



Applying Value Selling to Product-Specific Customer Conversations

VS 2.0 practice questions


For use with CE-IVD or CE-IVDR. *In Vitro* Diagnostic Medical Device products only. Some products may not be available in all countries.

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CE-IVD. *In Vitro* Diagnostic Medical Device. May not be available in all countries.

How to use this guide

- This tool is to help you navigate the VS questioning methodology
- You can use these practice questions in customer conversations to explore more specific discussions relating to **Cepheid CE-IVD and CE-IVDR** products.
- Key Benefits of our solution are given for each product
- Followed by example questions are provided for 
- You can also use the questions to complete your pre-call plan;

Key Questions for the Sales Call

Question	Follow-Up #1	Follow-Up #2	Follow-Up #3

- This can support conversations in both early-stage sales calls or
- Later stages to explore the **Impact** of *not* taking action, would have on the customer/patient and identifying the **Value** of changing for the customer/patient

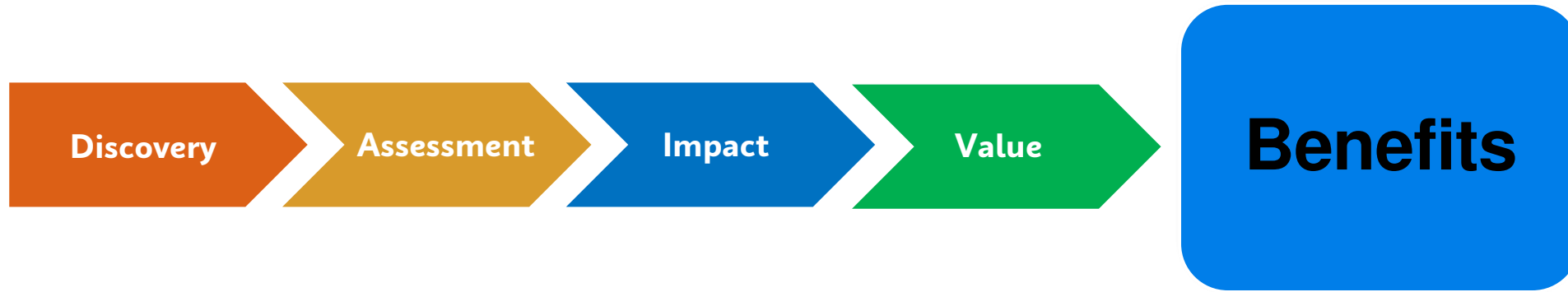
Remember the Value Equation from your VS training?

Customers must believe the benefits exceed the cost in order to make a decision



If the perceived benefit exceeds the perceived cost, then there is value. The key is to determine how much value is required in order to make a decision.

Practice Value Selling 2.0



Remember, Features TELL, **BENEFITS SELL!**

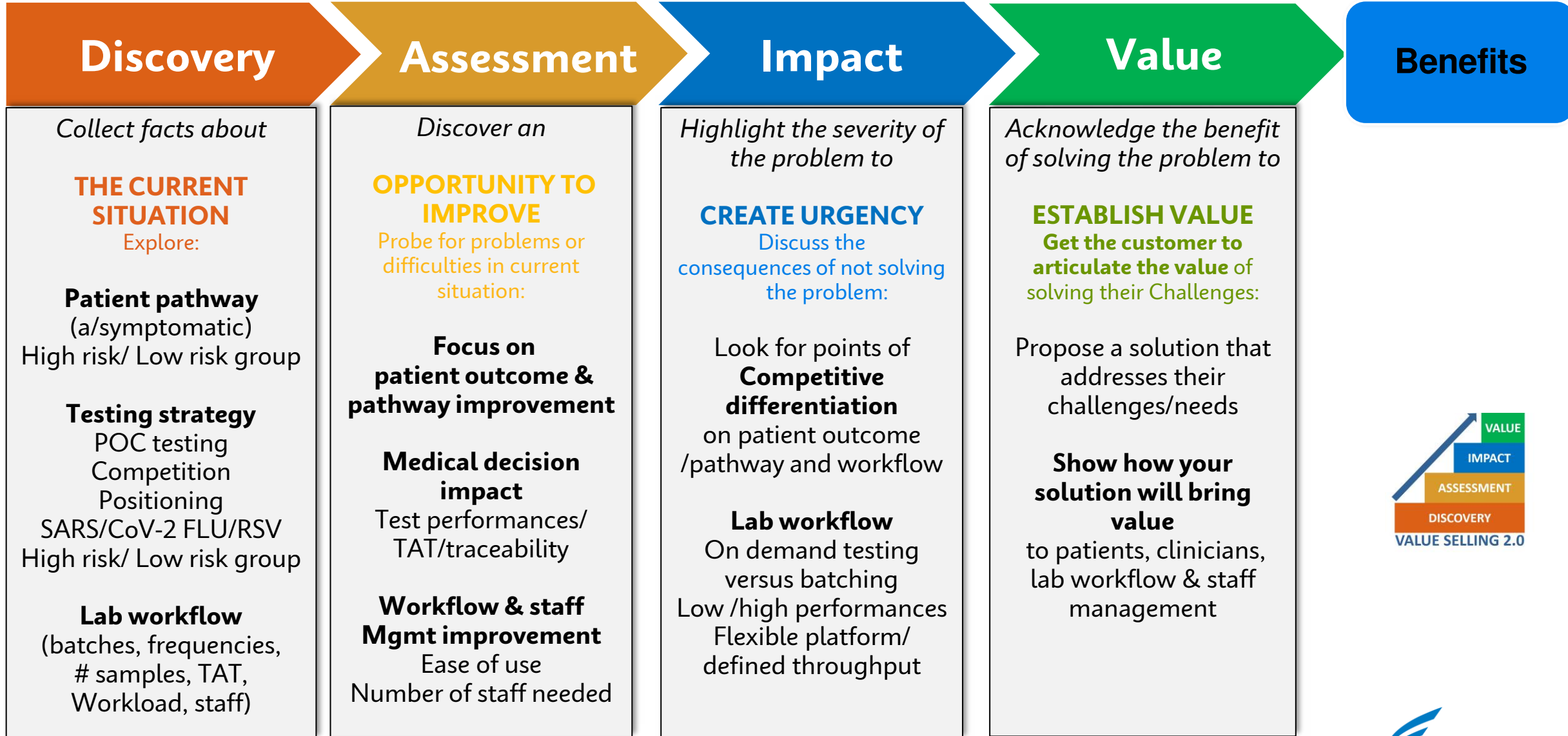


Xpert[®] Xpress CoV-2/Flu/RSV *plus* Xpert[®] Xpress CoV-2 *plus*

*Practice Value Selling 2.0 Questions
(target personas: Lab Manager/ ED Clinician/ POC/ Infectious Disease)*

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Practice Value Selling 2.0



Practice questioning

DISCOVERY

- What are your testing strategies/ algorithms for symptomatic/asymptomatic patients?
- Which guidelines are you following?
- Which trends do you see in respiratory testing at a national/regional level?
- How many respiratory/covid samples do you receive per day?
- Which platforms/tests are you using? What are the criteria to use one or another?
- What are your service hours regarding respiratory testing?
- How do you manage patient at high risk?

ASSESSMENT

IMPACT

VALUE

Practice questioning

DISCOVERY

ASSESSMENT

IMPACT

VALUE

- What are the main challenges you face regarding respiratory testing in the near future?
- How satisfied are you regarding your current workflow? What would you like to improve?
- How satisfied are your colleagues in other departments with the current service you provide?
- What is the rate of false negatives you observe with antigen testing for symptomatic patients?
- What is the rate of patients who need to be re-tested due to false negative results (any technology)?
- What are the challenges of a multi-step test algorithm?

