



Who Will Win?

SCRS West Tech & Innovation Summit



Our Voice | Our Community | Your Success

THIS ENTITLES YOU TO ONE COMPLIMENTARY ATTENDANCE TO ANY SCRS SUMMIT OR WORKSHOP THROUGH 2026



Optimizing Study Startup Budgeting & FMV Benchmarking

Jim Tolley Director, Site Payments & Budgeting



Greenphire Solutions Portfolio





Site Payments

Benchmarking Data



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Budgeting with Investigator FMV

Build accurate budgets & negotiate faster



Budgeting Challenges for Sites

Lack of Market Data

Sites rely on their own historical data and/or incomplete data to begin negotiations.

Delayed Negotiations

Sites struggle to justify their costs, which results in longer negotiation cycle times and lower negotiated costs.





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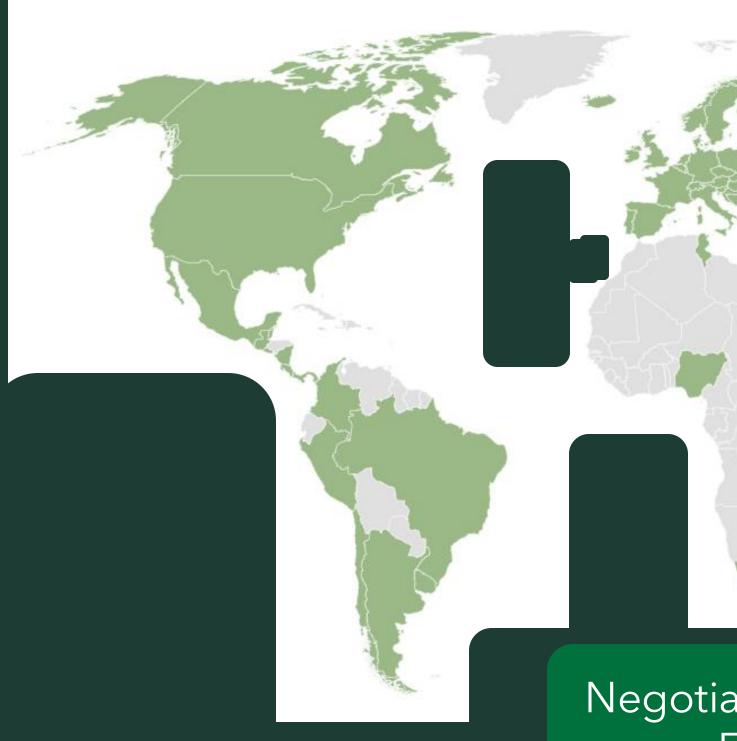
Site Payment Experience

75+ Countries

180+ Sponsors/CROs

75k+ Payees (48k OUS)

> **\$5B+** Site Payments



Negotiated actuals feed our FMV database



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Greenphire Site Payments FMV

Improve budget accuracy and speed up negotiations



Quarterly Updated Global Data

Automated quarterly update of global FMV, segmented by Country and Code



Real-World Contracted Rates

Includes data from original contracted rates & all subsequent amendments



Comprehensive Code Coverage CPT Codes and 250+ Proprietary codes to

account for Admin Fees, Hourly Rates, ICF, etc.



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Visits & Procedures

Study Template Configuration

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Study Template Configuration

HRH1000-18

Invoiceables

Treatment Arm

Default

Visits & Procedures

✓ Edit Treatment Arms

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CREATE AMENDMENT

V1 09-MAY-2025

MANAGE CUSTOM PROCEDURES



Invoiceables

Study Template Configuration Ê Study Template Configuration ŧ. HRH1000-18 Visits & Procedures Invoiceables 5 >>> Units Code Procedure Alias Remote Monitoring, per visit CC635 Monitoring visit (... 6 CC905 Ethics Committee/Institutional Review Board Amendm... IRB Amendment 4 70552 10 MRI scan of brain with contrast MRI - Brain 72196 MRI scan of pelvis with contrast MRI - Pelvis (w/ ... 10 Study Start-Up Fee, Administrative Start-Up Fee CC900 Site Startup 1 Study Close-Out Fee CC912 Site Closeout 1 7 Adverse Events (AE) CC007 Search by code, name or description

CREATE AMENDMENT

V1 09-MAY-2025

MANAGE CUSTOM PROCEDURES

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Applying Data

Country Templates

Treatment Arm

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	850	025	Complete Blood Cell Count and aut	CBC		07-MAY-2025	25.00	50.00	75.00	90.00	50.00	75.00	17	1	1	1	1
													Baseline Total (50th perc	1147.50	877.50	810.00	945.00
													Max Total (75th percentile)	1721.25	1316.25	1215.00	1417.50
				•													

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Totals per visit including baseline and maximum



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Actionable Export to Begin Negotiations

