CUSTOMER CASE STUDY

Circle CVI + OneMedNet

How Circle Cardiovascular Imaging sources stratified, multi-site cardiac CT and MR data through the iRWD™ platform

At a glance

Circle CVI now turns a specific data request into a matched, stratified, multi-site cardiovascular dataset in about a week — work that used to take one to twelve months of site-by-site research agreements. OneMedNet's iRWD™ platform supplies that data under a multi-year subscription, and Circle applies its cardiovascular imaging expertise to train, test, and validate the software inside cvi**42**.

~1 week	2,300+	90M+
Data request to matched cohort	Healthcare partner sites	Patient journeys

Customer	Circle Cardiovascular Imaging (Circle CVI), Calgary, Canada
Data partner	OneMedNet — iRWD™ real-world data platform
Relationship	Project-based since December 2024; subscription since 2025, contracted through 2027
Modalities	Cardiac CT and cardiac MR, with accompanying clinical reports and DICOM metadata
Used for	Algorithm development, testing, and validation, including U.S. FDA submission datasets
Headline result	Data request to matched cohort in about one week, versus one to twelve months through research agreements

> "We needed access to data so we could procure the specific data requirements needed for development, testing, and validation."
>
> **— Karen Arlt, Technical Project Manager, Software Development Core, Circle CVI**

The challenge: the right data, not just more data

Cardiovascular AI has to perform across scanner vendors, sites, protocols, and patient populations. Proving that requires datasets built to exact inclusion and exclusion criteria — and those are hard to get.

Beyond large public research cohorts, Circle's data historically arrived through key opinion leader (KOL) research collaborations: a site shared studies in exchange for research licenses. That model had four recurring problems.

- **Slow agreements.** A research agreement took at least a month from first draft to signature, and some sites took six months to a year.
- **Poor fit.** Sites shared what they had, not what a project needed. A specific sequence for an FDA validation dataset was hard to source from any one institution.
- **Narrow sources.** One site typically meant one scanner manufacturer. A dataset balanced across GE, Siemens, and Philips meant negotiating with three sites, each of which might not have the data.
- **Manual transfer.** Data arrived when the site had time, through general file-sharing tools — secure, but not streamlined.

> "If we were to wait until a grab-bag mix of different sites provided us the right dataset, it would take a long time to curate the proper data we need for a project."
> **— Karen Arlt, Circle CVI**

The solution: one request, many sites

OneMedNet contracts with provider sites across its network and queries their archives on Circle's behalf. Circle writes one request; OneMedNet returns one stratified cohort. Its network spans more than 2,300 healthcare partner sites and over 90 million patient journeys.

Three capabilities made the difference for Circle.

- **Stratification in a single request.** Circle can ask for, say, 100 contrast cardiac MR cases balanced across scanner manufacturers and receive them through one channel.
- **First-party, direct-from-source data.** All of OneMedNet's hospital and clinic sources are in the United States, which is especially valuable for Circle's FDA submission datasets.
- **Complete, documented data.** Every delivery includes a data inventory spreadsheet of the DICOM metadata, with pre-negotiated and agreed-to fields — such as disease state or contrast agent — extracted up front. Studies also arrive with their clinical reports, all in the same format and de-identified in the same consistent way regardless of the source facility.

Those clinical reports have grown in value. They give Circle the reason for scan, findings, and impressions alongside the images, which now supports its AI-assisted reporting development and helps interpret DICOM metadata.

> "If I ask them for 100 cases of contrast MR stratified across the different vendors, they'll provide that for me in one funnel. That has really helped, especially with our FDA validation datasets."
> **— Karen Arlt, Circle CVI**

Why a subscription

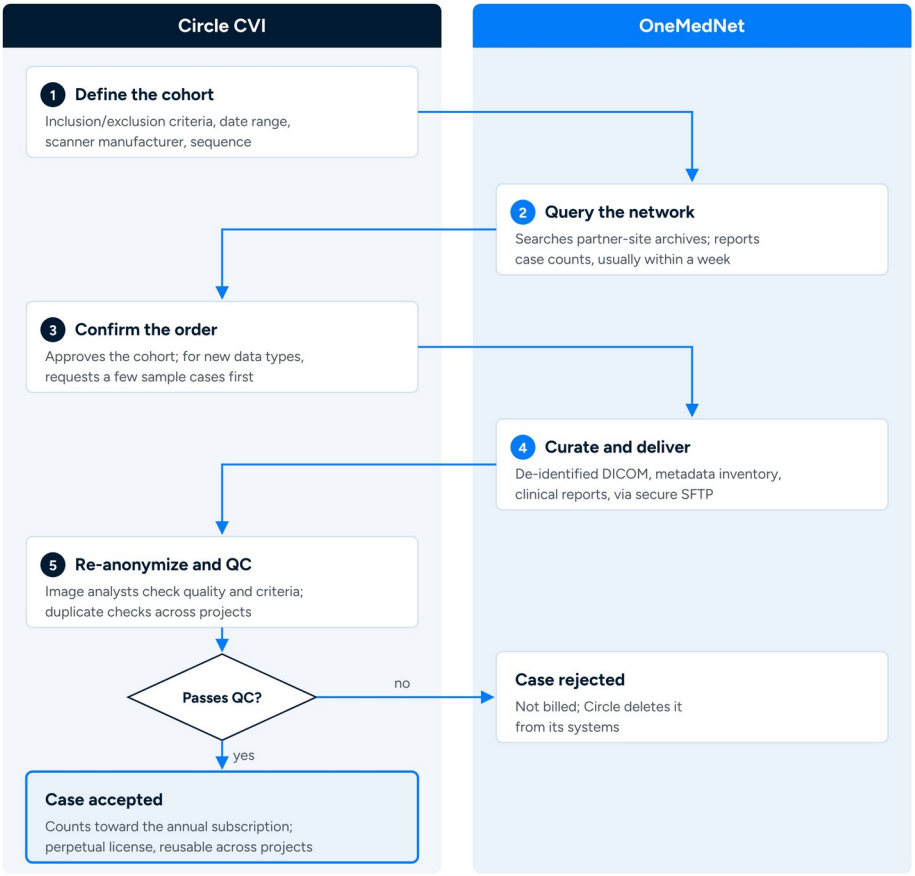
Circle began with a single scoped project in December 2024 and moved to a subscription in 2025. It is the only real-world data vendor Circle holds on subscription. Circle cites four reasons.

