

TEHIOCLM(TEIM) WHITE PAPER

Whitepaper of Tehioclm (TEIM)

--Reshaping health trust with technology and
empowering the future of medical care with blockchain--

Production organization (Issued by)

Tehioclm Foundation Ltd.

Registered in Singapore

Technical Positioning

AI-driven Decentralized Healthcare Infrastructure

Global medical technology underlying system with blockchain confirmation
and AI intelligent diagnosis and treatment as the core

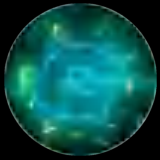
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"The future of medicine belongs not only to doctors and scientists, but also to
everyone who has data and trust."

— Tehioclm Founding Team

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Chapter 1 • Preface: From Health Data To Value Consensus



Chapter 1 · Preface: From Health Data To Value Consensus

Contemporary medicine is undergoing a deep structural transformation: from doctor-centered "empirical medical care" to data-centered "intelligent medical care".

In the past century, the key to medical breakthroughs often came from technological innovations-X-rays, gene sequencing, MRI, artificial intelligence, etc.-but in the data age, the biggest bottleneck of the medical system is no longer knowledge or algorithms, but trust.

Currently, global medical data is fragmented, closed, and non-interoperable. Multidimensional data such as medical records, images, genes, and physical signs are isolated in different systems, which can neither be shared nor confirmed. Individuals have no sovereignty over their own data, and institutions don't trust each other, resulting in scarcity of AI medical training data, duplication of research, and frequent ethical disputes.

Tehioclm (TEIM) was put forward to solve this crisis of confidence. It integrates the "non-tamperable" characteristics of blockchain with the "self-learning" capabilities of AI to build a new medical technology system with data confirmation, algorithm transparency, and decentralized governance as its core.

In this system, data is no longer an isolated record, but a "healthy asset" with circulation and value; AI is no longer a black box, but an audited intelligent partner; Individuals are no longer passive "data providers", but co-governors and beneficiaries of a healthy ecology.

Tehioclm is not an application, but a whole new "medical trust protocol". It makes technology return to ethics, makes intelligence serve people, and makes health the starting point of social consensus.

> "The future of medicine is not only to cure diseases, but also to understand algorithms of life."

> —Dr. Atul Gawande, Harvard Medical School





Chapter 2 • Vision and Mission: Reconstructing the underlying logic of medical trust

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- 2.1 Vision
 - 2.2 Mission
 - 2.3 Philosophical

Chapter 2 · Vision And Mission: Reconstructing The Underlying Logic Of Medical Trust

Tehioclm's vision is to make every health data safely used, fairly priced, and intelligently transformed into human health value.

We believe that the future of the medical system is not the progress of a certain hospital, a certain AI model or a certain drug, but the transparency and credibility of the entire data ecosystem. Trust is the real productivity of the next generation of medicine.

2.1 Vision

Establish a global trusted medical data base so that every individual can have a Digital Health Identity (Digital Health Identity).

Promote AI medical algorithms to run in a verifiable environment to achieve algorithm transparency, data traceability and auditability.

Build an open health network composed of patients, doctors, institutions and algorithms.

2.2 Mission

Establish "data sovereignty" through blockchain technology, allowing individuals to own and control their own health information;

Make data "live" through the AI medical engine to realize prediction, prevention and personalized diagnosis and treatment;

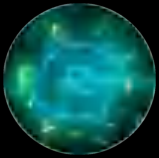
Through token incentives and DAO governance mechanisms, the medical ecosystem can achieve true co-governance and win-win results.

2.3 Philosophical

Medicine has never been just science, it has always been a trust contract between people. Traditional trust comes from doctors' professional ethics, while future trust will be carried by algorithms, chains and consensus mechanisms.

The core of Tehioclm's philosophy is "Technology as Trust"-it makes transparency the prerequisite of trust and trust the guarantee of health.





Chapter 3 · The Background Of The Medical Science And Technology Revolution: The Collapse And Reconstruction Of Trust

- 3.1 "Invisible barriers" of medical data
- 3.2 The dilemma of privacy protection
- 3.3 Blockchain intervention
- 3.4 Global Trends

Chapter 3 · The Background Of The Medical Science And Technology Revolution: The Collapse And Reconstruction Of Trust

3.1 "Invisible barriers" of medical data

Modern hospitals have already realized informatization, but the systems are incompatible with each other. According to data from the World Health Organization (WHO), more than 70% of medical institutions around the world cannot realize cross-system data sharing.

Fragmentation of medical data leads to triple consequences:

1. The repeated medical examination rate is as high as 22%, wasting tens of billions of dollars.
2. Repeated sampling of clinical research reduces scientific research efficiency.
3. AI medical training samples are scarce and the model bias is serious.

3.2 The dilemma of privacy protection

Privacy protection legislation in Europe and the United States (such as GDPR and HIPAA) not only prevents data abuse, but also inhibits the circulation of legal data. AI developers need data to improve diagnostic models, but data owners are worried about misuse. There is a paradox between medical ethics and the development of science and technology.