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16 99205		Informed Consent (ICF)		30% 2024-10-18	55.00 125.00	72.00 162.00	90.00 190.00		162.00	3	3			
17 99212		Office/Outpatient Visit New Patient Office/Outpatient Visit (10 minutes)		30% 2024-10-18	125.00	21.00	38.00		21.00	16	1	1	1	
18 99211		Office/Outpatient Visit (5 minutes)		30% 2024-10-18	6.00	10.50	19.00		10.50	10	1	1	1	
19 87624		HPV Test		30% 2024-10-18	44.00	52.00	67.00		52.00	1	1			
20 94010		Breathing Capacity Test		30% 2024-10-18	23.00	46.00	58.00		46.00	1	1			
21 93000		Routine EKG using at least 12 leads (includes interpretation and report)		30% 2024-10-18	546.00	702.00	895.00		702.00	5	1	1		
22 85025		Complete Blood Cell Count and automated differential of WBC		30% 2024-10-18	74.00	92.00	112.00		92.00	17	1	1	1	
23 80061		Lipid Panel		30% 2024-10-18	60.00	73.00	89.00		73.00	7	1			
24 80053		Comprehensive Metabolic Panel		30% 2024-10-18	60.00	73.00	889.00		73.00	17	1	1	1	
25 81000		Manual urinalysis test with examination using microscope		30% 2024-10-18	68.00	90.00	112.00		90.00	17	1	1	1	
26 84702		Serum Pregnancy Test (amount of hCG)		30% 2024-10-18	44.00	62.00	79.00		62.00	8	1			
27 96413		Chemo IV Infusion (1 hour)		30% 2024-10-18	1225.00	1468.00	1690.00		1468.00	12		1	1	
28 CC801		Complex Pharmacy Preparation & Dispensation		30% 2024-10-18	46.00	89.00	95.00	104.00	89.00	12		1	1	
29 CC307		Image/Scan Preparation for Central lab transfer		30% 2024-10-18	43.00	57.00	68.00		57.00	3	1			
30 CC007		Adverse Events (AE)		30% 2024-10-18	85.00	102.00	115.00		102.00	17	1	1	1	
31 99000		Specimen Handling Office-Lab		30% 2024-10-18	46.00	62.00	74.00		62.00	17	1	1	1	
32 CC602		Physician, hourly		30% 2024-10-18	175.00	249.00	314.00		249.00	17	1	1	1	
33 CC620		Outpatient Clinic Visit, per visit		30% 2024-10-18	225.00	275.00	350.00		275.00	17	1	1	1	
34 CC615		Admin/Data Entry, hourly		30% 2024-10-18	25.00	33.00	38.00	52.00	33.00	19	3	1	2222.05	
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37	ADDITION	AL TREATMENT RELATED COSTS - TO BE INVOICED			Benchma									
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39 CC004		Inclusion/Exclusion Criteria Check		30% 13.75		22.50	36.25		10	180.00	54.00	234.00		
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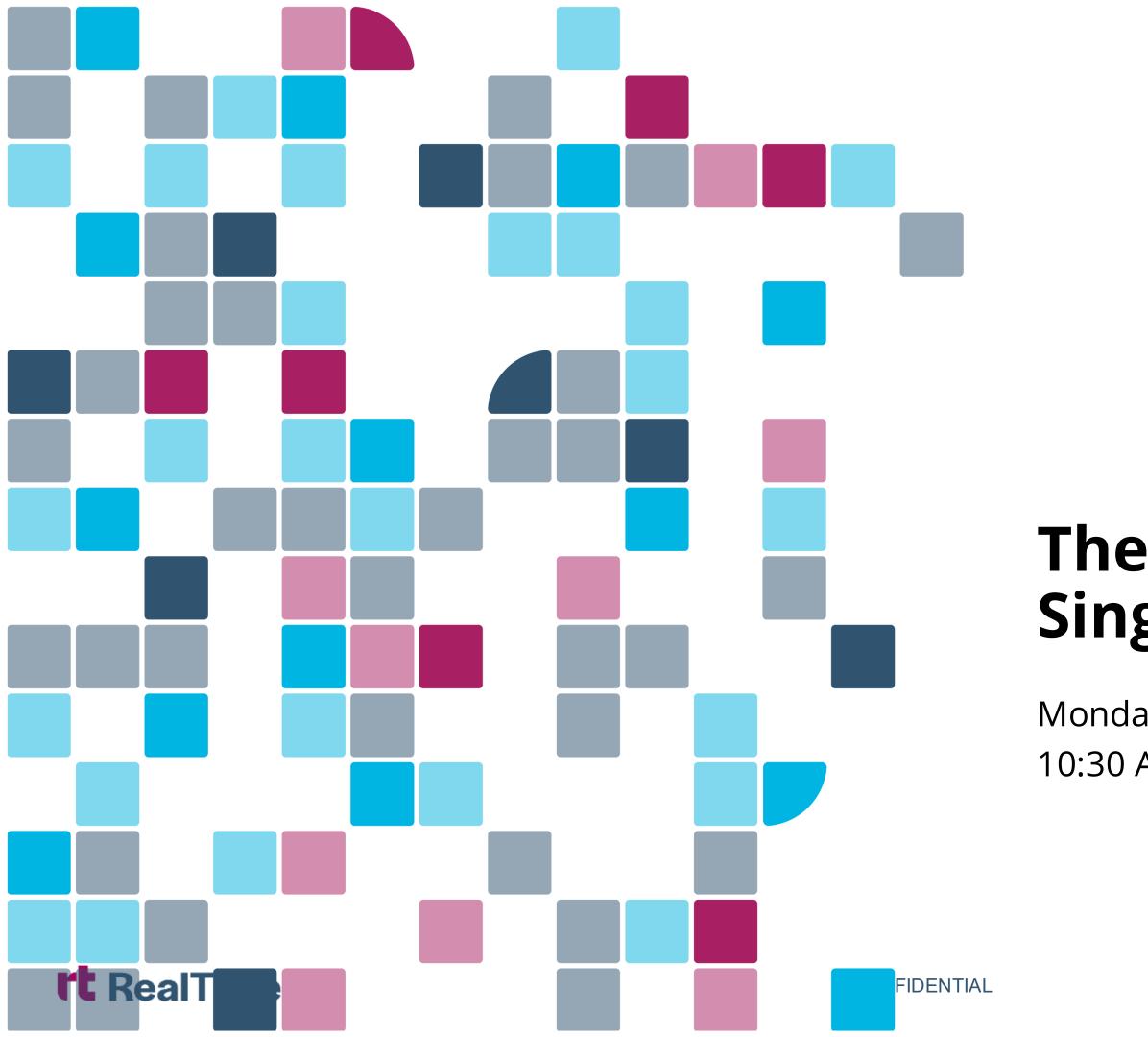




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Site Solutions Summit[™]

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The Advantage of a Single eClinical System

Monday, June 2, 2025 10:30 AM – 10:45 AM

Session Speaker



Rick Greenfield, BBA-IS Founder & Chief Strategy Officer, RealTime

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Why a Truly Integrated Platform is a Game Changer

Managing clinical trials can feel overwhelming when systems are disconnected and data are scattered.

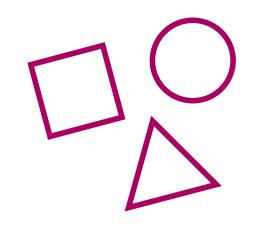
In this webinar, we'll explore how a **Site Operations Management System (SOMS)** transforms chaos into streamlined efficiency.

Learn how an integrated platform

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Disparate Systems vs All-in-One



Disparate Systems

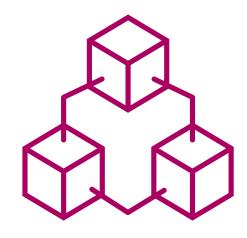
- Lacks transparency
- Numerous logins, trainings, updates, vendors, etc.
- No cross-functional workflows
- Delayed decision-making

for ALL)

Comprehensive reporting

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All-in-One

•Centralized operations

A unified platform (An IS)

Crossfunctional workflows bring the organization together.

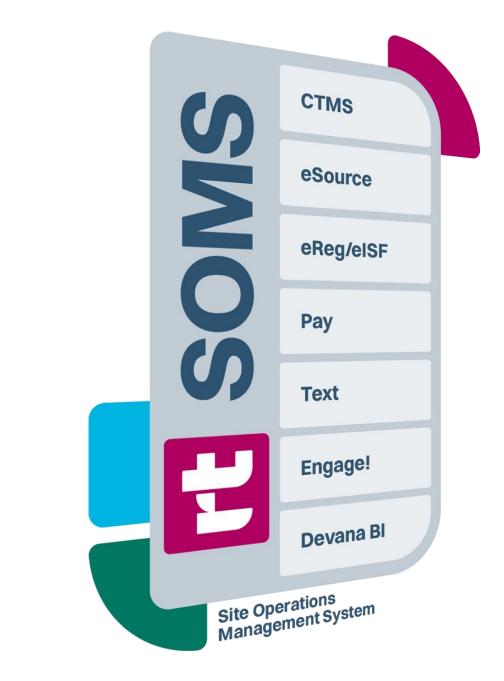
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All-in-One System: A Total Package Solution



Increase **Productivity**.

