



FORM D
NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6) AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY
Prefix Serial
Date Received

Name of Offering () check if this is an amendment and name has changed, and indicate change.)
Units comprising shares of Series A Preferred Stock and Common Stock Purchase Warrants
Filing Under (Check box(es) that apply): () Rule 504 () Rule 505 (x) Rule 506 () Section 4(6)
Type of Filing: () ULOE () New Filing (x) Amendment

A. BASIC IDENTIFICATION DATA

1. Enter the information requested about the issuer
Name of Issuer () Check if this is an amendment and name has changed, and indicate change.) 2003
Sontra Medical Corporation
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
10 Forge Parkway, Franklin, MA 02038 508-553-8850
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
(if different from Executive Offices)

Brief Description of Business
Sontra Medical Corporation is a development-stage medical device company engaged in the research and development of transdermal diagnostic and drug delivery products. The Company's SonoPrep is a non-invasive ultrasound-mediated skin permeation technology for medical and therapeutic applications including transdermal diagnostics and the enhanced delivery of drugs through the skin. Its proprietary ultrasound-mediated skin permeation technology is a non-invasive and painless method of enhancing the flow of fluids and molecules across the protective membrane of the stratum corneum, the outer layer of the skin.

Type of Business Organization
(x) corporation () limited partnership, already formed () other (please specify):
() business trust () limited partnership, to be formed

Actual or Estimated Date of Incorporation or Organization: Month Year
1 0 8 9
() Estimated (x) Actual
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: M N)
CN for Canada; FN for other foreign jurisdiction)

GENERAL INSTRUCTIONS

Federal:
Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)
When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.
Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.
Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and

any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer
 Director General and/or Managing Partner

Full Name (Last name first, if individual)

Davison, Thomas W.

Business or Residence Address (Number and Street, City, State, Zip Code)

10 Forge Parkway, Franklin, MA 02038

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer
 Director General and/or Managing Partner

Full Name (Last name first, if individual)

Moran, Sean

Business or Residence Address (Number and Street, City, State, Zip Code)

10 Forge Parkway, Franklin, MA 02038

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer
 Director General and/or Managing Partner

Full Name (Last name first, if individual)

Amaral, Joseph F.

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Sontra Medical Corporation, 10 Forge Parkway, Franklin, MA 02038

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer
 Director General and/or Managing Partner

Full Name (Last name first, if individual)

Kohler, Gary S.

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Sontra Medical Corporation, 10 Forge Parkway, Franklin, MA 02038

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer
 Director General and/or Managing Partner

Full Name (Last name first, if individual)

Langer, Robert S.

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Sontra Medical Corporation, 10 Forge Parkway, Franklin, MA 02038

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer
 Director General and/or Managing Partner

Full Name (Last name first, if individual)

McNab, James R. Jr.

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Sontra Medical Corporation, 10 Forge Parkway, Franklin, MA 02038

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer
 Director General and/or Managing Partner

Full Name (Last name first, if individual)

Sutter, Martin P.

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Sontra Medical Corporation, 10 Forge Parkway, Franklin, MA 02038

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Check Box(es) that Apply: Director Promoter Beneficial Owner Executive Officer
 General and/or Managing Partner

Full Name (Last name first, if individual)

Thompson, Leigh W.

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Sontra Medical Corporation, 10 Forge Parkway, Franklin, MA 02038

Check Box(es) that Apply: Director Promoter Beneficial Owner Executive Officer
 General and/or Managing Partner

Full Name (Last name first, if individual)

Wigley, Michael R.

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Sontra Medical Corporation, 10 Forge Parkway, Franklin, MA 02038

Check Box(es) that Apply: Director Promoter Beneficial Owner Executive Officer
 General and/or Managing Partner

Full Name (Last name first, if individual)

Essex Woodlands Health Ventures Fund IV, L.P.

Business or Residence Address (Number and Street, City, State, Zip Code)

15001 Walden Road, Suite 101, Montgomery, TX 77356

Check Box(es) that Apply: Director Promoter Beneficial Owner Executive Officer
 General and/or Managing Partner

Full Name (Last name first, if individual)

Vanguard VI, L.P. / Vanguard VI Venture Partners, L.L.C.

Business or Residence Address (Number and Street, City, State, Zip Code)

1330 Post Oak Blvd., Suite 1550, Houston, TX 77056

Check Box(es) that Apply: Director Promoter Beneficial Owner Executive Officer
 General and/or Managing Partner

Full Name (Last name first, if individual)

H&Q Healthcare Investors / H&Q Life Sciences Investors

Business or Residence Address (Number and Street, City, State, Zip Code)

30 Rowes Wharf, Suite 430, Boston, MA 02110

B. INFORMATION ABOUT OFFERING

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?..... Yes No

Answer also in Appendix, Column 2, if filing under ULOE.