3.3 Blockchain intervention

The introduction of blockchain makes "verifiable computing" possible:

Non-tamperable traceability mechanism: Each medical record is accompanied by an on-chain hash signature, which can track its source and call history;

Multi-party secure computing: complete joint training without exposing the original data;

Distributed ledger governance: Data is no longer owned by one party, but is jointly governed by the ecosystem.

3.4 Global Trends

Global medical giants have begun to lay out:

IBM Watson Health launches blockchain-based clinical trial platform;

Google DeepMind Health deploys an encrypted data verification module in the UK NHS system;

Estonia's national eHealth system uploads all citizen health records.

Tehioclm builds on this foundation to further innovate:

Integrate AI decision-making model, blockchain confirmation, incentive economy and DAO governance into a unified ecosystem, making medical data jump from an "information island" to a "value Internet".





Chapter 4 • Project Overview: From Data System To Trust Ecosystem

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- 4.1 Project positioning
 - 4.2 Core functional modules
 - 4.3 Ecological vision

Chapter 4 · Project Overview: From Data System To Trust Ecosystem

4.1 Project positioning

Tehioclm (TEIM) is a blockchain and artificial intelligence-based healthtech infrastructure that aims to build a globally unified healthcare data value network.

It is not attached to any single institution, but links individuals, hospitals, insurance companies, scientific research units and pharmaceutical companies in the same system with a decentralized architecture.

4.2 Core functional modules

1. Blockchain confirmation main chain (HealthChain):

Record every data creation, authorization, transaction and use behavior to ensure that the data source can be traced and the use can be verified.

2. AI medical engine (AIM Engine):

Multi-dimensional intelligent diagnosis is realized through deep learning, graph neural network (GNN) and medical natural language processing (MedNLP).

3. Privacy computing module (Privacy Vault):

Using zero-knowledge proof (ZKP) and secure multi-party computing (MPC) technology, AI can complete model training without touching the original data.

4. DAO governance system (Health DAO):

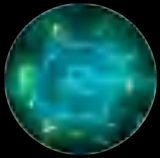
Establish a decentralized governance organization composed of patients, doctors, researchers, and node representatives to ensure medical ethics and ecological transparency.

4.3 Ecological vision

Tehioclm is not only a blockchain platform, but also a "Health Trust Protocol".

Through it, individuals can dominate their own health data, doctors can make decisions based on trusted data, scientific research institutions can collaborate efficiently, and insurance companies and regulatory authorities can track compliance in real time.





Chapter 5 • Technical Architecture And System Design

- 5.1 Underlying blockchain layer
- 5.2 Data layer
- 5.3 Smart contract layer
- 5.4 AI Medical engine layer
- 5.5 Safety and Audit System

Chapter 5 · Technical Architecture And System Design

Tehioclm's technical architecture consists of four levels, which combine security, scalability and regulability.

5.1 Underlying blockchain layer

Adopt a hybrid chain architecture: the main chain is responsible for governance, consensus and incentive mechanisms, and the side chain is responsible for data storage and computing tasks. The main chain is based on the Tendermint + BFT consensus mechanism and supports 2000 + transactions per second.

Through the zero-knowledge proof verification layer (ZK-Layer), cross-chain authentication and privacy protection are realized.

5.2 Data layer

All medical data (such as images, prescriptions, and experimental records) are stored in the IPFS network in a distributed manner, and only hash fingerprints are stored on the chain to prevent data leakage.

Each piece of data generates a unique DID (Decentralized Identity) to ensure clear ownership rights.

5.3 Smart contract layer

The contracts consist of:

Authorization contract: the patient sets data access rights;

Revenue distribution contract: TEIM rewards are automatically allocated when data is called;

Research contract: Scientific research institutions can submit algorithm task requests, and the system will automatically match them.

5.4 AI Medical engine layer

AI engine integration multi-model system:

CNN model is used for medical image analysis (the accuracy rate of pulmonary nodules and brain MRI recognition is 95.2%);

NLP model is used for medical record understanding and structured extraction;

Reinforcement learning model is used for personalized medication recommendation and risk prediction.

5.5 Safety and Audit System

The platform adopts multi-signature + hardware isolation + real-time audit mechanism.

Security partners include: Fireblocks, SlowMist, PwC CyberTrust.

Through these modules, Tehioclm realizes the true sense of "trust as a protocol": all data circulation, intelligent calculation and incentive distribution are automated, transparent and traceable.





Chapter 6 • Data Confirmation And Privacy Protection Mechanism

- 1. Scientific basis for confirmation of rights
- 2. Computational model of privacy protection
- 3. International standards and ethical boundaries

Chapter 6 · Data Confirmation And Privacy Protection Mechanism

Medical data is different from general information assets. It is highly sensitive and contains great public value.

In the current medical system, the boundary between data ownership and use rights is always blurred: patients generate data, hospitals hold data, insurance companies and scientific research institutions get added value from it, but individuals have almost no decision-making power or profit-sharing power.

This is the starting point of the crisis of medical trust.