Practice questioning

DISCOVERY

ASSESSMENT

IMPACT

VALUE

- In a case of a false negative, what will be the impact in terms of infection control and risk of transmission? To which financial impact will this lead?
- What are the consequences of a delay in a result in terms of patient/bed management? How is this impacting the team handling patient/bed management?
- What will be the consequences of not having actionable results available 24/7 for the clinicians? And for the patients?
- What will be the cost of a covid outbreak in your hospital/institution?
- What will be the clinical (or financial) consequences of not having fast and actionable results due to (either) less sensitive tests or multi-step algorithms?

Practice questioning

DISCOVERY

ASSESSMENT

IMPACT

VALUE

- How will having a test with better coverage for future variants improve your peace of mind? How will it improve clinicians confidence?
- How important is it for you to be able to respond to urgent requests from wards and at weekends? And for the clinicians? What is the benefit for the patients?
- What would be the benefit for your laboratory if your team could spend less time on covid/respiratory testing?
- What will be the clinical impact of having fast & accurate results 24/7? How will this benefit appropriate bed/patient management?

Practice questioning

DISCOVERY

- What are your testing strategies/ algorithms for symptomatic/asymptomatic patients?
- Which guidelines are you following?
- Which trends do you see in the respiratory testing at a national/regional level?
- How many respiratory/covid samples do you receive per day?
- Which platforms/tests are you using? Which are the criteria to use one or another?
- What are your service hours regarding respiratory testing?
- How do you manage patient at high risk?

ASSESSMENT

- What are the main challenges you face regarding respiratory testing in the near future?
- How satisfied are you regarding your current workflow? What would you like to improve?
- How satisfied are your colleagues in other departments with the current service you provide?
- What is the rate of false negatives you observe with antigen testing for symptomatic patients?
- What is the rate of patients who need to be re-tested due to false negative results (any technology)?
- What are the challenges of a multi-step test algorithm?

IMPACT

- In case of a false negative, which will be the impact in terms of infection control and risk of transmission?
- What are the consequences of a delay in a result in terms of patient/bed management? How is this impacting the team handling patient/bed management?
- What will be the consequences of not having fast results available 24/7 for the clinicians? And for the patients?
- What will be the cost of a covid outbreak in your hospital/institution?
- What will be the clinical (or financial) consequences of not having fast and actionable results due to (either) less sensitive tests or multi-step algorithms?

VALUE

- How will having a test with better coverage for future variants improve your peace of mind? How will it improve clinicians confidence?
- How important is it for you to be able to answer to urgent requests from wards and at weekends? And for the clinicians? What is the benefit for the patients?
- What would be the benefit for your lab if your team could spend less time on covid/respi testing?
- What will be the clinical impact of having fast & accurate results 24/7? How will this benefit appropriate bed/patient management?

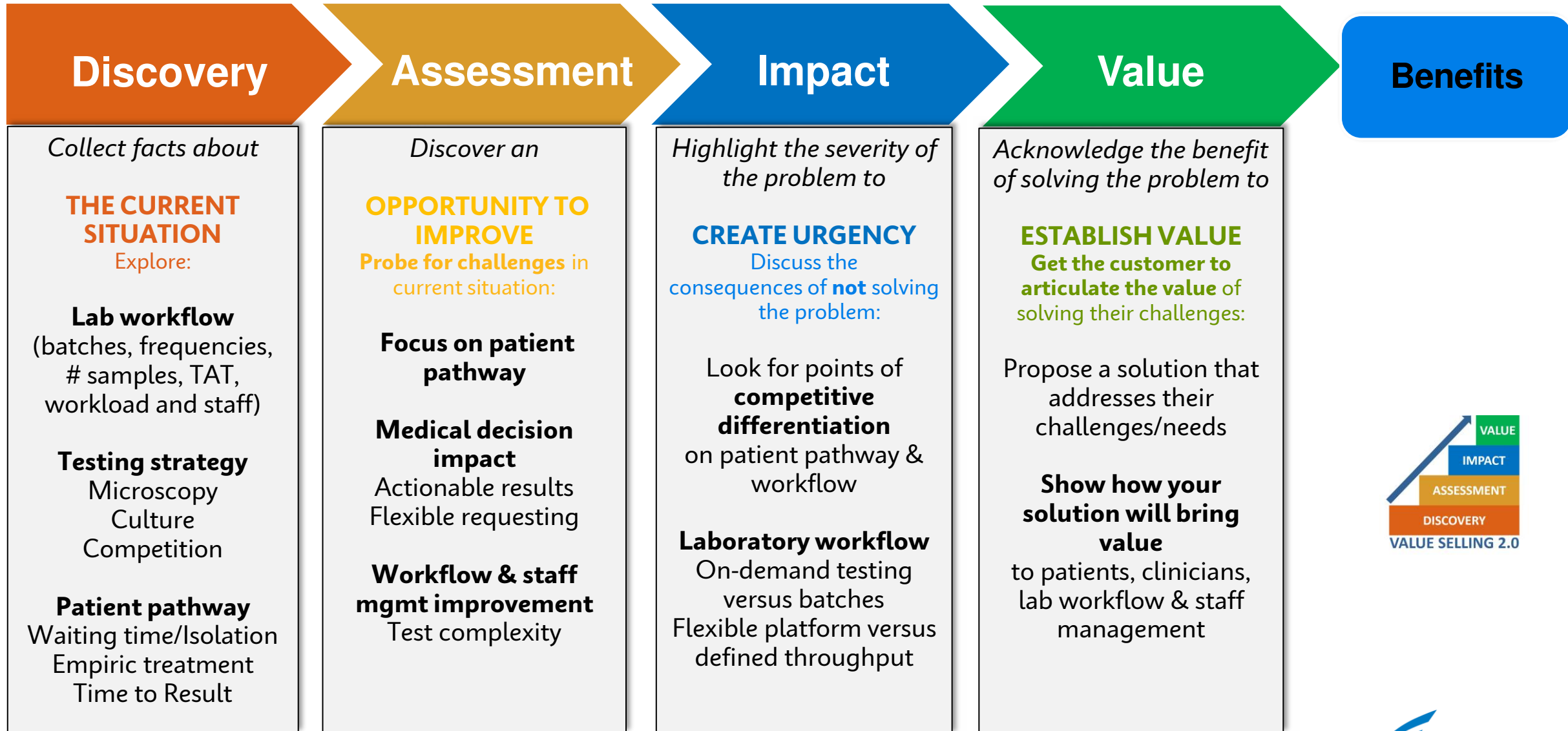


Xpert[®] MTB/RIF Ultra Xpert[®] MTB/XDR

*Practice Value Selling 2.0 Questions
(target personas: Lab Manager/ Infection Control Specialist/ Pulmonologist/Intensive Care Unit Physician)*

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Practice Value Selling 2.0



Practice questioning



DISCOVERY

- Could you please describe your current MTB testing workflow? How long does it take?
- How many samples do you receive per day? How many of those are high suspect? Could you describe the current algorithm/s?
- How many samples do you need to wait for to run a batch?
- How are patients/contact patients currently managed awaiting MTB results?
- How many technicians are able to manage the current workflow/platform?
- How do you manage high suspect/urgent samples during evenings/weekends?

