. The syllabus is based on the Diagnostyka leadership expertise framework and is centred on two themes: mental resilience and critical thinking in a leadership context, each covered by a dedicated workshop. Each workshop was attended by approximately 200 regional leaders.

c) Specialist medical training:

- Pre-Analytics Academy – dedicated to the care of the youngest patients; for details, see → ***Disclosure S4-4*** *(690 participants)*;
- Haematology in Practice.
- Technologist in a Diagnostic Laboratory.
- Microbiology for Technologists.
- Pre-Analytics in Microbiological Testing.
- Advanced Parasitology.
- Medical webinars for customer service staff, delivered as "knowledge bites."
- Internal diagnostic training delivered under the annual continuing professional development schedule, with 95% of laboratory staff participating on a regular basis.
- Training for anatomical pathology laboratory staff at Diagnostyka Consilio Sp. z o.o.

d) Specialist non-medical training:

- Customer Service Standards for Couriers.
- Customer Service in Diagnostic Imaging – a programme run by Diagnostyka Wyrobek Sp. z o.o.
- Other specialist training.

The effectiveness of each training programme is assessed: employees take knowledge tests covering the topics addressed in the programme, with additional practical assignments following medical training. As part of leadership programmes, employees receive specific tasks to implement in their daily work or pursue self-defined training objectives. Periodic reports on employee training activity are prepared.

Plans for 2026 include the continuation of selected training programmes, new medical courses for teleradiologists and the

rollout of customer service standards across the Group's remaining diagnostic imaging providers. In the following years, Diagnostyka S.A. also plans to design employee development programmes based on the Company's values, core skills and qualifications, and strategic projects.

S1-13
Training and development metric

Average training hours per person		
	Women	Men
Employees	27.5	18.5
Non-employee workers	13.8	

This is the first year in which we are disclosing training data. The metric includes all forms of internal and external training: in-person, online and e-learning. One training hour was defined as 45 minutes. Actual data were sourced from the HCM Deck training platform used by the Parent and cover approximately 84% of the Group's own workforce. On the basis of those data, the number of external training hours for selected subsidiaries, representing approximately 12% of the Group, was estimated using the spend-based method: the average cost of one training hour at the Parent, calculated as total training expenditure divided by external training hours, was applied to the training expenditure of subsidiaries for which such data were available. For the remaining companies, estimates were based on their share of the workforce. The data were expressed relative to the number of individuals working for the Group year-end 2025, as presented in Disclosures S1-6 and S1-7.

For non-employee workers, comprising individuals working under short-term civil-law agreements (PL *umowa zlecenia*) or on a B2B basis, we do not disclose the metric by gender, as no records are maintained on their gender composition.

The training metrics do not include data on role-specific onboarding training delivered in person by local specialists, for which no records are maintained.

Employee health

Occupational health and safety

OHS matters across the Group are handled by a team of specialists based at the head office, laboratories and selected subsidiaries.

The initiatives undertaken during the year reflect the Group's legal obligations, its commitment to consistently raising OHS standards and its response to improvement recommendations. Activities are planned on the basis of an annual OHS review. The initiatives completed in 2025 included:

- **Workplace environment testing for roles involving manual work with hazardous agents** – the number of workstations tested was increased. Results, their interpretation and planned corrective actions were recorded in the Register of Hazardous Agents.
- **OHS training** – initial role-specific induction training, delivered as part of the Safety and Security Fundamentals cycle, and topic-specific training delivered by specialists across the Group's operating regions, typically in response to particular needs.
- **Audits and inspections** of critical processes and organisational units – regular internal inspections and audits by the National Labour Inspectorate and the National Sanitary Inspectorate.
- **Updates to occupational risk assessments** – incorporating workplace hazards associated, among other things, with new locations and technologies.
- **Updates to the register of harmful biological agents**.

In the coming years, we plan to continue developing our occupational risk assessment framework, with particular focus on carcinogenic, mutagenic and reprotoxic agents, including the further identification of hazardous, harmful, noxious and other workplace factors affecting comfort or safety.

S1-14
OHS metrics

	2025	2024
% of employees covered by the OHS management system	100%	100%
Number of fatalities	0	0
Number of accidents involving employees	31	40
Number of accidents involving non-employee workers	11	3
Work-related injury rate among own workforce	2.90	3.18

*The injury rate is the quotient of the number of accidents recorded among the Group's own workforce and the total number of hours worked by them * 1,000,000.*

Employee health and wellbeing

In 2025, the Parent launched the D+Zdrowie employee health programme, designed to raise awareness of preventive healthcare and encourage healthy behaviours.

Activities were organised across four pillars:

1. **Sport and physical activity**: shared challenges, daily movement and healthy rivalry.

Both employees and B2B contractors have access to fitness membership cards on preferential terms, including the Poland-wide Multisport and Medicover Sport plans. As at the end of 2025, **1,670 members** of the Group's workforce were holders.

The Company also organises team entries in sports events and running groups. In 2025, we recorded approximately **1,300 employee registrations** for sports events, including the Diagnostyka Group Volleyball Tournament, the *Zawsze Pier(w)si* women's health awareness run (spring and autumn editions), the WOŚP (Great Orchestra of Christmas Charity) *Policz się z cukrzycą* diabetes awareness run, *Onkobieg* cancer awareness run, Wings for Life, *Bieg dla jaj* testicular cancer awareness run, Poland Business Run, the Marzanna Half Marathon, the *Z dystansem dla małych serc* children's heart disease charity run, and the *Bieg Lwa* running and music event.

The HR Department identifies appropriate initiatives on the basis of employee engagement levels in existing programmes, reported needs and feedback. Attendance data and trends in the promotion of active lifestyles are also taken into account, which enables the Group to select activities suited to different levels of fitness and individual circumstances.

2. **Health screening and awareness**
   - Weekly newsletter distributed via the Group's internal IT platform
   - 70% or 20% discounts on laboratory tests.
   - A 20% discount on diagnostic imaging at Diagnostyka Wyrobek Sp. z o.o.

Under the Discount Scheme Rules introduced in 2025, laboratory test discounts are available to defined groups, including all individuals working for Diagnostyka S.A., regardless of their form of engagement, employees' family members and other close persons, employees of entities with ownership or personal links to Diagnostyka, employees of hospitals in which the Company operates laboratories, and B2B contractors who work for Diagnostyka.

3. **Diet and healthy eating habits: inspiration, advice and nutrition education**
   - Weekly newsletter distributed via the Group's internal IT platform
   - Open-access educational materials (for details, see → ***Disclosure S4-4***)

These materials are prepared in collaboration with the Medical Department. The Company analyses their reach and engagement levels, which provides a basis for assessing the effectiveness of the programme and its continuous improvement.

Prevention of unethical conduct

The principles of ethical conduct – in particular non-discrimination – are defined in the Group's internal policies and in the codes of conduct applicable to medical professions. In 2025, two new documents were introduced at the Parent: the Diversity Policy and the Code of Ethics, both described in → ***Disclosure S1-1***.

S1-4

Ethical standards are communicated through internal training – both induction training for new hires of Diagnostyka S.A. and extended programmes – and through regular reminders. In 2025, 1,339 people completed the mandatory onboarding programme at the Parent.

Four dedicated training programmes were also delivered:

- **Standards, regulations and measures to prevent workplace bullying** – an online course for all members of our workforce, delivered in two sessions, with 2,785 participants.
- **Standards, regulations and measures to prevent workplace bullying** – a webinar for managers, dedicated to developing skills in emotional intelligence, mental resilience and non-violent communication (NVC); delivered in two sessions, with 278 participants.
- **Prevention of discrimination** – training for the entire workforce, covering the legal definition of discrimination and the procedure for responding to discriminatory conduct; delivered in two sessions, with 1,500 participants.
- **The Diagnostyka Group Code of Ethics programme** – completed by 2,874 people.

Training effectiveness was verified through knowledge tests with a 70% pass threshold. The need for further action is determined on the basis of various considerations, including a review of reported unethical conduct incidents, engagement survey results and exit interviews.

S1-17

Incidents, complaints and severe human rights impacts

The risk of unethical conduct is monitored by the Compliance Officer, who oversees whistleblowing reports, and by the HR Director, in accordance with the Anti-Discrimination and Anti-Bullying Procedure. Inquiries cover suspected incidents of discrimination, including harassment, as well as other forms of unethical conduct within the scope of the codes of ethics, and any legal proceedings initiated or under way in relation to workplace bullying or discrimination.

	2025	2024
Number of reports received through whistleblowing channels	10	4
Number of reported cases of discrimination, including harassment, substantiated and unsubstantiated	0	0*
Number of substantiated cases of discrimination	0	0
Number of severe human rights incidents related to the workforce	0	0
Total fines, penalties and compensation for damages arising from the above incidents and complaints	0	0

Data on reports are sourced from the Zglaszam.to whistleblowing platform, HR department records at Diagnostyka S.A. and information provided by the management of subsidiaries.

** In the data disclosed for 2024, the Group incorrectly reported three cases of discrimination. The error resulted from the misclassification of reports by subject category and has been corrected in the data presented above.*

Of the 10 reports received in 2025, eight were found to be substantiated following inquiries. As part of the resulting remedial actions, the Compliance Department issued recommendations for improvements to internal processes in relation to seven cases, and the HR Department implemented one remedial programme in relation to one case.

S1-16

Remuneration metrics

The analysis of pay disparities is based on a comparison of remuneration between women and men with employment contracts (unadjusted gender pay gap), as well as the ratio between the annual remuneration of the highest paid individual and the median annual remuneration for all employees.
The latter ratio increased significantly in 2025 as a result of the introduction of an incentive scheme for the Management Board and the successful listing of the Parent.

Pay gap and total remuneration ratio	2025	2024
Unadjusted gender pay gap	26.61%	27.67%
Ratio between the remuneration of the highest paid individual and the median remuneration of all employees	67.46	40.87

The unadjusted gender pay gap was calculated by determining the average hourly rate for women and men on the basis of total remuneration paid in 2025. The analysis covered all Group employees employed under employment contracts as at 31 December 2025, including members of the Management Board, with all remuneration components included. This represents a change in methodology compared with 2024, when the Management Board was excluded from the calculation. Accordingly, the Group presents restated figures for 2024; the gender pay gap before the change in methodology was 19%. The change in methodology reflects the lack of clarity regarding the inclusion of Management Board remuneration in the gender pay gap calculation under ESRS S1-16, given the form of employment of those individuals and differing interpretations of the standard. The Company concluded that including the Management Board in the calculation better reflects the degree of remuneration differentiation across the Group.

