Harris Williams

Clinical Trial Sites Overview

Q1 2023

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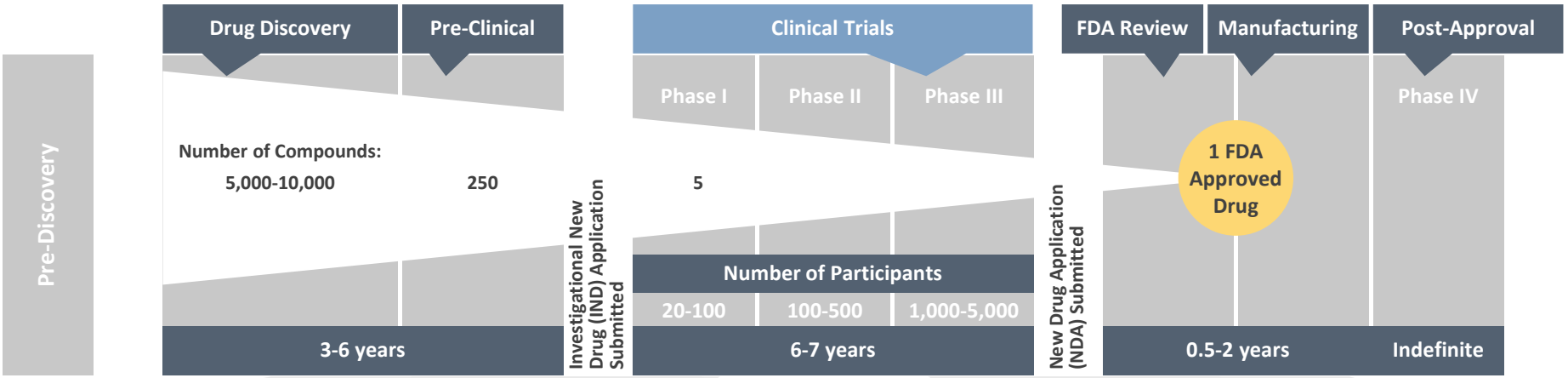
Clinical Trials Overview

Discovering and developing safe and effective pharmaceuticals is a challenging undertaking that can take 10+ years and $2+ billion.

- Clinical trials are research studies to test potential treatments in volunteers for efficacy and safety ahead of receiving approval for wider use in the general population
  - Physician investigators initially enroll volunteers or patients into small pilot studies, and subsequently conduct progressively larger-scale comparative studies
- Clinical trials are a key research step in the process of advancing medical knowledge and patient care, as they are a key step in discovering and testing new treatments or preventive measures for diseases with a drug, medical device, or biologic, such as a vaccine, blood product, or gene therapy

ROLE OF CLINICAL TRIALS WITHIN THE DRUG DEVELOPMENT PROCESS

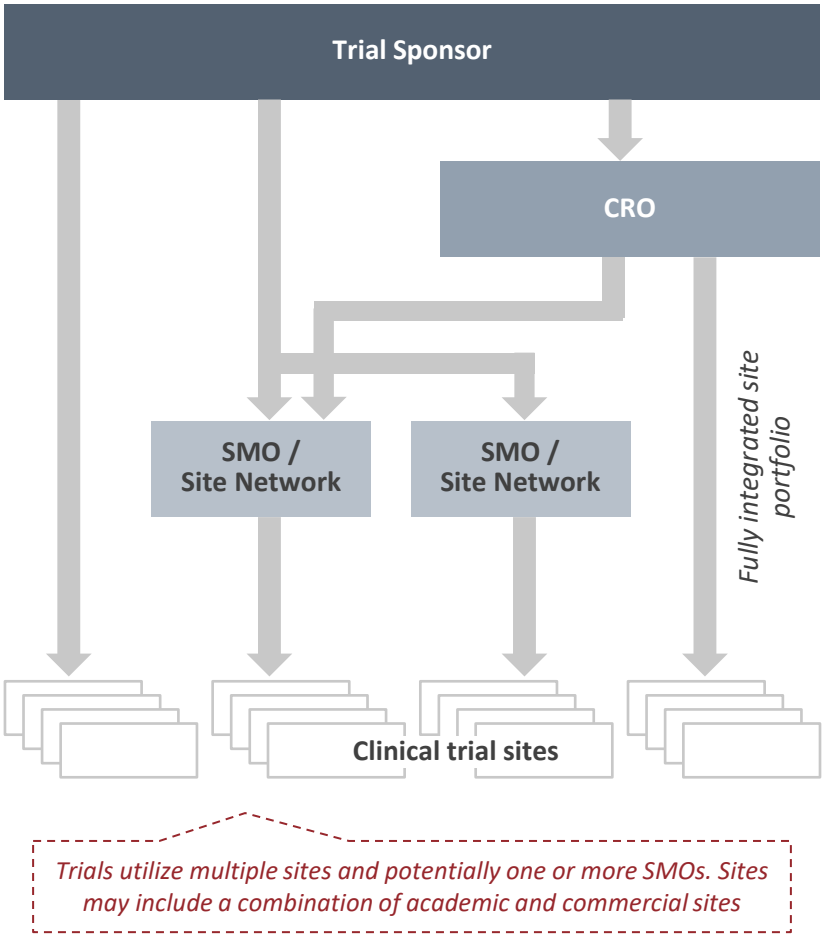


Phase I	Phase II	Phase III	Phase IV
20-100 Participants	**100-500 Participants**	**1,000-5,000 Participants**	**Ongoing Participant Monitoring**
Screening for Safety and Dosage	*Establishing the Efficacy Against a Placebo*	*Final Confirmation of Safety and Efficacy*	*Safety Studies After Approval/ During Sales*
< 1 Year	*Up to 2 Years*	*Up to 4 Years*	
Evaluate safety, determine safe dosage ranges, and begin to identify side effects	See if drug is effective and further evaluate its safety	Confirm drug's effectiveness, monitor side effects, compare it to commonly used treatments, and collect information that will allow it to be used safely	Post-marketing studies delineate additional information, including the treatment's risks, benefits, and optimal use, and are ongoing during the drug's use

Clinical Trial Sites Value Chain

Site management activities may be performed by trial sponsors, CROs, or SMOs at multiple site locations.