ASSESSMENT

IMPACT

VALUE

Practice questioning

DISCOVERY

ASSESSMENT

IMPACT

VALUE

- What are the challenges of your current method?
- What limitations are you experiencing in the current process?
- How does this affect the management of the patient's treatment whilst waiting for results?
- How satisfied are the clinicians with the current TAT?
- How well does the current method align with WHO recommendations?

Practice questioning

DISCOVERY

ASSESSMENT

IMPACT

VALUE

- What impact does the additional hands on time to run the MTB have on the technicians time to perform other tests?
- What impact does the time to result for the second line drugs have on patient management?
- What is the impact on patient care if the lab is unable to respond to urgent requests from wards on weekends and overnight? How is this impacting the teams managing those patients?
- In a case of a false negative, what will be the impact in terms of infection control and risk of transmission?

Practice questioning

DISCOVERY

ASSESSMENT

IMPACT

VALUE

- How would it benefit your staff management and the Lab workflow, if your team could spend less time on MTB testing?
- What would be the benefit for clinicians if you could respond to urgent requests also during evenings or weekends? And for the patient? How will this improve clinicians and patient satisfaction?
- How could clinicians benefit from a low resistance call out for INH?
- What would be the benefit for the clinicians if you could provide results to support decisions for first line and second line treatment in < 3hrs? And for the patients?

Practice questioning

DISCOVERY

- Could you please describe your current MTB testing workflow? How long does it take?
- How many samples do you receive per day? How many of those are high suspect? Could you describe the current algorithm/s?
- How many samples do you need to wait for to run a batch?
- How are patients/contact patients currently managed awaiting MTB results?
- How many technicians are able to manage the current workflow/platform?
- How do you manage high suspect/urgent samples during evenings/weekends?

ASSESSMENT

- What are the challenges of your current method?
- What limitations are you experiencing in the current process?
- How does this affect the management of the patient's treatment whilst waiting for results?
- How satisfied are the clinicians with the current TAT?
- How well does the current method align with WHO recommendations?

IMPACT

- What impact does the additional hands on time to run the MTB have on the technicians time to perform other tests?
- What impact does the time to result for the second line drugs have on patient management?
- What is the impact on patient care if the lab is unable to respond to urgent requests from wards on weekends and overnight? How is this impacting the teams managing those patients?
- In a case of a false negative, what will be the impact in terms of infection control and risk of transmission?

VALUE

- How would it benefit your staff management and the Lab workflow, if your team could spend less time on MTB testing?
- What would be the benefit for clinicians if you could respond to urgent requests also during evenings or weekends? And for the patient? How will this improve clinicians and patient satisfaction?
- How could clinicians benefit from a low resistance call out for INH?
- What would be the benefit for the clinicians if you could provide results to support decisions for first line and second line treatment in < 3hrs? And for the patients?

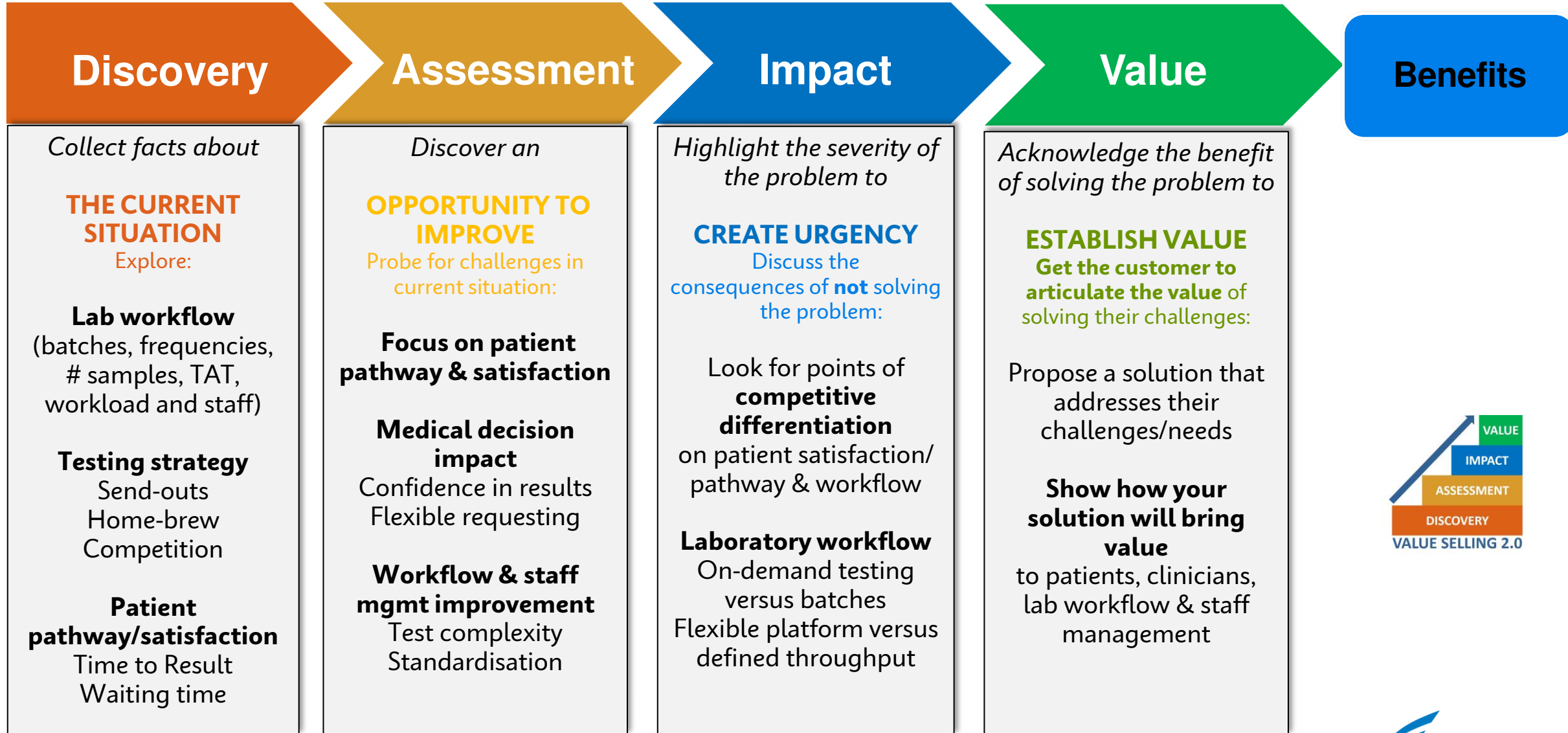


Xpert[®] BCR-ABL Ultra/ Xpert[®] BCR-ABL Ultra p190

*Practice Value Selling 2.0 Questions
(target personas: Lab Manager/ Oncologist/ Haematologist)*

CE-IVD. *In Vitro* Diagnostic Medical Device. May not be available in all countries. CE-IVD p190 test is not available in the United States

Practice Value Selling 2.0



Practice questioning



DISCOVERY

- What are your testing strategies/ algorithms for monitoring CML & ALL patients?
- Which guidelines are you following for CML and ALL?
- Do you test in house or send out these tests? (If sending out, ask why)
- How many BCR-ABL samples do you receive per day/week/month?
- Which platforms/tests do you use for BCR-ABL p210 and/or p190?
- How many technicians are currently involved in the BCR-ABL p210/p190 testing?
- What are your future plans regarding your workflow/staff organisation?
- Tell me about your lab workflow, for example; do you test on-demand or do you test in batches?