Adjusted gender pay gap

The primary factors affecting the gender pay gap at the Group are the employment structure typical of the diagnostic industry and the nature of the work performed – neither captured by the unadjusted calculation.

A full understanding of gender-based pay disparities requires consideration of additional factors, such as differences in the roles held (medical vs. non-medical), the gender composition within those roles, and the value and nature of the work performed. Therefore, our gender pay disparity analysis also includes an adjusted gender pay gap.

In 2025, the adjusted gender pay gap was 1.69%. The effect of the significantly higher proportion of women in medical roles at laboratories and specimen collection points, as well as in reception jobs, is particularly pronounced. These roles, which are key to our operations and account for the largest share of our workforce, show gender pay gaps of 4%, -2% and 2%, respectively. This reflects the characteristics of a sector in which women are strongly represented from the education stage onwards. It is also important to note that the salaries of medical staff are specifically regulated by the Ministry of Health, which significantly contributes to maintaining pay equity. In contrast, the higher pay gap in the IT area is attributable to the internal employment structure, where a significantly smaller number of women hold expert-level roles and are more frequently employed in lower-paid positions compared to men. The employment structure within this professional group has a significant impact on the final pay gap reported for the Group as a whole.

As a starting point for the calculation of the adjusted gender pay gap, we compared the average compensation of women and men within homogeneous job groups. The adjusted gender pay gap is expressed as a weighted average of the pay gaps for each position, where the weight is the combined compensation of women and men within each group: The Management Board was excluded from the calculation.

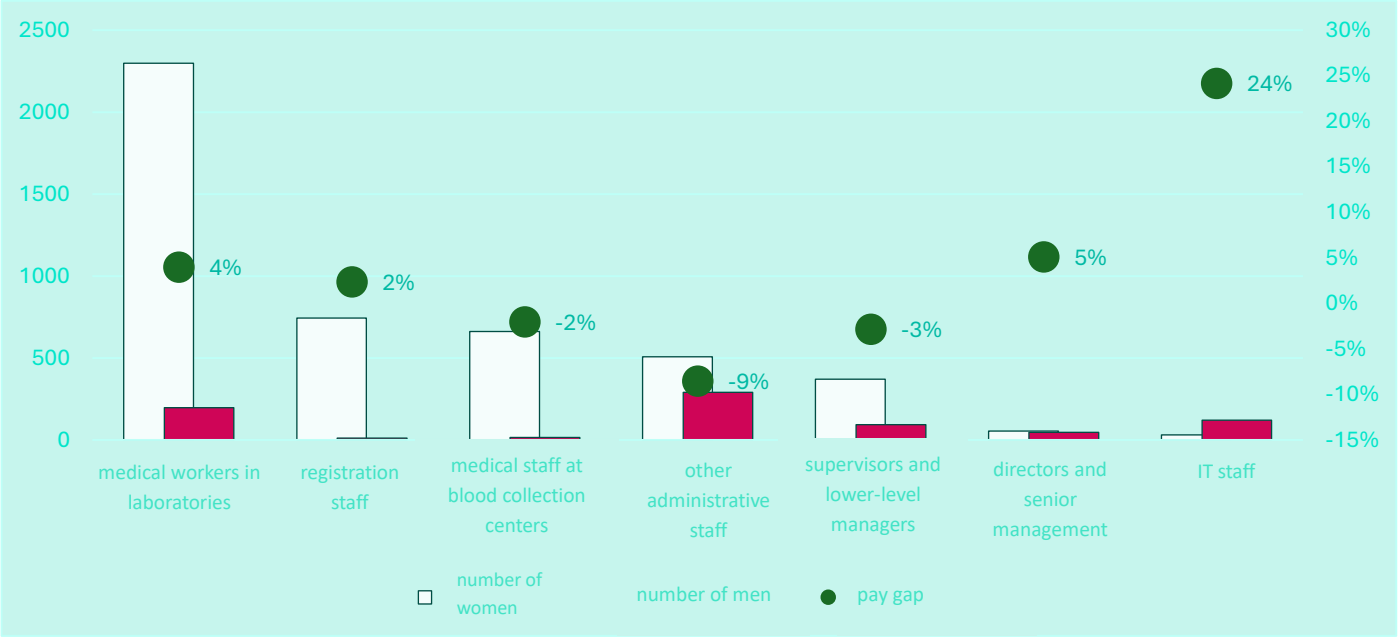
2025

Position	Women	Men	Total	Pay gap
Heads of functions and other senior management	54	46	100	5%
Lower-level managers and supervisors	370	93	463	-3%
Other administrative and support staff	507	290	797	-9%
IT staff	30	121	151	24%
Medical staff – laboratories	2,298	197	2,495	4%
Medical staff at specimen collection points	662	15	677	-2%
Reception Staff	743	11	754	2%
Adjusted gender pay gap				**1.69%**

2024

Position	Women	Men	Total	Pay gap
Heads of functions and other senior management	40	40	80	15%
Lower-level managers and supervisors	326	80	406	-12%
Other administrative and support staff	488	289	777	-6%
IT staff	26	110	136	22%
Medical staff – laboratories	2,166	172	2,338	2%
Medical staff at specimen collection points	628	18	646	-10%
Reception Staff	653	9	662	0%
Adjusted gender pay gap				**-0.9%**

2025



Positive values mean that men earn more.
Negative values mean that women earn more.

ESRS S4 Consumers and end-users

Material IROs and their interaction with strategy and business model

The material impacts identified through the double materiality assessment affect everyone who uses our diagnostic services – individual customers, institutional customers (including physicians) and their patients.

Material impact, risk or opportunity (IRO)	**IRO type**	**Actions** (for details, see Disclosure S4-4)	**Selected metrics and outcomes** (for details, see Disclosures S2-4 and S4-4, respectively)
Supporting patient therapies and disease prevention through diagnostic services	A	Operating activities of the Group Introduction of new tests and services tailored to evolving societal needs Management of laboratory capacity and efficiency	94 new laboratory tests 174.4 million tests and examinations performed
Opportunity arising from growing demand for the diagnosis of conditions related to demographic shifts and climate change			
Impact on access to diagnostic services through convenient specimen collection point locations, flexible hours, practical solutions, publicly funded testing and the option to undergo multiple tests at a single visit	A	Accessibility initiatives: • geographical accessibility • technical accessibility • financial accessibility • digital solutions	Approx. 1,200 specimen collection points 25 diagnostic imaging centres Average NPS score of 78%
Clinical incidents affecting patient health and lives	A	Training for medical staff Quality control of testing	• 691 individuals trained through the Pre-Analytics Academy • 239 internal audits
Raising the health awareness of patients and the wider public through ethical marketing campaigns and educational activities promoting preventive healthcare	P	Online knowledge base Preventive healthcare campaigns, run by the Group independently and with social partners Diagnostyka app	• 355,000 page views from campaigns encouraging preventive testing • More than 15 million views of educational articles on the Diag.pl blog
Risk of personal data breaches leading to reputational damage and potential legal claims.		Data protection activities based on ISO 27001 requirements	ISO 27001 recertification No breaches resulting in penalties imposed by the supervisory authority
Deployment of new technologies to enhance operational capabilities, improve service quality and support workforce availability		Infrastructure development and automation	-
Contribution to the industry's growing expertise through R&D projects, specialist training, lectures and publications	A	Own R&D projects Clinical trials Specialist lectures	Approx. 127,000 hours worked on R&D projects*

** Metrics marked with an asterisk are metrics within the meaning of the ESRS, as distinct from other supplementary indicators illustrating the outcomes of actions taken.*

Legend

P – potential
A – Actual

Positive impact | Negative impact | Risk | Opportunity | New

S4-5

During the reporting period, the Diagnostyka Group did not set specific targets in relation to the S4 disclosures or the identified material IROs. The risks and opportunities identified relate to patients and all individuals who use our organisation's services. We consider patients for whom specimen collection presents a particular challenge to be especially vulnerable to adverse impacts.

The identified negative impact is accordingly linked to individual incidents affecting this group.

S4-1

Policies related to consumers and end-users

We manage the identified material impacts on patients based on policies and procedures adopted and implemented either across the Group or within individual Group companies.