POTENTIAL STAKEHOLDERS FOR SITE OPERATORS



- **Site management** activities may be performed by the industry trial sponsors, contract research organizations (CROs), site management organizations (SMOs), or a combination of those stakeholders
  - Outsourcing these services allows trial sponsors to operate with a lower cost base
  - Site management activities include:
    - Country / site selection
    - Regulatory submissions
    - Site initiation, monitoring, and coordination
    - Data management
- **Site-specific activities** are fully outsourced by trial sponsors and are undertaken by individual or networks of commercial or academic sites
  - These activities have always been fully outsourced in order to ensure trial sponsors have access to patients; high capital requirements and potential conflicts of interest are also a factor
  - Site-specific activities include:
    - Patient recruitment, retention, and management
    - Trial administration
    - Data capture
- Patient recruitment can be undertaken both at a site-specific level or centrally (the latter usually involving a PRO[1])
  - SMOs will also provide centralized coordination for all their sites involved in each trial

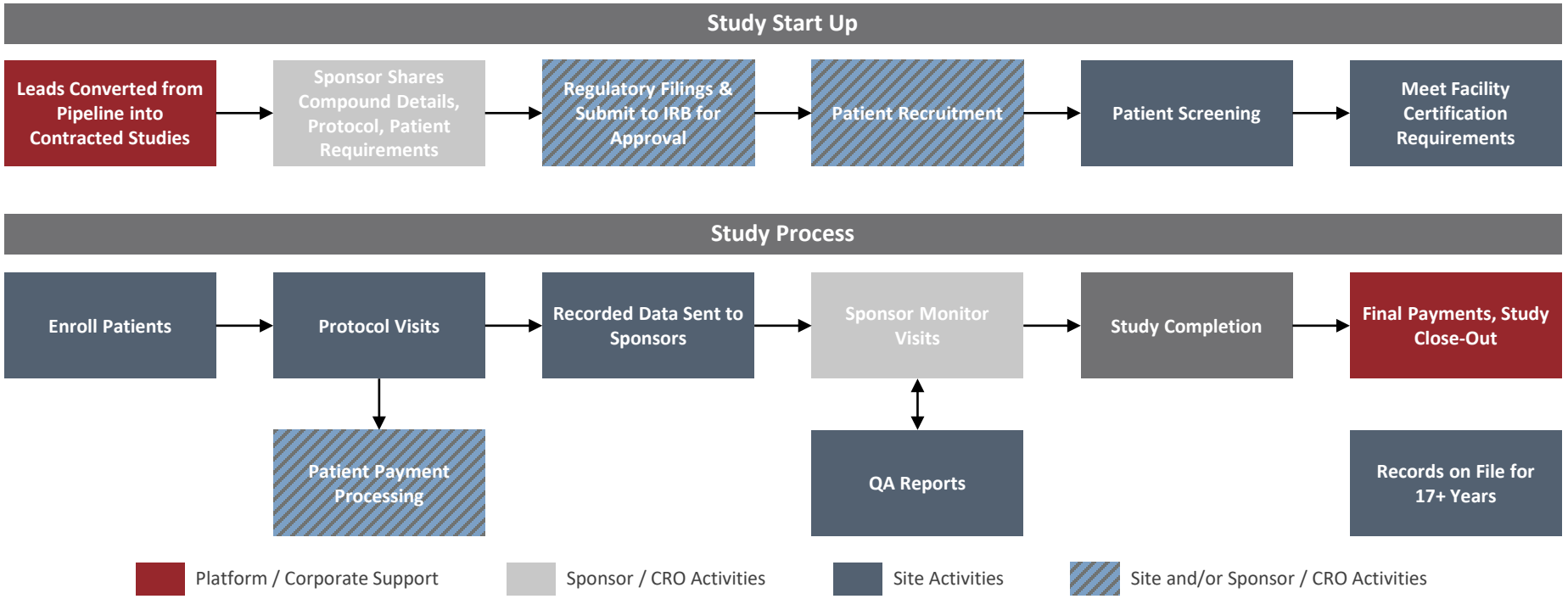
Note: 1. Patient Recruitment Organization
Source: LEK Sell-Side Study

Clinical Research Sites' Role in Clinical Trials

A typical sponsor/CRO will outsource clinical trial execution to multiple research sites to handle patient recruitment and retention, trial administration according to protocol, and data capture.

- Clinical trials are complex processes, and outsourcing the execution of the trial promotes efficiencies throughout the process and enables sponsors to get their asset into the market faster
  - Site-specific activities include patient recruitment, enrollment, retention and management, trial administration, and data capture
  - Multi-site businesses, vs. single sites, offer expedited study start up and recruitment, de-risk project times due to integrated systems, offer a single point of contact for contracting, and have uniform SOPs that all increase the predictability of performance on trials
- Sponsors and CROs focus on the design of protocols and the patient requirements needed, as well as performing monitor visits to ensure compliance and assess outcomes of the study

ROLE OF SITE BUSINESSES IN CLINICAL TRIAL PROCESS



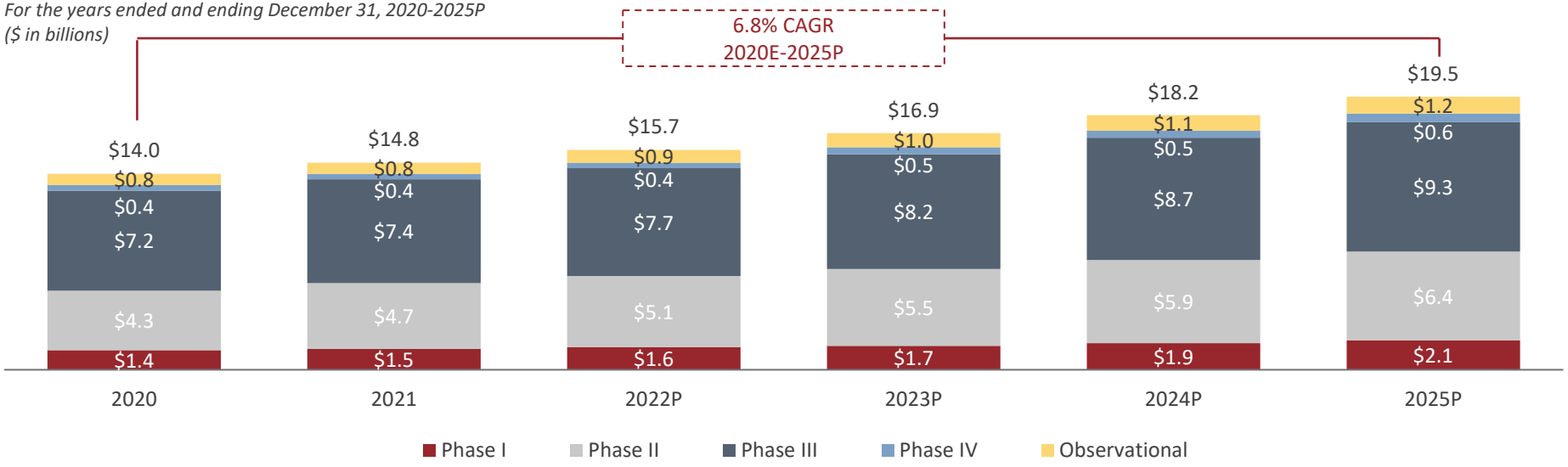
Trends in Clinical Research Sites (3 Key Growth Drivers)

The clinical research site market is well-positioned for sustained growth, driven by several favorable trends and growth drivers.

