Evidilya

COMPANY PROFILE 2026

Science succeeds when it reaches people.

A digital-native contract research organisation. Centralised, hybrid or fully decentralised — the model follows the evidence you need, from the evidence question to the published result.

WHAT WE ARE FOR

Purpose, vision, mission.

PURPOSE

Better care. Better therapies. More years lived well.

We exist to make those provable – with evidence drawn from real lives, including the lives research usually leaves out, and held to a standard regulators, clinicians and payers can act on.

VISION

A world where evidence keeps pace with life.

Research that runs continuously, reaches everyone it should, and turns what happens in real life into proof health systems can act on – right when they need it.

MISSION

We build the study around the participant.

Centralised, hybrid or fully decentralised – the model follows the evidence you need. We run the whole arc, from the evidence question to the published result, in one digital ecosystem, with one expert team from start to finish.

PEOPLE & RESEARCH FIRST®

People means all of them.

Participants, the clinicians who see them, and the researchers who turn what happens into evidence. When the two pull against each other, the person comes first – every design decision, from where a study happens to what we ask of a participant, is made in that order.

WHERE THE METHOD TRAVELS

From prescription medicine to everyday nutrition, one scientific standard.

A cardiometabolic or rare-disease question can run as a pharmaceutical trial, a consumer-health claim study, a functional-food intervention or a connected-device performance study. The therapeutic question stays constant; the product reality changes – and the method travels across all four.

Human data science

Turning people's self-reported health into validated, analysable outcomes: subjective experience made measurable.

Real-world expertise

Clinicians, scientists and operators embedded where care actually happens, observing and mapping behaviour in real settings.

Exponential technology

ECS® orchestrates the study; AIRA compounds the evidence; adaptive operations put both to work in the setting each study needs.

One accountability

A global study steering committee over operations, technology, safety, medical, biometrics, regulatory and quality — on one QMS.

THE TRUTH WE BUILD ON

Reach is the variable that decides a study.

Ask a sponsor what made the difference on a study that delivered, and the answer is almost always reach: the right participants found early, enrolled fast and kept engaged to the last visit. The right participants live everywhere – dispersed, sometimes rare, often far from a specialist centre. We built a CRO around that reality, so the science gets the population it deserves.

Found early

Population mapped before the protocol is locked, not after the first recruitment miss.

Enrolled fast

Remote enrolment and identity-verified eConsent, investigator-supervised throughout.

Kept engaged

A participant journey designed around real life, on the device people already own.

Reach is not a promise about numbers. It is an operating choice: where the study happens, who it asks something of, and how little of a participant's life it consumes to produce a defensible data point.

HOW REACH IS PRODUCED

PHYGITAL-CROWD: the study travels, the community answers.

Phygital means the study travels to the participant — at home, in the community, at a pharmacy or at a hospital — in one governed ecosystem. PHYGITAL-CROWD is how we assemble that reach: digital communities and physical touchpoints working as one recruitment and retention surface, so populations that never see a specialist centre still enter the evidence.

Digital communities

Patient groups, clinicians and interest communities activated where they already gather.

Community pharmacies

Physical touchpoints for sampling, dispensing and reassurance close to home.

Home and telehealth

At-home sampling with cold chain, ePRO and supervised telehealth visits.

Sites, where they matter

Hospitals and specialist centres stay in the design wherever the science requires them.

The method is the same whether a study is centralised, hybrid or fully decentralised. What changes is how much of it happens in the participant's own context.

ECS® ECOSYSTEM

One ecosystem, one source of truth.

ECS®, the Evidence Capture System, is Evidilya's virtual research ecosystem: five layers — Engage, Conduct, Capture, Operate, Assure — running a study end to end, from fully remote to hybrid, under a single governance model. Where an assembled vendor stack hands context from one supplier to the next, ECS® keeps it, so every data point carries its provenance and every hour goes into the study.

ENGAGE	Recruitment, eConsent, participant journey and LucaH®, the participant-facing companion.
CONDUCT	Visits on site, at home or by telehealth, supply and logistics, investigator supervision.
CAPTURE	eCRF, ePRO, devices and connected data, captured once with provenance attached.
OPERATE	Monitoring, study oversight, safety and vigilance, reporting to sponsor and sites.
ASSURE	Quality, validation, audit trail and regulatory-grade traceability across the whole arc.

One ecosystem also means one accountability: the same team you meet at scoping stays with the study through database lock and publication.

DIRECT-TO-PARTICIPANT

We bring the study to the participant.

D-T-P is our default execution model: investigator-supervised, audited exactly like a site visit. Remote enrolment and identity-verified eConsent, at-home sampling with cold chain, ePRO on the device people already own, telehealth under supervision, and community pharmacies as physical touchpoints.

Investigator-supervised

Clinical responsibility never leaves the investigator, wherever the visit happens.

Audited like a site

The same SOPs, the same monitoring discipline, the same audit trail.

Designed for the person

Fewer avoidable visits, clearer consent, less time taken from a participant's life.

Lighter on the site

Administrative load moves into ECS®, so site staff spend their hours on care.

Centralised, hybrid or fully decentralised: the model follows the evidence you need, and the oversight stays the same in all three.

AI APPLIED

AIRA: quality you can evidence.

AIRA is where insight becomes evidence: literature triage, protocol drafting and signal detection accelerated so scientists spend their hours on judgement. Every model is auditable, every output traceable, and a named human signs the scientific conclusion. Health Scientific Survey sits inside AIRA as a distinct capability.

Auditable by design

Inputs, versions and outputs are logged; nothing enters the record unsigned.

Human accountability

A named scientist owns every conclusion. AI accelerates, it does not decide.