2. What is the minimum investment that will be accepted from any individual?..... \$ N/A
Yes No

3. Does the offering permit joint ownership of a single unit?.....

4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.

Full Name (Last name first, if individual)

Keyser, Robert

Business or Residence Address (Number and Street, City, State, Zip Code)

6400 N.W. 6th Way, Suite 310, Ft. Lauderdale, Florida 33309

Name of Associated Broker or Dealer

Dawson James Securities, A Division of Viewtrade Financial

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers
(Check "All State" or check individual

States)..... All States

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| <input checked="" type="checkbox"/> AL | <input checked="" type="checkbox"/> AK | <input checked="" type="checkbox"/> AZ | <input checked="" type="checkbox"/> AR | <input checked="" type="checkbox"/> CA | <input checked="" type="checkbox"/> CO | <input checked="" type="checkbox"/> CT | <input checked="" type="checkbox"/> DE | <input checked="" type="checkbox"/> DC | <input checked="" type="checkbox"/> FL | <input checked="" type="checkbox"/> GA | <input checked="" type="checkbox"/> HI |
| <input checked="" type="checkbox"/> IL | <input checked="" type="checkbox"/> IN | <input checked="" type="checkbox"/> IA | <input checked="" type="checkbox"/> KS | <input checked="" type="checkbox"/> KY | <input checked="" type="checkbox"/> LA | <input checked="" type="checkbox"/> ME | <input checked="" type="checkbox"/> MD | <input checked="" type="checkbox"/> MA | <input checked="" type="checkbox"/> MI | <input checked="" type="checkbox"/> MN | <input checked="" type="checkbox"/> MS |
| <input checked="" type="checkbox"/> MT | <input checked="" type="checkbox"/> NE | <input checked="" type="checkbox"/> NV | <input checked="" type="checkbox"/> NH | <input checked="" type="checkbox"/> NJ | <input checked="" type="checkbox"/> NM | <input checked="" type="checkbox"/> NY | <input checked="" type="checkbox"/> NC | <input checked="" type="checkbox"/> ND | <input checked="" type="checkbox"/> OH | <input checked="" type="checkbox"/> OK | <input checked="" type="checkbox"/> OR |
| <input checked="" type="checkbox"/> RI | <input checked="" type="checkbox"/> SC | <input checked="" type="checkbox"/> SD | <input checked="" type="checkbox"/> TN | <input checked="" type="checkbox"/> TX | <input checked="" type="checkbox"/> UT | <input checked="" type="checkbox"/> VT | <input checked="" type="checkbox"/> VA | <input checked="" type="checkbox"/> WA | <input checked="" type="checkbox"/> WV | <input checked="" type="checkbox"/> WI | <input checked="" type="checkbox"/> WY |

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers
(Check "All State" or check individual

States)..... All States

| | | | | | | | | | | | |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> AL | <input type="checkbox"/> AK | <input type="checkbox"/> AZ | <input type="checkbox"/> AR | <input type="checkbox"/> CA | <input type="checkbox"/> CO | <input type="checkbox"/> CT | <input type="checkbox"/> DE | <input type="checkbox"/> DC | <input type="checkbox"/> FL | <input type="checkbox"/> GA | <input type="checkbox"/> HI |
| <input type="checkbox"/> ID | <input type="checkbox"/> IL | <input type="checkbox"/> IN | <input type="checkbox"/> IA | <input type="checkbox"/> KS | <input type="checkbox"/> KY | <input type="checkbox"/> LA | <input type="checkbox"/> ME | <input type="checkbox"/> MD | <input type="checkbox"/> MA | <input type="checkbox"/> MI | <input type="checkbox"/> MN |
| <input type="checkbox"/> MO | <input type="checkbox"/> MT | <input type="checkbox"/> NE | <input type="checkbox"/> NV | <input type="checkbox"/> NH | <input type="checkbox"/> NJ | <input type="checkbox"/> NM | <input type="checkbox"/> NY | <input type="checkbox"/> NC | <input type="checkbox"/> ND | <input type="checkbox"/> OH | <input type="checkbox"/> OK |
| <input type="checkbox"/> OR | <input type="checkbox"/> PA | <input type="checkbox"/> RI | <input type="checkbox"/> SC | <input type="checkbox"/> SD | <input type="checkbox"/> TN | <input type="checkbox"/> TX | <input type="checkbox"/> UT | <input type="checkbox"/> VT | <input type="checkbox"/> VA | <input type="checkbox"/> WA | <input type="checkbox"/> WV |
| <input type="checkbox"/> WI | <input type="checkbox"/> WY | | | | | | | | | | |