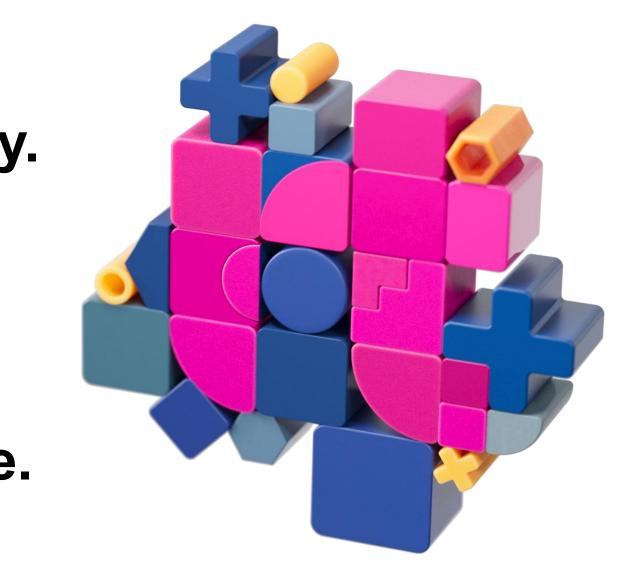
Eliminate Silos.

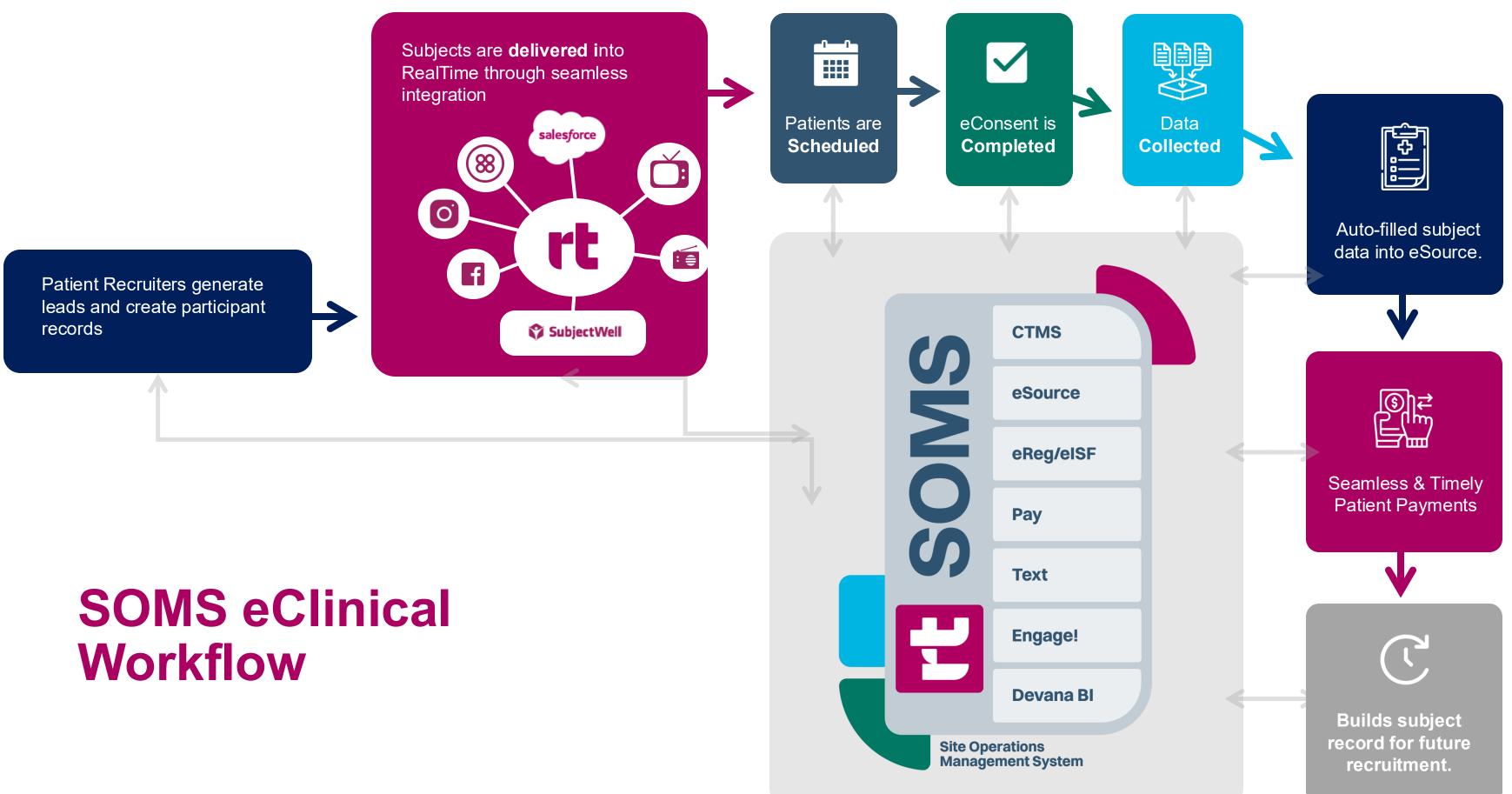
Scale Faster.

Improve Compliance.

It RealTime

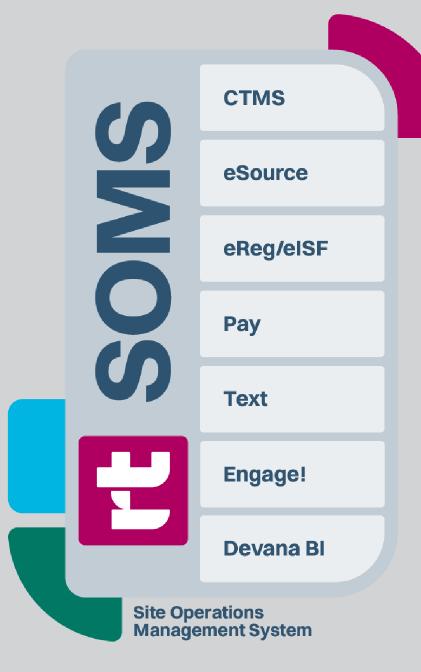
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Recruitment

Web Integration Meta Integration Lead Funnel Management

Clinical

Regulatory

Management

Accounting





Campaign Accounting Pre-screening and Scheduling Remarketing Activities

- Screening/Visit Completion
- eConsent
- Data Collection/Management
- Procedure/Provider Completion
- **Query Management**
- Stipend Payments Regulatory Submissions
- **Document Management**
- ICF Version Control/Routing
- Staff/Investigator eSignatures
- Monitor Visits/Query Management Feasibility Assessment Central Site Docs Management Staff Visibility/Oversight
- **Business Intelligence**
- Study Progress Tracking
- Participant Satisfaction Review Study Visit/Procedure Tracking Financial Oversight Invoicing/Collections
- **Provider Payments**

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Mobile App

Our Mobile App allows for increased efficiency, cellular/4G access to your SOMS, simplified workflows for doctors and staff, Touch and Face ID, and so much more!

Key Features:

- Available on both Android and iOS
- Easy access to studies, patients, and calendars
- Patient referral (CTMS)
- Voice dictation (eSource)
- Camera feature (eSource)
- Fingerprint and Face ID electronic signatures (eDocs and eSource)



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Conduct research from **anywhere**!

MyStudyManager[™] Participant Portal

Recruitment



Compliance Mitigate risk

Retention





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Increase your pool of participants with DCT

Strengthen connections with participants and improve engagement

Decrease participant drop out rates

Revenue/Growth

Improve site profitability

A Single Source of Truth: How Cedar Health Research Increased Patient Recruitment by 160%



The Challenge

As the organization continued to scale, CHR faced challenges in managing clinical trials using multiple, disconnected systems. These disparate platforms created inefficiencies which made it harder to report on key metrics and coordinate between teams, particularly impacting workflows for overall study management and patient recruitment.