ASSESSMENT

IMPACT

VALUE

Practice questioning

DISCOVERY

ASSESSMENT

IMPACT

VALUE

- What are the main challenges you will be facing regarding BCR-ABL in the near future?
- How satisfied are you regarding your current workflow? What would you like to improve?
- How satisfied are your Haematologists/ Oncologists with the current service you provide?
- How concerned are you regarding future changes in your lab staff? (if discovered- any staff reduction coming soon)
- What are your challenges with sending out these tests? How long does it take to get the report/ result back?
- How often do you run a batch and how many samples in a batch? (Is this per week, bi-weekly...)

Practice questioning

DISCOVERY

ASSESSMENT

IMPACT

VALUE

- What impact does the additional sample batching to run BCR-ABL have on the technician's time to perform other tests?
- What are the consequences of a delay in a result in terms of patient satisfaction? How does this impact the team caring for the patient?
- What will be the consequences of not having an on-demand, in-house test for the clinicians? And for the patients?
- What happens if you are not able to test for BOTH p210 and p190 in the laboratory?

Practice questioning

DISCOVERY

ASSESSMENT

IMPACT

VALUE

- How would the ability to test in-house for both breakpoints improve your laboratory service?
- How will this improve clinicians and patient satisfaction?
- How would it benefit your staff management and the laboratory workflow, if your team could spend less time on BCR-ABL testing?
- What will be the clinical impact of having fast & accurate results on-demand and in-house?

Practice questioning

DISCOVERY

- What are your testing strategies/ algorithms for monitoring CML & ALL patients?
- Which guidelines are you following for CML and ALL?
- Do you test in house or send out these tests? (If sending out, ask why)
- How many BCR-ABL samples do you receive per day/week/month?
- Which platforms/tests do you use for BCR-ABL p210 and/or p190?
- How many technicians are currently involved in the BCR-ABL p210/p190 testing?
- What are your future plans regarding your workflow/staff organisation?
- Tell me about your lab workflow, for example; do you test on-demand or do you test in batches?

ASSESSMENT

- What are the main challenges you will be facing regarding BCR-ABL in the near future?
- How satisfied are you regarding your current workflow? What would you like to improve?
- How satisfied are your Haematologists/ Oncologists with the current service you provide?
- How concerned are you regarding future changes in your lab staff? (if discovered any staff reduction coming soon)
- What are your challenges with sending out these tests? How long does it take to get the report/ result back?
- How often do you run a batch and how many samples in a batch? (Is this per week, bi-weekly...)

IMPACT

- What are the consequences of a delay in a result in terms of patient satisfaction? How does this impact the team caring for the patient?
- What will be the consequences of not having an on-demand, in-house test for the clinicians? And for the patients?
- What happens if you are not able to test for BOTH p210 and p190 in the laboratory?

VALUE

- How would the ability to test in-house for both breakpoints improve your laboratory service?
- How will this improve clinicians and patient satisfaction?
- How would it benefit your staff management and the Lab workflow, if your team could spend less time on BCR-ABL testing?
- What will be the clinical impact of having fast & accurate results on-demand and in-house?

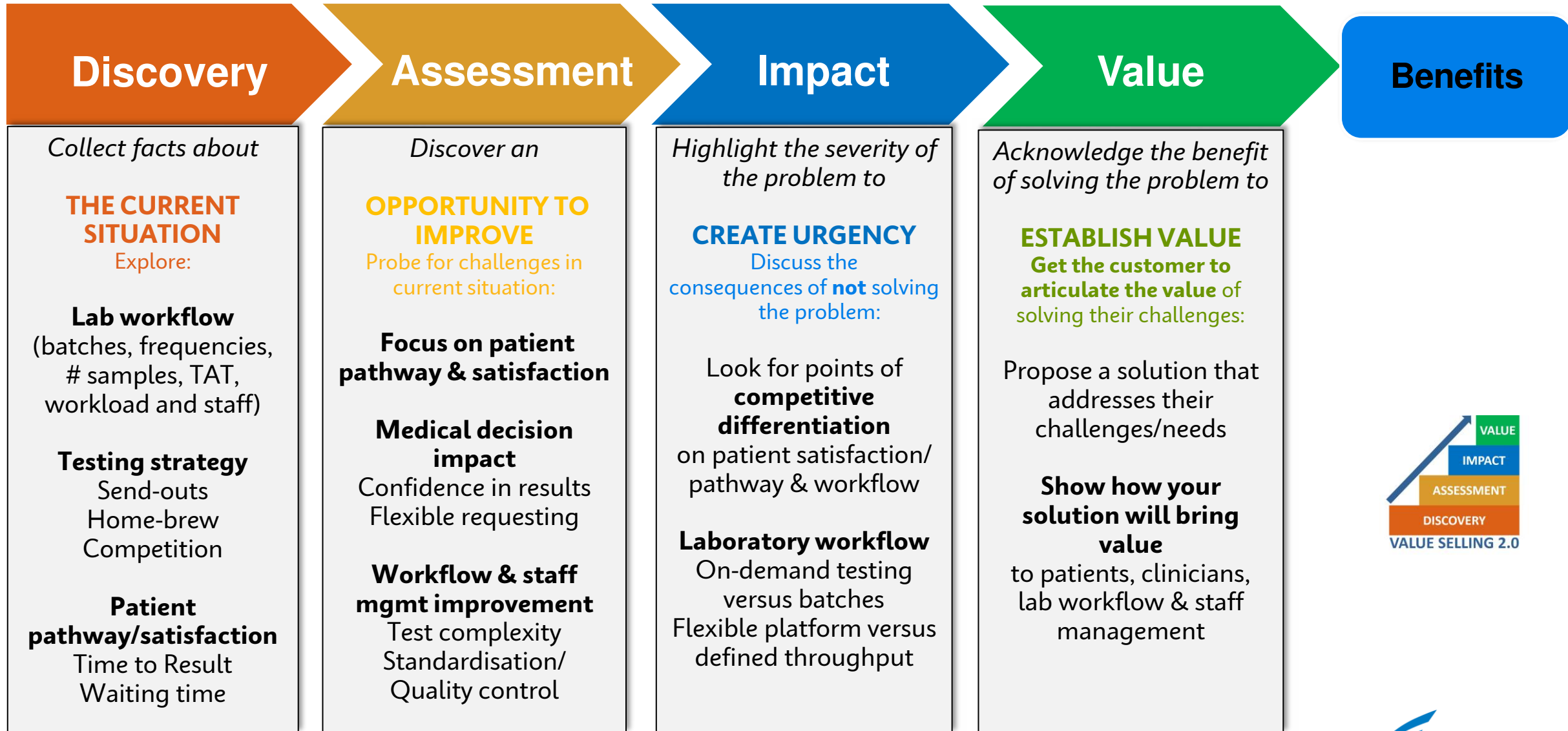


Xpert[®] NPM1 Mutation

*Practice Value Selling 2.0 Questions
(target personas: Lab Manager/ Oncologist/ Haematologist)*

CE-IVD. *In Vitro* Diagnostic Medical Device. May not be available in all countries. Not available in the United States

Practice Value Selling 2.0



Practice questioning



DISCOVERY

- What are your testing strategies/ algorithms for monitoring AML patients?
- Which guidelines are you following for AML?
- Do you test in house or send out these tests? (If sending out, ask why)
- How many NPM1 mutation samples do you receive per day/week/month?
- Which platforms/tests do you use for NPM1 mutation testing?
- How many technicians are currently involved in NPM1 mutation testing?
- What are your future plans regarding your workflow/staff organisation?
- Tell me about your lab workflow, for example; do you test on-demand or do you test in batches?