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All State" or check individual

States)..... All States

- | | | | | | | | | | | | |
|------|------|------|------|------|------|------|------|------|------|------|------|
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] |
| [ID] | | | | | | | | | | | |
| [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] |
| [MO] | | | | | | | | | | | |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] |
| [PA] | | | | | | | | | | | |
| [RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] |
| [PR] | | | | | | | | | | | |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

| Type of Security | Aggregate Offering Price | Amount Already Sold |
|---|-----------------------------|---------------------------|
| Debt | \$ 0 | \$ 0 |
| Equity | \$ 7,000,000 | \$ 7,000,000 |
| <input type="checkbox"/> Common <input checked="" type="checkbox"/> Preferred | | |
| Convertible Securities (including warrants) | \$0 | \$ 0 |
| Partnership Interests | \$0 | \$ 0 |
| Other (Specify _____) | \$0 | \$ 0 |
| Total | \$7,000,000 | \$7,000,000 |

Answer also in Appendix, Column 3, if filing under ULOE.

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

| | Number Investors | Aggregate Dollar Amount of Purchases |
|---|---------------------|--|
| Accredited Investors | 112 | \$7,000,000 |
| Non-accredited Investors | 0 | \$ 0 |
| Total (for filings under Rule 504 only) | NA | \$NA |

Answer also in Appendix, Column 4, if filing under ULOE.

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.

| Type of offering | Type of Security | Dollar Amount Sold |
|--------------------|---------------------|-----------------------|
| Rule 505 | NA | \$N/A |
| Regulation A | NA | \$ N/A |
| Rule 504 | NA | \$ N/A |
| Total | NA | \$ N/A |

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

| | | |
|--|-------------------------------------|-------------------|
| Transfer Agent's Fees | <input type="checkbox"/> | \$ _____ |
| Printing and Engraving Costs | <input type="checkbox"/> | \$ _____ |
| Legal Fees | <input checked="" type="checkbox"/> | \$ <u>75,000</u> |
| Accounting Fees | <input checked="" type="checkbox"/> | \$ <u>10,000</u> |
| Engineering Fees | <input type="checkbox"/> | \$ _____ |
| Sales Commissions (specify finders' fees separately) | <input checked="" type="checkbox"/> | \$ <u>700,000</u> |
| Other Expenses (identify) | <input type="checkbox"/> | \$ _____ |
| Total | <input checked="" type="checkbox"/> | \$ <u>785,000</u> |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

- b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."\$6,215,000
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

| | Payments to Officers, Directors & Affiliates | Payments To Others |
|---|--|---|
| Salaries and fees | <input type="checkbox"/> \$ _____ | <input type="checkbox"/> \$ _____ |
| Purchase of real estate | <input type="checkbox"/> \$ _____ | <input type="checkbox"/> \$ _____ |
| Purchase, rental or leasing and installation of machinery and equipment | <input type="checkbox"/> \$ _____ | <input type="checkbox"/> \$ _____ |
| Construction or leasing of plant buildings and facilities | <input type="checkbox"/> \$ _____ | <input type="checkbox"/> \$ _____ |
| Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)..... | <input type="checkbox"/> \$ _____ | <input type="checkbox"/> \$ _____ |
| Repayment of indebtedness | <input type="checkbox"/> \$ _____ | <input type="checkbox"/> \$ _____ |
| Working Capital | <input checked="" type="checkbox"/> \$ _____ | <input checked="" type="checkbox"/> \$6,215,000 |
| Other (specify): <input type="checkbox"/> \$ _____ | <input type="checkbox"/> \$ _____ | <input type="checkbox"/> \$ _____ |
| Column Totals | <input type="checkbox"/> \$ _____ | <input checked="" type="checkbox"/> \$6,215,000 |
| Total Payments Listed (Column totals added) | <input checked="" type="checkbox"/> \$6,215,000 | |

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

| | | |
|---|--|--------------------|
| Issuer (Print or Type) <i>Sontra Medical Corporation</i> | Signature <i>Sean Moran</i> | Date 10-15-2003 |
| Name of Signer (Print or Type) Sean Moran | Title of Signer (Print or Type) Chief Financial Officer | |

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)