



NURIAL AI

AI for Clinical Trials.

The operational intelligence layer for clinical research —
from first contact to database lock.

Partnership deck · 2026

THE PROBLEM

Trials don't fail on science. They stall on operations.

Recruitment

Most trials miss enrolment timelines — screening is slow, manual and coordinator-heavy.

Retention

Participant dropout commonly reaches 20–30%, forcing costly over-recruitment and timeline slip.

Site burden

Coordinators and investigators lose hours every day to scheduling, documentation and follow-up.

Data quality

Unstructured source notes drive transcription effort, data queries and monitoring cost.

Every one of these is an operational problem — and operational problems are exactly what Nurial's AI modules were built to remove.

THE IDEA

One ecosystem, re-deployed across the trial lifecycle.

Nurial takes AI modules proven in live, day-to-day healthcare delivery — patient communication, structured history taking, ambient documentation and operational analytics — and plugs them into every stage of a clinical trial. One connected platform; structured data from first contact to database lock.

AI Reception

RECRUIT · SCHEDULE · RETAIN

24/7 multichannel participant engagement across phone, WhatsApp, SMS and web chat.

AI History Taker

SCREEN · PREPARE · CAPTURE

Structured pre-visit data collection that makes every visit shorter and more complete.

AI Scribe

DOCUMENT · CODE · COMPLY

Ambient documentation for investigators, nurses, coordinators and phlebotomists.

Trial Intelligence

MEASURE · PREDICT · OPTIMISE

A unified structured-data layer powering enrolment, retention and site analytics.

Every interaction generates structured data — so the platform gets more valuable with every visit, at every site.

End to end across the protocol.

1 · Find & screen

RECRUITMENT

- Multichannel outreach to candidate pools
- AI pre-screening against I/E criteria
- Instant booking of screening visits
- Multilingual, 24/7 — no missed enquiry

2 · Enrol & schedule

VISIT LOGISTICS

- Automated visit windows & reminders
- Attendance confirmation before visits
- Home-visit availability checks
- Self-serve rescheduling in-window

3 · Conduct visits

ON-SITE & AT-HOME

- Pre-visit structured histories
- Ambient scribing of every encounter
- AE & concomitant-medication capture
- Visit reports & source notes drafted

4 · Data & oversight

QUALITY & INSIGHT

- Structured, EDC-ready visit data
- Fewer queries, faster resolution
- Enrolment & retention dashboards
- Site performance benchmarking

Between visits, the same platform keeps participants engaged — dosing and diary reminders, symptom check-ins and a 24/7 line for questions.

AI Reception — every participant, reachable.

What it does in a trial

- Reaches candidate participants by phone, WhatsApp, SMS and web chat
- Pre-screens against inclusion / exclusion criteria before site contact
- Books, confirms and reminds for every protocol visit window
- Checks attendance ahead of visits and chases non-responders
- Checks participant availability for home visits and mobile phlebotomy
- Lets participants reschedule instantly — inside the protocol window
- Runs retention outreach: dosing reminders, diary prompts, check-ins
- Answers questions 24/7, in the participant's own language

Why it matters

- Ineligible enquiries deflected before they consume coordinator time
- Fewer no-shows — every visit confirmed, every miss followed up
- Out-of-window visits and protocol deviations reduced
- Dropout risk caught early through continuous engagement
- Sites recruit around the clock, not just office hours

A missed visit is never just a missed visit — it's lost data, a possible deviation and a retention warning. Nurial closes the loop before it opens.

AI History Taker — shorter, sharper visits.

What it does in a trial

- Structured pre-screening questionnaires mapped to eligibility criteria
- Pre-visit capture of interim history before each protocol visit
- Adverse event and concomitant-medication review ahead of the visit
- Supports ePRO / eDiary completion with guided prompts
- Between-visit symptom and safety check-ins
- Consistent, standardised data capture at every site

Why it matters

- Investigators and nurses start every visit already informed
- Visit time is spent on assessments, not on asking what happened
- More complete histories mean fewer missed AEs and con-meds
- Standardised capture cuts site-to-site variability and queries
- Home and remote visits become as structured as on-site ones

The visit becomes confirmation and clinical judgement — not data collection from scratch.

AI Scribe — documentation for every role.

Ambient documentation for everyone who touches a participant — with every document reviewed and approved by an authorised professional before it enters the record.