ASSESSMENT



IMPACT



VALUE

Practice questioning

DISCOVERY

ASSESSMENT

IMPACT

VALUE

- What are the main challenges you will be facing regarding NPM1 mutation testing in the near future?
- How satisfied are you regarding your current workflow? What would you like to improve?
- How satisfied are your Haematologists/ Oncologists with the current service you provide?
- How concerned are you regarding future changes in your lab staff? (if discovered- any staff reduction coming soon)
- What are your challenges with sending out these tests? How long does it take to get the report/ result back?
- What are the challenges with running samples in batches?
- What challenges does **not** having an international standard pose to your test method?

Practice questioning

DISCOVERY

ASSESSMENT

IMPACT

VALUE

- What are the consequences of a delay in a result in terms of patient satisfaction? How does this impact the team caring for the patient?
- What will be the consequences of not having an on-demand, in-house test for the clinicians? And for the patients?
- What happens if you are not able to test for NPM1 mutation in the laboratory?
- What are the consequences for the patient's treatment if you are not able to offer NPM1 mutation testing in your Hospital?

Practice questioning

DISCOVERY

ASSESSMENT

IMPACT

VALUE

- How would the ability to test in-house for NPM1 mutation improve your laboratory service?
- How will this improve clinicians and patient satisfaction?
- How would it benefit your staff management and the laboratory workflow, if your team could spend less time on NPM1 mutation testing?
- What will be the clinical impact of having fast & accurate results on-demand and in-house?

Practice questioning

DISCOVERY

- What are your testing strategies/ algorithms for monitoring AML patients?
- Which guidelines are you following for AML?
- Do you test in house or send out these tests? (If sending out, ask why)
- How many NPM1 mutation samples do you receive per day/week/month?
- Which platforms/tests do you use for NPM1 mutation testing?
- How many technicians are currently involved in NPM1 mutation testing?
- What are your future plans regarding your workflow/staff organisation?
- Tell me about your lab workflow, for example; do you test on-demand or do you test in batches?

ASSESSMENT

- What are the main challenges you will be facing regarding NPM1 mutation testing in the near future?
- How satisfied are you regarding your current workflow? What would you like to improve?
- How satisfied are your Haematologists/ Oncologists with the current service you provide?
- How concerned are you regarding future changes in your lab staff? (if discovered- any staff reduction coming soon)
- What are your challenges with sending out these tests? How long does it take to get the report/ result back?
- How often do you run a batch (weekly/bi-weekly). How many samples in a batch?
- What challenges does not having an international standard pose to your test method?

IMPACT

- What are the consequences of a delay in a result in terms of patient satisfaction? How does this impact the team caring for the patient?
- What will be the consequences of not having an on-demand, in-house test for the clinicians? And for the patients?
- What happens if you are not able to test for NPM1 mutation in the laboratory?
- What are the consequences for the patient's treatment if you are not able to offer NPM1 mutation testing in your Hospital?

VALUE

- How would the ability to test in-house for NPM1 mutation improve your laboratory service?
- How will this improve clinicians and patient satisfaction?
- How would it benefit your staff management and the laboratory workflow, if your team could spend less time on NPM1 mutation testing?
- What will be the clinical impact of having fast & accurate results on-demand and in-house?



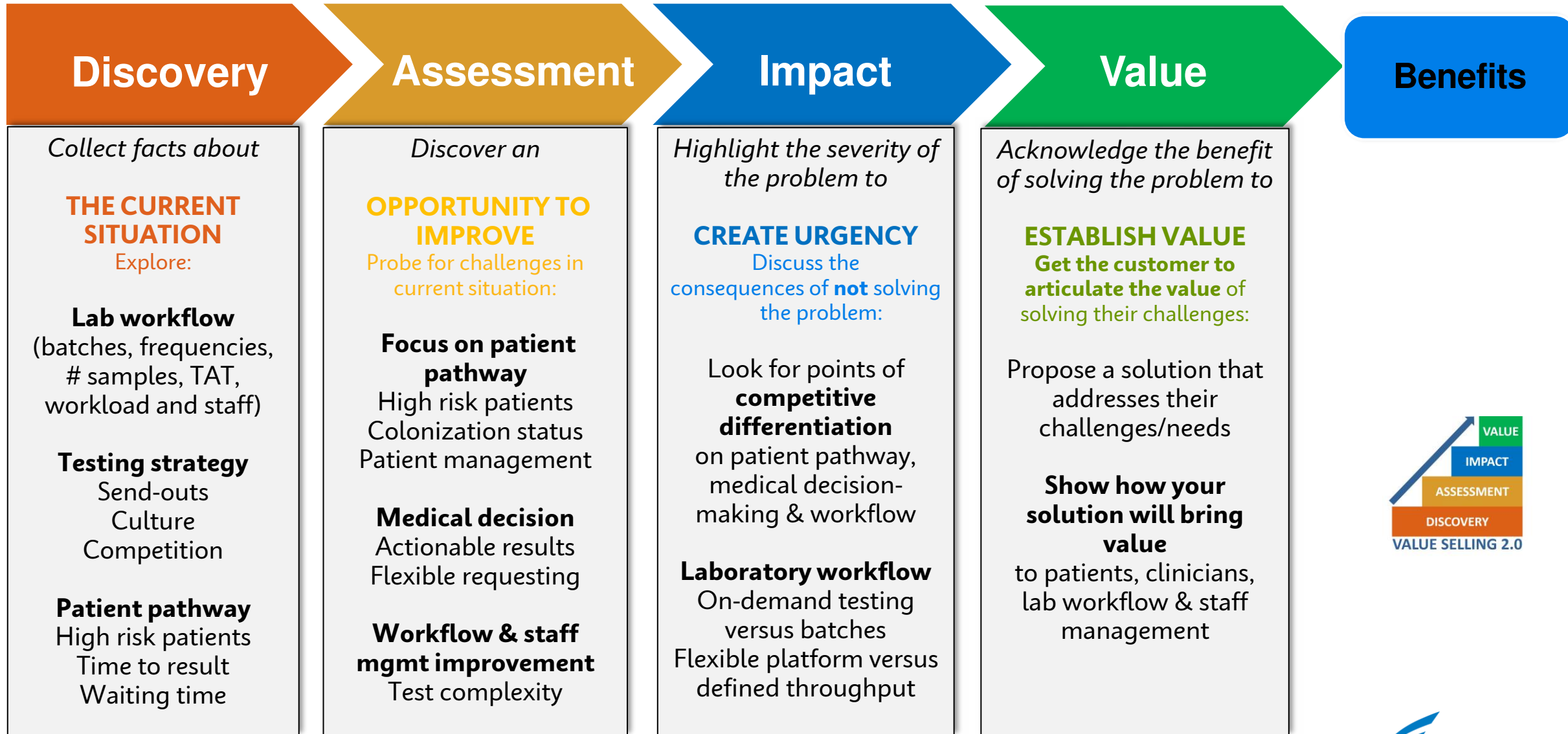
Xpert[®] Carba-R

Practice Value Selling 2.0 Questions

(target personas: Lab Manager/ Infection Control Specialist/ Antimicrobial Stewardship Team/ Intensive Care Unit Physician)

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Practice Value Selling 2.0



Practice questioning



DISCOVERY

- What is your current process for CPE testing?
- How long does it currently take you to achieve an actionable CPE result?
- How are high-risk patients currently managed awaiting CPE results?
- How do you treat potential CPE cases or outbreaks in the evenings/weekends?
- How do you ensure patients admitted with an unknown CPE status are managed appropriately to avoid transmission?
- Are you always able to prescribe patients with full knowledge of their CPE status (including gene family and resistance mechanism)?