Growth Driver 1	**Recent Historical Growth in Pre-Clinical Assets Driving Near-Term Phase I - III Studies**		› The U.S. pre-clinical pipeline has grown ~9% since 2015, compared to ~2%-3% historically [1.] › Steady historical growth in pharmaceutical R&D spend expected to continue
Growth Driver 2	**Despite Recent Slow Down in Funding, Many Biotechs Have Strong Cash Positions to Fund R&D**		› Biotech funding has significantly slowed in the past 12 months, but many investors believe there will be a near-term recovery › The most recent cycle has resulted in ~60% of biotech companies currently holding in excess of 12 months of cash runway
Growth Driver 3	**Increasing Trial Complexity Driving Growth in Revenue per Trial**		› Increasing complexity of clinical trials drives growth in costs to run sites and increases the demand for multi-site clinical trial site businesses who can meet the demands of complex recruiting needs

TOTAL U.S. CLINICAL TRIAL SITE MARKET [2.]

For the years ended and ending December 31, 2020-2025P
($ in billions)



1. Source: HealthAdvances
2. Ibid.

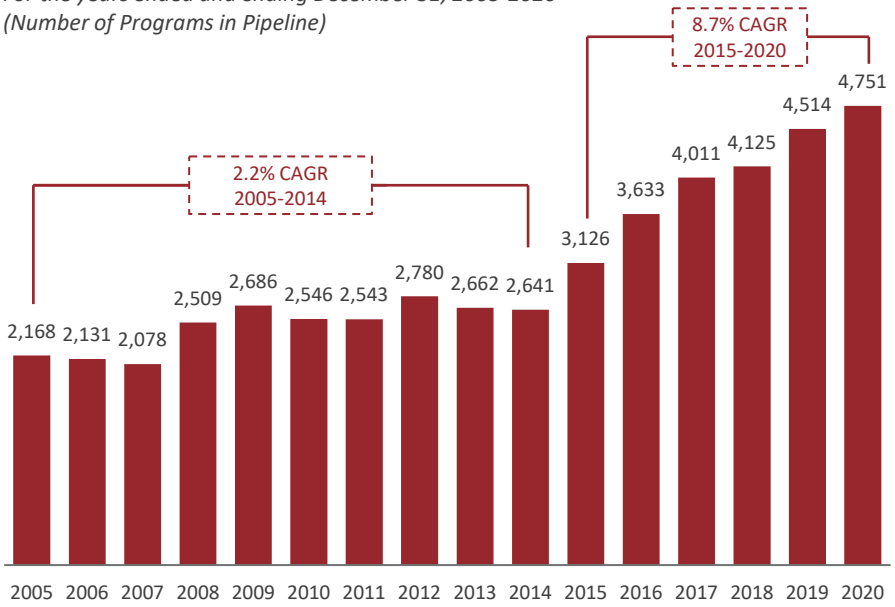
Growth Driver 1: Recent Historical Growth in Pre-clinical Assets

Accelerating growth in pre-clinical assets over the past 5-6 years is fueling growth in clinical trial activity.

- Growth in pre-clinical assets translates directly into the overall growth of the clinical trial market as products move into clinical trials after an average of ~3-4 years of pre-clinical development
  - The recent cycle in biotech and pharma investment has resulted in supportive cash positions companies
  - Innovations have driven clinical development in new drug delivery technologies
  - The current bolus in pre-clinical investment is expected to translate to Phase III clinical trial growth in the next few years
- U.S. clinical trials expected to grow at a CAGR of 3.5% through 2025 [4.]

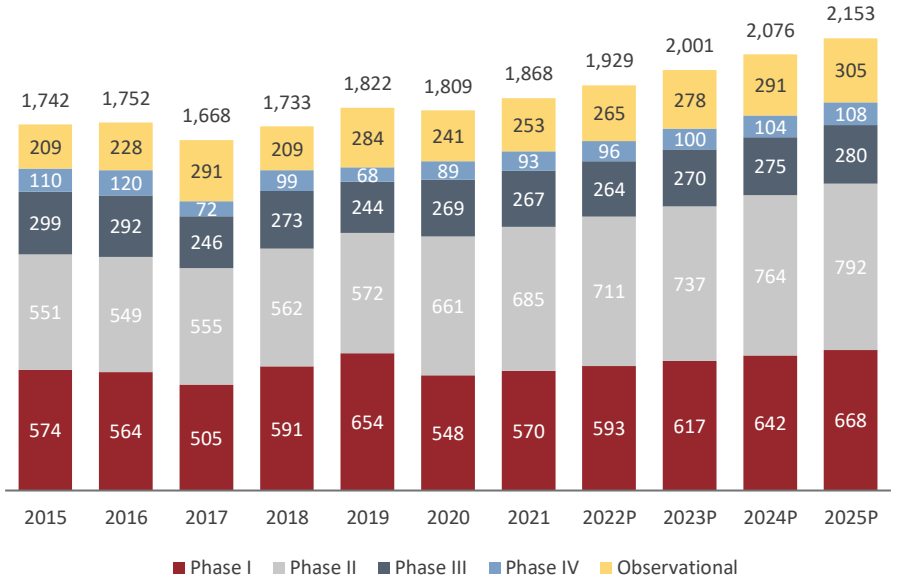
PRE-CLINICAL DRUG PIPELINE [5.]

For the years ended and ending December 31, 2005-2020
(Number of Programs in Pipeline)



TOTAL U.S. CLINICAL TRIALS [6.]

For the years ended and ending December 31, 2015-2025P
(Number of U.S. Clinical Trials)



4. Source: HealthAdvances
5. Ibid.
6. Ibid.

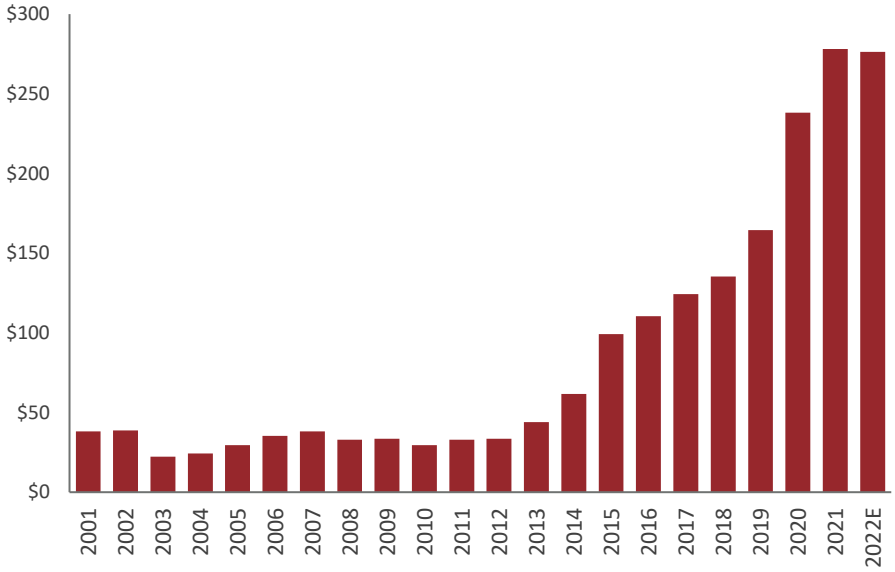
Growth Driver 2: Funding Cycle Has Bolstered Cash Position for Many Biotechs

The current biotech funding cycle is approaching the longest observed downward trend; however, investor sentiment is cautiously optimistic, and outsourced spending is expected to remain elevated as companies seek to control costs.