Policy	Key content	Implementation
Patient Rights Charter	The Patient Rights Charter defines the fundamental rights of all individuals receiving healthcare services. Patients have the right to healthcare services consistent with current medical knowledge, dignified care, information about their health status, the right to give consent to treatment and to access medical documentation. They may also designate a person authorised to receive information and access their documentation on their behalf. Patients are entitled to respect for their privacy and dignity, pastoral care, and the right to lodge a complaint if their rights are violated. Healthcare services should be delivered with due respect for patients' rights, and healthcare professionals are obliged to uphold those rights.	The Patient Rights Charter is approved by the Quality Management System Representative, while responsibility for its implementation across our facilities rests with directors and managers. Its legal basis includes the Constitution of the Republic of Poland and the Patient Rights and Patient Ombudsman Act. The content of the document was consulted with the Management Board, the Legal Department, the Data Protection Officer and the Healthcare Facility Director. The Charter is available at all specimen collection points and counselling clinics. It has been implemented by all Group companies providing healthcare services.
Primary Specimen Collection Manual and other procedure manuals	The Primary Specimen Collection Manual defines procedural standards for patients, nurses, physicians and laboratory staff in order to ensure proper ordering of diagnostic tests, preparation of patients and clinical specimens for testing, and appropriate conditions for the collection and transport of clinical specimens to the laboratory. Diagnostic imaging centres maintain procedure manuals for the administration of contrast media.	The PSC Manual is approved by a person authorised by the Management Board. Its implementation across our facilities is the responsibility of directors and managers. The legal basis includes the Medical Activities Act, the Patient Rights and Patient Ombudsman Act, the Regulation of the Minister of Health laying down quality standards for medical diagnostic and microbiological laboratories, as well as international quality standards such as ISO 15189. The content of the PSC Manual was consulted with the Quality Department, the Medical Department, laboratory managers and end-users. The PSC Manual is made available to employees and personnel responsible for collecting specimens for testing. It has been implemented at Diagnostyka S.A., Diagnostyka Genesis, Dr n. med. Teresa Fryda Laboratorium Medyczne and Laboratoria Medyczne Novalab. At VITA-SKAN, a Contrast Media Administration Procedure is in place. The PSC Manual is available to institutional customers of Diagnostyka S.A. via asystent.diag.pl.
Procedures for Handling Complaints and Commendations	The procedures standardising the process of handling patient complaints and grievances Enable oversight of complaint handling and define the approach for reviewing complaints and developing corrective and preventive measures.	The procedures are approved by the Management Board or a person authorised by the Management Board. Their implementation is the responsibility of directors, managers and the employee responsible for quality management systems. The legal basis includes the Patient Rights and Patient Ombudsman Act, the Medical Activities Act, the Consumer Rights Act, the Regulation of the Minister of Health on medical documentation and quality standards (ISO 9001, ISO 17025, ISO 15189). The content was consulted with the Management Board, the Quality and Administration Department and the Sales Department. The procedures are available for internal use and are applied in particular by the staff involved in their execution. Upon request, they are provided to customers, as well as certification, audit and inspection bodies. They have been implemented by: Diagnostyka S.A., Dr n. med. Teresa Fryda Laboratorium Medyczne, Diagnostyka Oncogene, Badania.pl, Diagnostyka Genesis, Diagnostyka-Teleradiologia24, Diagnostyka Wyrobek, Livmed, Eurodiagnostic, Diagnostyka Consilio, Diagnostyka Consilio Poznań, Diagnostyka Sp. z o.o., and Laboratoria Medyczne Novalab.

Procedure for Monitoring Adverse Events in Patient Care	The procedure sets out the framework for reporting and monitoring adverse events and analysing their root causes, identifying the risk of occurrence and implementing corrective actions to prevent recurrence of such events during the provision of healthcare services.	The procedure and the related process were implemented at Diagnostyka S.A. in July 2024. The procedure was approved and implemented by persons authorised by the Management Board. The legal basis is the Quality of Healthcare and Patient Safety Act of 16 June 2023. The procedure applies across Diagnostyka S.A. to all positions involving patient care.
Child Protection Standards	The *Child Protection Standards* establish principles for safeguarding children from harm and abuse within Group facilities. They apply to employees working with children, as well as to children and their guardians visiting our facilities.	The standards are approved by a person authorised by the Management Board, and their implementation across our facilities is the responsibility of directors and managers. The legal basis includes the Prevention of Sexual Crime and Protection of Minors Act, the UN Convention on the Rights of the Child, and the ILO Declaration on Fundamental Principles and Rights at Work. The content of the document was consulted with the Management Board, the Legal Department, the Human Resources and Payroll Department, and specimen collection point managers (the Specimen Collection Point Coordination Department). The standards are available on the intranet, at specimen collection points, and at laboratories where interactions with children are likely to occur. They have been implemented by Diagnostyka S.A. and Group companies whose operations involve working with children.
Personal data security policies **The GDPR standard at the Diagnostyka Group**	The most comprehensive personal data security policy is in force at Diagnostyka S.A. It outlines the conditions for personal data protection, defining key requirements, as well as roles and responsibilities. The Policy is communicated to the employees, who are formally required to follow its provisions in order to minimise the risk of loss of confidentiality, availability and integrity of personal data. The document serves as an organisational safeguard for personal data, and is periodically reviewed for effectiveness and adequacy with substantial involvement of the Data Protection Officer's Office. For more details on the Policy, see Disclosure G1. In addition, we apply the GDPR Standard – a form of personal data protection policy for our group of companies, which sets out key guidelines on personal data protection as required under the GDPR. It defines specific actions and obligations of the Group companies related to personal data protection.	The policies are approved by the Management Boards of the Group companies, and their implementation is the responsibility of directors, managers and the Data Protection Officer's Office. The GDPR Standard is approved in the same version and wording by the Management Boards of individual Group companies. The legal basis is Regulation (EU) 2016/679 of the European Parliament and of the Council on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC. The content was consulted by the Data Protection Officer's Office with the IT, Human Resources, Quality and Administration and Legal departments. The policies are available for internal use within the Diagnostyka Group and are followed by personnel authorised to process personal data, as well as by senior, middle and lower management. Medical companies within the Group have implemented personal data protection policies that meet the minimum requirements of Diagnostyka's GDPR Standard.
Website privacy policy	The privacy policy describes what personal data is collected, for what purpose and on what legal basis, and also provides information on user rights, data processing rules, cookies and options to contact the data controller.	The privacy policy is subject to approval by the Management Board. The legal basis is the GDPR. The content of the document was consulted with the Legal Department, the Data Protection Officer and the Marketing Department. The privacy policy is available on Diagnostyka Group websites. It has been implemented by all companies that operate websites.
Diagnostyka Group Information Security Policy	The Policy sets out the key information security principles applicable across the Group, including confidentiality, integrity, availability and regulatory compliance. It defines the requirements for secure information storage, information exchange between subsidiaries, access control and risk management. It also addresses the physical and infrastructure security of systems and the principles for the safe use of artificial intelligence (AI). Particular attention is given to the protection of patient data, including secure storage, restricting access to authorised individuals only, and applying safeguards when transmitting data and storage media.	Technical implementation at Diagnostyka S.A. is the responsibility of the Group Chief Security Officer. The legal basis comprises Regulation (EU) 2016/679 on the protection of personal data (the GDPR) and the Polish Personal Data Protection Act. The Policy applies to all Diagnostyka Group companies. It is binding on employees, business partners and independent contractors with access to the Group's data and systems.

Human rights matters relevant to consumers and end-users are not explicitly regulated in our corporate documents. However, individual policies indirectly address selected rights. Where applicable, alignment of certain policies with internationally recognised instruments concerning consumers or end-users has been indicated in the above policy table. A key concern for the Group in this area is the right to privacy, which is addressed in the patient data protection policies described above and further elaborated on in → ***Disclosure G1-1 – Cybersecurity***. We consider it important to engage with patients and to ensure that they have access to remedy, as described in → ***Disclosures S4-2 and S4-3***.

No cases of violation of the UN Guiding Principles on Business and Human Rights, ILO Declaration on Fundamental Principles and Rights at Work or OECD Guidelines for Multinational Enterprises affecting consumers or end-users were recorded during the Group's reporting period.

S4-2

Engagement with consumers and end-users

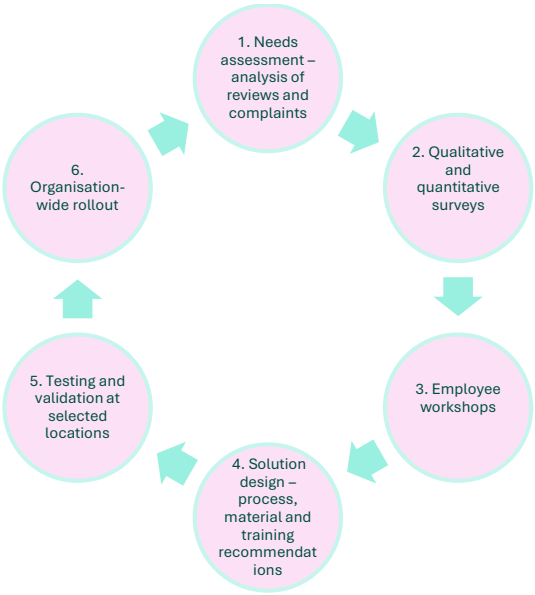
For information on the channels of communication with patients and institutional customers, including doctors, see → ***Disclosure SBM-2***.

Customer experience surveys

Patients engage with Group companies at every stage of the service journey, with the form and intensity of engagement varying according to the nature and scale of each company's operations.

At the Parent, we have established a dedicated Customer Experience Department, tasked with analysing and addressing patient needs in relation to the Group's material impacts. Its key responsibilities include shaping the patient service culture.

Customer Experience Department operating model



The effectiveness of our interactions with patients is measured, among other things, by survey participation rates and feedback metrics gathered through a range of channels.

In 2025, the metrics analysed for the Parent were based on patient reviews posted on Google for Diagnostyka S.A. locations and on the results of the NPS survey conducted when patients access their test results online.

Customer satisfaction metrics	2025	2024
Average NPS score, H2 2025 data	78%	N.A.
Google reviews		
Number of reviews	28,461	11,268
Share of lowest ratings	5.4%	24.9%
Share of highest ratings	92.5%	84.8%

Google reviews

To increase the volume of reviews and improve ratings, in 2025 we introduced a new standard for obtaining Google reviews:

- training for specimen collection points on encouraging reviews in a natural and ethical manner;
- regular reports for all regions, including an analysis of identifiable review trends;
- a procedure for responding to every review;
- notification to facility managers of the lowest-rated reviews;
- a process for investigating negative reviews.

Review data are analysed both on a Poland-wide basis and in the context of the organisation's different units and functions.

NPS survey

The NPS survey was introduced in mid-2025 using the Group's own methodology, tailored to the specific nature of its operations. The survey covers all of our own specimen collection points.

The **NPS score** represents the percentage of promoters, that is individuals who say they would recommend the facility's services to family and friends, less the percentage of detractors, that is individuals who say they would not recommend those services, among survey respondents.

Patients with specific needs

We place particular emphasis on addressing the needs of seniors, children and individuals who experience distress or other complications during sample collection. In 2025, we conducted:

- **Survey on the needs of children** – we obtained feedback from 117 parents and 160 children. In response, we launched a dedicated helpline for parents visiting specimen collection points with children and prepared step-by-step guidance on how to prepare for a visit with a child. Further initiatives to improve the accessibility of services for children are planned, including the reorganisation of child-friendly specimen collection points.
- Survey of specimen collection point staff and design-thinking workshops on the service **needs of patients aged 70 and over** – on the basis of more than 450 completed questionnaires, we identified the difficulties experienced by this patient group, determined best practices for supporting them and developed potential measures, which were then refined through workshops and assigned to working groups for implementation.

As older people account for a growing proportion of the population, the quality and accessibility of medical services for patients aged 70 and over are becoming increasingly important.

