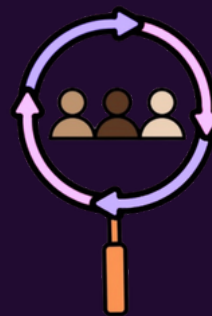


# The research **recruitment** platform built **to match** the right participants to the right studies.



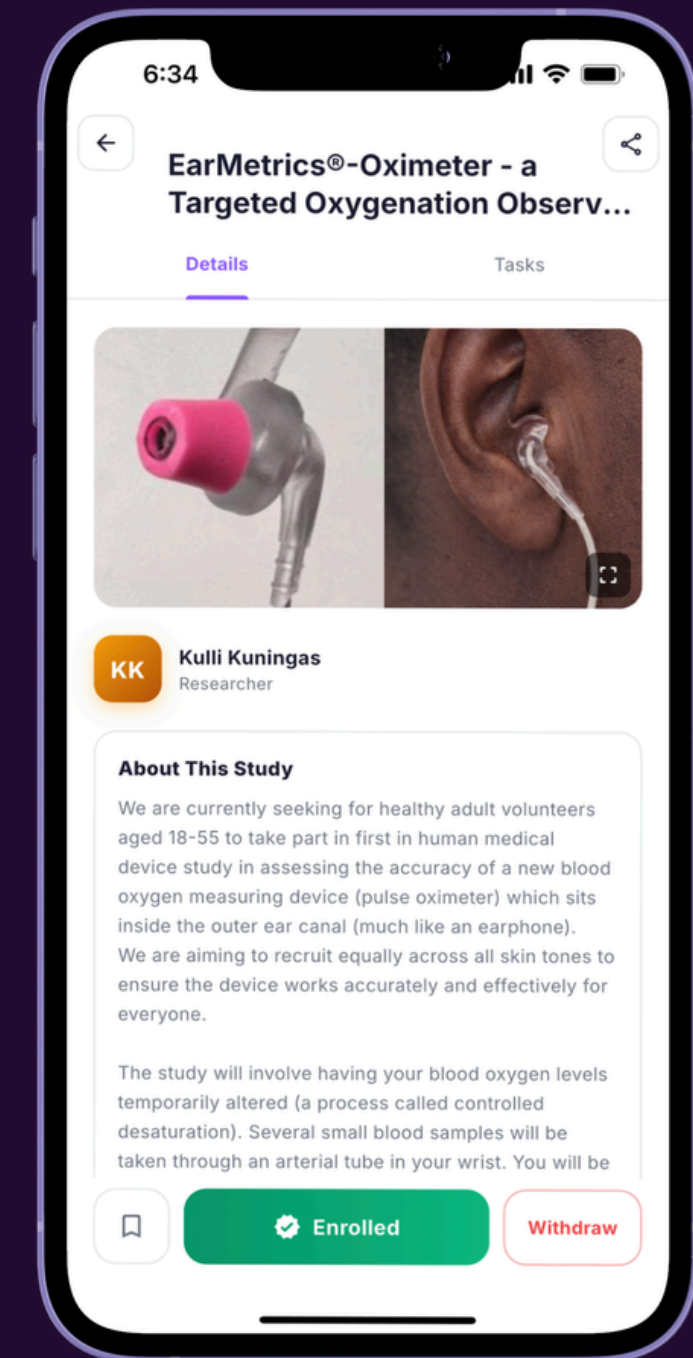
## Meet Esther.

A real PROBr participant.



# PROBr

Participant → matched through PROBr → enrolled in research



## THE PROBLEM

# Clinical research cannot recruit the people it needs

**80%** of research studies experience delays

Recruitment remains a major bottleneck, while underrepresented communities remain less visible in studies.

**1-6%** Ethnic minority representation

**PROBr matches eligible participants with relevant studies in one place.**



"If I wanted to find a study myself, I'd probably have to Google it and search different websites."