Site Profile

Cedar Health Research (CHR) is a private clinical research organization focused on leveraging cutting-edge technology to enhance clinical trial efficiency and patient engagement. CHR is dedicated to advancing medical science while maintaining the highest ethical standards and providing exceptional customer service.

Before RealTime

- Disparate systems and lack of transparency
- Multiple platforms and inefficient collaboration
- Fragmented reporting and manual data reconciliation

After RealTime

- Centralized operations with real-time data access
- One unified platform for better collaboration
- Automated reporting for improved decision-making

The Solution

CHR transitioned to RealTime-SOMS, a complete eClinical solution combining all trial management functions (including CTMS, eSource, eReg, and more) into a single platform to reduce complexity and improve site management. SOMS provided a centralized system where all team members could access the same real-time data, reports, and study updates.

The Results

- 160% increase in patient recruitment
- 98% reduced time to average contact
- 60 hours of time savings in patient recruitment

"The beautiful thing about RealTime is when my operations team and I come in we can all see the same data. Reports. budgets – it's all there." Reduced administrative site burden - MJ Hamersman Chief of Staff to the CEO Gedar Health Research Common platform for central and site based teams

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ment ontact ent recruitment



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Contact Information



Rick Greenfield, BBA-IS

Founder & Chief Strategy Officer rgreenfield@realtime-eclinical.com



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An industry approach is the only solution to tech overload

But if we build it, will they come?



Vendor partnerships

Coming together to acknowledge and solve the problem Single sign on

Simplifying access through one site-specific credential

Personalized dashboard

Giving users a starting point for all study activities



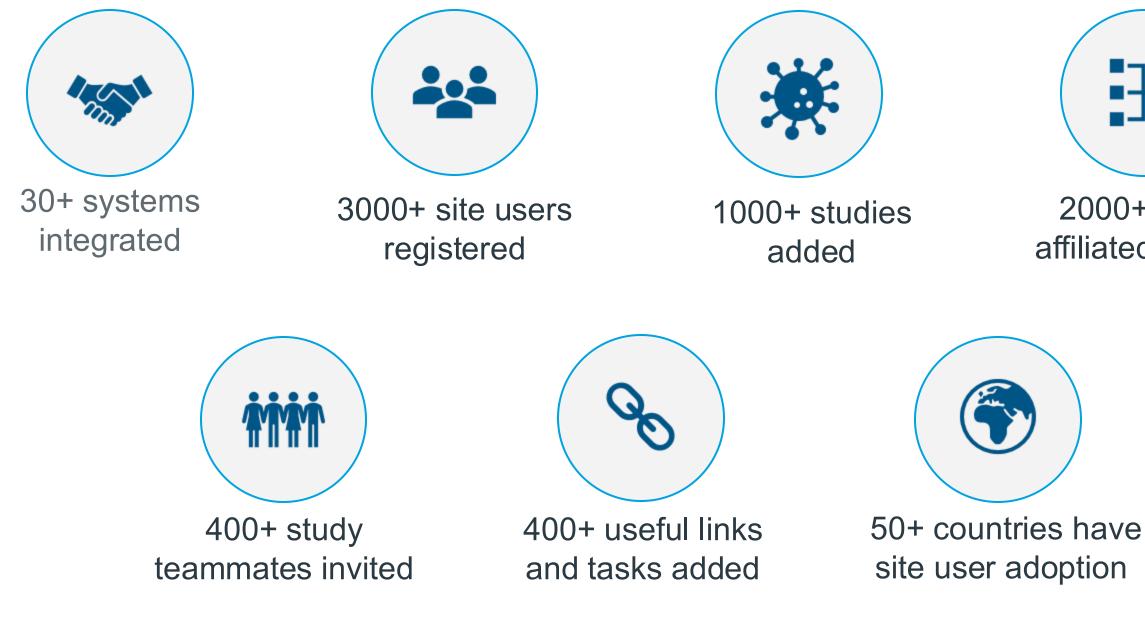


Yes, thanks to dedicated people in our industry!



Sites and tech partners are settling into One Home

Metrics since Q4 2024 release demonstrate quick and strong adoption*



*Counts as of May 31, 2025

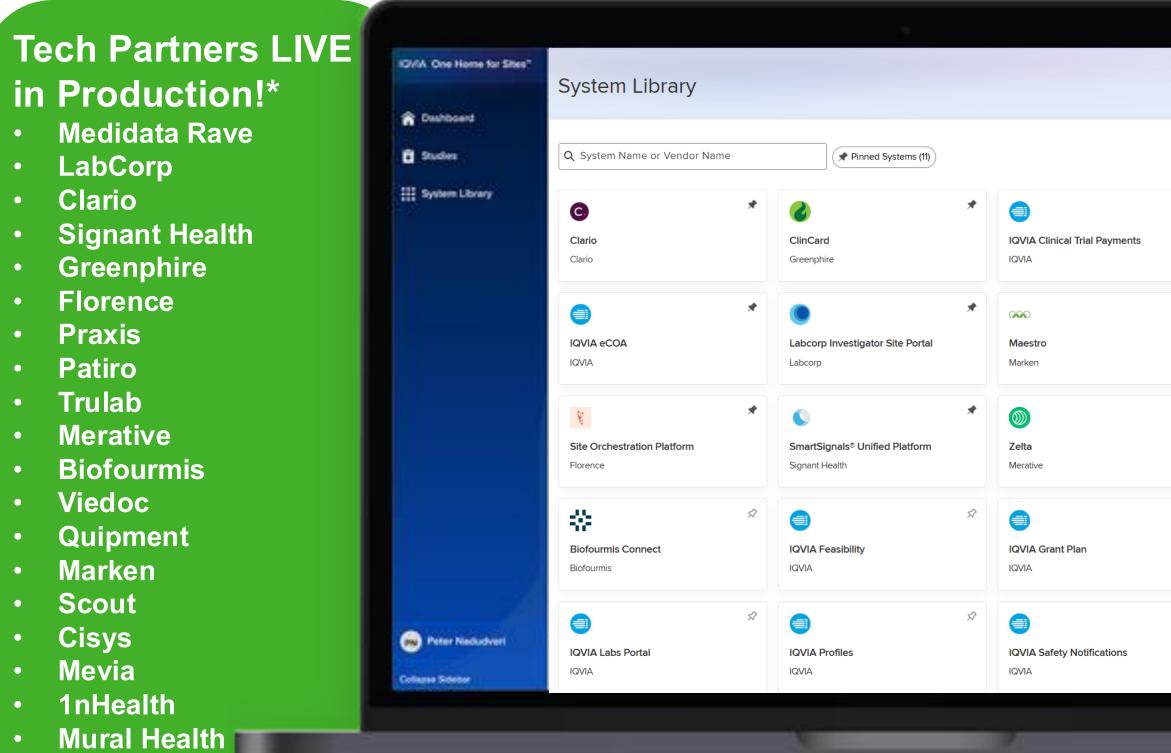


2000+ systems affiliated to studies



One Home For Sites "Tiles" in the SSO System Library

Thank you to all our tech vendors!