Investigators

PIs & SUB-Is

- Visit source notes
- AE narratives & causality notes
- Protocol deviation notes
- GP / referral letters

Research nurses

CLINICAL STAFF

- Assessment documentation
- Dosing & administration notes
- Safety observation records
- Participant education notes

Coordinators

SITE OPERATIONS

- Visit reports & checklists
- Contact & follow-up logs
- Structured, EDC-ready data
- Coding suggestions for review

Phlebotomy & home teams

MOBILE & DECENTRALISED

- Sample collection documentation
- Home-visit encounter notes
- Chain-of-custody detail capture
- Hands-free, on the move

Contemporaneous, consistent, attributable documentation — captured once, structured for both the source record and the trial database.

Trial Intelligence — see the trial as it runs.

Because every module writes structured data to one platform, sponsors, CROs and sites get live operational truth — not month-old status reports.

- Enrolment funnel & conversion

- Screen-failure patterns

- Visit completion & no-show rates

- Retention risk flags

- Protocol deviation trends

- Data query rates by site

- Site performance benchmarking

- Home-visit logistics & coverage

- Per-visit cost & budget tracking

The compounding effect

Every additional site, visit and module enriches the same intelligence layer — so feasibility, site selection and forecasting for the next trial start from real operational data, not estimates.

Hybrid, decentralised and diverse by design.

Decentralised & hybrid trials

- Home-visit scheduling with participant availability checks
- Mobile phlebotomy coordination and documentation
- Remote structured check-ins between site visits
- The same data structure on-site, at home and remote

Diverse, global populations

- Multilingual engagement across phone, WhatsApp and SMS
- Works with EHRs where available — and paper workflows where not
- Built on a platform live in hospitals and clinics across Africa, the Middle East and Asia
- A practical route to the diverse enrolment sponsors are asked to deliver

Privacy-first by design: organisations own and control their data, everything is encrypted in transit and at rest, access is role-based and fully audit-logged, and AI never replaces professional judgement.

What this is worth on one Phase III trial.

Illustrative model: Phase III study · 40 sites · 400 randomised participants · 12 visits each (4,800 visits) · 3:1 screening ratio. Conservative assumptions — every figure adjustable to your protocol.

LEVER	ILLUSTRATIVE ASSUMPTION	SAVING
Automated pre-screening	~6,000 enquiries triaged for 1,200 screening visits; ineligible enquiries deflected before coordinator contact (~1,500 hrs saved) and on-site screen failures reduced ~10% (80 × \$1,200)	\$163,000
Reminders & self-serve rescheduling	Missed-visit rate reduced from 12% to 7% across 4,800 visits — 240 avoided misses at ~\$600 each (site time, rebooking, deviation handling)	\$144,000
Retention engagement	Dropout reduced from 25% to 20% — 20 participants retained at ~\$15,000 replacement cost each (recruit, screen, repeat early visits)	\$300,000
Pre-visit history capture	~15 minutes of clinical staff time saved per visit across 4,800 visits (staff time at \$45/hr)	\$54,000
Ambient documentation	~20 minutes saved per visit: 8 min investigator time (\$150/hr) + 12 min site staff time (\$45/hr) across 4,800 visits	\$139,000
Data quality	Query rate reduced from 0.50 to 0.35 per visit — ~720 queries avoided at ~\$75 handling cost each	\$54,000
Total illustrative saving per trial		≈ \$854,000

And the number that matters more: faster enrolment and fewer lost participants shorten the trial itself — where every month saved is worth far more than the operational savings above.

Proven in care delivery. Ready for research.

Live, not lab

Built on AI modules already running in real hospitals and clinics every day — not a research prototype.

Humans in control

Every document is reviewed and approved by an authorised professional. AI assists; it never replaces judgement.

Privacy-first

Customer-owned data, encryption in transit and at rest, role-based access, full audit logging, data minimisation.

System-agnostic

Integrates with EHRs and site systems where available; supports paper-based sites where infrastructure is limited.

One data layer

Every module writes to one structured intelligence platform — value compounds with every deployment.

Global reach

Multilingual, multichannel engagement designed for the markets where recruitment is hardest — and diversity matters most.

NURIAL AI

Let's map Nurial to your next protocol.

A working session with your operations team is enough to model the impact —
site by site, visit by visit, against your own protocol and budget.

Nurial AI · AI for Clinical Trials