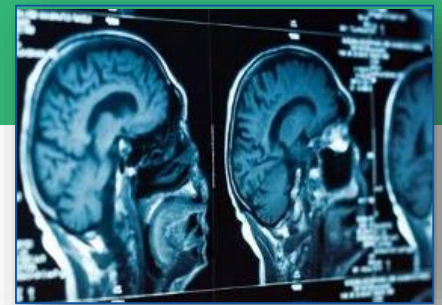


The Right Fit For You.®



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)
- › Alzheimer's Disease
- › Amyotrophic Lateral Sclerosis (ALS)
- › Aneurysm
- › Cervical Spondylotic Myelopathy
- › Depression (Adult and Pediatric)
- › Diabetic Neuropathy
- › Dystonia
- › Fibromyalgia
- › Idiopathic Intracranial Hypertension
- › Migraine Headache
- › Multiple Sclerosis
- › Muscular Dystrophy
- › Pain (Chronic, Acute, General)
- › Restless Leg Syndrome
- › Parkinson's Disease
- › Schizophrenia
- › Sleep Disorder
- › Spinal Cord Injury
- › 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

Top-Line Analysis 1 Week
After Database Lock

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

Full Service CRO Solutions
Specialty Services
Transition/Rescue Strategy

Example Neurology eCRF

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

ALS MEDICAL HISTORY			
ALS Symptoms Start Date <small>(as determined by the first occurrence of symptomatic weakness of a limb or by spasticity determined by physical examination):</small>	Day <input type="text"/>	Month <input type="text"/>	Year <input type="text"/>
	• Required.	• Required.	• Required.

ALS Diagnosis Date:	Day <input type="text"/>	Month <input type="text"/>	Year <input type="text"/>
	• Required.	• Required.	• Required.

REVISED ALS FUNCTIONAL RATING SCALE (ALSFRS-R)	
Status	<input type="checkbox"/> Not Done
Evaluator Initials	<input type="text"/> • Required.
Responded By	<input type="radio"/> Subject <input type="radio"/> Subject via Caregiver • Required.
Mode of Administration	<input type="radio"/> In person <input type="radio"/> Telephone <input type="radio"/> Other • Required.
	Other, Specify: <input type="text"/> • Required.