- Continued clinical trial growth is being sustained by the healthy balance sheets of pharma and biotech companies, increases in pre-clinical development, and recent validation of new technologies (e.g., mRNA) that can move into the clinic
  - The 2020-2021 IPO and follow-on public offering boom provided a robust (and cost-efficient) backdrop to raise funds and support ongoing development
  - Though the current funding cycle is approaching the longest observed downtrend, many expect capital markets to move swiftly when funding thaws
- Trials are becoming more complex, driving upticks in enrollment requirements, the number of sites needed to complete a trial, the number of protocols needed, and regulatory requirements for more diverse patient populations
  - With rising R&D costs and the funding cycle trough, pharma sponsors look to leverage CROs and multi-site clinical research site platforms to manage larger and more complex trials

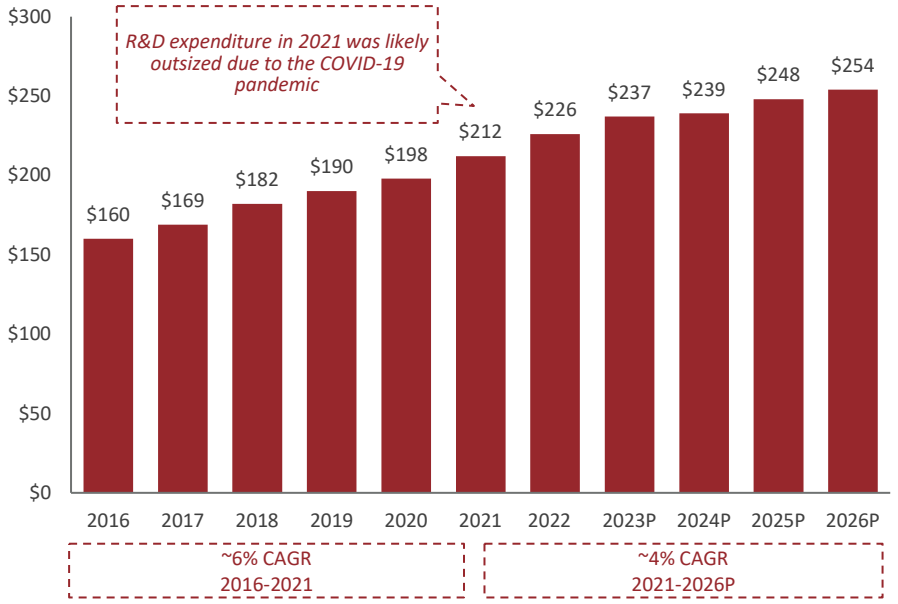
EQUITY CAPITAL FUNDING IN BIOPHARMA [7.]

Rolling-Three-Year Biopharma Equity Investments
($ in billions)



GLOBAL CLINICAL R&D SPEND FORECAST [8.]

Global clinical R&D spend for the years ended and ending December 31, 2016-2026P
($ in billions)



Source: 7. Biocentury, Credit Suisse
8. EvaluatePharma

Growth Driver 3: Increasing Trial Complexity Driving Growth in Revenue per Trial

Revenue per trial growth has accelerated in recent years as protocols become more complex, sponsors and CROs are managing more sites per trial, and sponsors seek diversity in difficult-to-access patient populations.

PROTOCOL COMPLEXITY

- The average number of endpoints per protocol has increased by 6% on average each year since 2003 [9.]
- Sites with the ability to successfully execute complex protocols will continue to be in high demand

INCREASE IN SITES ENROLLED

- Average sites per trial increased by ~4-5% every year between 2005 and 2019 [10.]
- More sites are needed in order to match increased patient enrollment and geographic diversity needs

MODEST GAINS IN PATIENT ENROLLMENT

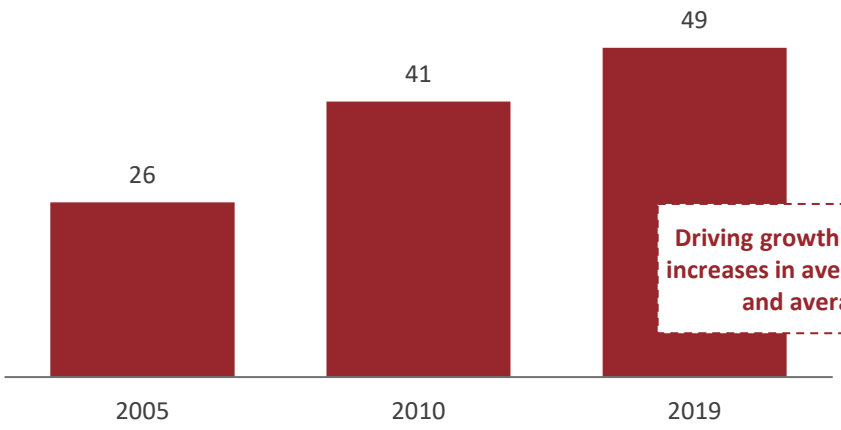
- Average patient enrollment fell from 2005 to 2010 but has made modest gains in the past 10 years
- There is also modest growth revenue per patient, projected at 2.5%+ CAGR through 2025, which will drive revenue per trial for site businesses [11.]

DEMANDS FOR PATIENT DIVERSITY

- In 2011, only 1% of trial participants were Hispanic, but by 2016, 18% of trial participants were Hispanic [12.]
- Clinical trials are increasingly utilizing diverse patient populations across multiple geographies to prepare to meet the future of regulatory requirements

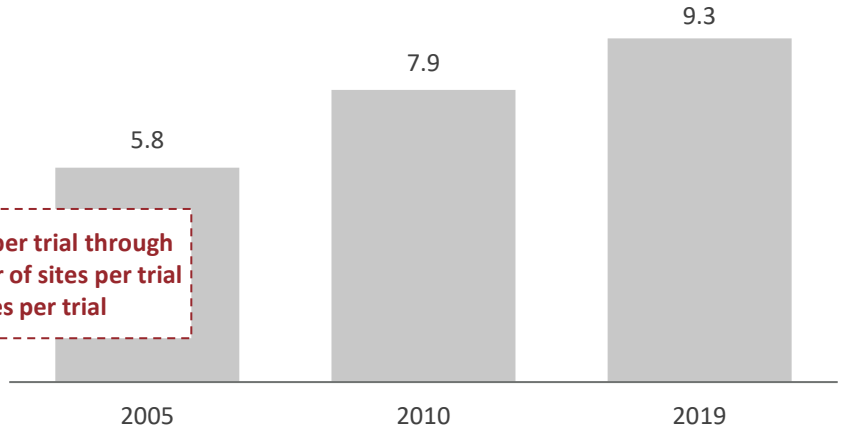
INCREASE IN NUMBER OF AVERAGE SITES PER TRIAL [13.]