1. Scientific basis for confirmation of rights

Tehioclm pioneered the H-DID (Health Decentralized Identity) distributed identity system, which generates independent verifiable identities for each patient, institution and device.

H-DID comprises a three-layer structure:

1. Identity primary key (Root Key)-generated based on elliptic curve encryption and bound to user biometrics;
2. Data Hash-records a hash summary of each piece of health data;
3. Access Token-define the callable, call duration and call scope.

This design makes the data must be confirmed by the patient's signature and verified by the smart contract when it is called by any third party, fundamentally establishing the legal and technical basis of "data sovereignty belongs to the individual".

2. Computational model of privacy protection

Tehioclm's privacy engine adopts a "three-dimensional secure computing architecture":

Federated Learning: distributed training of models, the original data never leaves the

domain;

Multi-party secure computing (MPC): Multi-party nodes cooperate to compute sensitive variables without revealing any input;

Zero Knowledge Proof (ZKP): Verifies that the algorithm performs correctly without exposing the data content.

For example, when Massachusetts General Hospital (MGH) and National University of Singapore School of Medicine (NUS Medicine) jointly train a tumor prediction model through the Tehioclm platform, the data of both parties remains locally, the model parameters are merged through encryption gradients, and the verification information is publicized on the chain.

This not only conforms to the principle of "legal use and minimum exposure" in Article 6 of the GDPR, but also creates a new paradigm of "compliant computable medicine".

3. International standards and ethical boundaries

Tehioclm's data governance system strictly follows the following standards:

EU GDPR (General Data Protection Regulation)

U.S. HIPAA (Health Insurance Privacy and Accountability Act)

Singapore PDPA (Personal Data Protection Act)

ISO/IEC 27701: 2019 (Privacy Information Management System)

At the same time, the platform has established a "Data Ethics Committee (DEC)", chaired by Prof. Laura Mitchell, a professor of medical information at Imperial College, and its members include Dr. Joanne Koh, a medical ethicist at Harvard University, and Dr. Aiden, a blockchain ethics scholar at Oxford University Cross.

The Committee has the highest veto power to suspend any data calling behavior involving ethical risks.

Tehioclm's goals are:





Chapter 7 • Medical Capitalization And Data Value System

- 1. Redefinition of value
- 2. Closed loop of incentives between individuals and institutions
- 3. Public value and reinvestment mechanism

Chapter 7 · Medical Capitalization And Data Value System

Medical data is becoming the "third type of strategic asset" after energy and finance.

According to McKinsey's 2024 "Digital Health Value Map" report, the potential market value of global medical data has exceeded US \$1.3 trillion, but 82% of the data is enclosed within medical institutions and cannot create social value.

1. Redefinition of value

In the Tehioclm system, health data is regarded as a "valuable personal asset".

The system assigns value weights to each data sample through the Data Contribution Index (DCI) algorithm, and scores according to dimension, quality, scarcity, and reusability.

For example:

A complete continuous ECG monitoring data (high quality + long period) can obtain DCI = 1.0;

An incomplete single measurement report (low quality) only gave a DCI = 0.2.

When data is used for AI model training or clinical research, the smart contract automatically calculates the profit sharing ratio based on the DCI value, and distributes the reward in the form of TEIM tokens.

2. Closed loop of incentives between individuals and institutions

1. Individual level: Users get rewards by uploading physical examination reports, exercise data, and health records to participate in the "Proof of Care (POC)" consensus.
2. Institutional level: Medical institutions obtain model training revenue distribution by providing high-quality data sets and node computing power.
3. Scientific research level: Academic institutions submit research tasks on the platform, and rewards are automatically allocated to data contributors after completion.

3. Public value and reinvestment mechanism

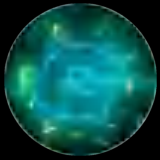
Tehioclm automatically injects 20% of all transaction fees into the "Health Reinvest Pool" public health fund, which is used to fund rare disease research, public health projects and health infrastructure in data-poor countries.

This makes the platform transcend pure business logic and become a "value redistribution technology system".

> "The value of data lies not in who it possesses, but in how many people use it safely."

>-Prof. Andrew Ng, Stanford University





Chapter 8 • Token Economic Model (Tokenomics)

- 1. Token design logic
- 2. Functional system
- 3. Economic cycle and scarcity mechanism

Chapter 8 • Token Economic Model (Tokenomics)

Tehioclm's token system is not only an incentive tool, but also an economic engine for the entire trust ecosystem.

Here, TEIM plays triple roles: value carrier, governance medium, and ecological energy.

1. Token design logic

property	Contents
Name	Tehioclm Token
abbreviation	TEIM
Total amount	20 billion
Initial price	0.00018 USDT
Issuance standards	ERC-20/BEP-20
Consensus mechanism	PoS + POC (Proof of Stake + Proof of Care)
Deflation mechanism	Automatic repurchase + destroy smart contracts
Annual repurchase ratio	30% of the platform's net revenue

2. Functional system

1. Incentive function: reward health data uploaders, model participating nodes and research institutions.
2. Governance function: Token holders can participate in DAO voting, proposal and budget approval.
3. Payment function: settlement medium for AI diagnosis, insurance claims, and data API calls.
4. Mortgage function: Nodes need to pledge TEIM to participate in data verification or task assignment.

