January 2012

Dear Valued CDISC Member,

On behalf of the CDISC Operations Staff and CDISC Board of Directors, I would like to take this opportunity to express our sincere appreciation for the support we receive from our CDISC member organizations and team participants. This continuing support is invaluable, not only to CDISC as an organization, but also to the many clinical communities increasing their use of CDISC standards around the world. CDISC has become much “more than standards,” making a clear impact on improving the medical research process and helping to bring new safe and effective therapies to patients sooner. We are now truly living our vision coined in 2010: “Informing patient care and safety through higher quality medical research.”

To support the organization’s mission and vision, CDISC continues to facilitate the convergence of research and healthcare toward a learning healthcare system, and is providing an ever-expanding suite of open and free standards and innovations. The new vision reflects an intentional focus on the patient and the needs of clinical providers.

The CDISC Board of Directors has worked diligently this past year to identify key CDISC focus areas that will be our Strategic Aims for 2012-2015. To elaborate briefly, these areas are the following:

• To achieve significant progress in the use of core CDISC standards to allow scientifically sound data aggregation and support secondary uses of research data for the purposes of scientific investigation and comparative effectiveness. This goal includes supporting the FDA development of a cross-study database (clinical trial repository) and initiatives such as the Coalition Against Major Diseases (CAMD) organized by the Critical Path Institute.

• Expedite the development and rollout of new therapeutic-area or specialty standards while continuing to refine, support and educate on existing standards. Incorporating therapeutic area needs into existing CDISC standards will ensure consistency in data capture and analysis for therapeutic endpoints and other disease-specific data elements to address efficacy and other aspects of trials.

• Launch SHARE, a Shared Health and Research Electronic Library, a global, accessible, electronic library for CDISC content. CDISC SHARE will enable precise, standardized data element definitions as well as richer metadata that can be reused within applications and across studies to improve biomedical research and its link with healthcare.

• Continue the Healthcare Link innovations, which have proven to dramatically shorten the time a clinician spends completing a form (e.g. adverse event reporting, case report forms), to improve data quality and streamline processes. This standards-based innovation, done in collaboration with IHE and HHS, has enabled EHR systems to readily support research. This year the goal is to do an actual regulated study with EHRs as the data collection source (eSource) for at least a subset of the investigative sites. FDA OSI is interested. (Please contact Landen Bain lbain@cdisc.org if you are interested in conducting such a study.)

In addition, CDISC will continue to strengthen its key collaborations, including leadership of the Joint Initiative Council (JIC) for harmonizing healthcare standards globally, the MOU with the Innovative Medicines Initiative, and CDISC’s ties to regulators, particularly in areas with CDISC Coordinating Committees (3Cs).
These activities and CDISC’s many achievements are only possible through your financial support. Although CDISC is continuously diversifying its revenue streams (including grant awards, IMI consortia participation, education and direct contributions, among other opportunities), membership remains a primary source of income. In order to support increased implementation of CDISC standards around the globe and to keep pace with growing industry and regulatory requirements for new standards, CDISC has spent 2011 rolling out a new membership structure that is considerably simpler (with just Platinum and Gold options). We hope that you find that this structure will better accommodate larger organizations as well as smaller ones. New member benefits have been added, particularly for organizations at the Platinum level. Please see the following pages for a list of member benefits and new rate structures.

To complement this restructuring, CDISC applied for and was approved 501(c)(3) status by the IRS, which puts CDISC into a new category in terms of the types of revenue it can receive. This will permit direct contributions as well as exempt CDISC from most types of tax. *Contributions to CDISC are now fully tax-deductible.*

We are looking forward to a productive year for CDISC in 2012 and would like to emphasize our appreciation for your kind and ongoing support. Should you have suggestions for CDISC, please don’t hesitate to contact me. If you have questions on your membership level, rates or benefits, please contact Sheila Leaman (sleaman@cdisc.org).

Best regards,

[Signature]

Dr. Rebecca Kush
President and CEO, CDISC
CDISC MEMBERSHIP BENEFITS

GOLD LEVEL

• Access to ‘Members Only’ area on the CDISC website for all of the organization
  o Access to new documentation for CDISC standards
  o CDISC Case Studies
  o CDISC Business Case
  o Tools, presentations and team Information
  o Access to new data standards and useful information (e.g. Pharmacogenomics
    Domains, ADaM validation checks, FDA-CDISC pilot reports)
  o Introduction to CDISC Course
• 20% Discounts for CDISC Training Courses and CDISC sponsored events, e.g. Interchanges
• Opportunity be a CDISC Registered Solution Provider
• HL7 Member rates to HL7 Working Group Meetings
• Invaluable partnership prospects and networking opportunities with peers and visionaries
• Receipt of personalized plaque

PLATINUM LEVEL

All of the benefits of Gold Level (above) PLUS the following:

• Representation on the CDISC Advisory Board (CAB), through which the following benefits
  accrue:
  o Opportunity to provide strategic advice to CDISC leadership
  o Teleconferences that include implementation experiences from peers and CDISC
    updates from Operations staff
  o Opportunity to be on Board Committees (Strategy, Technical, Financial)
  o Opportunity to vote a Board Member onto the CDISC Board of Directors
  o Opportunity to participate in Town Hall meetings with regulators
  o Networking at face-to-face meetings
• Access to the CAB area of the CDISC Portals
• Access to Team area of the CDISC Portals
• Additional 20% Discounts (i.e. 40 % total) for CDISC Training Courses and CDISC
  sponsored events, e.g. Interchanges
• Opportunity for a personal onsite delivery of the New “CDISC Global Approach to
  Accelerating Medical Research” at Members’ Request
## CDISC Membership Rates 2011

<table>
<thead>
<tr>
<th>Number of Employees in Organization</th>
<th>Gold Annual Fee</th>
<th>Platinum Annual Fee</th>
<th>First Year one-time (joining) Platinum Contribution</th>
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<tbody>
<tr>
<td>Academic Institution Government Non-profit</td>
<td>$2,500 ($1,200 if &lt; 20)</td>
<td>$5,000</td>
<td>Annual fee + $5,000</td>
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<td>$5,500</td>
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<td>&gt; 25,000</td>
<td>$25,000</td>
<td>$30,000</td>
<td>Annual fee + $30,000</td>
</tr>
</tbody>
</table>

Discounts to CDISC-Sponsored Events: 20% for Gold and 40% for Platinum [See Member Benefits]

Additional Support Opportunities Available – Please Contact CDISC Membership