**Esther, PROBr participant**

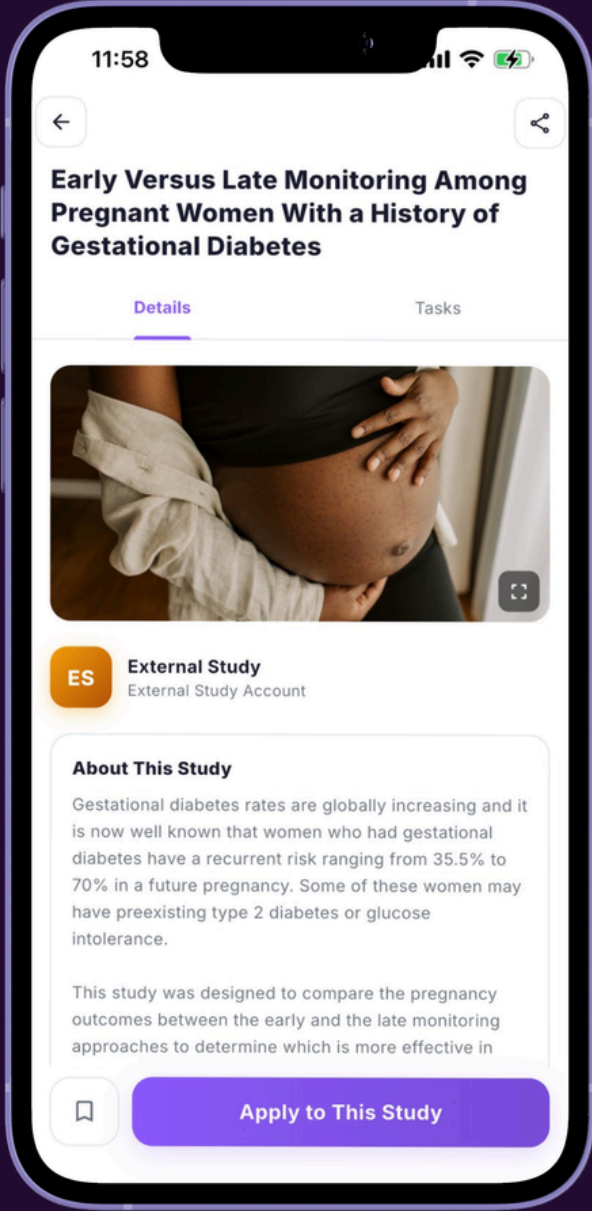
