Positioning to Win: iSED vs. Diesse/Streck Cube 30 Touch

Profile of a Cube 30 Touch user

- **Location**
  - Primary: hospitals, rheumatology clinics, and other stand-alone labs
  - Secondary: CLIA Moderately Complex physician office labs (POLs)
- **Volume**
  - Approximate monthly ESR sample volume of 25 -100 samples a day.

- **The ideal Cube 30 Touch customer profile to switch to the iSED**
  - Labs running 20-50 samples/day, 400-1300 samples/month.
  - Frequent receipt of sample tubes with volume of less than 1 mL, such as pediatric samples that only have 0.5mL sample volume maximum.
  - Looking to improve the efficiency of their testing workflow with more automated features, less manual intervention and management of bar code labels, and ability to accommodate low volume samples.
  - If the user is in the US, they acquired their analyzer from Streck vs. Diesse. Many are recent placements due to the discontinuation of the Streck Auto Plus. Streck has been working to place the Cube 30 Touch and protect their base but we are also looking for these opportunities and have converted many users to iSED and miniiSED. These are loyal customers to the Streck brand and they do not “shop around” when switching analyzers, so prospect your territory thoroughly and quickly to ensure that you identify these potential opportunities.

- **Workflow**
  - **Test prioritization-**Since no blood is withdrawn for the testing process, a pierceable cap is not necessary, and if other tests are ordered on the same tube, they may be run before or after the ESR, depending on the workflow in the lab. In general, Hematology tests (CBC, DIFF) are prioritized before any other test to ensure the integrity of the sample.
  - **Sample collection-**Cube 30 Touch utilizes standard 13X75mm EDTA sample tubes, with or without a pierceable cap, that are directly inserted into an open slot on the analyzer. The cap type (pierceable or non-pierceable) would be dictated by the lab’s Hematology system based on its sampling capability.
  - **Sample storage and mixing-**Testing must be performed within 4 hours of collection, with the sample at room temperature (18-25°C), or within 24 hours if stored at 2-8°C. If refrigerated, samples must be brought to room temperature for 15 minutes and mixed well. For all samples, gentle and complete inversion of the tube end-over-end 8 times immediately before starting the test is recommended.
  - **Sample volume-**For 13X75 tubes, 1.5-4mL of sample is required. The patient ID/barcode label(s) must be positioned on the tubes to allow a reading window for the ESR to be read.

References are listed at the end of the Guide

Comparison of iSED and Cube 30 Touch

	iSED 	Cube 30 Touch 	WINNING ANALYZER
Testing methodology	Photometric Rheology RBC aggregation	Optical infrared RBC sedimentation	**iSED**
Total Minimum Volume	Up to 500 µL (varies by tube type)	13X75 tubes: 1.5mL	**iSED**
Testing Volume	100 µL	0mL-no sample is used for testing	Cube 30 Touch
Time to first result / Analysis time	3 minutes 20 seconds 20 seconds / result	20 minutes after 8 manual inversions and 20 inversion mixing cycle	**iSED**
Random access-always ready to accept samples	Yes	Yes – but added samples must be pre-mixed	**iSED**
Loading samples	One at a time Prioritize STATs	One at a time up to 30 samples every 20 minutes	SAME
# Positions	20	30	Cube 30 Touch
Throughput **Max tests/hour**	180	90	**iSED**
Mixing on Board	Yes	Yes – but must manually invert 8 times prior to testing	**iSED**
Size-foot print (in / cm)	13.4 x 10.5 x 14.3 34 x 26.7 x 36.3	12.5 x 18.5 x 15.9 in 30.9 x 46.9 x 40.3 cm	**iSED**
Automated Washing	Yes After 15 min idle-automatic And/or initiated by user	NA- No washing is required since blood is not drawn into analyzer	Cube 30 Touch
Barcode Reader	Yes Internal	Yes Internal - optional external	SAME
Printer	Yes-Internal	Yes-Internal	SAME
Interface Capability	Uni-directional	Bi-directional	SAME
Quality Control	Human-based, bi-level 60-day open vial stability 18-month shelf life RT storage Online QC program	Human-based, bi-level 7-day open vial stability at RT 95 days refrigerated	**iSED**
Sample Tube Requirements	13X75 EDTA with pierceable cap Compatible: BD MAP, BD Vacutainer Greiner miniCollect, Sarstedt S-Monovette	13X75 EDTA with / without pierceable cap	**iSED**
Sample Stability	4 hours at RT 24 hours at 2-8°C	4 hours at RT 24 hours at 2-8°C	SAME
Temperature Control	Yes	Yes applies temperature correction to results if enabled	SAME