For the initiatives carried out by the Customer Experience Department to improve the accessibility of diagnostic services, see → ***Disclosure S4-4***.

At selected Group companies, including Dr n. med. Teresa Fryda Laboratorium Medyczne Sp. z o.o. and Diagnostyka Oncogene Sp. z o.o., we offer patients and institutional customers the opportunity to complete satisfaction surveys. Responsibility for effective patient communication lies with the Management Boards of the Group companies, as well as with sales directors and the Customer Experience Department.

S4-3
Complaints, concerns and grievances

Effective remedy management for clinical incidents within the Diagnostyka Group companies is based on regular review of reported concerns, root cause analysis, remedial and preventive action, and monitoring of effectiveness. We believe that transparent communication with patients and customers is also crucial, as it helps maintain trust in our services.

The complaint process

Every individual using the services of the Group companies may submit a complaint, concern or grievance through various channels, including:

- Telephone – via hotlines or customer service centres operated by the companies,
- paper contact forms available at the genetic counselling clinic,
- online contact form,
- email,
- social media,
- online discussion forums operated by some companies,
- in person at specimen collection points, diagnostic imaging centres and the genetic counselling clinic.

Information on communication channels available to patients is published on the Group companies' websites.

Key stages of the complaint process:

- **Problem identification and analysis.** We have implemented solutions that allow each registered complaint or grievance to be classified based on the severity of impact on the patient. Each submission is verified through a review of documentation, test results and procedures used. The staff responsible for the relevant process and, when necessary, external experts are also consulted.
- **Risk and impact assessment.** Group companies evaluate complaints in terms of negative impacts on patient health, safety or customer experience. The nature of the event is analysed to determine whether it is isolated or systemic.
- **Implementation of preventive measures**, if the situation is likely to pose an ongoing threat.
- **Implementation of remedies.** In the case of non-conforming test results, laboratories implement various remedies, such as direct adjustment, which involves amending incorrect results, as well as contacting the patient and their physician to provide the accurate information. If the non-conformity has led to significant consequences, compensatory measures may be taken, such as repeating the tests free of charge, providing medical consultations or offering other forms of compensation. At the same time, internal procedures are amended, which includes updating guidelines, modifying the analytical process or providing additional staff training to prevent recurrence. Another important aspect is improving the communication – the laboratory takes steps to provide patients with more transparent information, including better labelling of reports, clear instructions and more supporting information.

- **Monitoring the effectiveness of remedies** through the evaluation of the measures put in place, internal audits to verify compliance with new procedures, and tracking complaints to identify recurring issues.
- **Reporting and improving the quality management system** by documenting remedies and their outcomes, analysing trends in complaints and their impact on the quality of laboratory services, as well as using the data to continuously improve the quality management system and minimise patient risk.

In 2025, Diagnostyka S.A. **introduced systemic changes** in complaints management and the handling of negative reviews, aimed at increasing the predictability of the complaints process and improving operational efficiency. These included centralising complaints handling in the Contact Centre, improving response times, ensuring that negative Google reviews are addressed more promptly, conducting post-resolution satisfaction surveys, introducing a standard range of available remedies with transparent eligibility criteria, standardising language and monitoring response quality.

Complaints and adverse event reports

Diagnostyka S.A. prepares quarterly reports on complaints and reported concerns. Information on submissions is monitored, which includes recording the number of substantiated and unsubstantiated complaints, types of non-conformities, and a breakdown by category, including submissions concerning situations that pose a risk to patient health or life. These data are also analysed in annual summaries. The Diagnostyka S.A. report for 2025 recorded 17,036 complaints submitted by patients, of which 5,045 were upheld.

The significant increase in the number of complaints, both in absolute and average monthly terms, reflects the introduction in December 2024 of a new complaints channel (available through the Central Results System (CSW)). This was accompanied by a significant decline in the proportion of complaints upheld during the verification process, to 30%.

Diagnostyka S.A. summary	Total complaints received	Upheld complaints*	Complaints involving risk to life or health**	Adverse events
2025	**17,036**	**5,045 (30%)**	**69**	**1,232**
2024	3,708	2,036 (55%)	31	N.A.

** Upheld complaints are those in respect of which the Company accepted the complainant's position.*
*** In laboratory diagnostics, events classified as involving risk to health or life include, for example, an incorrect blood group result or cross-match or failure to communicate a critical-value result in a timely manner. However, any event, including a delay in issuing test results, may be assigned to this category depending on the patient's individual clinical condition. Such complaints are reviewed by management.*

At least once a year, a summary of the analysis of complaints and grievances is presented to the Management Boards of the companies.

Records of adverse events

In parallel, the Group operates a process for monitoring adverse events in patient care, in compliance with the applicable regulatory requirements. The process is designed to identify and manage events that have caused, or could cause, an adverse effect on a patient's health or life. It covers the identification and recording of events such as:

- a patient fainting or falling;
- issuing an incorrect result due to incorrect assignment of an order code;
- issuing an incorrect result caused by an interface transmission error from an analyser;
- failure of the e-Lab laboratory system.

Recorded events are sourced from patient and institutional customer complaints, limited to selected complaint categories, the e-Lab and SEOD non-conformity registers, and employee reports submitted to zdarzenia@diag.pl. Events are analysed by their nature and consequences. Since 2025, this process has applied exclusively to adverse events in patient care relating to services delivered under contracts with the National Health Fund (NFZ).

Personal data breaches

In relation to personal data breaches, the Group maintains dedicated channels for reporting concerns and requests, accessible to authorised personnel responsible for incident handling, while access to information on case outcomes is restricted. Additionally, patients have a range of remedies available directly under legislation on employee rights, consumer protection and patient rights, as well as under the GDPR, including the right to lodge a complaint with the competent authorities. The Data Protection Officer's Office operates independently and assists patients on personal data protection matters, including in response to actions taken by other departments. If retaliation is reported, the Office may conduct audits and inspections.

Where a personal data breach affecting consumers or end-users may affect individuals' rights and freedoms, steps are taken to mitigate adverse effects, including in particular:

- blocking access to documents that were improperly disclosed or shared with unauthorised recipients online, removing documents from distribution and correcting any inaccurate information where necessary;

- retrieving documents containing personal data, changing codes in the system, and securely disposing of documents with incorrect data;
- providing patients with guidance on how to protect themselves against identity theft, fraudulent financial obligations, and theft of additional data, including information on how to assert their privacy rights under civil law;
- ensuring that patients can contact the Data Protection Officer for further clarification and guidance on implementing the recommended measures to protect their privacy.

We do not verify to what extent patients are aware of and trust the procedures described above. However, we maintain ongoing contact with patients and run periodic satisfaction surveys in which patients can express their comments and concerns, including on matters related to personal data protection.

For a discussion of our cybersecurity assurance practices in 2025, see → ***Disclosure G1-1.***

S4-4

Throughout 2025, we took action on the identified material impacts on consumers.

Diagnostic services

For a detailed summary of our specific initiatives, see → the ***ESRS 2 General Information*** section and → the ***Business profile*** section of the Directors' Report. We assess our impact by reference to:

- Scale of reach – the number of individuals using our services continues to grow. In 2025, we performed more than 174.4 million tests and examinations[9] (2024: 161 million).
- The breadth of our service portfolio and its alignment with patient needs:
  - through our **Medical Department** and in-house experts across our organisation, we monitor developments in medical science concerning new diagnostic tests, analyse scientific publications and evaluate new testing technologies in the context of the needs of Polish patients and physicians and feasibility of their implementation. This analysis takes into account evolving needs driven by demographic trends in Poland and the health impacts of climate change.
  - In 2025, we established a **Medical Council**, comprising internal experts from across the Group and external physicians with extensive scientific and clinical credentials across a range of specialisms: internal medicine, public health, laboratory diagnostics and immunology, family medicine, gynaecology, urology, gastroenterology, haematology, allergology, oncology, obesity medicine and lipidology. The Council's principal role is to provide expert input into the development of our laboratory and diagnostic service offering by assessing the clinical significance of new tests and products. The Council held its inaugural meeting in 2025.

In 2025, we added the following to our service offering:

- **94 new laboratory tests**[10] (2024: 177), including:
  - highly specialised autoimmunity tests,
  - molecular tests in gynaecological diagnostics,
  - neurology tests (markers of neurodegenerative processes), and
  - human genetics tests;
- a full range of diagnostic imaging examinations;
- a patient consultation service to assist in selecting the appropriate tests;
- AI-supported video dermatoscopy, launched at the Comprehensive Diagnostics Centre in Warsaw.

Socio-demographic trends and health impacts of climate change

We identify macroeconomic and socio-economic trends contributing to the growing demand for diagnostic services in the Polish healthcare market. The key trends include:

- **Increasing life expectancy** – life expectancy in Poland continues to rise, contributing to a higher incidence of age-related illnesses such as diabetes, cardiovascular diseases and cancer. As people live longer, they generally require more frequent and complex diagnostic testing to monitor and treat chronic illnesses. This demographic shift is already fuelling demand for diagnostic services. According to estimates, the number of people aged over 40 will rise significantly by 2030;
- **Rising incidence of chronic diseases** – the prevalence of chronic diseases in Poland, including cancer, diabetes, cardiovascular conditions and infertility, is growing. These diseases require regular testing and ongoing medical care. The rising incidence of chronic and lifestyle diseases, driven both by the aging population and by widespread lifestyle changes, such as poor dietary habits and physical inactivity, translates into constant demand for diagnostics in both public and private sectors;[11]

Demand for our services is additionally driven by climate change. Health impacts of climate change include:

- intensified and more likely cardiovascular and respiratory symptoms,

[9] The number of tests and examinations performed includes all diagnostic services sold and recorded in the relevant IT systems of Group companies.

[10] The number of new laboratory tests includes all newly introduced testing services added to the test menu.

[11] Data based on Bain & Company report commissioned by Diagnostyka (2024).

- increased risk of vector-borne diseases (such as those transmitted by mosquitoes and ticks),
- new tropical diseases,
- bacterial gastrointestinal infections,
- ailments resulting from extreme weather events (deaths, injuries, respiratory and cardiac problems, infectious diseases and poisonings).