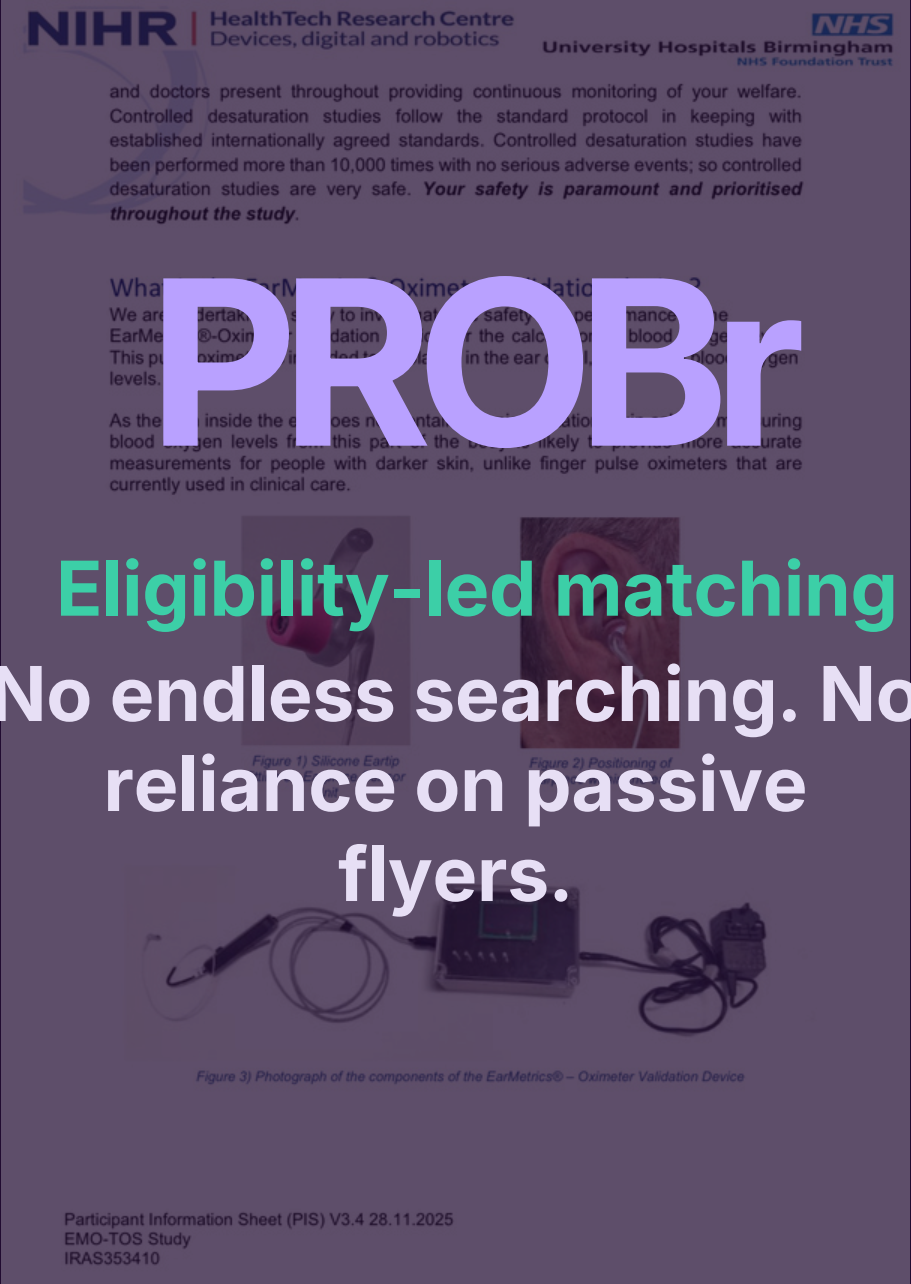
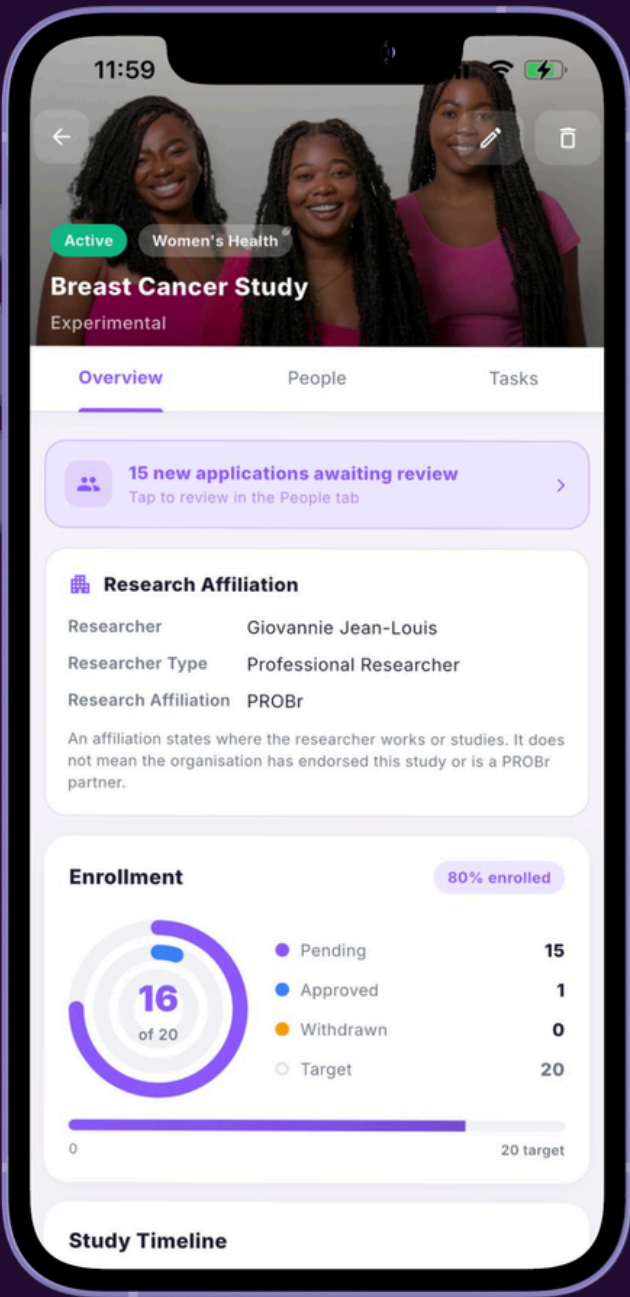