ASSESSMENT

IMPACT

VALUE

Practice questioning

DISCOVERY

ASSESSMENT

IMPACT

VALUE

- What are the challenges of your current method?
- What challenges do you experience in fulfilling the requests from your clinicians testing high-risk patients?
- How satisfied are you with your current options providing fast and actionable CPE results?
- What are challenges of not being able to test for CPE during evenings/weekends?
- From a clinical (or workflow) point of view how would better (or optimal) look like?

Practice questioning

DISCOVERY

ASSESSMENT

IMPACT

VALUE

- What are the consequences of a delay in a result in terms of patient satisfaction? How does this impact the team caring for the patients?
- What will be the consequences of an outbreak? For your staff, patients and financially?
- What influence does the time to the result have on the work of the doctor waiting for a laboratory result?
- What are the consequences following a culture pathway for the doctor? (and the patients?)
- Which costs could you expect from such situation in terms of patient care, service disruption?

Practice questioning

DISCOVERY

ASSESSMENT

IMPACT

VALUE

- Who would benefit from a simpler testing algorithm and how?
- What impact would actionable CPE results in 50 minutes have on patient management and the use of isolation beds and contact protection measures?
- How do you estimate the financial savings of optimized patient/bed management?
- What will be the clinical impact of having fast & accurate results on-demand and in-house?
- How will you benefit from rapid detection of colonized patients? (Considering prevention measures and patient management)

Practice questioning

DISCOVERY

- What is your current process for CPE testing?
- How long does it currently take you to achieve an actionable CPE result?
- How are high-risk patients currently managed awaiting CPE results?
- How do you treat potential CPE cases or outbreaks in the evenings/weekends?
- How do you ensure patients admitted with an unknown CPE status are managed appropriately to avoid transmission?
- Are you always able to prescribe patients with full knowledge of their CPE status (including gene family and resistance mechanism)?

ASSESSMENT

- What are the challenges of your current method?
- What challenges do you experience in fulfilling the requests from your clinicians testing high-risk patients?
- How satisfied are you with your current options providing fast and actionable CPE results?
- What are challenges of not being able to test for CPE during evenings/weekends?
- From a clinical (or workflow) point of view how would better (or optimal) look like?

IMPACT

- What are the consequences of a delay in a result in terms of patient satisfaction? How does this impact the team caring for the patients?
- What will be the consequences of an outbreak? For your staff, patients and financially?
- What influence does the time to the result have on the work of the doctor waiting for a laboratory result?
- What are the consequences following a culture pathway for the doctor? (and the patients?)
- Which costs could you expect from such situation in terms of patient care, service disruption?

VALUE

- Who would benefit from a simpler testing algorithm and how?
- What impact would actionable CPE results in 50 minutes have on patient management and the use of isolation beds and contact protection measures?
- How do you estimate the financial savings of optimized patient/bed management?
- What will be the clinical impact of having fast & accurate results on-demand and in-house?
- How will you benefit from rapid detection of colonized patients? (Considering prevention measures and patient management)

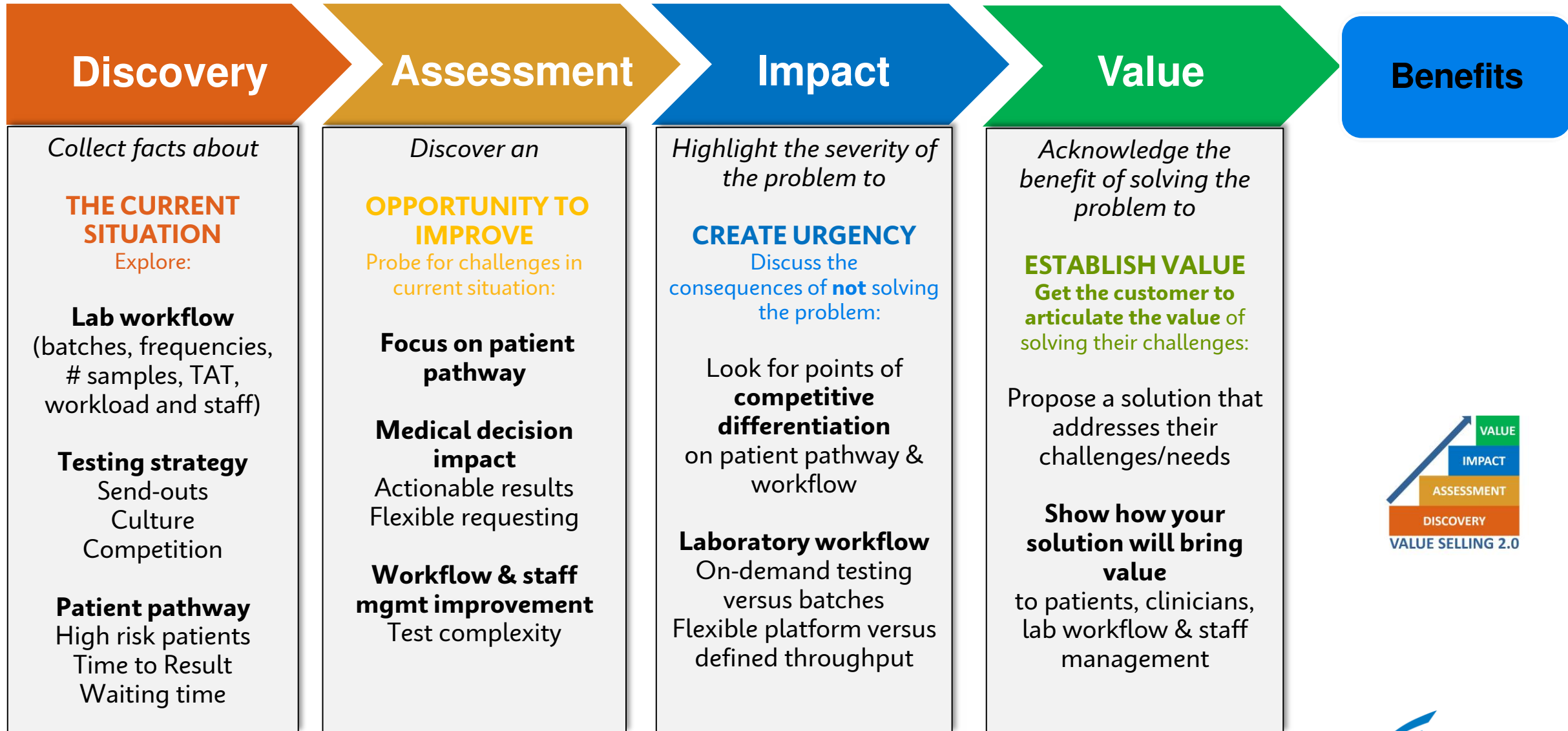


Xpert[®] C.diff BT

*Practice Value Selling 2.0 Questions
(target personas: Lab Manager/ Infection Control Specialist/ Intensive Care Unit Physician)*

CE-IVD. *In Vitro* Diagnostic Medical Device. May not be available in all countries.

Practice Value Selling 2.0



Practice questioning



DISCOVERY

- What is your current process for CDI testing? How long does it take?
- How long does it currently take you to achieve a meaningful CDI result? How many steps are included?
- How are patients/contact patients currently managed awaiting CDI results?
- How do you manage potential cases of CDI or outbreaks during evenings/weekends?
- How do you proceed with patients with risk factors?