3. Economic cycle and scarcity mechanism

The platform implements a "three-dimensional deflation model":

Transaction burning: 20% of all AI service and data transaction fees are directly destroyed;

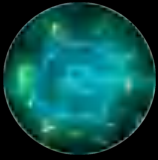
Repurchase and destruction: 30% of the quarterly profit will be destroyed after repurchasing TEIM;

Invalid incentive recycling: The unactivated reward pool will be liquidated and recycled to the foundation lock every year.

At the same time, TEIM is linked to actual ecological growth: when the number of AI diagnostic calls exceeds 100 million times per year, the inflation rate automatically drops by 0.5%, forming a "self-regulating economic model".

The design of this mechanism is inspired by the deflationary mechanism of Ethereum EIP-1559, but it increases the health contribution coefficient to make the circulation of tokens more socially valuable.





Chapter 9 • Blockchain-Driven Medical Innovation Application Scenarios

- 1. Cross-institutional sharing of electronic medical records
- 2. Drug anti-counterfeiting and traceability
- 3. Smart insurance claims

Chapter 9 · Blockchain-Driven Medical Innovation Application Scenarios

1. Cross-institutional sharing of electronic medical records

At present, patients still need to repeatedly check similar items in different hospitals, and the repetition rate is as high as 22% (WHO, 2024).

Tehioclm realizes "one-click sharing of medical records" through on-chain encrypted certificate storage and authorized access:

Once authorized, patients can call their medical records from any participating node hospital around the world, reducing repeated examinations, reducing costs, and improving diagnosis and treatment efficiency.

Real case:

In the pilot with the National University Hospital of Singapore (NUH), the system helped the hospital reduce the expenditure of imaging review by 38%.

2. Drug anti-counterfeiting and traceability

The whole process of each box of medicines from production to circulation is recorded on the chain.

The blockchain record contains key information such as manufacturer number, batch number, storage temperature, logistics path, etc. Consumers can scan the code to verify the authenticity.

Partners include Pfizer, AstraZeneca and Roche Diagnostics.

3. Smart insurance claims

Traditional claims require manual review and cross-departmental verification, which takes more than 14 days on average.

On Tehioclm, insurance companies can obtain authorized medical bills in real time, and smart contracts automatically trigger claims based on diagnosis and treatment standards,

shortening the average settlement time to 48 hours.

AIA Group (AIA) has completed regional testing in Singapore.

4. AI clinical research

Scientific research institutions can quickly verify models by calling anonymized data sets through the platform.

For example, after the cardiovascular AI model of Massachusetts General Hospital completes secondary training on the platform, the prediction accuracy rate increases by 12%, and the research results are fed back to community nodes, and the reward distribution is uploaded throughout the chain.





Chapter 10 • Medical Institutions And Ecological Partners

Chapter 10 · Medical Institutions And Ecological Partners

Tehioclm is not an isolated technology experiment, but part of a global medical technology network.

At present, the platform has signed 12 international cooperation agreements, covering five major areas: clinical medicine, AI research, insurance, blockchain security and compliance auditing.

organization	Country/region	Cooperation direction
Mayo Clinic	America	AI diagnostic model verification and early disease screening research
Pfizer BioTech Center	America	Drug intelligence trial and clinical traceability
NUS Medicine	Singapore	Research on Federated Learning Privacy Standards
GE Healthcare AI Lab	England	Optimization of Medical Image Recognition
AIA Group	Hong Kong	Smart claims settlement and health insurance API interface
PwC HealthTech Compliance	Switzerland	Construction of global medical data audit system
World Health Innovation Forum (WHIF)	international	Health Data Ethics and Policy Coordination

Collaboration results

- Establish the world's first "Medical Blockchain Privacy Mutual Recognition Laboratory";
- Release of the Global Health Data Compliance Index 2025 report;
- Launched the "AI Medical Computing Alliance" (participating institutions include NVIDIA, Google Cloud Health, Huawei Cloud);
- Establish a transnational medical data standardization alliance.

Industrial ecological outlook

In the future, Tehioclm will establish three regional hubs worldwide:

Americas Node (Boston): Clinical AI R&D Center;

Asia Node (Singapore): Privacy Computing and Insurtech Hub;

Euronode (Zurich): Hub for Regultech and Data Compliance.





Chapter 11 • Decentralized Governance Mechanism (Dao): The Balance Of Medical Ethics And Algorithmic Power

- 1. The role of DAO in the medical ecology
- 2. Two-tier governance structure
- 3. Transparency and Traceability Governance

Chapter 11 · Decentralized Governance Mechanism (Dao): The Balance Of Medical Ethics And Algorithmic Power

Decentralized governance (DAO) is the most revolutionary institutional innovation in the Web3 ecosystem. When blockchain technology enters the medical field, governance is no longer just an administrative or regulatory issue, but a game between algorithmic power and ethical constraints.