# One platform connects both sides

Researchers publish a structured opportunity. Eligible participants discover it and choose whether to connect.

1 Research team uploads the study

2 Participant finds a relevant study



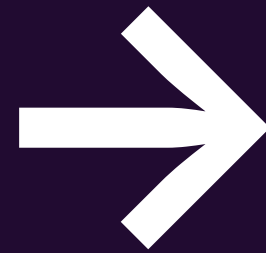
 Enrolled

Withdraw

# Case Study: Birmingham NHS Hospital

EarMetric Study:

Needed 12 participants  
within 6 months...



Recruitment target ~150 days faster\*  
In theory, ~£4.5M saved

PROBr delivered 19  
participants in 30 days.



Pictured \*Esther



Compared with the study's original 6-month recruitment window. Illustrative savings estimate based on ~150 days  
× ~\$40K/day average direct Phase II/III clinical trial operating costs reported by Tufts CSDD. Actual costs vary by  
study type and design and do not represent confirmed Birmingham savings.

# Paid adoption with international reach

5000+

participants onboarded

£8,420

received by June 2026

£11,987

Grant secured

UK

University of Birmingham, NIHR, **University of Cambridge**, University of Leeds and more



USA

Meharry Medical College, **University of Miami** partnership and more



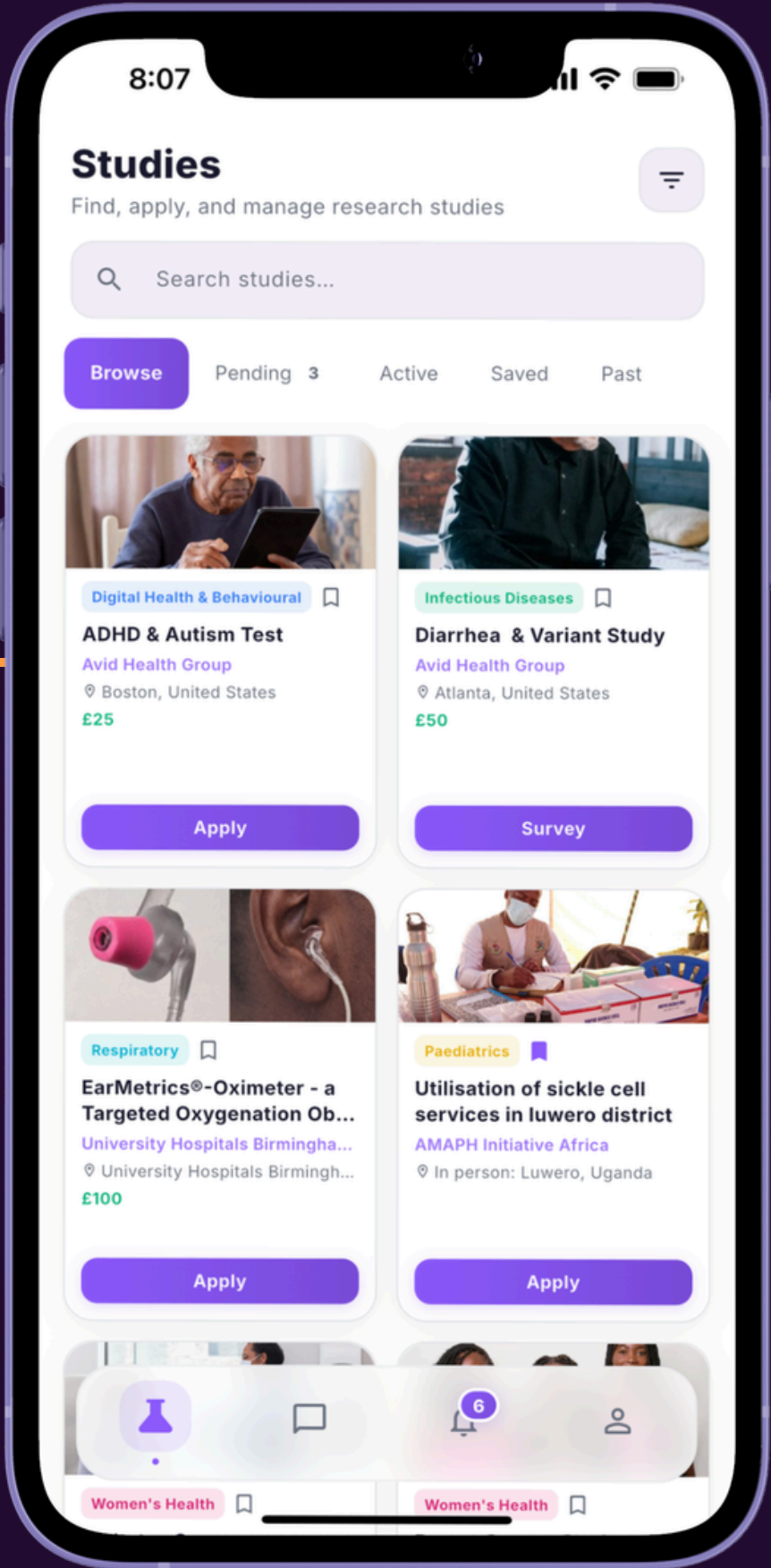
Haiti and Uganda

Community and research-site expansion



Asia

CliMed Research Solutions and Dual Sphere Consulting





# Proven recruitment impact. Multiple ways to pay

75%

**faster recruitment**

Participants reach studies sooner

>10 pp

**increase in ethnic minority participation**

Study populations become more representative

90%

**retention rate**

Participants stay engaged through the journey

## B2B Revenue Model

Free for participants. Research organisations pay to recruit.

**£150 per enrolled participant  
+ activation fee**

**or**

**£1,000 per active study /  
month**

Enterprise contracts for CROs, pharma and research networks

**I trust this app!!**

★★★★★ Feb 22 · Fandom\_rights98

Firstly, never seen app that has a different types of research studies you can join. And even if there was, I would be skeptical to share my information or the intent behind those apps. This app I trust. I looked up the team and they are women of colour who share their passion for bridging inequity gap...

# A focused entry into a £71B global market

TAM

£71B

*£120.1B by 2033*

global clinical trials support services

SAM

£3.0B

UK clinical trials industry

## PROBr Unit Economics

*£1,000 x 6mo = £6,000 per study*

One institution = multiple studies

5 studies → £30k

10 studies → £60k

25 studies → £150k



One large research institution can manage **400+ new studies** annually. Imagine 20 institutions managing 400 studies each.

Based on £1,000/month for an illustrative six-month recruitment period. Large research institutions may manage hundreds of studies annually; actual study volumes varies by organisation.