ASSESSMENT

IMPACT

VALUE

Practice questioning

DISCOVERY

ASSESSMENT

IMPACT

VALUE

- What are the challenges of your current method?
- What limitations are you experiencing in the current process?
- What are the challenges of a multi-stage test algorithm?
- How satisfied are you with your current options providing fast and actionable CDI results?
- What challenges do you see in fulfilling the requests from your clinicians testing high-risk patients?

Practice questioning

DISCOVERY

ASSESSMENT

IMPACT

VALUE

- What are the consequences of using a multi-stage testing algorithm for the doctor? (and the patients?)
- What influence does the time to the result have on the work of the doctor waiting for a laboratory result?
- What are the consequences of a delay in a result in terms of patient/bed management?
- What is the impact on patient care if the lab is unable to respond to urgent requests from wards on weekends and overnight?
- In a case of a false negative, what will be the impact in terms of infection control and risk of transmission?

Practice questioning

DISCOVERY

ASSESSMENT

IMPACT

VALUE

- Who would benefit from a simpler testing algorithm and how?
- What impact would actionable CDI results (including presumptive 027 strain identification) in 43 minutes have on patient therapy management and use of isolation beds?
- How do you estimate the financial savings of optimized patient/bed management?
- What would be the impact of avoiding false negatives?
- How would you benefit from a single, fast and simple test for CDI? How will this improve clinicians and patient satisfaction?

Practice questioning

DISCOVERY

- What is your current process for CDI testing? How long does it take?
- How long does it currently take you to achieve a meaningful CDI result? How many steps are included?
- How are patients/contact patients currently managed awaiting CDI results?
- How do you manage potential CDI cases or outbreaks in the evenings/weekends?
- How do you proceed with patients with risk factors?

ASSESSMENT

- What limitations are you experiencing in the current process?
- What limitations are you experiencing in the current process?
- What are the challenges of a multi-stage test algorithm? How satisfied are you with your current options providing fast and actionable CDI results?
- What challenges do you see in fulfilling the requests from your clinicians testing high-risk patients?

IMPACT

- What are the consequences of using a multi-stage testing algorithm for the doctor? (and the patients?)
- What influence does the time to the result have on the work of the doctor waiting for a laboratory result?
- What are the consequences of a delay in a result in terms of patient/bed management?
- What is the impact on patient care if the lab is unable to respond to urgent requests from wards on weekends and overnight?
- In a case of a false negative, what will be the impact in terms of infection control and risk of transmission?

VALUE

- Who would benefit from a simpler testing algorithm and how?
- What impact would actionable CDI results (including presumptive 027 strain identification) in 43 minutes have on patient management and the use of isolation beds and contact protection measures?
- How do you estimate the financial savings of optimized patient/bed management?
- What would be the impact of avoiding false negatives?
- How would you benefit from a single, fast and simple test for CDI? How will this improve clinicians and patient satisfaction?

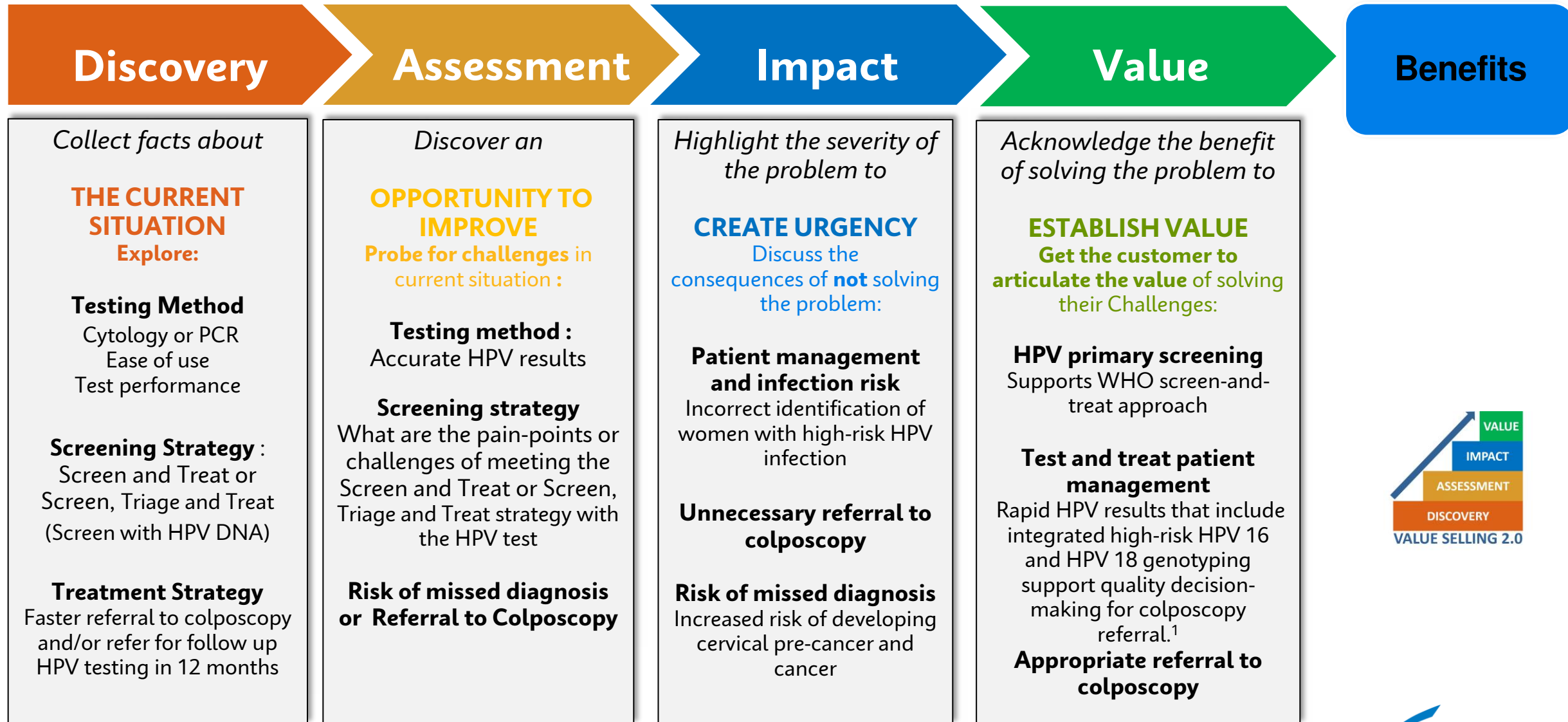


Xpert[®] HPV v2

*Practice Value Selling 2.0 Questions
(target personas: Lab Manager/ Gynecologist/ Cytologist)*

CE-IVDR. *In Vitro* Diagnostic Medical Device. May not be available in all countries. Not available in the United States.

Practice Value Selling 2.0



1. Cox JT, et al. Comparison of cervical cancer screening strategies incorporating different combinations of cytology, HPV testing, and genotyping for HPV 16/18: results from the Athena HPV study. Am J Obstet Gynecol. 2013 Mar;208(3):184.e1-184.e11.



Practice questioning



DISCOVERY

- What is your current process for cervical screening testing?
- How do you currently process HPV tests in your laboratory?
- In HPV positive patients, what genotypes are you seeing?
- How do you proceed with patients with positive HPV high-risk genotypes?
- What guidelines/ recommendations do you follow for cervical screening?

ASSESSMENT

IMPACT

VALUE

Practice questioning

DISCOVERY

ASSESSMENT

IMPACT

VALUE

- What challenges are there with the current triage process?
- How would you improve your current cervical cancer screening service?
- What challenges do your staff face with false-positive HPV results and re-testing?
- What challenges do you see in fulfilling the WHO screen and treat recommendations?
- What would be the impact of avoiding false positives on colposcopy referrals?