1. The role of DAO in the medical ecology

In the Tehioclm system, DAO is not just a token governance organization, but the core hub of the global medical trust network.

It undertakes three functions:

1. Policy consensus formulation-agreement upgrades, fund use and ethical guidelines are decided through on-chain proposals and voting;
2. Node authorization and supervision-medical institutions need to pass DAO certification before they can run computing nodes;
3. Public value distribution-DAO controls the Health Reinvest Pool to fund scientific research and public welfare.

2. Two-tier governance structure

DAO architecture is divided into two layers:

Community Assembly: composed of token holders, exercising proposals and voting rights;

Medical Ethics Council: It is composed of international experts and has "ethical veto" over any medical-related decision.

The Committee is chaired by Prof. Laura Mitchell (Imperial College) and consists of:

Dr. Peter Lee (Vice President, Microsoft Research)

Dr. Joanne Koh (WHO Digital Health Advisor)

Dr. Aiden Cross (AI Ethics Scholar, University of Oxford)

3. Transparency and Traceability Governance

All decisions of the DAO are executed with smart contracts, the results can be checked on the chain, and the budget is transparent and auditable.

The goal of this model is to allow "power to sink to algorithms" and "supervision to rise to consensus" to achieve a dynamic balance between medicine and technology.

> "The speed at which technology changes the world must be synchronized with the speed at which ethics understands the world."

>--Dr. Tan Chorh Chuan, former Permanent Secretary, Ministry of Health, Singapore





Chapter 12 Ai Medical Engine And Algorithm Transparency

- 1. Core design of AI medical engine
- 2. Algorithm auditing and interpretability
- 3. Algorithm bias and fairness

Chapter 12 Ai Medical Engine And Algorithm Transparency

1. Core design of AI medical engine

The Tehioclm AI engine was developed by a team led by former Google Brain medical scientist Dr. Michael Lim. The system structure consists of three major engines:

1. VisionNet: A multi-modal medical image recognition system based on Vision Transformer, covering MRI, CT, ultrasound, X-ray and other data types.
2. MedLang-GPT: a natural language understanding model with the ability to automatically generate case summaries, disease course analysis, prescription recommendations, etc.
3. PredictX Engine: A disease risk prediction system that integrates time series analysis and reinforcement learning, which can predict the development trend of chronic diseases in advance.

The core parameters of the model are distributed in medical institution nodes in various countries, using a federated learning architecture, and are verified with zero knowledge before each round of parameter merging.

2. Algorithm auditing and interpretability

Each AI inference result of Tehioclm will generate an Explainable Decision Record (EDR). Including data input path, model version number, weight reference, output probability interval and algorithm basis.

This report is uploaded together with medical conclusions and can be traced by regulatory authorities or ethics committees.

Audit institutions include:

MIT AI Governance Center

Harvard Medical Ethics Board

3. Algorithm bias and fairness

The system has a built-in deviation detection module to correct the deviation of gender, race and geographical characteristics in real time.

Tehioclm also adopts the "Public Model Trust (PMT)" to allow the global community to verify the AI model training process, thereby ensuring that medical AI does not become a "black box power."





Chapter 13 • Global Compliance System And Legal Framework

- 1. Comparison of international regulations
- 2. Regulatory Cooperation and Licenses
- 3. Compliance philosophy: rules are trust

Chapter 13 · Global Compliance System And Legal Framework

The international circulation of medical data is the core problem of global supervision. The definition of "health data" in national regulations varies greatly, which requires Tehioclm to establish a cross-jurisdictional Compliance Layer on top of the technical architecture.

1. Comparison of international regulations

region	Regulatory system	Requirement focus	Tehioclm response measures
European Union	GDPR/MiCA/EUDAMED	Explicit consent, revocable, minimal exposure	Use ZKP + authorization withdrawal mechanism
America	HIPAA/FDA DHD	Encrypted storage, medical device authentication	Blockchain certificate storage + AI algorithm verification
Singapore	PDPA/MAS Sandbox	KYC/AML/Data Protection Certification	Local regulatory sandbox experiment
Hong Kong, the PRC	eHealth Ordinance	Medical cross-border data filing	Use local nodes and isolated sidechains
Switzerland	FADP/FINMA	Cross-border financial data security	Audited by PwC Switzerland

2. Regulatory Cooperation and Licenses

Tehioclm Foundation Completed:
U.S. FinCEN MSB Registration;
EU MiCA Digital Asset License Application;
Singapore MAS Digital Health Sandbox Approval;
UK ICO Data Protection Registration.

Compliance Advisor : Deloitte HealthTech Compliance Group, Chubb Medical Risk

Advisory, AIG Global Cyber Liability.

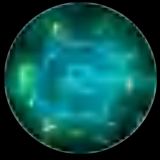
3. Compliance philosophy: rules are trust

Tehioclm sees compliance as part of technology.

Compliance is no longer a passive constraint, but an actively embedded trust algorithm.