# We don't need every study, just SOM

## 605k +

studies registered on [ClinicalTrials.gov](https://clinicaltrials.gov) –  
*a free public registry of research studies worldwide*



0.1% = 605 studies

0.5% = ~3,023

1% = ~6,046



*PROBr at £1,000/study/month x assumed six months:*

0.1% = ~£3.7M

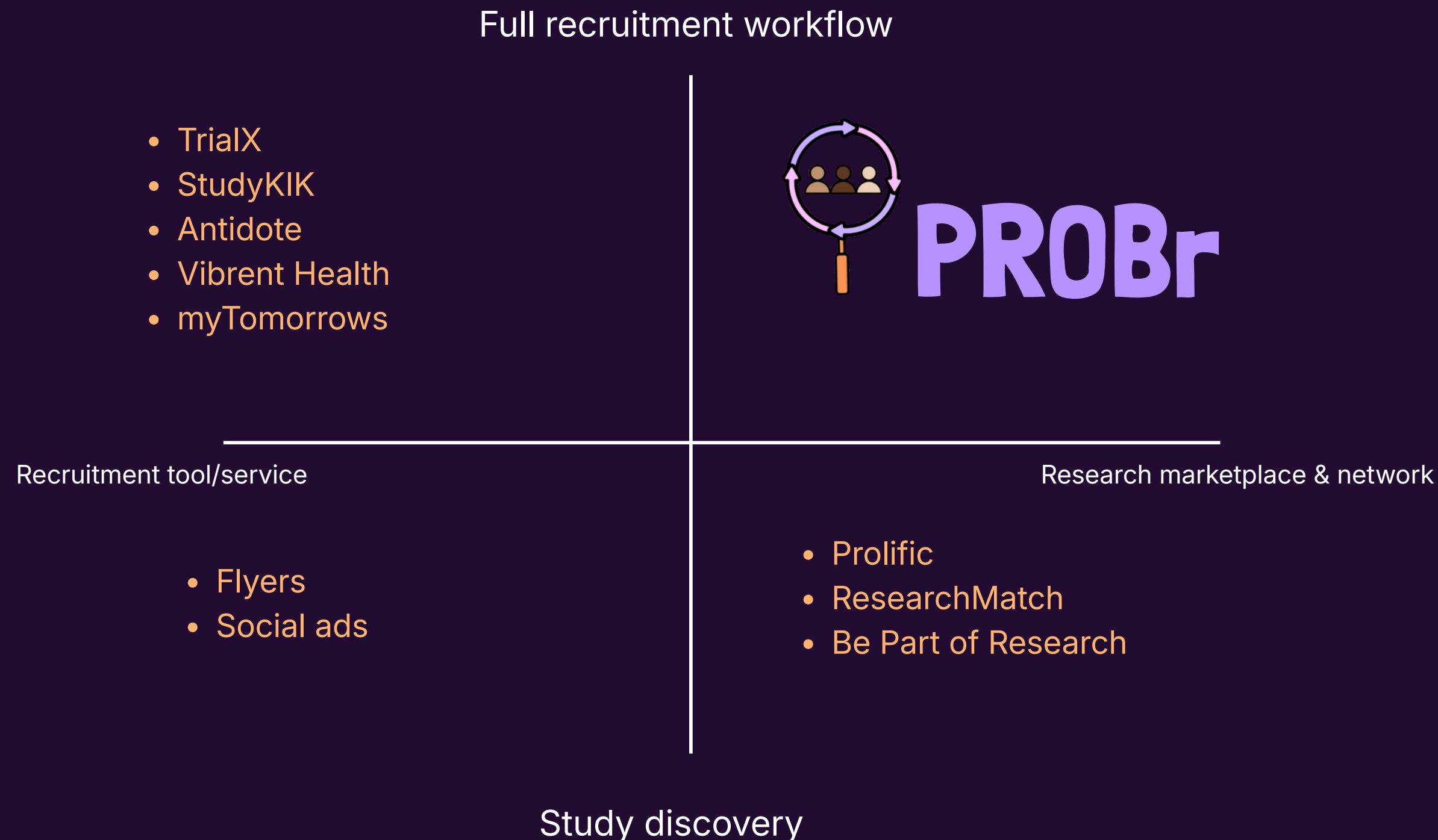
0.5% = ~£18.5M

1% = ~£37.0M

*A fraction of existing research volume creates meaningful scale.*



## COMPETITIVE LANDSCAPE



### Flyers + Social Ads

- Broad awareness
- Limited targeting
- No recruitment workflow

### Trial websites/Registries

- Study discoveries
- Fragmented experiences
- Limited recruitment infrastructure