For the years ended December 31, 2005-2019
(Average Number of Sites Per Phase III Trial)



INCREASE IN NUMBER OF AVERAGE OUTCOMES PER TRIAL [14.]

For the years ended December 31, 2005-2019
(Average Number of Outcomes Per Phase III Trial)



Driving growth in revenue per trial through increases in average number of sites per trial and average outcomes per trial

Source: 9. Centerwatch
10. HealthAdvances
11. Ibid.

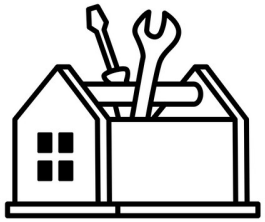
12. Tufts Center for the Study of Drug Development (CSDD)
13. HealthAdvances
14. Ibid.

The Rise of Virtual and Hybrid Clinical Trials

Industry experts expect few truly virtual trials and instead foresee most trials employing decentralized, hybrid virtual trial methods to supplement brick-and-mortar sites.

- Virtual trials include any aspect of the trial process that is decentralized and can be completed from any location, which can drive improved access and patient recruiting for clinical trials
  - Currently, clinical research providers are utilizing available virtual tools for interoperability efficiencies, such as eConsent, and in the near future, more aspects of trials will have virtual capabilities, including sophisticated data capture
- Virtual components of clinical trials will serve as a growth driver and a competitive advantage for businesses with the ability to efficiently implement the infrastructure to execute on a hybrid trial site model
  - A hybrid trial site model of in-person and virtual solutions is expected to gain traction and grant patients flexibility when attending their protocol visits, ultimately driving their participation and increasing patient retention
  - Over the next few years, integration of virtual clinical trial capabilities is likely to increase, and the industry is expected to start incorporating virtual / remote technologies into ~10%-15% of total clinical trials [15.]

BUILDING A TOOLKIT OF DECENTRALIZED METHODS…

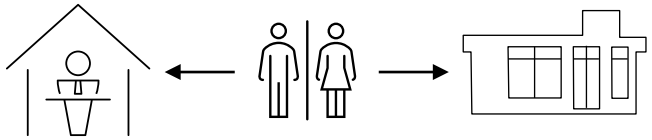


- eConsent
- Home Health
- Local Labs
- Local Imaging
- Video Visits
- Remote Monitoring
- Central Site
- Home Drug Supply

…TO FACILITATE THE HYBRID VIRTUAL TRIAL EXPERIENCE

The COVID-19 pandemic catalyzed the adoption of virtual capabilities in clinical trials. While going fully virtual is highly unlikely, hybrid models are expected to gain traction.

Hybrid Trial Site Model



- Patient still travels to sites for some in-person services
- Sites employ virtual solutions to limit burden on patients (e.g., reduced visits)

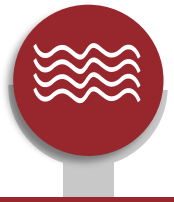
Source: 15. Clinical Innovation Partners Study

Brick-and-Mortar Clinical Trial Sites Remain Essential Despite the Rise of Hybrid and Virtual Trials

Importantly, clinical trial sites own the patient relationship and will play an integral role in working with vendors to employ and accommodate virtual methods and new technologies.

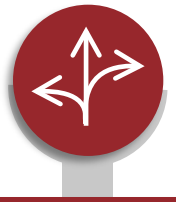
TRADITIONAL CLINICAL TRIALS

- Traditional clinical trials may be conducted at dedicated (e.g., independent sites, SMOs) and non-dedicated trial sites (e.g., AMCs, physicians' offices)
- Site-specific activities include patient recruitment, retention and management, trial administration, and data capture



TECH-ENABLED CLINICAL TRIALS

- SMO partners and other clinical trial participants are beginning to weave in additional tech capabilities to address the rising complexity of clinical trials
  - Integrated and streamlined trial activities (e.g., endpoint collection, administration)
  - Digitized and automated workflows (e.g., patient recruitment, monitoring)



DECENTRALIZED / HYBRID CLINICAL TRIALS

- Decentralized clinical trials (DCT) may feature:
  - Tech to support patients who are remotely monitored
  - Remote data collection through technology (e.g., virtual interface, remote monitoring/wearables) or via mobile clinicians
- However, very few trials are fully decentralized; trials in this space typically feature components of DCT for a hybrid approach

Clinical trial sites ultimately own the patient relationship and therefore remain crucial to the success of clinical trial types

Levels of Site Integration across Trial Sites

Multi-site, dedicated clinical trial operators feature highest inter-site integration.

Low — ***Level of integration between sites*** — *High*

	Single, independent clinical trial site	Investigative site networks (ISN)	Scaled site operators
Dedicated clinical trial centers	› Fully focused on running clinical trials › Lack of scale limits resources and standard operating procedure (SOPs)	› Sites pay to join a network for marketing purposes › May have some shared business functions and standard SOPs › Contracts may come to sites via network or independently	› All sites under the same ownership › Standardized SOPs › Full-time dedicated training staff › Offer consulting, trial management, site management, and advanced add-on services
Sites <u>not</u> fully dedicated to clinical trials	**Independent provider sites (e.g., AMCs, physicians' offices)** › Limited SOPs and potentially no dedicated trained staff › Contracts awarded directly to site	**Clinical trial site enablers** › Provide a network and services to better equip providers to run clinical trials › Often include technology to help facilitate trial recruitment	

› *Some scaled operators have developed capabilities beyond traditional site management to manage the full spectrum of the clinical trial process, inclusive of CRO activities*

› *Some scaled operators may also include physicians' offices within their broader network*

Source: LEK Sell-Side Study

Strategic Models of Scaled Operators:
Therapeutic Area Specialists & Operational Executors

Traditionally, scaled operators focused on operational excellence or therapeutic area specialization; additional capabilities differentiate market participants.