The "RegTech-by-Design" model ensures that every data call, AI reasoning, and token circulation complies with the regulatory paths of various countries.





Chapter 14 • Platform Security And Risk Control System

- 1. Five-layer defense system
- 2. Insurance and emergency mechanism
- 3. Incident response and emergency plan

Chapter 14 · Platform Security And Risk Control System

1. Five-layer defense system

1. Account security layer: using FIDO2 biometric identification + two-factor verification;
2. Data security layer: AES256 encryption, Shamir Secret Sharing sharded storage;
3. Smart contract layer: jointly audited by SlowMist and CertiK;
4. Node security layer: geographical isolation and dynamic node scheduling to prevent DDoS;
5. AI risk control layer: Behavior modeling algorithm monitors abnormal calls and fraud.

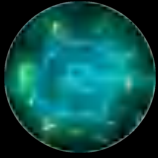
2. Insurance and emergency mechanism

The platform introduces the "HealthShield" global insurance system, which is protected by AIG, Lloyd's, and Ping An Insurance Tech. The coverage includes:

Smart contract vulnerability loss;
Data interruption caused by node attack;
Indirect economic losses caused by medical AI misjudgment.

3. Incident response and emergency plan

Tehioclm established a 7 × 24 security response center and established an emergency cooperation mechanism with Fireblocks, Cloudflare Zero Trust, and IBM X-Force.
All event processing processes are recorded and uploaded and available for audit.



Chapter 15 • Market Strategy And Business Model

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- 1. Core strategic objectives
 - 2. Business model
 - 3. Profit and Growth Forecast

Chapter 15 · Market Strategy And Business Model

1. Core strategic objectives

1. Implement with medical technology as the core scenario: first focus on three types of partners: hospitals, pharmaceutical companies, and insurance companies.
2. Increase value with AI data as core assets: gradually open third-party AI access to form a secondary ecosystem.
3. Take global compliance as a brand barrier: shape compliance, safety, and transparency into industry standards.

2. Business model

Module	Source of income	Method of income
Data confirmation service	Hospitals, scientific research institutions	Annual licensing fee + transaction fee
AI diagnosis and treatment engine	Medical Group	Billing by call volume
Blockchain infrastructure	Insurance, pharmaceutical companies	Node operating fee
NFT Health Assets	Users, Institutes	On-chain transaction profit sharing

3. Profit and Growth Forecast

According to Tehioclm financial forecasting model:

In the first year (2026), there will be 150 + ecological nodes and revenue of 60 million US dollars;

In the second year (2027), revenue will be US \$220 million, with a profit margin of 36%;

In the third year (2028), revenue exceeded US \$500 million, with a profit margin of 45%.

Market share target: cover 100 million users worldwide and serve 10,000 medical institutions by 2030.



Chapter 16 Community And Ecological Incentive System

- 1. Nodes and hierarchy
- 2. Incentive mechanism
- 3. Community governance culture

Chapter 16 Community And Ecological Incentive System

Tehioclm believes that communities are not affiliated, but productive forces of ecology.

1. Nodes and hierarchy

The nodes are divided into nine levels (T1-T9), and the governance rights and profit sharing ratio are obtained according to the pledge amount and data contribution.

The T9 node (super node) needs to be jointly applied by at least three hospitals and a research institution.

2. Incentive mechanism

Proof of Care (POC): personal health behavior incentives (exercise, physical examination, AI consultation participation).

Research Staking: Scientific research project pledges receive long-term rewards.

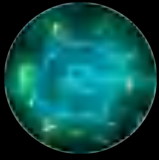
DAO Proposal Bonus: Those who pass the proposal receive governance bonus.

III. Community governance culture

The Tehioclm community advocates "Open Health Culture":

Take transparency as the creed, collaboration as the link, and public welfare as the ultimate goal.

DAO publishes financial reports, scientific research funding lists and ethical review conclusions every quarter to ensure that the development of medical technology is carried out in the sun.



Chapter 17 • Roadmap: From Technology Path To Trust Civilization

- Phase I: The Era of Medical Data Confirmation (2025-2026)
- Phase II: Intelligent diagnosis and treatment and algorithm autonomy (2027-2028)
- Phase III: Healthy Economy and Social Trust System (2029-2032)
- Phase IV: The transition of civilization (2033-2035)

Chapter 17 · Roadmap: From Technology Path To Trust Civilization

The evolutionary history of medicine is the history of continuous reconstruction of human trust mechanism.

From the empirical diagnosis of ancient physicians, to scientific medicine in the 19th century, to intelligent medicine in the 21st century-

Every paradigm shift is driven by a "cognitive revolution".

Tehioclm's roadmap is an evolutionary road centered on data trust → intelligent ethics → social consensus.

Phase I: The Era of Medical Data Confirmation (2025-2026)

The core task of this stage is to "let data have ID cards".

Through H-DID system and distributed privacy computing, Tehioclm returns ownership of medical data to individuals.

This is not only a technological innovation, but also the first decentralization of medical ethics:

--Doctors are no longer the only recorders, and patients are no longer passive objects.

