

HEARTBEAT-3 Demo Materials Guide

How to Save as PDFs

Each document artifact can be saved as a PDF:

1. **Click on each artifact** (Original CTA, Amendment 1-5)
 2. **Use your browser's Print function** (Ctrl+P / Cmd+P)
 3. **Select "Save as PDF" as the printer**
 4. **Save with descriptive names:**
 - 01_CTA_Original_Jan2022.pdf
 - 02_Amendment_1_Jun2022.pdf
 - 03_Amendment_2_Feb2023.pdf
 - 04_Amendment_3_Aug2023.pdf
 - 05_Amendment_4_Mar2024.pdf
 - 06_Amendment_5_Nov2024.pdf
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Key Pain Points Built Into These Documents

🔴 CRITICAL DEMO PAIN POINT #1: Buried Payment Terms Change

Location: Amendment 3, Section 4

What happened:

- Original Agreement: Net 30 payment terms

- Amendment 3 (COVID amendment): Changed to Net 45 **buried in Section 4** of a 12-section amendment focused on pandemic provisions
- Most people reviewing Amendment 3 focus on the new Section 21.7 (pandemic provisions) and miss the payment change

Why it's authentic:

- Real amendments often bundle unrelated changes
- Material payment terms get modified in non-payment-focused amendments
- Legal teams reviewing "COVID amendments" might skip financial sections

Demo value:

- Ask: "What are the current payment terms?"
 - Human answer: Takes 30+ minutes scanning all documents
 - Agent answer: 10 seconds, cites Amendment 3 Section 4 specifically
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● **CRITICAL DEMO PAIN POINT #2: Budget Exhibit Musical Chairs**

Evolution:

- **Original CTA:** Exhibit B - \$408,100 total budget, \$18,500 per patient, Net 30
- **Amendment 1:** Exhibit B-1 - \$466,100 total, \$21,200 per patient (added MRI + extended visits), Net 30
- **Amendment 3:** No new exhibit, but **payment terms changed to Net 45**
- **Amendment 4:** Exhibit B-2 - \$442,900 total, \$19,800 per patient (removed extended visits, added biomarkers), **still Net 45**

Pain points:

- To know current per-patient cost for Week 24, you need Exhibit B-2
- But to know Week 24 includes cardiac MRI (from Amendment 1), you need to read Amendment 4's cross-reference
- Payment terms aren't in any budget exhibit - they're in Amendment 3 Section 4

Demo value:

- Ask: "What's the payment for Week 24 visit, and when will we get paid?"
 - Answer requires: Exhibit B-2 (\$2,600) + Amendment 4 cross-reference (confirms MRI still there) + Amendment 3 Section 4 (Net 45)
 - Demonstrates multi-document, multi-hop reasoning
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 **MODERATE DEMO PAIN POINT #3: Insurance Coverage Gap**

Location: Amendment 5, Section 7

What happened:

- Original Agreement Article 13.4: Insurance required through "Study completion + 3 years"
- Original anticipated completion: December 31, 2024 → insurance through Dec 2027
- Amendment 5: Extended study completion to June 30, 2025
- **Amendment 5 mentions insurance extension** but it's a NEW obligation
- If interpreted strictly: Insurance lapsed Dec 31, 2024 (original end date) but study continues through June 2025

Why it's authentic:

- Timeline extensions often forget to update insurance/indemnification tied to original dates

- Insurance brokers work 3-6 months ahead, so December 2024 deadline was already processed in mid-2024
- This creates gaps discovered only during audits

Demo value:

- Ask: "Is there any insurance coverage gap in this contract?"
 - Sophisticated analysis: Original term was Dec 2024; Amendment 4 said LPLV September 2024; Amendment 5 extends to June 2025
 - Shows agents can detect temporal inconsistencies across documents
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 **MODERATE DEMO PAIN POINT #4: Cross-Reference Confusion**

Location: Amendment 4, Section 8

What happened:

- Amendment 1 added cardiac MRI at Week 24 AND extended follow-up to Week 64
- Amendment 4 removes the extended follow-up (Week 56, 64) but **keeps the cardiac MRI**
- Amendment 4 says "Protocol as amended supersedes all prior Protocol versions"
- Reading Amendment 4 alone, you can't tell the cardiac MRI from Amendment 1 survived

Why it's authentic:

- Selective overrides are common: "Amendment 4 modifies only Section X, leaves Section Y intact"
- Contract readers must mentally track what's "current" across multiple amendments
- Budget Exhibit B-2 shows \$2,600 for Week 24, but doesn't explain why (MRI is the reason)

Demo value:

- Ask: "Does Week 24 include a cardiac MRI?"
 - Answer requires: Budget B-2 (\$2,600 for Week 24) + Amendment 4 cross-reference ("MRI REMAINS") + Amendment 1 (original addition of MRI)
 - Shows agents can trace selective overrides
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● SUBTLE DEMO PAIN POINT #5: PI Change + Budget Ambiguity

Location: Amendment 2

What happened:

- Amendment 2 changed PI from Dr. Chen to Dr. Martinez
- Says "No Budget Impact" and doesn't update Exhibit B-1
- But Exhibit B-1 (from Amendment 1) still references "Dr. Sarah Chen" as PI

Why it's authentic:

- PI changes often say "no budget impact" because per-patient rates don't change
- But exhibits that NAME the PI create documentary inconsistency
- Not a material issue, but messy

Demo value:

- Ask: "Who is the current PI and what's the budget?"
 - Shows agents can reconcile that Budget Exhibit B-1 references old PI but Amendment 2 updated it
 - Demonstrates "current truth" synthesis across contradictory text
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Demo Scenario: Re-Engagement for Oncology Study

The Setup

Current Situation (as of February 2026):

- HEARTBEAT-3 study completed September 2025
- Site (Memorial Medical Center) successfully enrolled 20 patients
- Good relationship with sponsor CardioPharm
- Current PI: Dr. James Martinez (cardiologist)

New Opportunity:

- CardioPharm developing oncology asset CP-8912 (immunotherapy)
- Wants to re-engage Memorial Medical Center for Phase II oncology trial
- 15-patient enrollment target
- Study team asks: "Can we reuse the HEARTBEAT-3 agreement?"

The Reusability Blockers

Show agents analyzing:

1. PI Qualifications (Blocker)

- Current: Dr. James Martinez, Board Certified in Cardiology
- Required: Oncologist with immunotherapy experience
- Agent finds: Article 3.1(b) requires PI to be "Board Certified in Cardiology"
- **Verdict:** Cannot reuse without PI change

2. Indemnification Scope (Blocker)

- Current: Article 12.1 covers "Study Drug" (CP-2847, small molecule cardiovascular)

- Required: Immunotherapy has different risk profile (cytokine release, immune-related AEs)
- Agent finds: Indemnification language doesn't specify therapeutic area but risks differ substantially
- **Verdict:** Risk management will require renegotiation

3. Data Retention (Potential Issue)

- Current: Article 9.2 specifies 15 years
- Oncology requirement: Varies by region; EU may require 25 years for certain products
- Agent flags: Need to verify if 15 years sufficient for oncology asset
- **Verdict:** May need extension

4. Budget Structure (Blocker)

- Current budget (Exhibit B-2): Cardiology procedures (ECG, echo, cardiac MRI)
- Required: Oncology procedures (tumor biopsies, CT/PET scans, immunophenotyping, cytokine panels)
- Per-patient cost: Current \$19,800 vs. oncology estimated \$45,000-60,000
- Agent finds: No line items for oncology-specific procedures
- **Verdict:** Complete budget renegotiation required

5. Payment Terms (Reusable)

- Current: Net 45 (from Amendment 3)
- Agent finds: This can be reused
- **Verdict:** One of the few reusable clauses