### Recruitment Platforms

- Recruitment tools
- Matching/pre-screening
- Limited researcher networking

### PROBr

- Participant discovery
- Recruitment workflow
- Researcher network
- One connected ecosystem

# One advantage can be copied. Six combined are harder to replicate.

***THE CHALLENGE:** Pick one you could replicate. Now see if you can do all six.*

1

## Clinical expertise

Clinician-led understanding of research, healthcare and governance.

2

## Institutional access

Years of established relationships with researchers, universities and healthcare organisations.

3

## Community trust

Grassroots engagement and international relationships with underserved communities.

4

## Start-up agility

Faster decisions, product iteration and responsiveness than many larger organisations.

5

## Founder representation

Two ethnic-minority women founders bringing lived perspectives to inclusive research participation.

6

## All-in-One Research Platform

Bringing everything researchers & everyday people need into one platform: studies, recruitment, PPIE, survey making, networking, site discovery and analytics.

**Our advantage isn't any single element. It's the combination of all six, strengthened by two ethnic-minority women founders who understand the communities we're working to reach.**



# Go-To-Market

Grow institutions and participants together

## Researchers

- Universities
- NHS/health systems
- CROs & Pharma
- Research networks
- ClinicalTrials.gov

← **PROBr** →

## Participants

- Community partnerships
- Social/content
- Events & education
- Participant referrals

**LAND → PROVE → EXPAND**

**1 institution → first study → demonstrated recruitment → more studies**

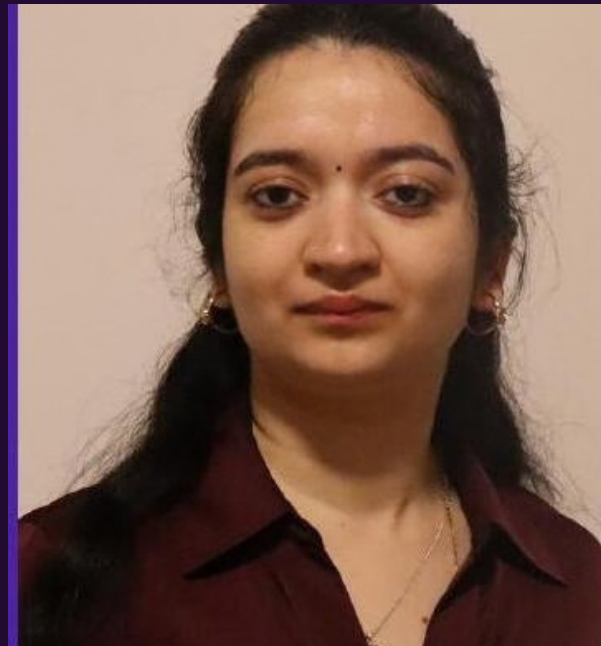
# Clinical insight, delivery experience and technical capability



**Dr Giovannie Jean-Louis**

**Co-Founder and CEO**

Physiotherapist specialist  
Strategy and US/UK growth



**Dr Meghana Nadella**

**Co-Founder and COO**

Pharmacy and psychology clinical  
practice. Leads operations and UK  
partnerships



**Ziad Mohammed**

**CTO/Senior Developer**

Five years building web products  
Platform and cloud delivery



**Dr Nathan Mugenyi**

**Regional Director of Africa**

Global health researcher with over  
50 peer-reviewed publications



**Dr Michael Caldwell**

**Advisor**

Vaccine research and public  
health.  
Advises clinical and research  
strategy

# Raising **£500k** to build the engine to scale

**£250K SEIS availability.** £5.5 million pre-money.

A ~12-18 month runway to strengthen the platform and convert pilots into repeatable institutional revenue.

