TrialMaster®

The Most Innovative, Intuitive and Flexible Electronic Data Capture Technology

TrialMaster® electronic data capture suite offers a compelling solution for electronic data capture with the most intuitive end-user experience, productive study-design tools, flexible reporting, off-the-shelf integrations and convenient mechanisms for importing and exporting data.

Above-and-beyond typical EDC functions, the TrialMaster Suite can perform many tasks that historically have been seen in clinical applications external to an EDC system. Bringing these modules into the TrialMaster Suite adds a depth of functionality that offers unique business benefits to our customers, including: improved efficiency and communication across multiple business units, faster study completion and a reduction in costly integration projects. These benefits can amount to significant cost-savings across a clinical organization.

Benefits

Improve Data Quality and Provide Actionable Insights

- Guide site users through simple, accurate data entry.
- Drive cleaner data with real-time data validation and dynamic eCRFs.
- Capture data directly from patients.
- Enable clinical research associates and data managers to spend less time on query management, leaving more time for data analysis.
- Use personalized homepages to provide insights across the trial.

Faster EDC Set Up

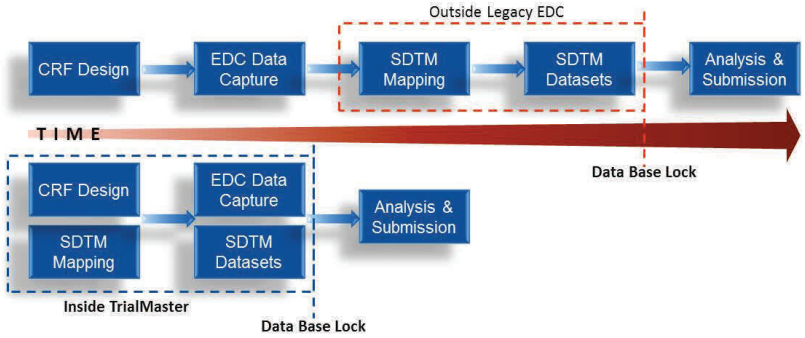
- Streamline study build timelines with a simple-to-use, drag-and-drop user interface.
- Enforce standards across studies with reusable libraries and templates.
- Gain access to flexible support for the design of any phase and type of study.

Reduce Complexity, Improve Quality and Reduce Time-to-Study Submission

- Establish corporate standards for CDISC, CDASH at study build.
- Standardize datasets across studies and therapeutic areas.
- Facilitate data exchange with multiple partners.
- Realize long-term efficiencies.
- Ability to use standard tools and processes.
- Faster time and less-costly creation of SDTM datasets.

TrialMaster Modules

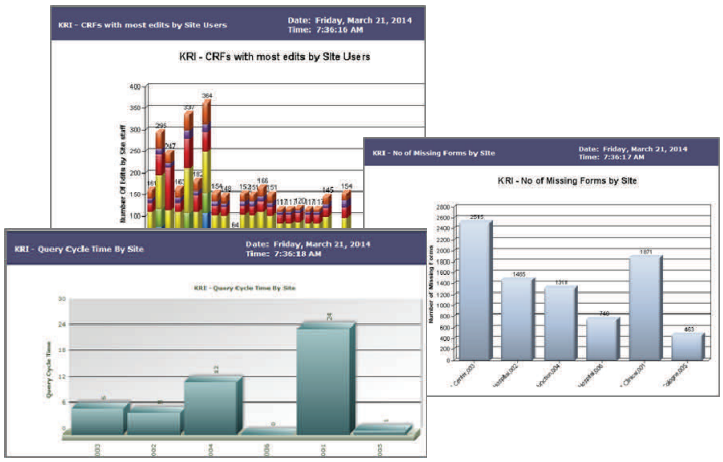
TrialMaster EDC
TrialBuilder
TrialExplorer
Export Utility
Ad-Hoc Reporting and Analytics
Auto-encoder
SafetyLink
OmniConnect
FDA Submission & Archive Utility
eLearning

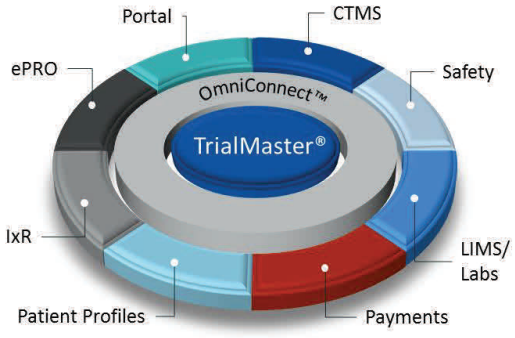


OmniComm®
eClinical Solutions for Life™

Enable Risk-Based Monitoring

- Review key risk-indicator metrics.
- Reduce source-data-verification overhead and time.
- Facilitate different monitoring plans at diverse sites concurrently.
- Switch site-monitoring plans mid-study.
- Include/exclude patients for monitoring both automatically and manually.
- Load and redact source documents for remote review.
- Support integration to downstream risk-based monitoring tools.





Integrate Existing Clinical Infrastructure

- OmniConnect™ imports patient data from diverse sources.
- Facilitate file-based and web-service integrations with complementary technologies.
- Support industry standards such as CDISC ODM.
- Create integrations that are not impacted by underlying technology changes.
- Populate a pharmacovigilance system electronically from data collected in TrialMaster.

TrialMaster Value

- Guided data-entry paradigm facilitates quality data collection with minimum overhead and queries – reducing data-management costs.
- Design trials to aggressive timelines with a non-technical intuitive design environment – reducing trial-design costs.
- Support industry standards, such as CDISC SDTM, without the need for third-party tools – reducing data-processing and technology costs.
- Integrate other best-of-breed complementary technologies with sophisticated, robust connectivity – reducing application-management costs.
- Maximize data-quality, while minimizing risk and utilizing monitors efficiently – reducing monitoring costs.

Scalable: Innovative SaaS technology platform and professional expertise to scale for any trial size.

Reliable: 5000+ clinical studies. Singular focus delivering high-quality, reliable clinical data efficiently and cost effectively.

Efficient: Integrate data from existing clinical applications to minimize execution risk, study-team burden, and costs.

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