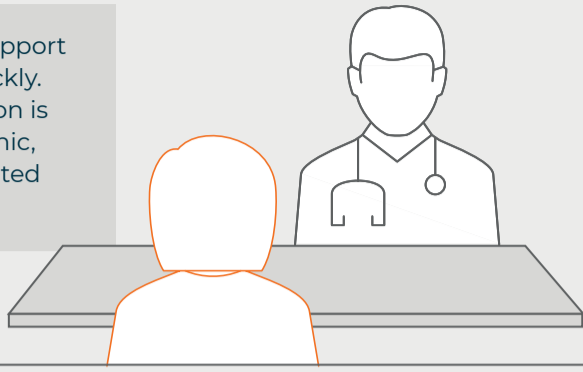


Before

Research staff need support to make decisions quickly. When study information is separated from the clinic, answers are disconnected from the point of care.



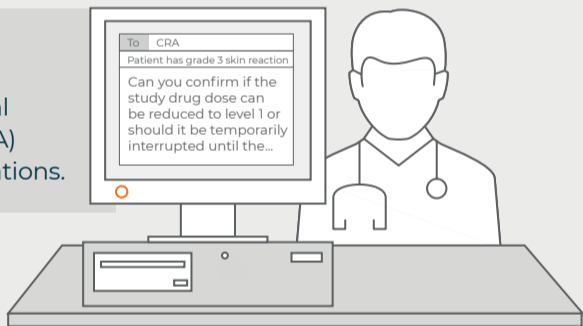
A participant is experiencing a skin reaction after dosing. The doctor locates the protocol and finds the page number for the section on adverse events.



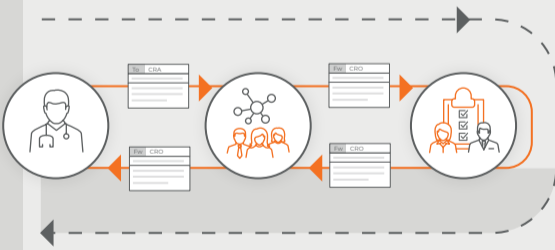
After reading the protocol, the doctor still has a question.



The doctor initiates an email from a desktop computer to the clinical research associate (CRA) to clarify dose modifications.



The CRA forwards to the medical monitor who then responds with instructions. The CRA then forwards back to the doctor. This exchange can take several minutes to many hours - or longer - depending on how quickly each person in the chain reacts.

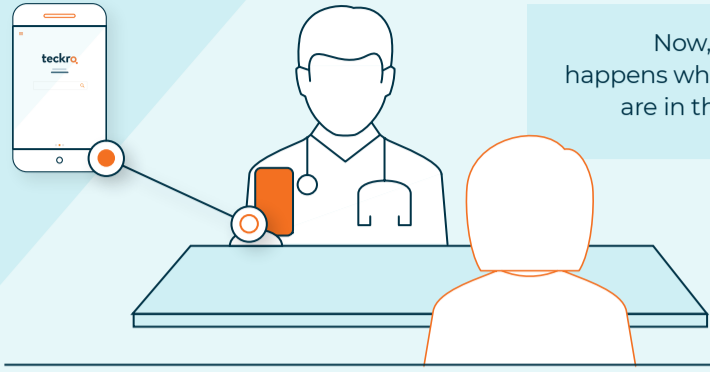


Routing questions takes time. And the study team doesn't see the questions asked by sites so they can't identify trends or take proactive action.



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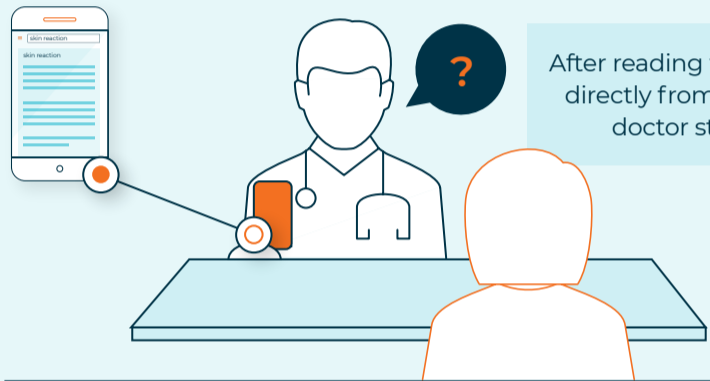
Now, let's look at what happens when study answers are in the doctor's hands.



A participant is experiencing a skin reaction after dosing. The doctor searches the study information to find out what to do.



After reading the search results directly from the protocol, the doctor still has a question.



The doctor initiates a conversation with a team of medical experts to clarify dose modifications.



The medical monitor responds right back with instructions for the doctor and marks the query resolved.



Now the doctor is confident in the best course of action. And the study team has visibility into site questions and how they are resolved. Everyone wins.



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