**30%** Product and engineering

**24%** Specialist hires

**18%** Customer acquisition

**28%** Partnerships, compliance and validation

## Milestones this round unlocks

Secure KTP leverage

Add specialist delivery capacity

Expand cohorts to 1.5k participants per year

**Convert pilots into repeatable revenue**

# We have institutional demand. What **we lack** is the **capacity to convert** it.

20–25 research institutions in our conversion pipeline. Manual onboarding is slowing conversion.

## TODAY | THE BOTTLENECK

Manual contracts & lengthy email exchanges

Some onboarding takes longer than a month

Founder-led payments & study activation

Limited capacity to pursue 500+ identified prospects

## WITH 500k | THE SOLUTION

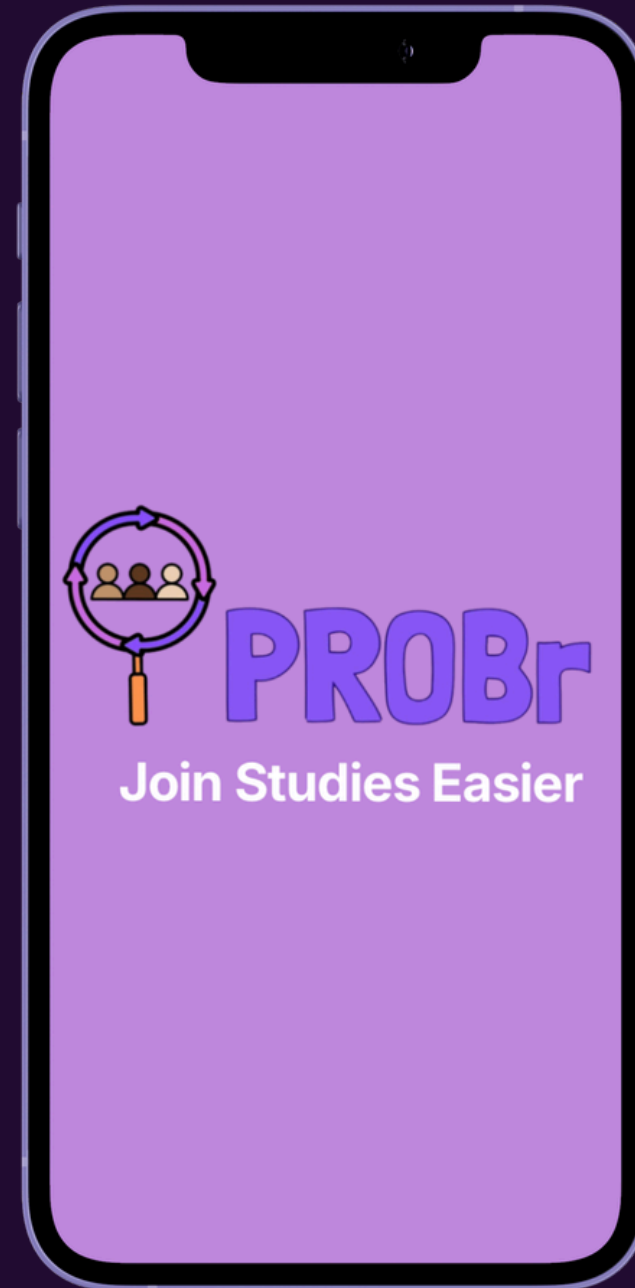
Standardised onboarding flows

Faster PROBr-controlled setup & approvals

Self-service plans, billing, & study publishing

Dedicated team capacity for sales & support

# Esther Found Her Study (& £100). Millions Haven't.



We're building the platform  
that connects them.

 Download on the  
**App Store**

ANDROID APP ON  
 **Google play**

[Click the button to get the app](#)

Watch a video of a clinical trial with Esther [here](#)

Email us: [info@probr.co](mailto:info@probr.co)

Website: [www.probr.co](http://www.probr.co)