*	IQVIA Investigator Site Portal	*
*	→S RAVE EDC Medidata	*
*	InData InHealth	\$
\$	IQVIA IRT IQVIA	Ŕ
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IQVIA Products LIVE in **Production!**

- **Investigator Site Portal**
 - **Site Activation**
 - Site Training •
 - Site Engagement •
- **Feasibility**
- **Safety Notifications**
- **Clinical Trial Payments**
- GrantPlan
- IRT
- eCOA
- **Online Profiles**
- **IQVIA** Laboratories
- **Referral Hub**



Sites gain value from One Home for free while critical mass of tech vendors and sponsors builds

Self-Registration – Live in Production

Site users can now register for One Home to unlock the value of the SSO System Library without sponsor intervention.



User Customization – Live in Production

Site users can customize their home page to centralize access to their preferred systems, studies, and tasks and launch into actions with fewer clicks.



Study Team Creation – Live in Production

Site users can build a group of study team members and easily share study pages to reduce the need for every team member to build their own.



Links to Tools and Tasks – Live in Production

Site users can create and share study pages that include links to relevant systems and tools with their study teams, as well as create and share tasks.



Sponsor and CRO licensed version add value

Enhance the Site Experience through Automation and Site Engagement

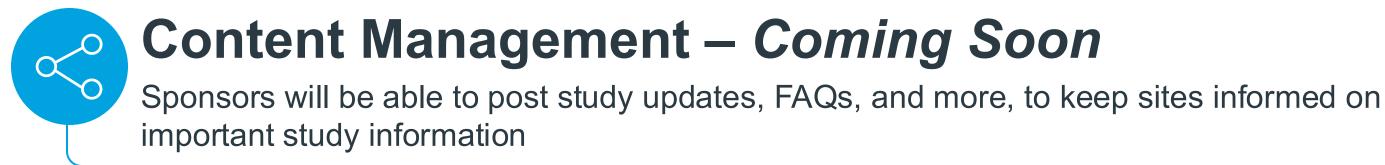
Automated Study Setup – Live in **Production**

Site users will have the studies they are affiliated with automatically created for them in their studies list



Automated System Setup – Live in **Production**

Site users will automatically have applicable systems affiliated to their studies



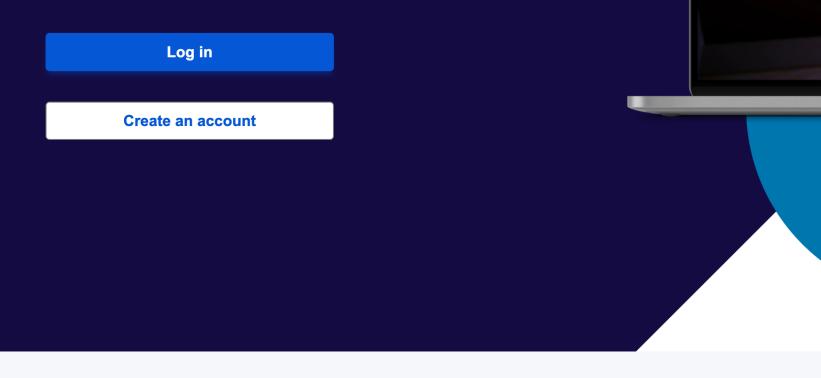




One Home for Sites™

Empowering Sites with Integrated Solutions

One Home for Sites[™] is the only solution that unifies and simplifies site operations, acting as a centralized hub to connect, streamline, and organize all key systems and tasks needed to manage multiple clinical trials at once.



Integrated System Partners





QVIA One Home for Sites™					
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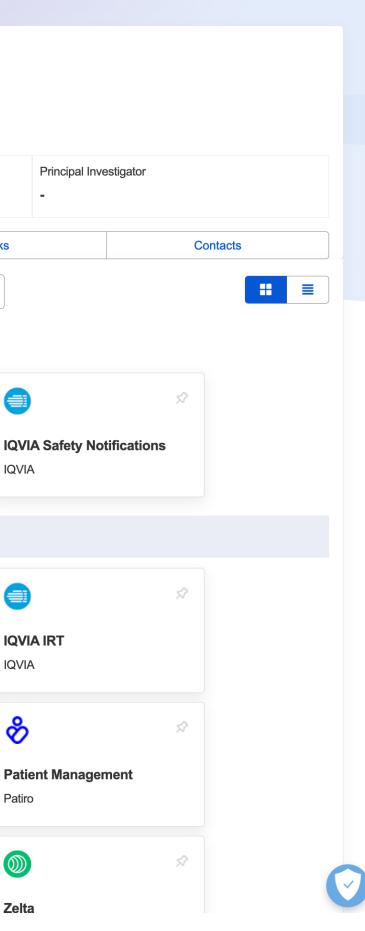


IQVIA One Home for Sites™	System Library			
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IQVIA One Home for Sites™			
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System Library	Protocol ID INCB 18424-226	Site Number	
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	Add and manage your systems for this study here	Added by One Home	
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Interim Results from IQVIA RDS Pilot of One Home for Sites

50 responses to first survey, with final results due end of May

Sites

• 95% of users reported time saved using OHFS and/or disappointed if OHFS was no longer available

- 91% reported significant or some time saved using OHFS
- 77% would be very or somewhat disappointed if OHFS was no longer available

"It's very user friendly and time efficient for the site users."

- Investigator

IQVIA RDS

"I hope more studies begin implementing this as it makes finding pertinent sites and information MUCH easier for all members of the study team."

"Site staff love this, and it makes finding all vendors much easier."

100% reported they were satisfied with OHFS

• 100% reported they would like to use OHFS on other studies

• 80% report little-to-no effort required for initial and ongoing support of sites, with 20% reporting some effort

- RDS

- CRA, IQVIA RDS



One Home Site Adoption: Keys to Success

Having everything housed in one platform has significantly improved our organization. It's reduced frustration, helped us manage tech burnout, and made it easier for our team and investigators to stay on top of both research and clinical responsibilities."

- Executive commitment

- days



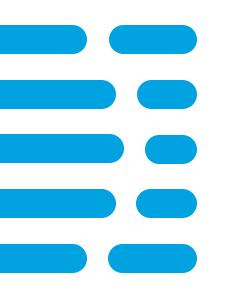
RR

Bridget Ristagno

VP, Clinical Ops **Pan-American Clinical** Research

30-minute introduction to key staff Expectations set for use Informal feedback requested after 30





Call to Action for Sites *Register for One Home Today!*

+Register for One Home for Sites at https://onehome.clintech.iqvia.com

+Access the SSO System Library

+Start customizing your One Home experience

Hit the "Request a System" button to tell us which tech vendors you'd like to see in One Home Tell your sponsors and tech vendors directly that you want them to join One Home