Operational executors

- Focus on sites that can run trials across a broad range of diseases, especially ones with high trial / patient volume and less complex trial protocols
- Continuously expand TA coverage to ensure that the broadest range of trials is addressable
- Emphasize operational excellence, availability of many sites able to serve each trial, and superior service and capabilities as key points of differentiation

Therapeutic area (TA) specialists

- TA specialized sites sell an established track record of trial success, a high-science understanding of indication nuances, and access to specialized patient populations
- Position the narrower site group as a more efficient option vs. academic medical centers or physicians' private practices
- After establishing reputation in a TA, pursue opportunity to expand into adjacent indications for growth opportunities

Low — ***Specific therapeutic area focus*** — High

Specialized site-based capabilities

- Select a niche capability required in certain trial protocols and acquire sites with similar features (e.g., surgical suites, Phase I inpatient facility, complex imaging, sleep equipment, telemetry, EEGs)
- Develop a best-in-class supporting organization to position the sites as the go-to option for trials requiring those specific capabilities

Recruiting enablers

- Focus on acquiring sites that have large databases for recruitment access to EMRs and deploy centralized recruitment and pre-screening
- Incorporate sites that can reach specialized populations (e.g., demographic groups)
- Establish best-in-class processes and partnerships to facilitate recruitment and retention and emphasize successful track record

Source: LEK Sell-Side Study

Clinical Trial Site Business:
Industry Challenges and Critical Success Factors

Clinical trial sites with integrated operations have demonstrated the ability to overcome industry challenges and execute high-quality clinical trials.

INDUSTRY CHALLENGES

Start-Up Delays

80% of clinical trials are completed late

Operational Delays

30% of clinical trial sites activated on a study never enroll a patient

Recruitment Delays

50% of delays are at the investigator site (i.e., patient enrollment)

Physician Investigator Scarcity

Demand for trials increasing faster than the supply of physician investigators

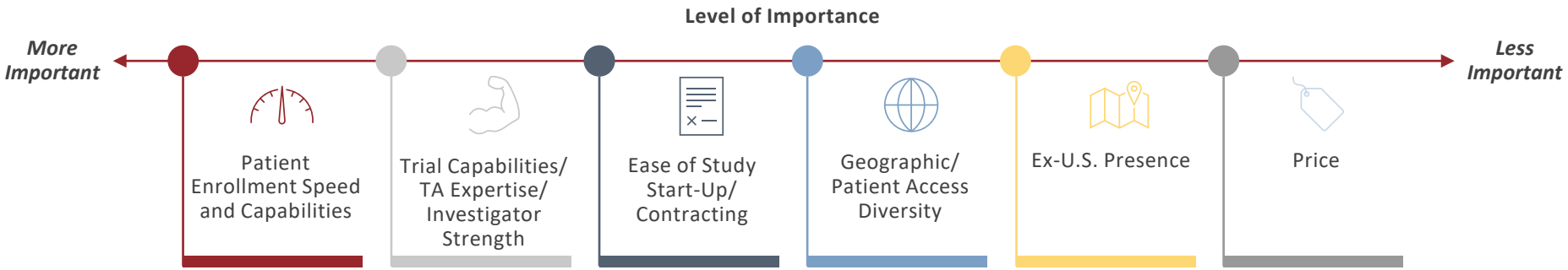
Integrated Trial Sites Solve Industry Challenges

INTEGRATED EXECUTION

- Regulatory and Study Start-Up
- Patient Screening and Informed Consent
- Patient Enrollment and Retention
- Data Entry and Integrity
- Quality Management and SOPs

CLINICAL TRIAL DELIVERY

CRITICAL SUCCESS FACTORS:

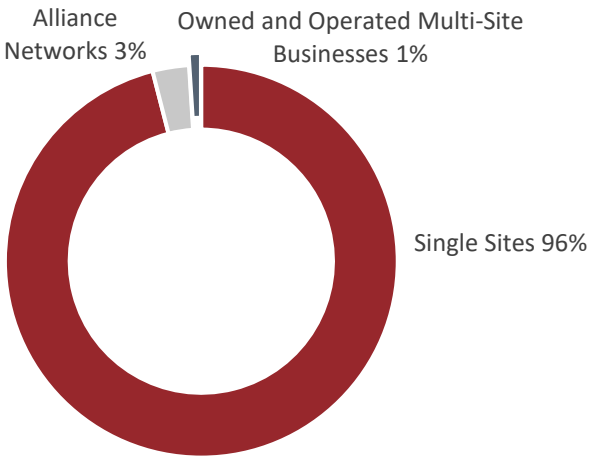


Opportunities Exist in a Highly Fragmented Market

The overall market for clinical trial site businesses is highly fragmented and poised for continued consolidation, with multi-site platforms or alliance networks accounting for only ~4% of total trial sites.

- There are ~20,500 clinical trial sites in the U.S., with ~96% being single sites, which typically do not have the same access to patients as organized multi-site trial sites [16.]
  - A clinical trial site provider possessing multiple sites generally has improved recruitment capabilities as well as centralized support functions
- Consolidation of the sector is in early innings, and is expected to accelerate in the coming years
  - The market will continue to consolidate as pharmaceutical sponsors and CROs are increasingly looking to contract with fully owned, integrated models that provide a level of service, breadth of sites, and depth of therapeutic expertise that single sites or smaller networks cannot replicate
  - Individual sites are increasingly unable to meet recruitment goals as studies continue to get more complex, giving providers of scale a significant competitive advantage
  - Having a greater number of sites drives more effective patient recruitment, enrollment, and retention; this competitive advantage will accelerate the consolidation trend

CLINICAL RESEARCH SITE FRAGMENTATION



~59,000 unique clinical trial sites utilized in the U.S. between 2015 and 2020

~20,500 unique trial sites in the U.S. annually on average

533 clinical trial sites associated with Alliance Networks

177 owned and operated by multi-site clinical trial businesses

Source: 16. HW Analysis

Scorecard for Realizing a Premium Valuation

There are several key valuation drivers to focus on for achieving a premium value for a clinical trial site business.