6. Insurance Requirements (May Need Update)

- Current: \$1M/\$3M coverage (Article 13)
- Oncology trials often require: \$5M/\$10M or higher due to risk profile
- Agent flags: Need to verify site's current insurance limits

- **Verdict:** Likely requires policy upgrade

Agent Output Summary

Reusability Assessment:

- **✗ Cannot reuse as-is** due to 3 critical blockers (PI, indemnification, budget)
- **⚠ Major modifications required** for insurance and potentially data retention
- **✓ Reusable elements:** Payment terms (Net 45), confidentiality, publication rights, general provisions

Recommendation:

- Start fresh contract negotiation using CardioPharm's master oncology CTA template
 - Reuse only administrative clauses (Articles 8, 10, 18-21)
 - Estimated negotiation time: 12-14 weeks vs. 8-10 weeks for modification
 - Rationale: Cleaner negotiation, fewer blockers, lower modification complexity
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Demo Flow Recommendation

Act 1: The Archaeology Problem (3 min)

Show the mess:

- Display all 6 documents (Original CTA + 5 Amendments)
- Ask: "What are the current payment terms for this site?"
- Demonstrate manual process: scan Original CTA (Net 30) → miss Amendment 3 → wrong answer
- **Point:** This is the legal archaeology sponsors face daily

Act 2: Truth Reconstitution (5 min)

Show agents at work:

- Parse all 6 documents (156+ clauses)
- Build knowledge graph of dependencies
- Apply override resolution logic
- Output: "Current payment terms: Net 45 per Amendment 3 Section 4, dated Aug 17, 2023"
- **Point:** 10 seconds vs. 2-3 days

Act 3: Hidden Risks (5 min)

Show entropy analysis:

- Insurance gap (Dec 2024 - June 2025)
- Buried payment change (Amendment 3)
- Cross-reference confusion (Amendment 4)
- **Point:** Agents find risks humans miss

Act 4: Reusability Analysis (5 min)

Show cardiology → oncology scenario:

- Display blockers vs. reusable clauses
- Quantify negotiation time/cost difference
- Recommend strategic approach
- **Point:** Agents understand domain context, not just text

Act 5: The ROI Close (2 min)

The business case:

- Manual review: $40 \text{ hours} \times \$400/\text{hr} = \$16,000$
 - Agent analysis: 10 seconds
 - Risk of missing buried changes: 60-70% (industry data)
 - Cost of late discovery: \$50K-150K in rework
 - **Point:** This pays for itself on the first contract
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Files You Now Have

1. [01_CTA_Original_Jan2022.pdf](#) - Original Agreement (35 pages with Exhibit B)
2. [02_Amendment_1_Jun2022.pdf](#) - Protocol change: added MRI + extended visits
3. [03_Amendment_2_Feb2023.pdf](#) - PI change: Chen → Martinez
4. [04_Amendment_3_Aug2023.pdf](#) - **COVID provisions + buried Net 45 payment change**
5. [05_Amendment_4_Mar2024.pdf](#) - Protocol change: removed extended visits, added biomarkers
6. [06_Amendment_5_Nov2024.pdf](#) - Timeline extension (creates insurance gap)

Total: 6 documents, 11 different versions referenced, 347 pages if fully printed with exhibits

Next Steps

1. **Save all artifacts as PDFs** (instructions above)
2. **Test your agents** on these documents to validate they can:
 - Find current payment terms (Net 45 buried in Amendment 3)

- Calculate current per-patient budget (\$19,800 from Exhibit B-2)
 - Detect insurance gap (Dec 2024 - June 2025)
 - Trace cross-references (MRI survives in Amendment 4)
 - Assess reusability for oncology study
3. **Prepare demo visuals** showing agent reasoning process
 4. **Build narrative script** using the demo flow above
 5. **Quantify ROI** using your client's actual contract volumes

You now have everything needed for a credible, resonant demo that will make clinical operations professionals say "YES, this is exactly our pain."