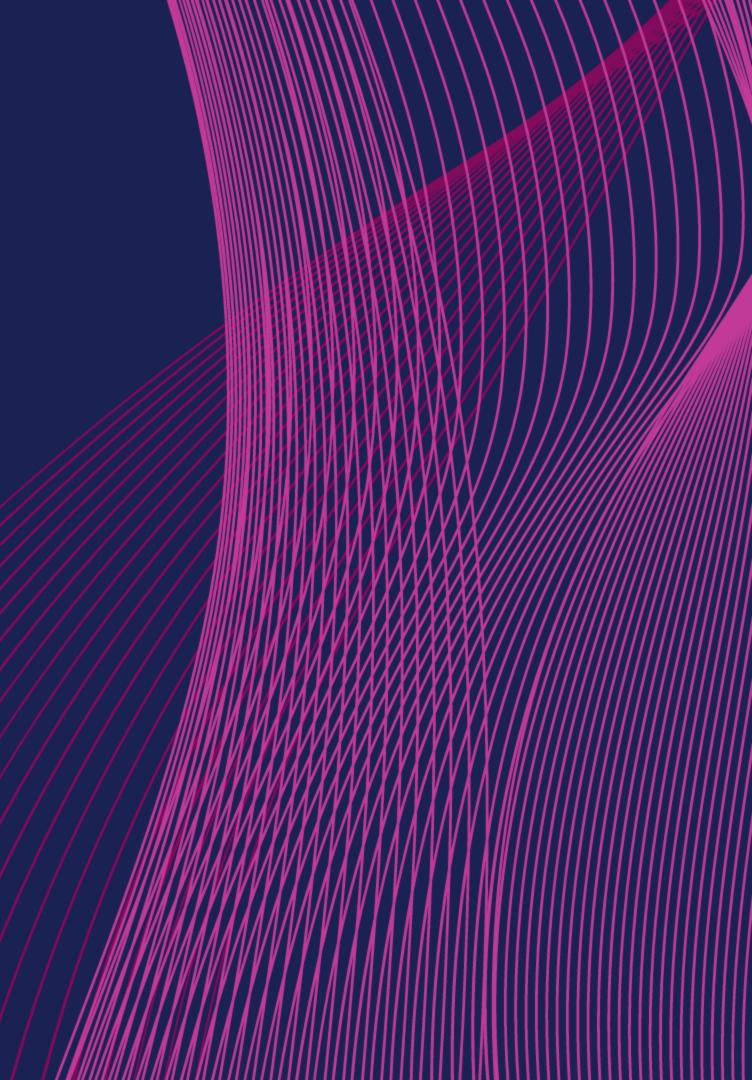
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Scaling Smarter: Innovation That Powers Clinical Research Sites



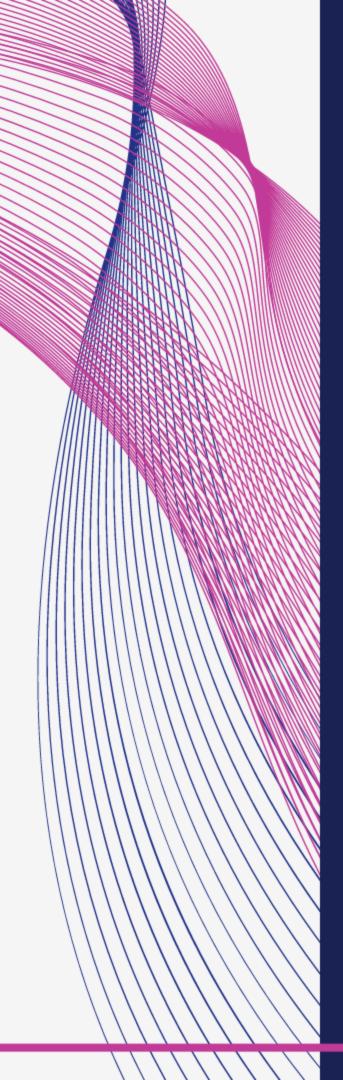
SPEAKERS



Alexandra Gerritsen Co-CEO & Founder UniTriTeam



Michelle Martinez VP of Technology UniTriTeam



UNITRITEAM

Our Goal

Optimize site operations through smart technology and global clinical talent.

Why It Works

- Affordable support from highly skilled international teams
- ✓ Scalable staffing & tech solutions tailored for research sites

Core Services

- Technology Implementation & Automation
- Site Staff Augmentation
 - **Regulatory Support** •
 - CTMS Management
 - EDC Entry & Query Resolution





Built for Sites by Former Site Operators

The Challenge:

Clinical research sites are overwhelmed by:

- Too many technology options
- Misaligned systems
- Limited implementation support

Our Solution:

We design and implement technology that fits realworld clinical workflows — not the other way around.

Our Approach to Innovation:

- Collaborative
- - Affordable
- \sim
 - Scalable









Live Poll: "If you could automate one process at your site what would it be?"

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Real World Case Studies



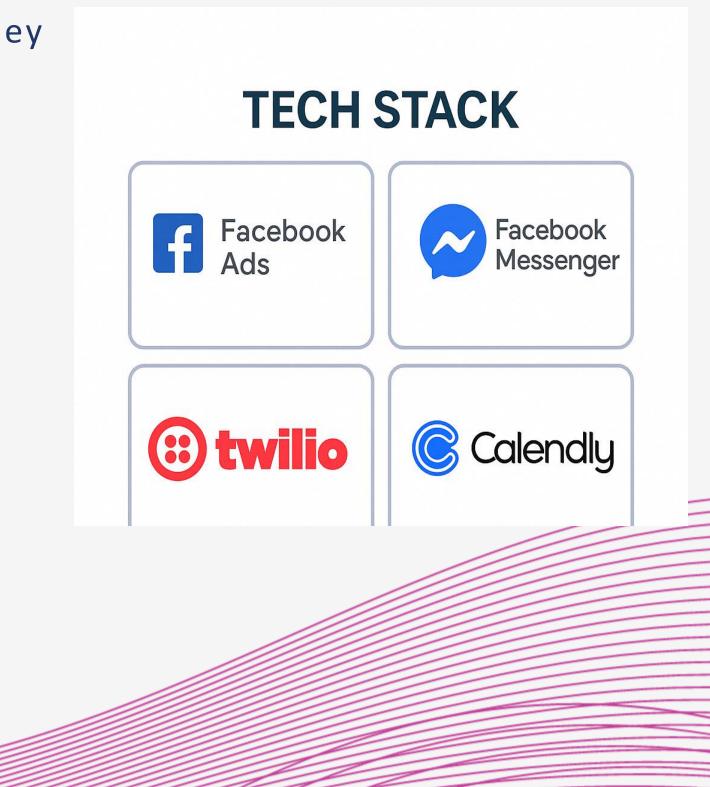
Tech in Action: AI Chatbot Qualifying Patients from Facebook Ads

When a patient responds to a Facebook ad via Messenger, they are texted immediately to answer questions about the study they are interested in. If they qualify, they can schedule a phone conversation with a patient recruiter.

Results:

- 24x7 response time to patients, reducing time to schedule
- 15% more patients scheduled for screens
- Knock-out questions handled instantly reducing burden on recruiters





Tech in Action: No-Show Automation

- Front Desk marks the patient as a **no-show** in **CRIO**. That notice pushes into **Salesforce** to automate a text message, an email, and an AI outbound phone call to the patient to get them to reschedule, directing them to a live recruiter to reschedule immediately. **Next evolution:** Exposing **CRIO** schedule to a website to allow patients
- to reschedule directly.







The Future is Site-Centric

People

Clinical experts and global support teams trained in site workflows.

Process

Purpose-built SOPs that remove friction and support compliance.





Platform

Integrated tech that will automate manual processes, improve data accuracy, and reduce overhead.