- **Predictable cost.** A fixed per-case rate applies to every study, including scarce data that would otherwise carry premium pricing.
- **Flexibility.** Circle commits to an annual case volume, and unused allotment rolls into the next year.
- **A working rhythm.** Repeated projects have built shared expectations and a steady cadence between the teams.
- **Curation built around Circle's requirements.** OneMedNet works with Circle to scope each request — inclusion and exclusion criteria, scanner mix, and the metadata fields to extract — so every cohort is assembled to the project's specification rather than drawn from whatever a site has on hand.

How the collaboration works

Circle defines the cohort, OneMedNet finds and delivers it, and Circle's own QC decides what gets paid for.

Circle pays only for cases that pass its own QC



Request-to-acceptance workflow · 5 steps, 1 decision

OneMedNet acts as the intermediary: it holds the agreements with provider sites, so Circle does not negotiate site by site. OneMedNet fully de-identifies the data via HIPAA Safe Harbor (Expert Determination is also

supported) and harmonizes it as it comes in from many sources. The data then moves over secure SFTP, and Circle re-anonymizes every study under its own data-processing SOP before use. Accepted cases carry a perpetual license — no resale, but no restriction on reuse across Circle projects — and duplicate checks ensure a case is bought only once.

Results

The biggest change is time: Circle now hears back on a data request in about a week instead of waiting one to twelve months for a research agreement.

	Research-site collaborations	OneMedNet subscription
Time to data	1 month to 1 year to execute an agreement, then site availability	Query results typically within 1 week of a scope of work
Fit to project	Whatever the site chose to share	Built to Circle's inclusion and exclusion criteria
Scanner diversity	Usually one manufacturer per site	Stratified across manufacturers in one request
Sites to coordinate	One agreement per site	One partner
Documentation	Varies by site	DICOM metadata inventory plus clinical reports
Cost basis	Negotiated per agreement	Fixed per-case subscription rate; pay only for accepted cases

Where the data has gone to work

Since December 2024, OneMedNet data has supported Circle projects across both cardiac CT and cardiac MR. The data has been leveraged for validation of modules requiring regulatory clearance, for research into scarce, high-demand areas of interest, and for future product development.

For routine data, Circle now goes to OneMedNet first rather than negotiating with multiple research sites.

> "I know they can run the queries and probably find me this data stratification quicker than me going through four different research sites."
> **— Karen Arlt, Circle CVI**

What it means for cvi42 users

Validation data drawn from many U.S. sites and multiple scanner manufacturers helps Circle evaluate how its algorithms perform beyond the environment where they were built. Faster access to fit-for-purpose data supports faster development and validation of new cvi**42** capabilities.

Lessons for imaging software developers

Circle's experience points to five practices any imaging AI team can adopt with a real-world data partner.

1. **Define the cohort precisely.** Inclusion and exclusion criteria, date ranges, and scanner specifications get faster, better-matched results.
2. **Sample before you scale.** For an unfamiliar data type, request a few cases before committing to the full cohort.
3. **Keep your own QC gate.** Re-anonymize, check image quality, and verify every case against your criteria before it counts.
4. **Ask for the clinical context.** Reports and metadata inventories become more valuable as your product roadmap grows.
5. **Match the commercial model to your cadence.** If you validate continuously, a subscription with a fixed per-case rate and rollover beats pricing each project separately.

Looking ahead

Circle will keep using OneMedNet alongside other sources as it develops and validates new cardiac CT and MR capabilities.

About Circle CVI

Founded in 2007 and headquartered in Calgary, Canada, Circle Cardiovascular Imaging Inc. develops cvi**42**, a unified, AI-driven platform for the analysis of cardiovascular MR, CT, and interventional planning studies. cvi**42** is used in more than 2,100 hospitals across 90+ countries, supporting millions of cardiac exams every year. Circle CVI is dedicated to advancing cardiovascular care by delivering fast, reproducible, and clinically meaningful imaging insights. Learn more at circlecvi.com.

About OneMedNet

OneMedNet Corporation is revolutionizing Real-World Data (RWD) through its iRWD™ platform, delivering first-party, direct-from-source, regulatory decision-grade, AI-ready datasets that include de-identified medical imaging alongside comprehensive clinical records. With a network spanning more than 2,300 sites and encompassing over 90 million patient journeys and 270 million studies, OneMedNet serves life sciences companies, medical device manufacturers, AI developers, and other innovators seeking high-quality, compliant healthcare data. The Company's platform supports applications ranging from drug development and regulatory submissions to foundational AI model training. Learn more at onemednet.com.