In view of demographic and climate changes, we anticipate a further growth of demand for diagnostic services and have therefore identified these developments as a business opportunity.

Measures to prepare the Group for rising demand for diagnostic services include:

- monitoring and responding to growing volumes of tests and examinations;
- managing laboratory capacity and efficiency, including through investment in operational infrastructure;
- investing in the scalability of our operations, including innovation deployment and the digitalisation of laboratory and logistics processes;
- securing access to qualified medical personnel.

For more details, see → the ***Growth strategy and prospects*** section.

In addition, in 2025 the Parent launched an **open-access sustainability training module**, which raises general staff awareness of the effects of climate change, including health effects. A total of 1,414 individuals completed the training. The Group plans to continue delivering this module in the coming years.

Promoting preventive healthcare

A new version of the Diagnostyka app – in 2025, we released an updated app which, in addition to supporting access to test results and the purchase of services, includes educational and preventive healthcare features:

- preliminary interpretation of results through integration with our partner Labplus;
- LiDia – a virtual AI-powered assistant, capable of processing natural language;
- Profilaktometr – a proprietary smart test recommendation engine.

These new features address the main challenges associated with regular preventive testing: they propose a personalised testing schedule and make it easier to track completion, help users select additional tests in response to reported symptoms, provide access to preliminary interpretation of results, and recommend further diagnostic steps.

Patient data security within the app is ensured through biometric sign-in, integration with the governmental mObywatel and mojeID services, and GDPR-compliant certified encryption standards. All test data and conversations with the AI assistant are private, and the AI models do not learn from user data.

Education

For many years, we have conducted educational and preventive healthcare initiatives aimed at raising public awareness of the importance of early diagnosis, regular testing and proper preparation for diagnostic tests. The information we provide focuses primarily on prevention, a responsible approach to one's own health and individual disease areas. These activities are educational and marketing in nature. The initiatives take a variety of forms, from webinars and podcasts to information campaigns and projects undertaken in partnership with non-profits.

In 2025, we introduced **video recordings** as a new form of online content designed to reach younger audiences and build awareness, from an early stage, of the importance of preventive healthcare in supporting a long and healthy life.

Prevention and education partners

With a view to reaching younger audiences aged 18–30, the Parent entered into a year-long partnership with the **SEXED.pl Foundation** to promote reliable sexual health education, informed health choices and preventive testing. Through this partnership, Diagnostyka gained a presence on new channels, including TikTok, and reached the SEXED.pl community, in which the youngest age group accounts for the majority. Over the course of the collaboration, the Company produced dedicated content – including videos featuring experts from Diagnostyka and the Foundation – across four themed weeks covering preventive testing, menopause, testing for sexually active individuals and hormonal health.

In partnership with the **Pokonać Endometriozę Foundation** and local education partners, Diagnostyka also delivered a series of three presentations on endometriosis. The sessions were held in Olsztyn, Warsaw and Gorzów Wielkopolski and were attended by primary school pupils, secondary school students and university students. The aim was to provide reliable information on endometriosis, preventive healthcare and available diagnostic options.

Educational activities	2025 outcomes	2024 outcomes
Webinars with experts	10 open-access webinars; more than 9,000 participants	17 open-access webinars; 32,000 participants
Online information and promotional campaigns – highlighting nationwide preventive healthcare programmes, seasonal testing and diagnostic packages, and directing users to the online knowledge base.	Approx. 10 million ad impressions across campaigns; approx. 355,000 page views of campaign-related web pages	Approx. 5 million ad impressions across campaigns; approx. 350,000 page views of campaign-related web pages
#WięcejdlaZdrowia (More for Health) podcast – conversations with experts on preventive healthcare, genetics and wellbeing, published on YouTube and Spotify.	11 episodes; approx. 14,000 listens	3 episodes; more than 8,200 listens
Online knowledge repository – an educational resource created by laboratory diagnosticians and physicians, covering seasonal topics and explaining our diagnostic offering. Dedicated thematic portals are also being developed.	Diag.pl blog: nearly 20 million page views; 546 articles; 492 responses in the Q&A section; 41 new definitions; Genetic diagnostics academy – Genetic Counselling Clinic website	Diag.pl blog: nearly 20 million page views; 770 articles; 411 responses in the Q&A section; 220 definitions; new portals: Badaniakrwi.pl and Badanialaboratoryjne.pl
Video content on YouTube	1.7 million views; 9,635.3 hours of watch time	-

Data are sourced from marketing analytics systems.

Accessibility of diagnostic services

We define accessibility as geographic, financial, and technological accessibility and the removal of barriers for individuals with specific needs.

With regard to accessibility, our objective is to ensure:

- equal access to testing and screening;
- safe and respectful communication;
- patient autonomy;
- strict compliance with applicable legislation;
- service standards tailored to the needs of different patient groups.

Detailed information on the locations, opening hours and services offered by our specimen collection points is available on the websites of the respective Group companies.

Type of accessibility	Actions	2025 outcomes	2024 outcomes
Geographical accessibility	Nationwide presence, ensuring access to trained and qualified staff at every location.	approx. 1,200 specimen collection points 155 diagnostic laboratories 25 diagnostic imaging centres	approx. 1,150 specimen collection points 154 diagnostic laboratories 19 diagnostic imaging centres
	Mobile diagnostic imaging equipment. Remote reporting of imaging examinations.	-	-
Financial accessibility	Tests performed under Poland's national cervical cancer screening programme. Easy access to information on tests funded by the National Health Fund (NFZ).	More than 66,000 cervical cytology tests	More than 35,000 patients
	Genetic testing through an NFZ-funded genetic counselling clinic	Approx. 28,000 consultations provided	-
Technical accessibility **Removing barriers**	Specimen collection points are designed and fitted out to be accessible to people with disabilities. Introduction of a sign-language interpreting service at specimen collection points and online.	100% of facilities	100% of facilities
Digital solutions	New Diagnostyka+ app. New diagnostic imaging website: https://obrazowa.diag.pl/	-	-

In addition, in 2025 Diagnostyka S.A. piloted a number of **new customer experience enhancements**:

- **Video check-in** and **private check-in** – designed to reduce queues, provide greater privacy during patient check-in and adapt the setting and timing of the interaction to the patient's needs. The pilot also assessed the effect of the physical environment and organisation of the specimen collection point on patient comfort and emotional response.
- **Appointment booking for a specific time** – a pilot enabling patients to book a visit at a chosen time, with a guarantee of being seen within 15 minutes of taking a ticket. The pilot included integration with the queue management system and an assessment of its impact on patient flow.
- **Non-fasting test packages** – we selected tests not requiring a fasting sample developed three dedicated packages, enabling patients to have tests performed outside morning hours.
- **Queue management kiosks** — deployed in 2025, the kiosks enable priority groups to be configured and service and waiting times to be measured precisely. This provides a basis for further optimisation of facility operations and helps patients choose the least busy specimen collection point.

In 2025, Diagnostyka S.A. undertook the following initiatives for patients with specific needs:

Patients with hearing impairments

- Introduction of a Polish Sign Language interpreter service – from June 2025, deaf and hard-of-hearing patients have been able to access a Polish Sign Language interpreter at all of the Group's specimen collection points. The interpreter supports communication with reception and specimen collection staff via video link. The service is also available when using the Diagnostyka S.A. helpline, where an online interpreter facilitates the conversation with helpline staff.

Children and their parents

- Launch of a dedicated helpline for parents visiting with children.
- Step-by-step guidance for parents on preparing for a visit with a child.

Older patients

- Development of a contact centre for older patients, together with a senior-friendly pre-check-in process, planned for launch in 2026.
- Preparation of graphic materials, including leaflets designed specifically for patients aged 70 and over and tailored to their needs. This project will continue in 2026.

Planned initiatives for 2026 include improving child-friendly specimen collection points, developing a service standard for patients aged 70 and over together with a dedicated check-in pathway, and preparing new educational materials for parents, children and patients aged 70 and over.

Training for specimen collection point staff

We deliver regular training to specimen collection point staff on techniques for correct and safe specimen collection. Research indicates that the pre-analytical phase – encompassing all activities from test ordering through specimen collection to receipt in the laboratory – accounts for approximately 75% of laboratory errors.[12] Training also covered patient service quality and supporting patients with specific needs, including newborns, children, pregnant women, older patients and individuals with chronic conditions.

In 2025, Diagnostyka S.A. offered the following programmes to staff at its own specimen collection points:

1. **Get to Know Your Specimen Collection Point** – an e-learning programme introducing new hires to the essentials of working at a specimen collection point. It comprises 10 thematic modules covering patient service, the organisation of specimen collection point operations, specimen collection procedures, test order entry and the legal framework applicable to specimen collection points. In 2025, 657 people completed the programme.
2. **Pre-Analytics in Microbiological Testing** – an e-learning programme in which participants learn the principles of collecting and storing microbiological specimens. It comprises 10 modules. In 2025, 1,219 people completed the programme.
3. **Pre-Analytics Academy** – a series of training sessions for specimen collection point staff, aimed at enhancing pre-analytical practice. In 2025, the lead topic was paediatric phlebotomy. The programme comprised webinars and hands-on workshops using paediatric venepuncture simulation models, with 691 participants.
4. **Knowledge bites** – regular webinars delivered by specialists to improve knowledge of laboratory testing.
5. **Patient service training programme** for staff at diagnostic imaging centres.

Training on correct pre-analytical procedures was also delivered by the Group's subsidiaries.

For staff at collection points operated by our business partners, we provided training in pre-analytics and patient service, including:

1. **Onboarding training –** delivered by sales teams and specimen collection point specialists when a new institutional customer relationship is established. The scope of training is tailored to the terms of the contract and to the needs identified by the customer and

[12] *Dembińska-Kieć, Naskalski J.W., Solnica B.: Diagnostyka laboratoryjna z elementami biochemii klinicznej [Laboratory diagnostics with elements of clinical biochemistry]. Edra Urban&Partner, Wrocław 2017.*

the medical representative. Onboarding training sessions are held locally in different regions.

2. **Online access to asystent.diag.pl** – a portal containing up-to-date information on the tests performed by Diagnostyka, together with training materials supporting the correct collection of clinical specimens from patients.
3. **Supplementary training** – building knowledge and the expertise needed for correct specimen collection and preparation for transport to the laboratory. This training is delivered on an ad-hoc basis by local sales teams in response to identified needs. The scope of these activities is not recorded centrally.

