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More Studies. Same Team.
Something Has to Give.

How sponsors running multiple trials across disconnected systems are burning out their teams — and what a different approach looks like.

Sound familiar?

You're managing vendor sprawl across your study portfolio. Every new trial means another contract negotiation, another onboarding process, another system your team has to learn. Your coordinators are spending more time chasing data across platforms than actually managing studies. Costs keep ballooning in ways you didn't anticipate. And when something goes wrong at one site, you're the last to know.

You're leading trials. But it often feels like you're reacting to problems instead of driving progress.

The answer isn't more headcount. It's fewer systems.

What it looks like when everything connects

Imagine running your next multi-site trial with one platform handling everything from recruitment through database lock. Here's what that journey actually looks like:

Pre-launch & setup

Instead of waiting 3–6 months for vendor onboarding, your team builds study forms in days using drag-and-drop tools. eConsent, eCOA, and Randomization are configured in the same environment — no separate contracts or parallel timelines. If your study needs recruitment support, Recruit integrates directly, so participant data flows into your EDC from first contact.

Launch & first participant in

The moment a participant signs eConsent, their record is created automatically in your EDC. Site coordinators complete enrollment visits with real-time edit checks catching errors before they become queries. Randomization happens directly within the EDC. No manual handoffs. No reconciliation between systems.

Mid-study operations

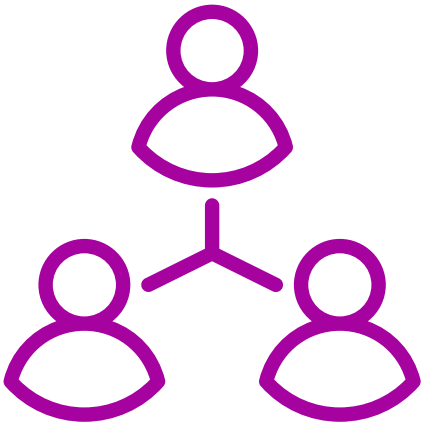
Your Analytics dashboard shows enrollment progress, query rates, data completeness, and safety signals across all sites from one login. You can see that Site 12 has higher-than-average screen failures and address it before it hits your timeline — instead of finding out weeks later in a vendor report.

Database lock & submission

You export datasets with comprehensive audit trails already built in. Medical coding is complete and integrated. No last-minute vendor coordination. No scrambling to reconcile data from systems that were never designed to talk to each other.

What this means for your team

- **Fewer vendors to manage** — one platform instead of multiple contracts, relationships, and onboarding processes across your portfolio
- **Predictable costs** — transparent pricing that doesn't balloon with change orders or scope creep between studies
- **Real-time visibility** — enrollment, data quality, and site performance across every study from a single dashboard
- **No more being last to know** — proactive alerts surface issues before they impact timelines
- **Your team doing actual work** — not chasing data, reconciling systems, or managing vendor escalations



Your situation may look different

Some sponsors start with EDC and eConsent, then add eCOA and Randomization as they scale. Others integrate Recruit or EHR-to-EDC from the start. The goal is the right fit for your portfolio — not a forced bundle.

When you're ready
Explore our Sponsor page for more resources, or get in touch to talk through what this could look like for your studies.

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Explore Resources

Get in touch