Valuation Driver	Valuation Impact	Key Question	Winning the Value Point
Backlog and Pipeline Visibility		› What does current backlog/pipeline predict in terms of forward earnings based on historical record?	› Trial-by-trial backlog and pipeline conversion analysis over time, and coverage analysis on forward looking profitability
Margin Sustainability		› Did COVID-19 vaccine work increase margins in a way that is unsustainable long-term?	› Analysis of historical and projected margins, gross margins by trial during budgeting vs actual site-level margin
Therapeutic Area Concentration Risk		› How has the platform weathered changes in demand and is the portfolio diverse enough?	› Historical revenue and projected backlog/pipeline analysis by TA, including rev. per patient per visit and volume per trial
Principal Investigator "Key Person" Risk		› Is there concentration risk in the PI base that could adversely impact the business?	› PI database and loop covering historical retention, compensation model, ownership (if any), and age/planned retirements
Business Development Capabilities		› Is there an opportunity to increase sites per study through cross-selling/strategic account management?	› Historical and projected sites per study analysis, contract negotiation analysis
Acquisition Story		› What is the track record and current outlook to acquire and grow additional sites?	› Pre- and post-acquisition performance analysis, purchase price multiple analysis, M&A pipeline
Patient Enrollment Capabilities		› Has the platform built a better mousetrap to offer value to sponsors by over-enrolling studies?	› Patient funnel, actual versus targeted enrollment (internal and sponsor/CRO targets)
De Novo Story		› Are there predictable investment economics and returns on new sites?	› De novo ramp and maturity analysis
Decentralized Trials		› Will revenue per patient be impacted by future DCT methods being increasingly adopted?	› Excerpts from industry conversations and an overview deck of management's view to build/buy/partner for each DCT method

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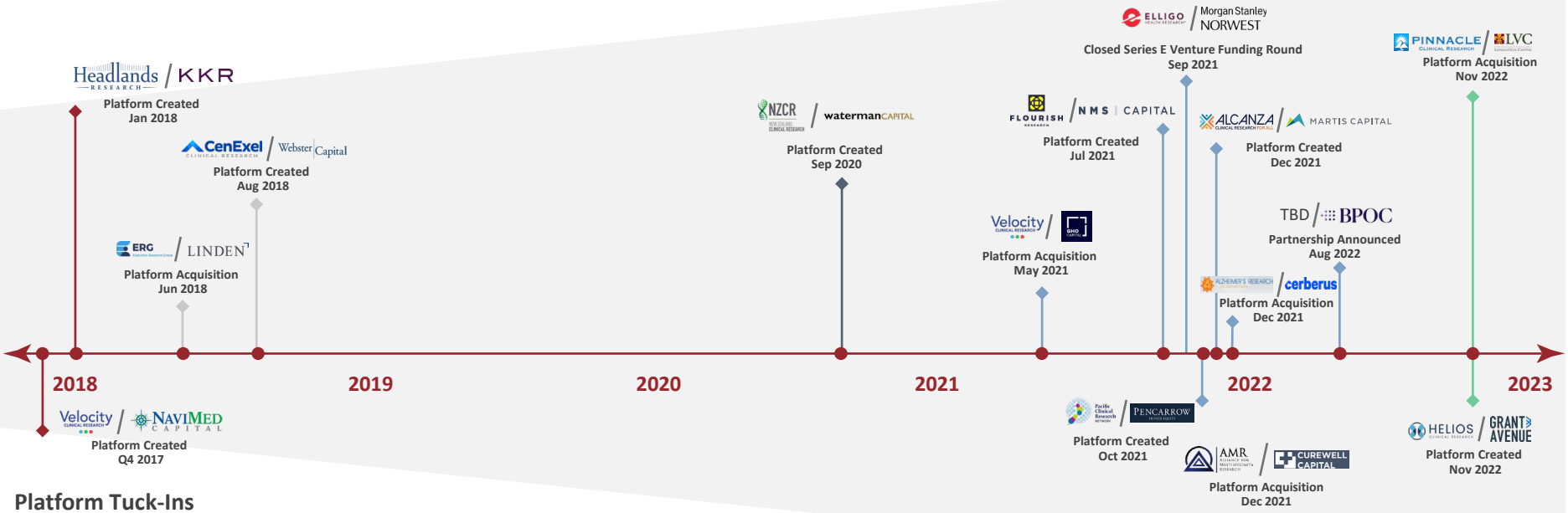
Flurry of Activity in Clinical Trial Sites

There has been significant private equity activity in the clinical trial site space in recent years, with ten notable platforms acquired or created since January 2021, and consolidation is expected to continue.



Platform Tuck-Ins

Headlands
- Clinical Research Atlanta — Nov 2019
- Okanagan Clinical Trials — Nov 2019
- Centex Studies — Nov 2019
- JEM Research Institute — Jul 2020
- Toronto Memory Program — Jul 2020
- Artemis Institute for Clinical Research — Feb 2021
- Summit Research — May 2021
- Peninsula Research Associates — Jun 2021

CenExel
- CenExel ACMR — Nov 2018
- CenExel ACT — Feb 2019
- CenExel RCA — Nov 2019
- CenExel CNR — Jan 2022
- CITrials — Mar 2021
- ForCare — Aug 2021
- AMRI Advanced Memory Research Institute of NJ — Sep 2021
- Movement Disorders Center — Jan 2022
- Research Atlanta — Apr 2022
- Apex Neurotox Sciences — Jun 2022

ERG
- Finger Lakes Clinical Research — Apr 2019
- Richmond Behavioral Associates — Mar 2020
- Lotus Clinical Research — Nov 2021
- CNS Ratings — Nov 2021
- Ohio Clinical Trials, Inc. — Jun 2022

Velocity [2.]
- Clarity Clinical Research — Jul 2021
- Vitalink Research — Sep 2021
- MedPharmics — Sep 2022
- National Research Institute — Sep 2021
- EGIN Research — Nov 2022
- Trier Health — Feb 2022
- Clinical Research Homburg — Jul 2022
- Meridian Clinical Research — Dec 2022

NZCR
- ACS Auckland Clinical Studies — Sep 2020
- Canterbury Clinical Trials — Sep 2020

Flourish
- Clinical Trials of Texas — Jul 2021
- Keystone Clinical Studies, LLC — Oct 2022
- ExcelMedical Clinical Trials — Oct 2021
- Suncoast Research — Dec 2022

Elligo
- clinedge — Sep 2021

Alcanza
- Transformative Medical Research — Sep 2022
- Coastal Carolina Research Center — Sep 2022
- ActivMed Practices & Research — Sep 2022
- Boston Clinical Trials — Sep 2022
- Quest Research Institute — Sep 2022

Pinnacle
- STRI — Jan 2023

PCRN
- Lakeland Clinical Trials Group — Oct 2021
- Southern Clinical Trials Group — Oct 2021

Note: 2. Velocity add-ons include only those under GHO's ownership

Competitive Landscape

TO DISCUSS COMPETITIVE LANDSCAPE

PLEASE CONTACT:

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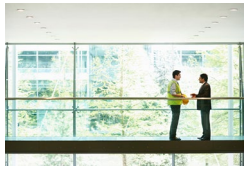
Deep Industry Experience