In 2026, we plan to continue our ongoing staff training, with a particular focus on advanced pre-analytics training for healthcare assistants, laboratory diagnostics webinars and e-learning courses on managing difficult patient interactions.

The laboratories also maintain daily records of specimens that are not accepted for further analysis and where a repeat specimen is required, in which case the laboratory contacts the patient or physician. These cases are registered and analysed to identify the need for improvement training of specimen collection staff, both at our own facilities and at institutional customers' premises.

Quality control of laboratory tests

Our activities aimed at ensuring high quality of services focus on developing management systems based on a set of processes, procedures and standards that guarantee the accuracy, repeatability and reliability of test results to prevent the risk of negative impacts related to clinical incidents.

The implementation of international standards **ISO 15189** *Medical Laboratories – Requirements for Quality and Competence* and **ISO 17025** *General Requirements for the Competence of Testing and Calibration Laboratories* supports the quality management systems employed by medical laboratories, and the systems' quality is confirmed by the Polish Centre for Accreditation. In 2025, **17 out of the 38 laboratories in Poland accredited under ISO 15189 belonged to the Diagnostyka Group**. One laboratory operated by Diagnostyka S.A. holds ISO 17025 accreditation. The standards used in the accredited laboratories are also applied across other Group entities.

The quality of work in each Group laboratory is confirmed by incorporating control samples into routine testing batches and performing statistical evaluations of control material results. In addition to internal laboratory quality control, laboratories undergo **external quality inspections** conducted by authorised bodies, such as the Centre for Quality Testing in Laboratory Diagnostics (Centralny Ośrodek Badań Jakości w Diagnostyce Laboratoryjnej), Polmicro and the Institute of Hematology and Transfusion Medicine. Laboratories also voluntarily participate in external quality checks by international organisations such as RANDOX and Labquality. Pathology laboratories operate in accordance with the guidelines issued by the Polish Society of Pathologists.

Ten Group companies hold ISO 9001 certification.

In 2025, Diagnostyka S.A.'s **82-strong Internal Audit Team** conducted **239 internal audits** under the Company's quality management systems. The audits covered the scope of the applicable ISO standards. Reports summarising quality-related activities and monitoring of data protection systems were submitted to the Management Board and served as the basis for identifying remedies and measuring their effectiveness.

In subsequent years, Group companies intend to continue their development by maintaining accreditations and certifications, providing staff training, strengthening external quality assessment (EQA) systems, conducting internal audits, overseeing processes, and monitoring indicators of quality, complaints and adverse events.

Preventing privacy breaches

To mitigate the identified risk of privacy breaches due to personal data leaks, the Data Protection Officer's Office at Diagnostyka S.A. takes measures to maintain and expand the organisational and technical safeguards for personal data. In 2025, these activities focused in particular on:

- the development and implementation of the **second revision of the *Diagnostyka Group GDPR Standard***, which covers oversight of data flows, mapping of those flows and periodic assessments of Group companies' compliance with the Standard's requirements. The Standard is part of the Group's internal regulations and is mandatory across all subsidiaries;
- the implementation of a **case management system for the Legal and GDPR Department** to streamline the discharge of responsibilities arising under the GDPR;
- preparation for the implementation of a **system for managing data breaches and data subject rights requests** to enabling more efficient and better-supervised handling of these processes;
- **Staff training and communication** on policies, procedures and job-specific instructions regarding personal data protection – a series of training sessions were delivered and additional training materials were prepared;
- **Audits** to verify compliance with the adopted policies, procedures and job-specific instructions, and to assess the effectiveness of the implemented data protection measures — internal audits were carried out and the organisation underwent a third-party audit, leading to successful ISO 27001 recertification;
- **Monitoring data security incidents**, drawing conclusions from past incidents and developing risk management plans in this context;

- **Modifying IT systems** to reduce the risk of improper use of the software;
- the introduction of additional **IT safeguards** against unauthorised access to data in patient-facing services, including the mobile app, the patient portal and the online test results service.
  In 2025, the Group did not experience any personal data breach that resulted in a penalty being imposed by the data protection supervisory authority.

Key development activities planned for the coming years include:

- further development of the GDPR Standard, including a review and update of the Standard and the operation of the Personal Data Protection Forum;
- updates to data protection policies at Diagnostyka S.A.;
- continuation and improvement of the process for assessing companies in M&A processes, including the integration of assets containing personal data;
- streamlining the process for granting authorisations and collecting confidentiality acknowledgements by rolling out electronic formats;
- a third party audit to independently verify compliance at Diagnostyka S.A. and selected subsidiaries with applicable legislation, standards and good practice in data protection.

The implementation of these action plans does not require significant capital or operating expenditure and has already been budgeted for.

Knowledge Creation

Research and development

Diagnostyka S.A. operates a dedicated Research and Sustainable Development Department, responsible among other things for initiating R&D projects and securing external funding for their implementation. In 2025, the Company applied the available R&D tax relief for the first time in respect of projects relating to:

- the development of proprietary laboratory IT systems, including eLab and xLab, and the enhancement of ancillary systems, including through the use of AI;
- the introduction of new diagnostic tests and examinations;
- the deployment of new, unique analytical technologies.

In the same year, in order to enable the application of the 50% tax-deductible costs regime for authors and creators, we identified employees whose output included copyrightable creative works. The Group's metric for R&D activity is the **number of hours worked on R&D projects, which in 2025 was approximately 127,000**.

The Research and Sustainability Department coordinates Diagnostyka S.A.'s participation in **R&D projects** in which the Company acts as a partner or subcontractor. In 2025, these projects included:

- Implementation of the LOINC terminology standard in laboratory diagnostics and development of a prototype Laboratory Diagnostics Information Standardisation System. For more information, visit: https://projekty.umed.pl/br.
- A generative foundation model of the human gut microbiome for the creation of digital twins and biomedical applications, led by Dr Tomasz Kościółek from Kraków-based Sano Centrum Zindywidualizowanej Medycyny Obliczeniowe – Międzynarodowa Fundacja Badawcza. For more information, visit https://www.fnp.org.pl
- Development of advanced diagnostic tests for the detection of Borrelia infection, led by Dr Arkadiusz Borek at the Faculty of Biochemistry, Biophysics and Biotechnology, Jagiellonian University. For more information, visit https://www.fnp.org.pl
- Development of a new proprietary mobile app using AI; for more details, see the ***Promoting preventive healthcare*** section.

Specialist training and lectures

As a major participant in the Polish diagnostics market, the Group has specialist expertise and know-how, which it shares with the wider sector through active participation in academic and industry conferences and other events organised for professionals and students. It also sponsors selected events. In 2025, this included 36 academic and training conferences at national and regional level.

In 2026, the Group plans to launch external training courses for medical professionals, including in radiology.

New technologies

We aim to be one of the most innovative organisations in the healthcare sector. To this end, we are automating and digitalising healthcare-related services and developing AI-based solutions. In 2025, we delivered a range of initiatives in this area:

1) Automation and robotisation of laboratory processes
   - At our laboratories in **Poznań and Bydgoszcz, we deployed integrated CCM automation systems**, streamlining diagnostic workflows, reducing turnaround times (TAT), increasing laboratory throughput and improving the consistency and reliability of results through the automation of specimen handling and analytical processes. Workflow digitalisation was further enhanced through the adoption of cobas mobile solution and the navify Monitoring platform, which enable real-time oversight of analysers and rapid response to potential downtime, supporting the continuity of laboratory operations and improving the quality of diagnostic services.
   - At our **Kraków laboratory, we introduced a modern LC-MS/MS system** for the determination of free

catecholamine fractions, vitamins, drugs and amino acids, as well as a planned steroid profile, which supports a more comprehensive assessment of patients' hormonal status. We also introduced an ICP-MS system for the precise determination of trace and carcinogenic elements, which is applied in toxicology and cancer prevention.

- An integrated diagnostic track was installed at our **new laboratory in Rzeszów**. The solution has increased process automation, enabling faster and more efficient specimen processing; reduced turnaround times; minimised the risk of errors by limiting manual handling and deploying intelligent quality control systems; and improved occupational safety by reducing contact with clinical specimens.
- **Warsaw, Jutrzenka – opening of a gastroenterology unit**.

For further information on infrastructure investment, see → the ***Business profile*** section.

2) Digitalisation and exploration of the potential of artificial intelligence (AI) across a range of applications, including:
    - Diagnostyka mobile app – the use of chatbots and AI-assisted interpretation of selected laboratory test results.
    - **AI in diagnostic imaging** – when opening new facilities or upgrading existing ones, we equip them with AI-enabled hardware solutions that accelerate examinations. Approximately 30% shorter examination protocols, improve patient comfort and reduce electricity consumption per examination.

In 2026, we plan to deploy AI software solutions in diagnostic imaging, including structured reporting and preliminary analysis of examinations.

IV. Business conduct (G1)

SBM-3
Material IROs and their interaction with strategy and business model

The double materiality assessment identified the following material impacts, risks and opportunities in our business conduct:

Material impact, risk or opportunity (IRO)	IRO type	Policies	**Actions and outcomes** (for details, see Disclosure G1-4)
Raising employee awareness of corporate culture fosters ethical conduct and compliance with applicable laws and regulations.	P	*Supplier Code of Conduct* *Code of Ethics* *Diversity Policy* *Anti-Bullying and Anti-Discrimination Procedure* *Whistleblowing Procedure*	Rollout of, and training on, the Code of Ethics, with approx. 2,800 participants
Risk of corruption incidents that are likely to erode patient trust and result in reputational damage	⚠	*Anti-Corruption Code (2025)* *Whistleblowing Procedure*	Anti-corruption training, with approx. 4,600 participants
Risk of cyber attacks, security breaches, disruptions, supplier failures or major issues with the Group's IT infrastructure	⚠	*Personal Data Security Policy* *GDPR Standard (rev. 2)* *Cybersecurity Strategy* *IT Strategy* *ISO 27001 documentation*	Modernisation of security systems and enhancement of cybersecurity assurance processes Data protection training, comprising 12 sessions with approx. 5,000 participants

Legend

P Potential positive impact | ⚠ Risk | ★ New

In 2025, the Diagnostyka Group did not have qualitative or quantitative targets for the identified IROs.

