

The Right Fit For You.®



SDC has extensive experience across multiple neurology indications from early phase through pivotal submission studies. With compassionate people and dedicated expertise in neurological studies, SDC is The Right Fit For You.



Neurology Indications

- › ADHD (Adult and Pediatric)
- › ALS
- › Alzheimer's Disease
- › Chronic Low Back Pain
- › Depression (Adult and Pediatric)
- › Diabetic Neuropathy
- › Dystonia
- › Fibromyalgia
- › Idiopathic Intracranial Hypertension
- › Migraine Headache
- › Multiple Sclerosis
- › Muscular Dystrophy
- › Pain (Chronic, Acute, General)
- › Post Herpetic Neuralgia
- › Schizophrenia
- › Sleep Disorder
- › Spinal Cord Injury
- › Stroke
- › Traumatic Brain Injury

Neurology Experience

- › Actively Supporting Multiple pharmaceutical, biologic, and medical device/diagnostic programs in CNS
- › All Phases and Study Designs including multiple ascending dose, PK, and pivotal submission trials
- › Full-Service Clinical Trial Management via strategic partners with extensive neurology experience

9 out of 10 Average Customer Satisfaction Score

98% On-time Delivery of Key Project Milestones

CDISC-compliant Top-line Analysis 1 Week After DBL

The Right Fit For You.®



SDC is a specialized data services CRO providing scalable full-service clinical trial solutions via our diverse and complementary strategic partnerships. From protocol consulting to full-service clinical trial management and everything in between, SDC is The Right Fit For You.



Clinical Program Design/Development
Regulatory/Submission Guidance
Simulation & Modeling

Biostatistics
Data Management & EDC
IRT/IWRS
DMC/DSMB

Clinical Operations
Medical Writing
Specialty Core Lab

Example EDC Dashboard and eCRF

› **Speak With Us Today** to see how SDC will take ownership of your clinical project needs.

Example eCRFs

ALS MEDICAL HISTORY

ALS Symptoms Start Date
(as determined by the first occurrence of symptomatic weakness of a limb or by spasticity determined by physical examination).

Day Month Year
Required.

ALS Diagnosis Date:

Day Month Year
Required.

REVISED ALS FUNCTIONAL RATING SCALE (ALSFRS-R)

Status Not Done

Evaluator Initials
Required.

Responded By Subject
 Subject via Caregiver
Required.

Mode of Administration In person Telephone Other
Required. Other, Specify:

Example Dashboard