Aerospace, Defense & Government Services



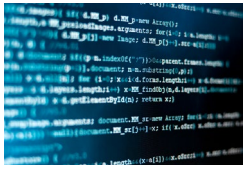
Business Services

Consumer

Energy, Power & Infrastructure

Healthcare & Life Sciences

Industrials



Technology

Transportation & Logistics

70% Revenue from repeat clients

83% Managing directors promoted from within the firm

30+ Year history

Unmatched Healthcare & Life Sciences Experience

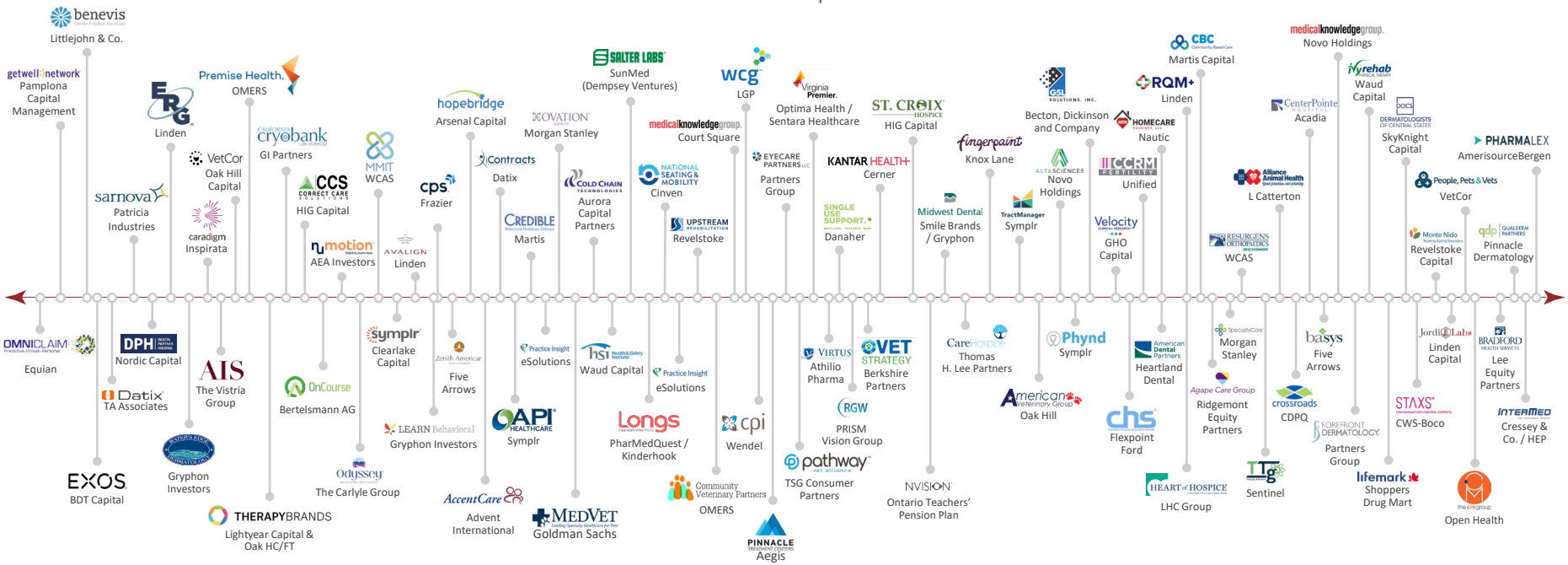
The proof is in the results – HW has built the market's leading healthcare & life sciences M&A practice.

Dedicated Team with a Proven Track Record of Results

60+
Dedicated HCLS professionals

5
HW HCLS Offices, with presence in US and Europe

~$500M
Average Enterprise Value



Healthcare & Life Sciences Group Verticals

- Outsourced Pharma Services
- Providers
- Payors & Payor Services
- Clinical Lab Services
- Outsourced Provider Services
- HCIT
- Medical Products and Devices
- Life Sciences Tools
- Pharmacy
- Provider, Pharma, & Device Distribution

Highly Relevant Pharma Services Experience

HW has a leading pharma services franchise and maintains active dialogue with the most relevant strategic and financial investors.

- HW's recent deal experience provides additional insight into key investors' playbooks and hot buttons while reinforcing our thought leadership with practical experience

2019 – 2023 Pharma Services Deals

Engaged Client A  Commercialization Services	Engaged Client B  Clinical Trial Site Platform	Engaged Client C  Pharma IT	PHARMALEX a portfolio company of AUCTUS has been acquired by AmerisourceBergen	celerion a portfolio company of COURT SQUARE has been acquired by H.I.G. CAPITAL	a portfolio company of NAVIMED CAPITAL has been acquired by a portfolio company of astorg.
Jordi Labs has been acquired by RQM+ a portfolio company of LINDEN	STAXS a portfolio company of Silverfleet has been acquired by HANIEL	medicalknowledgroup. a portfolio company of COURT SQUARE has been acquired by novo holdings	cerberus has acquired Clinical Trial Site Management Platform	RQM+ a portfolio company of DFW CAPITAL PARTNERS Chartwell Investments has been acquired by LINDEN	Velocity CLINICAL RESEARCH a portfolio company of NAVIMED CAPITAL has been acquired by GHO CAPITAL
KANTAR HEALTH a portfolio company of BainCapital PRIVATE EQUITY has been acquired by Cerner	ALTASCIENCES a portfolio company of Audax Group has been acquired by novo holdings	KNOX-LANE has made a strategic investment in fingerpaint	wcg a portfolio company of ARSENAL CAPITAL PARTNERS has been recapitalized by LGP LEONARD GREEN & PARTNERS	medicalknowledgroup. a portfolio company of WINDROSE has been recapitalized by COURT SQUARE	ERG a portfolio company of DFW CAPITAL PARTNERS has been acquired by LINDEN

Thought Leadership in Pharma Services

ARTICLE – OCTOBER 1, 2018
Return on Innovation, Part 1: Commercialization Services

ARTICLE – MAY 31, 2019
Return on Innovation, Part 2: Contract Research Organizations

ARTICLE – OCTOBER 29, 2019
Return on Innovation, Part 3: Pharmaceutical Safety and Risk Management

ARTICLE – SEPTEMBER 14, 2021
Return on Innovation, Part 4: Contract Development and Manufacturing Organizations (CDMOs)

ARTICLE – DECEMBER 15, 2021
Return on Innovation, Part 5: Real-World Evidence

ARTICLE – JUNE 9, 2022
Return on Innovation, Part 6: Clinical Trial Sites

ARTICLE – JANUARY 30, 2023
Return on Innovation, Part 7: Outsourced Pharma Services: Differentiation Via Data

HarrisWilliams.com

Select Buyers Engaged on Recent Deals

ADVARRA · AmerisourceBergen · Cerner · charles river · curia · eurofins · EVERSANA · FISHAWACK HEALTH
ICON · INIZIO · IQVIA · klick HEALTH · LabCorp / COVANCE · Lumanity · medicalknowledgroup. · OPEN HEALTH
parexel · PRECISION MEDICINE GROUP · REAL CHEMISTRY · Syneos Health · ThermoFisher SCIENTIFIC · trialcard · wcg

Get in Touch

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8 INDUSTRY GROUPS
With Robust Experience Across the Globe

3 DECADES
of Providing Award-Winning M&A Advisory Services

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Bringing Firmwide Dedication to Every Engagement

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