Together, they don't just add up — they multiply performance.

Let's scale smarter - with performance rooted in what sites really need.

Visit our booth or scan the **QR** for a free strategy session:



Partner For Progress INNOVATE FOR IMPACT



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Putting You In Control of Your Clinical Research Technology

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CLINICAL RESEARCH SOFTWARE THAT PUTS YOU IN CONTROL











ØToday's Speaker



Henry Kravchenko Founder & CEO Clinical.ly, Inc.

info@clinical.ly 888.568.8304

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Why does this topic matter?

An MIT Sloan Management study	
found that a \$1 increase in IT	No
expenditures per employee was	
associated with a \$12.22 increase in	ar
-	aco
sales per employee. ¹	from 1

A mid-sized biotech established a centralized data repository and implemented analytics leading to a 20% increase on investment (ROI) within the first year.³

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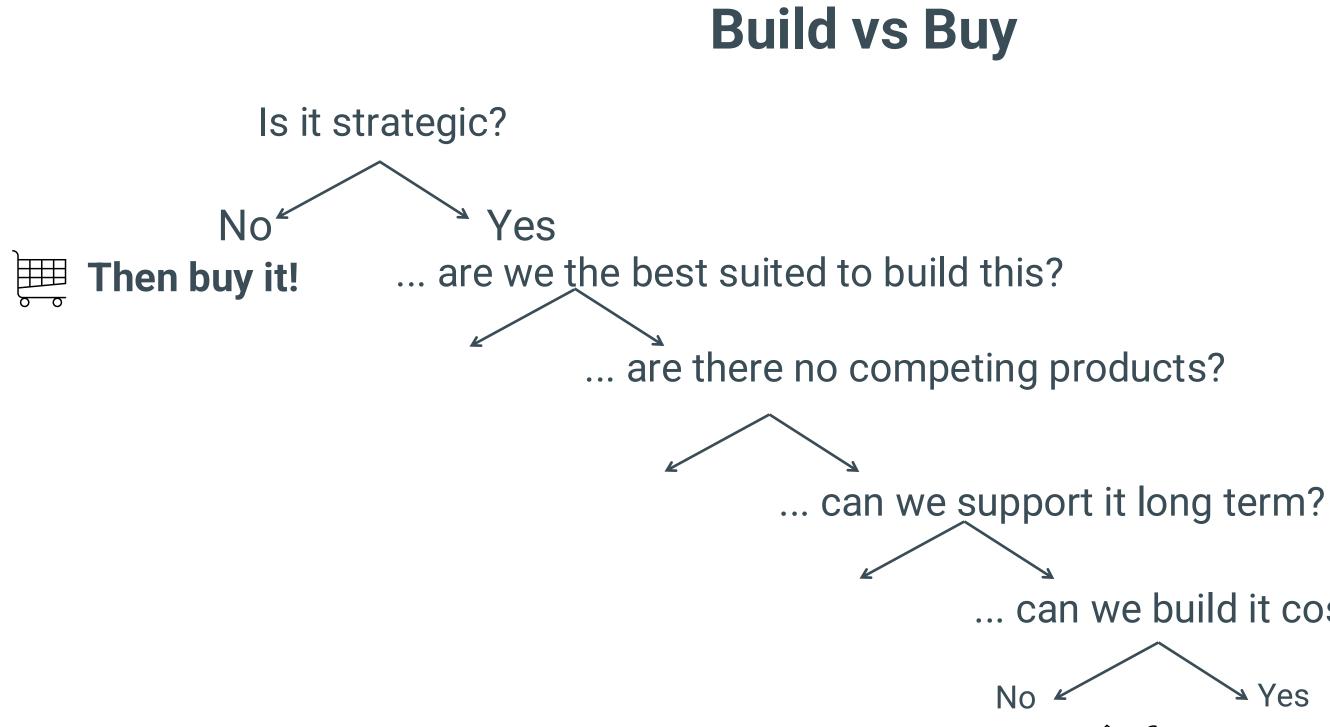


ovartis implemented an advanced nalytics platform to process data, celerating use-case development 10 days to 3, enhancing decisionmaking speed.²

Companies leveraging automated operations and data-driven decisionmaking experienced **62% higher** revenue growth and 97% higher profit margins than their counterparts.⁴









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- ... can we build it cost effectively?

⊶ Yes







What does it mean to be in control of your technology?

It means leveraging technological assets to achieve **specific** organizational goals.

It involves not only using technology efficiently but also **<u>strategically</u>** aligning it with your needs, ensuring security, and maintaining the **flexibility to adapt** to changes.











Being in control of your technology means making sure that your technological tools and systems are aligned with your strategic objectives.

- **Goal-Oriented Implementation**
- **Regular Evaluation**

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Customized Solutions

Example: A healthcare organization implementing an EHR system tailored to its specific clinical and administrative processes, rather than using a generic, one-size-fits-all solution.



Ownership & Control Over Data







To be in control, technology should enhance productivity rather than hinder it.

- Automating Repetitive Tasks
- **Optimizing Workflows**
- User Training

Example: A research site using electronic data collection systems to reduce manual errors and speed up the data collection, increasing patient visits per coordinator, per day.



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Ownership & Control Over Data





Being in control means minimizing vulnerabilities and protecting data.

- Access Control
- **Data Protection**
- **Risk Assessment**

Example: Implementing a secure cloud-based platform with multi-factor authentication to safeguard patient data.





Ownership & Control Over Data





Technology should evolve with your needs

- Scale Up or Down
- Integrate New Tools
- **Customizability**

Example: A biotech firm upgrading its data analytics system to accommodate an increase in genomic data processing while maintaining compatibility with existing databases.



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Ownership & Control Over Data







Being in control also means owning and managing your data without being locked into a vendor's ecosystem.

- Data Portability
- Data Sovereignty
- Vendor Independence

Example: During a contract negotiation with a new vendor, ensure that your contracts include data portability clauses.



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Ownership & Control Over Data





Ultimately, being in control means that technology empowers rather than dictates your decisions.

- **Data-Driven Insights**
- **User Autonomy**
- Transparent Management

Example: A clinical research organization using real-time dashboards to monitor trial progress, enabling quicker adjustments and decision-making.



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Ownership & Control Over Data







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- 4. <u>https://mitsloan.mit.edu/press/new-mit-cisr-research-reports-leading-real-time-businesses-had-62-higher-revenue-and-97-higher-profit-margins</u>



<u>e-through-data-led-transformation</u> egy-biotech-firm-life-sciences me-businesses-had-62-higher-revenue-and-97-</u>







Administrative burden slowing down your trials?