Evidence that compounds

Each study leaves the next one cleaner, and ready to hand to a regulator.

AIRA works inside ECS®, on the same governed record, so an accelerated output and an inspected one are the same output.

WHERE WE WORK

Four domains, one scientific standard.

The scientific standard and the reach stay constant; the operating model flexes to what each study requires.

Pharma & Rare Disease

Post-market and real-world evidence that reaches patients wherever they live, including rare populations far from a specialist centre.

Consumer Health (CHC)

Claim substantiation at market speed, generated in the conditions your consumers actually use the product.

Functional Food & Medical Nutrition

From FSMP and infant nutrition to botanicals and novel food, with endpoints regulators and retailers both accept.

MedTech & Medical Devices

MDR/IVDR investigations pre-market, and continuous PMCF evidence once the device is in use.

A therapeutic question rarely belongs to one domain. We design it once, then run it in the domain the product actually lives in.

THERAPEUTIC EXPERIENCE

Ten clusters, grouped as patients experience them.

Therapeutic experience is organised the way care actually happens, not the way an org chart is drawn.

10 CLUSTERS **30** THERAPEUTIC AREAS **4** DOMAINS

01

Cardiometabolic

From prevention to device-guided management.

02

Oncology & Immunology

Tumour, immune and vaccine evidence.

03

Digestive Health & Nutrition

Gut, liver and microbiome science.

04

Respiratory & ENT

Airway, allergy and upper-respiratory endpoints.

05

Neuroscience, Mental Health & Behavioural Science

Brain, behaviour and digital therapeutics.

06

Female, Male & Sexual Health

Reproductive, sexual and urological health.

07

Skin, Aesthetics & Senses

Dermatology, aesthetics, eye and oral care.

08

Musculoskeletal & Paediatrics

Mobility, bone, joint and paediatric safety.

09

Longevity & Healthy Aging

Age-related function and lifespan evidence.

10

Rare & Ultra-Rare Conditions

Small populations, global reach, RWE-heavy designs.

Thirty therapeutic areas sit inside these ten clusters, and the same evidence method travels across all four domains.

EXPERT SERVICES

The people behind the evidence.

Senior by default. Your study is scoped, staffed and overseen by named, experienced specialists, and the people accountable for it stay accountable for it. Teams cover the full arc of research, from evidence strategy, protocol development and regulatory strategy, through recruitment, monitoring and pharmacovigilance, to biostatistics, medical writing and peer-reviewed publication.

Upstream

Evidence strategy, feasibility, protocol development, regulatory strategy, scientific advice.

During

Start-up, recruitment, monitoring, data management, safety and vigilance, supply.

Downstream

Biostatistics, clinical study reports, medical writing, dossier support, publication.

Where a study needs a specialised capability or a country beyond our owned footprint, we activate a pre-qualified vendor, or qualify a new one to Evidilya SOPs, under one oversight.

THE TEAM, PHASE BY PHASE

Named specialists on the study, from the first meeting to the final report.

One accountable team follows the study across initiation, conduct and closing, extended by a qualified vendor and partner network, all resting on our QMS and digital infrastructure.

01

Study initiation

CORE ROLES · Business development, start-up success manager, lead medical writer, lead data manager, lead biostatistician, regulatory specialist, study database developer.

02

Study conduct

CORE ROLES · Clinical research associates, enrolment specialist, remote data monitor, concierge service lead, quality assurance manager.

03

Study closing

CORE ROLES · Medical writer, clinical research associates, lead medical writer, lead data manager, lead biostatistician.

Every phase names the people accountable for it, and those names are in the proposal before the study starts.

THE MOMENTUM

Decentralised execution is now the regulated path.

The frameworks sponsors have to satisfy already describe the way we run studies. That is the ground our operating model stands on.

THE REGULATORY SEQUENCE

DECEMBER 2022

EMA · HMA · European Commission

Recommendation paper on decentralised elements in clinical trials, adopted across EU member states.

18 SEPTEMBER 2024

FDA final guidance

Conducting clinical trials with decentralised elements: remote visits, telehealth, local healthcare providers and direct-to-participant supply.

IN FORCE

ICH E6(R3) and Annex 2

Good Clinical Practice modernised around risk-proportionate design, data governance and decentralised elements.

WHAT IT MEANS FOR A SPONSOR

The model we run is the model the guidance describes.

Design

Risk-proportionate protocols with decentralised elements written in from the start.

Conduct

Remote visits, telehealth and at-home procedures under investigator supervision.

Record

One audit trail, provenance attached at capture, inspection-ready on ECS®.

Every figure in this document is sourced, and every commitment is made in writing — the first one is on the next page.

HOW YOU WORK WITH US

Three ways in. One accountability.

Full-service is the frame; FSP and consultative advisory are modalities inside it. Whichever way you come in, one expert team owns the outcome.

Full-service with ECS®

Evidilya runs the study end-to-end on ECS®, from protocol to publication. Fit: a new evidence programme, Direct-to-Participant by design.

Full-service on your stack

You keep your systems and your sites; our specialists run the study, embed inside your team for named functions, or advise as a defined engagement. Fit: an in-flight study, or a decision to de-risk.

ECS® alone

Your team runs the study; ECS® is the validated, supported virtual research ecosystem underneath. No full-service required.

Configuration proposal in 60 days

A configuration proposal within 60 days of a protocol synopsis: scope, operating model, reach plan and the named team who would run it.

Evidilya

Bring us the study you want to get right.

When reach decides whether your protocol becomes evidence, this is the conversation we are built for. Send the synopsis, or just the question.

evidilya.com/contact/rfp — submit an RFP

evidilya.com/contact — general enquiries

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LEGAL ENTITY

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