On top of technology, they have become members of a healthy ecological community as equals again.

By the end of 2026, Tehioclm is expected to complete:

The world's first "personal health data sovereignty" system landed;

Three top hospitals have completed blockchain medical record docking (Singapore, USA, Switzerland);

More than 1 million pieces of health data have been confirmed and uploaded.

Phase II: Intelligent diagnosis and treatment and algorithm autonomy (2027-2028)

This is a transition from "data" to "intelligence".

The AI Medical Engine (AIM Engine) will become the core driver module at this stage.

It is no longer just an auxiliary physician, but an "interpretable second opinion system".

At this time, AI must not only be accurate, but also be "ethical".

Each diagnosis must be accompanied by an algorithm audit report (EDR);

Every model update requires a transparent vote by the DAO Medical Ethics Committee.

By 2028, the platform aims:

The AI medical engine covers the three core disease systems of cardiovascular, tumor, and endocrine;

There are more than 1,000 global nodes, distributed in 30 countries;

Established the International Medical DAO Union (Global Health DAO Union).

Phase III: Healthy Economy and Social Trust System (2029-2032)

When medical data is confirmed and intelligent algorithms are audited, economic systems naturally arise.

At this stage, Tehioclm will launch the Global Health Economy Network.

This is not a simple extension of cryptocurrency, but a new economy based on health behavior, AI prediction and insurance claims data.

Personal health will be part of economic credit;

Society will replace some traditional financial credit models with "Proof of Care".

By then, health will not only be a medical proposition, but a new social contract.

Phase IV: The transition of civilization (2033-2035)

When trust is rebuilt by algorithms, ethics is backed by blockchain, and health data becomes a global token,

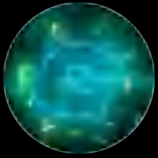
Humanity may usher in "Health Civilization 1.0"--

A new civilization structure with transparency, intelligence and consensus as its core.

Tehioclm's ultimate goal is not technology monopoly, but value inclusiveness;

Instead of letting algorithms replace doctors, let humans and intelligence jointly protect the dignity of life.





Chapter 18: Teams And Advisory Boards: Rational Alliance And Global Consensus

- 1. Founding and Management Team
- 2. Advisory Committee
- 3. Strategic Cooperation Network

Chapter 18: Teams And Advisory Boards: Rational Alliance And Global Consensus

Technology is not an isolated invention, but a collective rational co-creation.

The team structure of Tehioclm embodies a "cross-border balance philosophy":

AI scientists, medical experts, ethicists, blockchain engineers, and international law consultants jointly participate in decision-making,

Let reason, conscience, and innovation coexist.

1. Founders and management team



Dr. John D. Halamka

Chief Executive Officer (CEO)

He is currently the President of Mayo Clinic Platform, a global leader in medical informatics, with extensive experience in driving digital transformation and data integration initiatives.

Specialization: Medical AI platform development, health data governance, and privacy compliance standards.



Prof. Regina Barzilay

Chief Technology Officer (CTO)

Professor of Electrical Engineering and Computer Science at MIT and head of MIT Jameel Clinic.

He is internationally renowned in natural language processing and medical AI applications, and has participated in the development of AI diagnostic models for breast cancer.



Dr. Eric J. Topol

Chief Medical Officer (CMO)

Executive Vice President of Scripps Research and founder of the Scripps Translational Institute.

He has written several monographs on medical AI and personalized medicine, and is a representative figure in global digital medicine.



Dr. Nigam H. Shah

Chief Information Officer (CIO)

Professor at Stanford University School of Medicine and chief data scientist at Stanford Health System.

His research focuses on structured EHR data and learning healthcare systems.



Dr. Andrew Trask

Chief Data Scientist (CDS)

Senior Research Scientist at DeepMind and founder of OpenMined.

A privacy-preserving AI and open-source leader in federated learning.

(Reason for evaluation: OpenMineds open-source ecosystem is well-suited for integration with Tehioclms privacy computing module)



Isabella Hughes

Chief Compliance and Operations Officer (COO/CCO)

Former Global Compliance Head at Deloitte HealthTech.

With regulatory consulting experience in GDPR, HIPAA, and EU MiCA.



Oliver Grant

Chief Strategy Officer (CSO)

Former Director of Strategic Partnerships at Philips Healthcare and co-founder of the Global Health Innovation Alliance (GHIA).

Specializes in mergers and acquisitions in the medical technology industry and the establishment of international business networks.

2. consultative committee



Prof. Dan Boneh

Professor of Computer Science and Electrical Engineering at Stanford University and co-director of the Stanford Blockchain Research Center.

Specialties: cryptography, smart contract security, privacy protection technology.



Dr. Ziad Obermeyer

Associate Professor at the School of Public Health, University of California, Berkeley, specializing in algorithmic justice and health policy.



Prof. Shafi Goldwasser

A Turing Award winner, UC Berkeley professor of computer science, and a pioneer in cryptography and secure computing.