See how Clinical.ly Research Suite can help

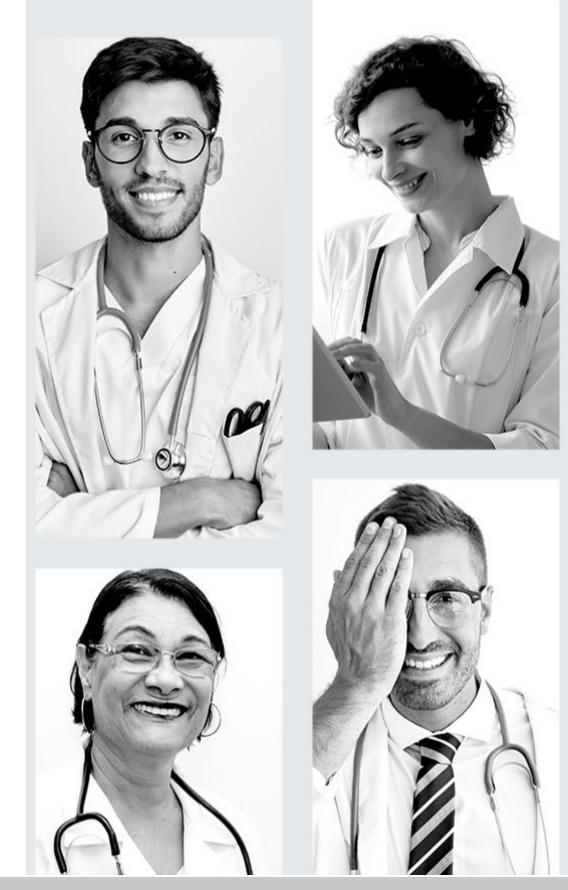
LET'S TALK!

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Samir Jain

VP, Product Management





Sites are overburdened by the amount of data they have to enter

70% of data in a clinical trial is duplicated from another system

20% of the total cost of a trial is spent on data duplication and verification

Over half of PIs are considered "**one and done**" citing data entry and time commitments as key reasons

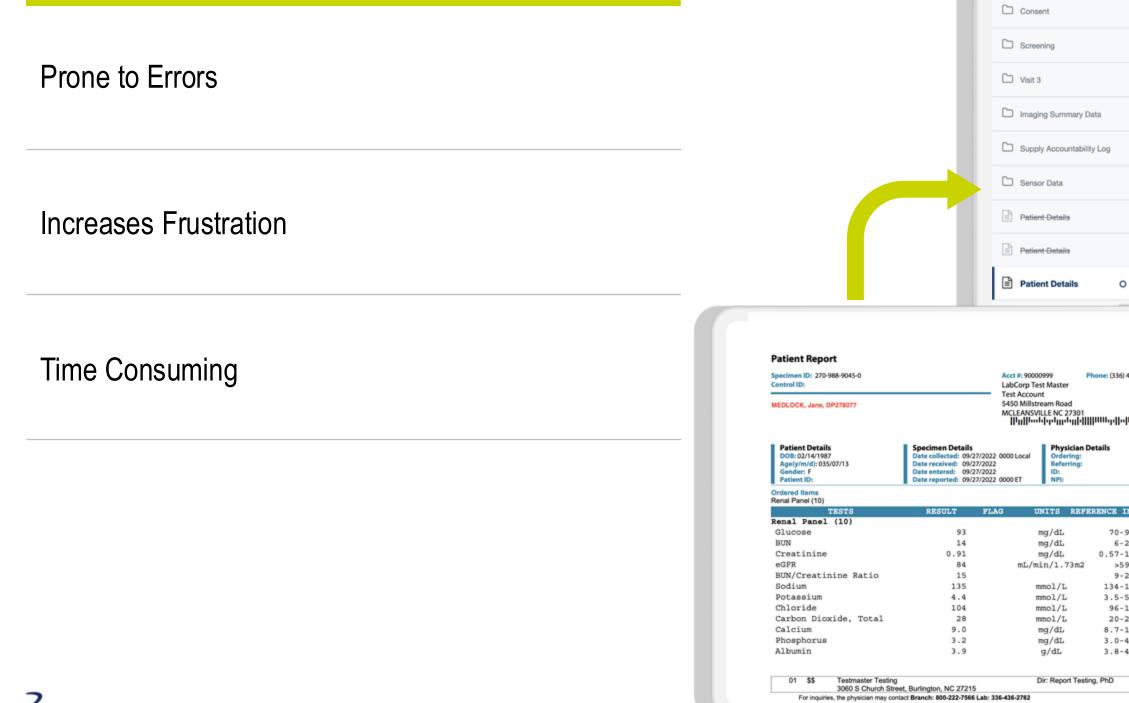
Sources: <u>https://www.appliedclinicaltrialsonline.com/view/innovations-in-data-capture-transforming-trial-deliveryhttps://www.sciencedirect.com/science/article/pii/S245186541630093X</u>





The Challenge

EDC Manual Entry/Re-entry is Difficult





on -	STUDES ACTIONS ENVRONMENTS ABC Pharma XYZ - EDC - Development -	sites 006 - IU Health La Por	SUBJECTS 002 ▼
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	Lab Results		
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	Sodium	135 mmol/L	
9	Potassium	mmol/L	
	Chloride	mmol/L	
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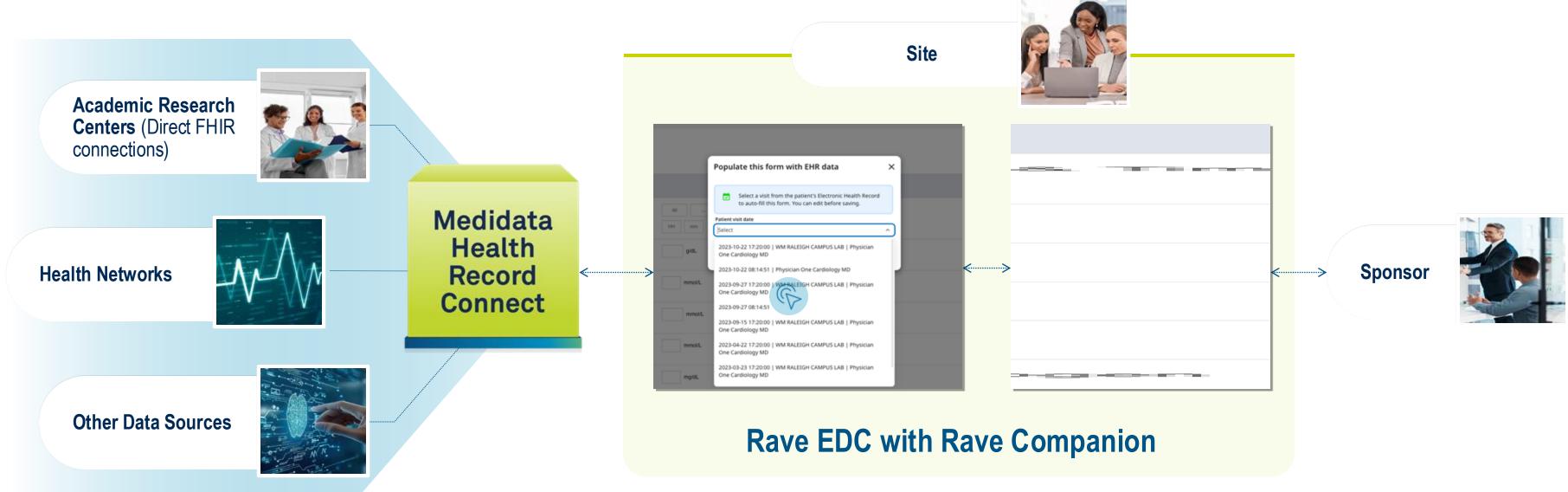
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EDCImagingIntegrat

Subject Status Screening



Medidata Health Record Connect and Rave Companion Web Scalable, easy-to-use EHR to EDC solution





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