Practice questioning

DISCOVERY

ASSESSMENT

IMPACT

VALUE

- What are the consequences of a labour-intensive method on staff resources?
- What impact does reflex testing for HPV have on patients' time to treatment, instead of screening by HPV first?
- What would be the consequence of incorrectly identifying women with high-risk HPV infections?
- What is the impact on the patient who are unnecessarily referred to colposcopy?

Practice questioning

DISCOVERY

ASSESSMENT

IMPACT

VALUE

- What benefits would your lab experience if your team could reduce the time spent on HPV testing?
- How would having an accurate HPV test improve your confidence in the positive results you report to colposcopy?
- What would be the impact of avoiding false positives on colposcopy referrals?

Practice questioning

DISCOVERY

- What is your current process for cervical screening testing?
- How do you currently process HPV tests in your laboratory?
- In HPV positive patients, what genotypes are you seeing?
- How do you proceed with patients with positive HPV high-risk genotypes?
- What guidelines/ recommendations do you follow for cervical screening?

ASSESSMENT

- What challenges are there with the current triage process?
- How would you improve your current cervical cancer screening service?
- What challenges do your staff face with false-positive HPV results and re-testing?
- What challenges do you see in fulfilling the WHO screen and Treat recommendations?
- How often are patients sent for unnecessary colposcopy?

IMPACT

- What are the consequences of a labour-intensive method on staff resources?
- What impact does reflex testing for HPV have on patients' time to treatment, instead of screening by HPV first?
- What would the consequence of incorrect identification of women with high-risk HPV infection?
- What is the impact on the patient who are unnecessarily referred to colposcopy?

VALUE

- What would be the benefit for your lab if your team could spend less time on HPV testing?
- How would having an accurate HPV test improve your confidence in the positive results you report to Colposcopy?
- What would be the impact of avoiding false positives on colposcopy referrals?

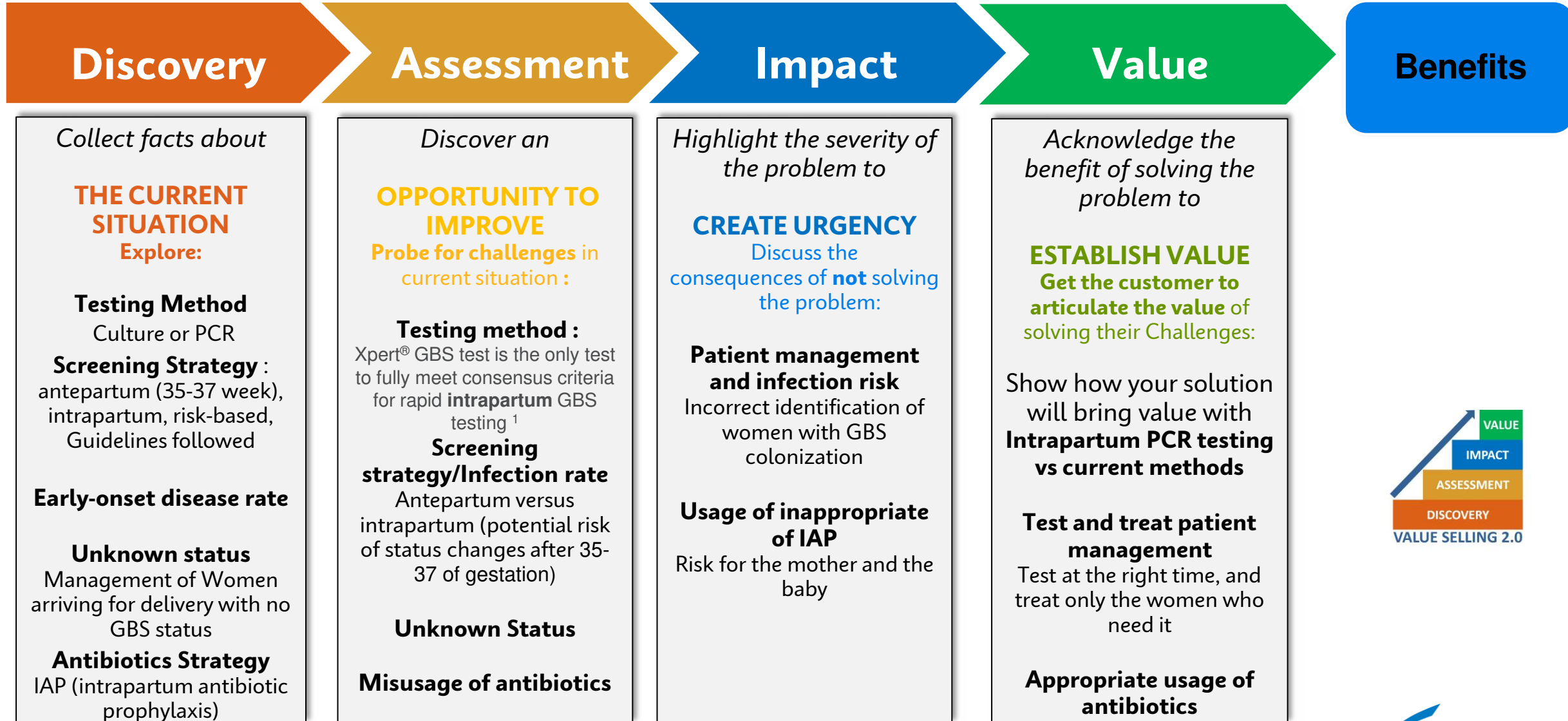


Xpert[®] Xpress GBS

*Practice Value Selling 2.0 Questions
(target personas: Gynecologist, Midwife, Pediatrician)*

CE-IVD. *In Vitro* Diagnostic Medical Device. May not be available in all countries.

Practice Value Selling 2.0



Practice questioning

DISCOVERY

- What is your current standard practice to determine who is receiving IAP?
- Do you know the European consensus paper on Intrapartum GBS screening and antibiotic prophylaxis?
- What is your current infection rate?
- What is your current screening strategy?
- How many GBS samples do you receive per day/week/month?
- How do you manage women with unknown GBS status?
- Which platforms/tests do you use for GBS testing?

ASSESSMENT

IMPACT

VALUE

Practice questioning

DISCOVERY

ASSESSMENT

IMPACT

VALUE

- How concerned are you with the high risk of GBS status change following screening at 35-37 weeks of gestation?
- What are the limitations of your current testing method and screening strategy?
- What are the challenges following a risk based approach?
- What are the challenges with women with an unknown status?
- What are the challenges delivering IAP to all women with unknown status?

Practice questioning

DISCOVERY

ASSESSMENT

IMPACT

VALUE

- What can be the consequences of for women (and babies) if the status at time of delivery is unknown?
- What can be the impact of antibiotics exposure on newborns?
- What happens if the GBS status change following screening at 35-37 weeks of gestation?
- What are the financial consequences of a not accurate patient status?

Practice questioning

DISCOVERY

ASSESSMENT

IMPACT

VALUE

- How could a rapid test available to determine GBS colonization status at the time of delivery improve patient care?
- What would be the benefit of an intrapartum screening strategy?
- What would be the benefit of knowing the colonisation status at the time of delivery ?
- What would be the benefits from a better and appropriate antibiotic usage?
- What are the benefits from an optimized patient treatment?

Practice questioning

DISCOVERY

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Thank You

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