Corporate culture

Mission:
We support good health and longevity through high-quality diagnostics

Vision:
We aim to set global standards in diagnostic and preventive care

Values:
responsibility, heart, partnership, knowledge, courage

In recent years, we have focused on developing a consistent corporate culture across the Group, grounded in the framework established by the Parent Diagnostyka S.A. Following the development and rollout of the Diagnostyka Group's mission, vision and values, in 2025 we introduced:

- *Diagnostyka S.A. Diversity Policy*
- *Diagnostyka Group Supplier Code of Conduct*
- *Diagnostyka Group Code of Ethics*
- revised *Diagnostyka S.A. Anti-Corruption Code*.

The last three documents have been in force at Diagnostyka S.A. since 1 December 2025. The documents developed by Diagnostyka S.A. will be rolled out to subsidiaries over time. This process will respect the specific culture and specialisation of each entity, with the corporate culture elements and business standards tailored accordingly.

Internal policies of the Group

1. *Anti-Discrimination and Anti-Bullying Procedure* (attached as an appendix to the *Workplace Rules*) – for more details, see → ***Disclosure S1.***
2. *Diagnostyka S.A. Diversity Policy* – intended to ensure the implementation of sustainable corporate governance standards, in line with the Best Practice for GPW Listed Companies 2021, and to promote diversity and inclusion across the Company. The policy was adopted in January 2025. For more details, see → ***Disclosure S1.***
3. *Diagnostyka Group Code of Ethics* – the Code was developed by the Compliance team in collaboration with representatives of the HR Department and the Research and

Sustainability Department

For more details, see → ***Disclosure S1***.

4. *Diagnostyka S.A. Anti-Corruption Code* – for further details, see later in this section.
5. ***Diagnostyka Group Supplier Code of Conduct*** – sets out the standards of business conduct expected of all suppliers to the Group. It was developed by the Compliance Department in collaboration with the Procurement, Technology and ESG teams and approved by the Management Board in 2025.
   Rollout to suppliers is planned in the coming years, beginning with suppliers to Diagnostyka S.A.

   Ensuring acknowledgement of, and agreement to, the provisions of the Code will be mandatory when establishing all new supplier relationships. The Code was developed on the basis of best market practice, without reference to specific international standards. In 2026, the Group plans to begin internal training on the Code and publish it on the Parent's website.
6. *Diagnostyka Group Information Security Policy* – for further details, see later in this section.
7. The regime on anti-money laundering and countering financing of terrorism (AML) – this includes the ***Diagnostyka S.A. Anti-Money Laundering and Countering Financing of Terrorism Procedure*** and the *Diagnostyka S.A. Know Your Customer Procedure* (**KYC Procedure**). These internal documents outline the responsibilities and processes for monitoring subsidiaries with regard to connections to criminal activity.

Our internal policies and procedures are based on Polish and European legislation. Unless stated otherwise, the implementation of policies is the responsibility of the Management Board of Diagnostyka S.A. and the Management Boards of the respective subsidiaries.

External professional codes

Medical professions, being self-regulated professions reliant on public confidence, are subject to high ethical standards and have their own profession-specific responsibility and ethical codes:

- Code of Ethics for Laboratory Diagnosticians,
- Code of Ethics for Nurses and Midwives,
- Code of Ethics for Physicians.

Anti-corruption

In 2025 and 2024, no convictions were handed down and no fines or penalties were imposed on any Diagnostyka Group company for breaches of anti-corruption or anti-bribery laws.

The Company's anti-corruption framework is primarily governed by the ***Diagnostyka S.A. Anti-Corruption Code***, which was revised in 2025 and has been in force since 1 December 2025. The Code establishes the rules for preventing corruption, including oversight of donations and sponsorships, conflict of interest management, the acceptance and offering of gifts, and the recording of interactions with public sector representatives. These rules are further detailed in instructions attached to the Code, such as the *Instruction on Interactions with the Public Sector*, *Instruction on Donations and Sponsorships*, and *Instruction on Conflict of Interest Management*. The implementation of the Code supports Diagnostyka S.A. in complying with the Best Practice for GPW Listed Companies 2021 regarding the compliance system and anti-corruption. The regulations applicable in 2025 had not been subject to stakeholder consultation at the drafting stage.

In accordance with the Code, employees who are alerted to any corrupt behaviour or who are otherwise aware of corruption within our organisation are required to report the issue immediately to their direct supervisor. If the person concerned is a Management Board member, they must report the matter to other members of the Management Board.

Implementation of the Anti-Corruption Code is the responsibility of the Compliance Officer. The document is publicly available on the intranet, and all new employees are required to familiarise themselves with its content. The Management Board plays a key role in preventing corruption incidents at Diagnostyka. Under the Code, the Management Board is responsible for appointing an Investigation Committee to examine reported incidents of corruption, and for supervising its activities. The Code also provides that Management Board members may not constitute more than a third of the Committee's membership. The Investigation Committee communicates its findings, the reasoning on which those findings are based, and its recommendations to the Management Board. Where the Committee's findings indicate a reasonable suspicion that corruption has occurred, the Management Board files a notice of suspected criminal offence with the competent public prosecutor's office without delay, notifies the suspected individual and the reporting person of the findings, and determines the actions to be taken in relation to the suspected individual.

Under the Anti-corruption Code, the Management Board also oversees donations and sponsorships. Prior approval from a Management Board member is required before an employee may undertake a sponsored overseas trip. Where the trip is to be undertaken by a Management Board member, approval from the remaining Management Board members or a Management Board resolution is required. The Management Board oversees and makes final decisions on all donations and sponsorships made by the Company. Under the Code, the organisation does not make donations or provide sponsorship to entities engaged in political activity or to public officials.

Anti-bribery and corruption activities, oversight of donations and sponsorships, and conflict-of-interest management are a collaborative effort between the Management Board, the Su-

pervisory Board, the Compliance Department, the Legal Department and the HR and Payroll Department.

The Compliance Department has drafted an Anti-Corruption Code for the Group's subsidiaries. Further work on this document is planned for the first quarter of 2026.

Anti-corruption training

At Diagnostyka S.A., training on anti-bribery and corruption principles forms part of the mandatory onboarding programme for all new hires. In addition, in 2025, following the revision of the Anti-Corruption Code, all Company employees were enrolled in dedicated training on this topic. This included employees in roles with elevated exposure to corruption risk, including sales department staff, heads of macro-regions and their deputies, heads of corporate functions and the Management Board. This group represents 4% of all Diagnostyka employees; 166 individuals from this group, representing 3% of the entire workforce, completed the training. In 2025, the Management Board and the Supervisory Board received a report from the Compliance Department on the operation of the anti-bribery and corruption framework in the first half of the year The report for the second half of the year will be presented in the first quarter of 2026.

Whistleblowing and training

The Diagnostyka Group provides channels for reporting misconduct within the meaning of the Whistleblower Protection Act of 2024. This is governed by the Diagnostyka Group Whistleblowing and Follow-Up Procedure (the **Whistleblowing Procedure**). All employees and new hires of Diagnostyka S.A. are required to read it. By the end of 2025, the Procedure had also been implemented at: Dr n.med. Teresa Fryda Laboratorium Medyczne Sp. z.o.o., Diagnostyka Consilio Sp. z o.o., Diagnostyka Oncogene Sp. z o.o. and Diagnostyka – Teleradiologia24 sp. z o.o. Information about the Procedure is also provided to job candidates during recruitment and to suppliers taking part in procurement processes. In accordance with the Procedure, whistleblowers may report irregularities anonymously:

- via an online platform operated by an external law firm;
- by writing to a dedicated email address,
- in person to the Director of the Compliance and Internal Audit Department, who acts as the Compliance and Anti-Corruption Officer.

All persons investigating the reports are obligated to maintain the confidentiality of their involvement and of any information obtained during the process, particularly the identity of the whistleblower and the individual named in the report. Any personally identifiable information about a whistleblower may only be disclosed with their prior explicit consent, subject to exceptions provided for in the Procedure. Retaliation against whistleblowers is strictly prohibited within the Group. This protection also extends to employees who assist in the whistleblowing process, as well as to individuals associated with whistleblowers and employed by the Group, i.e. their family members, relatives and close persons. The *Whistleblowing Procedure* requires the Compliance Officer to conduct an objective and independent investigation into any suspected legal violations and breaches of selected internal policies.

In 2025, we did not conduct any dedicated training for employees on whistleblowing; however, training on internal policies is a component of the standard onboarding process for all new employees at Diagnostyka S.A.

In 2025, Diagnostyka S.A. delivered training on the Market Abuse Regulation (MAR), which was attended by the Management Board and selected employees.

Cybersecurity

In 2025, the Group did not experience any cybersecurity incidents with a material impact on its operations.

Nonetheless, the risk of cyberattacks and disruption to IT infrastructure is among the most significant business risks identified for the Diagnostyka Group. Apart from the secure management of patient personal data (for more details, see → ***Disclosures S4-3 and S4-4***), our key priority is maintaining the cyber resilience of the organisation and its infrastructure. This means the ability to anticipate, withstand, recover from and adapt to the adverse effects of cyberattacks, while maintaining business continuity, data integrity and operational resilience.

To this end, we decided to integrate the management of cybersecurity, physical security and business continuity by separating the relevant security and continuity functions from the IT Division, appointing a new Group Chief Security Officer to lead these areas, and preparing to launch a programme of enhancements across each of them.

The results of the programme will be demonstrated through successful recertifications (ISO 27001 at the Parent), obtaining additional certifications, in particular ISO 22301 for business continuity management, and meeting the requirements of the amended Act on the National Cybersecurity System.

Cybersecurity and information security policies at the Parent:

- *Personal Data Security Policy* and the *Diagnostyka Group GDPR Standard*, rev. 2 – for further details, see later in this section.
- *Information Security Policy* – for further details, see → ***Disclosure S4-1***.
- *Cybersecurity Strategy (2023–2025)* – a 3-year strategy outlining our vision for managing and enhancing cybersecurity, as well as a list of planned projects. A new cybersecurity strategy will be adopted in the first quarter of 2026.
- Two-year IT Strategy, adopted in 2024.