Aneesh Chopra

First U.S. Chief Technology Officer (CTO) and policy advisor on public data and health information standardization.

3. Strategic Partnership Network

Partner institutions are spread across four continents:

Mayo Clinic (USA), Pfizer BioTech Center (USA), GE Healthcare (UK), AIA (Hong Kong)
PwC (Switzerland), Deloitte (Singapore), MIT AI Lab (USA), WHO Digital Health Alliance (International).

This structure is not merely a decorative advisory list but a "multi-centric governance prototype."

Every project decision undergoes dual validation in both technical and ethical dimensions.





Chapter 19 • Investor Relations And Long-Term Vision: The Rationality Of Capital, The Temperature Of Trust

- 1. Capital structure and strategic positioning
- 2. Investment logic
- 3. Long-term vision

Chapter 19 · Investor Relations And Long-Term Vision: The Rationality Of Capital, The Temperature Of Trust

1. Capital structure and strategic positioning

Tehioclm is not a short-term tokenization project, but an infrastructure-level change in the medical system.

At present, it has obtained long-term equity support from the following investment institutions:

Sequoia Health Capital (Venture capital)

Temasek Ventures (Strategic capital)

Singapore MedTech Fund Medical Industry Fund)

Bridgewater BioTech Trust (American Medical Fund)

The common logic of these institutions is that medical data is the next generation asset class.

What they value is not short-term token gains, but the structural restructuring of the global medical industry.

2. Investment logic

The role of capital in Tehioclm is not a speculator, but a "builder of trust".

The project adopts a "two-tier value model":

1. Ecological layer value (long-term): an industrial closed loop based on data sovereignty, AI diagnosis and treatment and health insurance network;
2. Token layer value (liquidity): TEIM serves as a clearing tool and incentive medium for a healthy economy.

Over the next three years, Tehioclm will continue to promote the following capital strategies:

Jointly set up "Health Treasury" with insurance groups;

Launch the AI Medical Innovation Fund (AIMF) to support ecological developers;

Establish a global node pledge alliance (Health Node Alliance) to guide long-term capital to participate in the construction of medical infrastructure.

3. Long-term vision

By 2030, Tehioclm will

Serving 100 million users, covering medical systems in 50 countries;

Become the basic agreement for the trusted circulation of global medical data and AI diagnosis and treatment;

Form an international standard system GHS (Global Health Standard).

But the vision doesn't stop there.

From a larger perspective of civilization, Tehioclm hopes to make "health" the new monetary unit of human society-

Not a tool to measure wealth, but a measure of quality of life.

> "In future economics, health will replace capital as the primary productive force."

>--Prof. Klaus Schwab, Founder of the World Economic Forum



Chapter 20 • Risk Warning, Ethical Foresight And The Future Of Humanity

- Technical risks
- Policy and Legal Risks
- 3. Ethics and social risks
- 4. Future prospects

Chapter 20 · Risk Warning, Ethical Foresight And The Future Of Humanity

Every scientific and technological revolution is accompanied by ethical tests.

When AI begins to "understand disease" and when blockchain can "record life",

Humanity must answer a fundamental question:

Are we ready to give trust to algorithms?

Technical risks

Although blockchain and AI have self-correction mechanisms, they may still appear:

Algorithmic bias leads to misdiagnosis;

Smart contract vulnerabilities trigger data breaches;

Governance risks brought about by node centralization.

To this end, Tehioclm has set up a "Health Safety Lab" to continuously conduct stress testing and model verification;

And establish long-term security audit cooperation with MIT CSAIL and ETH Zürich Secure Computing Lab.

Policy and Legal Risks

The cross-border circulation of medical data touches the boundary between national sovereignty and personal privacy.

Some jurisdictions may restrict the storage and transaction of on-chain medical data.

Tehioclm will ensure its operation under different legal systems through local nodes and "compliance sidechains" mechanisms.

3. Ethics and social risks

The core of medical ethics is "Non-Maleficence".

When AI is involved in diagnosis, this principle must be understood by the algorithm.

Tehioclm advocates the "Explainable Trust" model, which requires all AI systems to have interpretability and ethical audits.

At the same time, the DAO Medical Ethics Committee has freezing authority and can suspend the execution of any algorithm that violates ethics.

4. Future prospects

By 2040, the relationship between medical data, AI algorithms and human life will reconstruct the social structure:

The insurance industry will shift from "compensation logic" to "prevention logic";

Medical care will shift from "treatment mode" to "health prediction mode";

The society will form a new trust system of "health is credit".

Tehioclm's ultimate mission is not to build a chain, but to build a bridge-

A bridge connecting technology and humanities, reason and goodwill, algorithms and trust.



Epilogue

In the future world,

Technology is no longer a symbol of power, but an extension of trust.

AI is no longer just machine learning, but "a distributed continuation of human experience";

Blockchain is no longer just a transaction system, but a "rewriting engine of social contracts".

And Tehioclm, to become the "health charter" of this new era:

Let trust be evidence-based, let data be empowered, let intelligence be virtuous, and let mankind have a promising future.