- *IT System Management Manual* (under ISO 27001) – a set of guidelines governing the management and administration of the company's IT systems used to process employee and patient personal data across all Diagnostyka S.A. entities in Poland. The Manual is binding on all system users. It was approved by the Management Board Representative, and the ISMS Coordinator is responsible for the document. The IT Systems Administrator is responsible for its day-to-day implementation and monitoring. The Manual is available for internal use. The Manual is also being implemented at Diagnostyka Digital Hub Sp. z o.o., which develops software for the Group.
- *Guide to Safe Use of Computers and Networks* (part of the ISO 27001 framework).

Data protection arrangements at individual Group companies are governed by separate policies based on the Diagnostyka Group GDPR Standard as described in → ***Disclosure S4-1***.

The parent applies the ***Personal Data Security Policy***, specifying the conditions for personal data protection and defining the most important requirements, roles and responsibilities in this area. In line with the Policy, confidentiality of personal data and transparency in data processing must be strictly observed in any interactions with consumers and end-users.

The Policy is communicated to the employees of Diagnostyka S.A., who are required to follow its provisions to minimise the risk of loss of confidentiality, availability and integrity of personal data. The document serves as an organisational safeguard for personal data, and is periodically reviewed for effectiveness and adequacy with the involvement of the Data Protection Officer's Office.

The Policy was approved by the Management Board, and its implementation is the responsibility of directors, managers and the Data Protection Officer's Office, within the scope specified in the Policy. Its provisions refer in particular to the General Data Protection Regulation (GDPR). The Policy is available for internal use.

Our cybersecurity efforts in 2025 included:

- ISO 27001 recertification,
- continued upgrading and development of security systems,
- continued strengthening of cybersecurity at subsidiaries,
- enhancement of cybersecurity processes,
- continued strengthening of the Security Office, including expansion of the specialist headcount,
- delivery of a cybersecurity training and awareness programme.

Planned activities for the coming years include ISO/IEC 27001:2022 certification and implementing the cyber resilience programme, aimed at raising the Group's maturity across the following areas:

- allocation of responsibilities and security management process architecture,
- business continuity,
- identity and access management,
- risk management,
- incident monitoring and response,
- safe use of AI,
- security architecture and systems.

V. Appendices

Appendix 1 – Content Index

IRO-2

List of Disclosure Requirements complied with and data points deriving from other EU legislation

Disclosure Requirement	Disclosure name	ESRS data point deriving from other EU legislation	Applicable other EU legislation	EU legislation data point not applicable to the Group	Page in the Sustainability Statement
	ESRS 2 General Information				
BP-1	General basis for preparation of sustainability statements				97
BP-2	Disclosures in relation to specific circumstances				97
GOV-1	The role of the administrative, management and supervisory bodies	Board's gender diversity paragraph 21d	SFDR Benchmark Regulation		98–99
		Percentage of board members who are independent paragraph 21e	Benchmark Regulation		99
GOV-2	Information provided to and sustainability matters addressed by the undertaking's administrative, management and supervisory bodies				99
GOV-3	Integration of sustainability-related performance in incentive schemes				100
GOV-4	Statement on due diligence	Statement on due diligence paragraph 30	SFDR		100
GOV-5	Risk management and internal controls over sustainability reporting				100
SBM-1	Strategy, business model and value chain	Involvement in activities related to the fossil fuels sector paragraph 40 d (i)	SFDR Pillar 3 Benchmark Regulation	Not applicable	101-104
		Involvement in activities related to chemical production paragraph 40 d (ii)	SFDR Pillar 3 Benchmark Regulation	Not applicable	
		Involvement in activities related to controversial weapons paragraph 40 d (iii)	SFDR Pillar 3 Benchmark Regulation	Not applicable	
		Involvement in activities related to cultivation and production of tobacco paragraph 40 d (iv)	Benchmark Regulation	Not applicable	
SBM-2	Interests and views of stakeholders				105-106
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	E1 Climate change				
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		Undertakings excluded from Paris-aligned Benchmarks paragraph 16g	Pillar 3 Benchmark Regulation		114
E1-2	Policies related to climate change mitigation and adaptation				114
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E1-4	Targets related to climate change mitigation and adaptation	GHG emission reduction targets paragraph 34	SFDR Pillar 3 Benchmark Regula-		114

			tion		
E1-5	Energy consumption and mix	Energy consumption from non-renewable sources disaggregated by sources (only high climate impact sectors) paragraph 38	SFDR		Not applicable
		Energy consumption and mix paragraph 37	SFDR		115
E1-6	Gross Scopes 1, 2, 3 and Total GHG emissions	Gross Scopes 1, 2, 3 and Total GHG emissions paragraph 44	SFDR Pillar 3 Benchmark Regulation		117
		Gross GHG emissions intensity paragraph 53-55	SFDR Pillar 3 Benchmark Regulation		120
E1-7	GHG removals and GHG mitigation projects financed through carbon credits	GHG removals and carbon credits paragraph 56	European Climate Law		120
E1-8	Internal carbon pricing				120
	E2 Pollution				
E2-1	Policies related to pollution				121
E2-2	Actions and resources related to pollution				121
E2-3	Targets related to pollution				121
E2-4	Pollution of air, water and soil	Amount of each pollutant listed in Annex II of the E-PRTR Regulation (European Pollutant Release and Transfer Register) emitted to air, water and soil paragraph 28	SFDR		121
	E5 Resource use and circular economy				
E5-5	Resource outflows	Non-recycled waste paragraph 37d	SFDR		124
		Hazardous waste and radioactive waste paragraph 39	SFDR		124
	S1 Own workforce				
S1.SBM-3	Material impacts, risks and opportunities and their interaction with strategy and business model	Risk of incidents of forced labour paragraph 14f	SFDR		130
		Risk of incidents of child labour paragraph 14g	SFDR		130
S1-1	Policies related to own workforce	Human rights policy commitments paragraph 20	SFDR		131
		Due diligence policies on issues addressed by the fundamental International Labour Organisation Conventions paragraph 21	Benchmark Regulation		131
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		Workplace accident prevention policy or management system paragraph 23	SFDR		131
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S1-3	Processes to remediate negative impacts and channels for own workforce to raise concerns	Grievance/complaints handling mechanisms paragraph 32c	SFDR		132
S1-4	Taking action on material impacts on own workforce, and approaches to managing material risks and pursuing material opportunities related to own workforce, and effectiveness of those actions				134-137
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S4.SBM-3	Material impacts, risks and opportunities and their interaction with strategy and business model				140
S4-1	Policies related to consumers and end-users	Policies related to consumers and end-users paragraph 16	SFDR		141-142
		Violations of UN Guiding Principles for Business and Human Rights (UNGPs) and OECD guidelines paragraph 17	SFDR Benchmark Regulation		141-142
S4-2	Processes for engaging with the Group's consumers and end-users about impacts				143
S4-3	Processes to remediate negative impacts and channels for consumers and end-users to raise concerns				144-146
S4-4	Taking action on material impacts on consumers and end-users, and approaches to managing material risks and pursuing material opportunities related to consumers and end-users, and effectiveness of those actions	Human rights issues and incidents paragraph 35	SFDR		146-152
	G1 Business conduct				
G1.SBM-3	Material impacts, risks and opportunities and their interaction with strategy and business model				154
G1-1	Business conduct policies and corporate culture	United Nations Convention against Corruption paragraph 10b	SFDR		154
		Protection of whistleblowers paragraph 10d	SFDR		157
G1-3	Prevention and detection of corruption or bribery				155
G1-4	Incidents of corruption or bribery	Fines for violation of anti-corruption and anti-bribery laws paragraph 24a	SFDR Benchmark Regulation		155
		Standards of anticorruption and antibribery paragraph 24b	SFDR		155

Appendix 2 Disclosure requirements omitted in the Sustainability Statement

IRO-2

Disclosure Requirement	SFDR reference	Disclosure name	Reason for omission
ESRS 2 SBM-1	paragraph 40d (i)	Involvement in activities related to the fossil fuels sector	Not applicable
ESRS 2 SBM-1	paragraph 40d (ii)	Involvement in activities related to chemical production	Not applicable
ESRS 2 SBM-1	paragraph 40d (iii)	Involvement in activities related to controversial weapons	Not applicable
ESRS 2 SBM-1	paragraph 40d (iv)	Involvement in activities related to cultivation and production of tobacco	Not applicable
E1-5	paragraphs 40–43	Energy intensity associated with activities in high climate impact sectors	Not applicable
E1-9	paragraphs 65–70	Anticipated financial effects from material physical and transition risks and potential climate-related opportunities	Transitional provisions
E2-5	paragraphs 34–35	Substances of concern and substances of very high concern	Not material
E2-6	paragraphs 39a-41	Anticipated financial effects from pollution-related risks and opportunities	Transitional provisions
E5-6	paragraph 43	Financial effects from resource use and circular economy-related impacts, risks and opportunities	Transitional provisions
S1-8	paragraphs 60, 63	Collective bargaining coverage and social dialogue	Transitional provisions
S1-10	paragraphs 69, 70	Adequate wage	Transitional provisions
S1-11	paragraphs 74-75	Social protection	Transitional provisions
S1-12	paragraph 79, AR 76	Persons with disabilities	Transitional provisions
S1-13	paragraph 81	Percentage of employees that participated in regular performance and career development reviews	Transitional provisions
S1-14	paragraph 88d	Number of recordable cases of work-related ill health	Transitional provisions
S1-14	paragraph 88e	Number of days lost to injuries, accidents, fatalities or illness	Transitional provisions
S1-15	paragraph 93	Work-life balance metrics	Not material
G1-2	paragraphs 15a, 15b	Management of relationships with suppliers	Not material
G1-5	paragraphs 29-30, AR 9-15	Political influence and lobbying activities	Not material
G1-6	paragraph 33, AR 16-17	Payment practices	Not material

Management Board of Diagnostyka S.A.

Name	Title	Signature
Jakub Swadźba	President of the Management Board	
Dariusz Zowczak	Vice President of the Management Board	
Marta Rogalska-Kupiec	Vice President of the Management Board	
Jaromir Pelczarski	Vice President of the Management Board	