References are listed at the end of the Guide

Summary of comparison

Key reasons to choose the iSED:

- **Sample requirements**
  - Cube 30 Touch requires a minimum 1.5mL of sample in 13x75 mm tubes. No actual sample is withdrawn from the tube; however, this large sample requirement could lead to a rejection of the sample due to QNS and/or a sample re-draw to have the minimum amount of sample needed to produce a result. This is not ideal for pediatric samples, which typically contain between 400-500µL of sample, or for low volume samples that do not contain the full 1.5mL.
  - The iSED minimum sample required is up to 500 µL, which includes only 100µL for testing + dead volume (varies by tube type-refer to the ALCOR Tube Compatibility Chart) in the currently validated sample tubes, making it ideal for low volume and pediatric samples.

- **Tube requirements**
  - Cube 30 Touch requires 12 or 13mm EDTA tubes with labels applied so that an open space or "window" is present for the analyzer to be able to scan the tube to read the sedimentation. In addition, only one secondary label other than the tube manufacturer's label is allowed. Multiple labels can cover the reading window and cause the tube to sit at an angle in the analyzer, which will affect the results, or not fit at all, creating more hands-on time for the user to manipulate the labels. Micro-collection tubes, such as those used for pediatrics, cannot be loaded directly into the analyzer, prohibiting these samples from testing.
  - iSED samples directly from the primary EDTA tube and measures red blood cell aggregation via a direct measurement of the sample in the photometric reading cell. The barcode reader does not require meticulous placement of the barcode label, minimizing hands-on time for sample management. BD MAP and Greiner MiniCollect tubes are validated to place directly on the analyzer, enabling primary tube sampling even for pediatrics.

- **Methodology**
  - Cube 30 Touch uses optical infrared technology to scan through a window between the label edges on the tube. It uses a gravity-based methodology, just like the Westergren method, in which the measurement is based on sedimentation of the aggregated red blood cells. This has the same limitations as the Westergren including effects from HCT, MCV, mixing, and vibrations, therefore Cube 30 Touch sed rate results have the potential to be less accurate due to these variables.
  - The iSED uses photometric rheology to measure the intensity of red blood cell aggregation, which occurs in the first phase of the sedimentation process. The iSED is not impacted by environmental factors, such as temperature and vibrations, or sample variables such as HCT and MCV, and automated mixing in the analyzer is standardized to 3 minutes per sample.

- **Time to result**

References are listed at the end of the Guide

- Cube 30 Touch has an analysis time of **20 minutes**, leading to a longer turnaround time and impact to lab workflow.
- The iSED time to first result is 3 minutes for mixing then **20 seconds** to result.

Common objections to switching:

- We are happy with our current analyzer; if it's not broken, why fix it?
  - "Happy" is relative. If they have not used anything else, they may not realize that there is a better way. Ask about sample requirements, tube requirements, throughput, and time to result, plus the limitations of the sedimentation methodology in general, as described below in the SPIN questions.
- We are swamped right now and switching analyzers is not a priority.
  - (US only) This is a great opportunity to highlight our ALCOR iLEARN platform. iLEARN is a learning platform where the user has access to OnDemand operational training to be up and running at their own pace. Once they have completed training, they can begin correlation and we crunch the numbers for them.
  - In general, if we can make it simple for the customer to switch through installation, training, and correlation support, they will see big benefits once implementation is completed.
- Cube 30 Touch is less expensive.
  - Do a cost analysis to understand their costs vs. the iSED. Streck/Diesse also sell test credits, which decrement each time a result is generated (whether patient samples or controls), and they sell controls. Note that they do not need wash or waste for their analyzers, so this could be a pitfall depending on their current pricing.
  - Use the SPIN questions below to establish value in the mind of the customer around their pain points of sample volume, sample traceability, hands-on time, turnaround time, and methodology limitations that can impact results.
- Cube 30 Touch does not use any sample for testing and there is no maintenance required other than just wiping it down with 70% alcohol.
  - Both points are true. The approach here should be based on their daily testing volume and workflow needs. If they have a high percentage of low volume samples, and/or have requests for faster turnaround time-the iSED would be a better option.
  - Focus on workflow and methodology limitations to increase the value of automated technology and justify any cost increase. In some markets, tech time/hands-on time and potential for error are important to discuss and look for ways to improve. Automated and other minimal maintenance on the iSED may not be an issue if the lab can improve the accuracy of their results, TAT and user time.

SPIN Questions to Identify and Address Pain Points:

Pain Point #1: Samples require minimum of 1.5-4 mL sample volume

Situation questions:

1) Do you run into many QNS issues with your Cube 30 Touch?

2) Do you get many pediatric tubes? What type of pediatric tubes do you use? What is the average volume, are they usually filled to capacity? Can they be placed directly on the Cube 30 Touch for testing?
3) Are your samples, including pediatric, first run on a CBC analyzer prior to running sed rate?

If tests are run prior to sed rate, then the sample volume will be lower. This can be an issue for pediatric samples since they already have smaller volumes prior to testing.

Problem questions:

1) What do you do with pediatric or low volume samples? Are you able to run them on your Cube 30 Touch?
2) How do you handle QNS samples?
3) Do you have a backup analyzer for pediatric or low volume samples?

State that the iSED can run on BD Map tubes and Greiner MiniCollect tubes with a total minimum volume up to 500µL, allowing for primary tube sampling and testing from a single pediatric tube. This is less than one-fourth of the volume required for the Cube 30 Touch.

Implication questions:

1) What happens when you cannot run samples due to the sample volume not meeting the minimum 1.5mL requirement? Do you request a re-draw?

Labs want to minimize sample re-draws as it upsets the patient, especially pediatric samples.

2) Do you have a backup plan for pediatric samples and samples below the 1.5 mL sample requirement?

State that the iSED can run on BD Map tubes and Greiner tubes and requires a total minimum volume up to 500µL.

Needs payoff:

1) Would it improve your sample utilization and minimize QNS and redraws to have an analyzer that requires only 100 µL of sample and total minimum volume up to 500µL in the tube? (depending on tube type-refer to ALCOR Tube Compatibility Chart)
2) Would it be helpful to your workflow to be able to run all samples on one analyzer? (This question would anticipate that they have a backup analyzer.)
3) Would it be helpful to have an analyzer that can run pediatric and low volume samples?

Pain Point #2: Analyzer requires careful placement of the label and an open window on the tube for analysis.

Situation questions:

1) How often do you receive tubes with more than one label?
2) How often do you receive tubes where the label is overlapping and there is no window?

3) How often do you have to fix labels prior to loading on the analyzer?
4) What is the average number of sample tubes that must be fixed daily?

Problem questions:

1) How long does it take to fix tube label issues? How much does it impact your workflow?

Depending on how many tube labels must be fixed prior to loading on the analyzer will impact the time taken away from analyzing samples and doing other high value tasks.

2) What different types of label issues have you encountered? (applied at an angle, sides overlapping leaving no window for reading, multiple labels applied on top of each other, torn or damaged, barcode not readable, others)

Implication questions:

1) What happens if there is more than one label on the tube? Do you have to remove a label? How do you know which label to remove? What if the label is damaged, can you create a new one? How much time does it take to correct a damaged or misplaced barcode label?

It is common to have multiple barcodes or patient labels on one tube since patient samples can come from a different facility (e.g., outpatient) or department that has their own specific barcode, in addition to the lab barcode.

Needs payoff:

1) What if you could just load the sample and the system does the rest?
2) Would it be helpful to have an analyzer that can read the barcode with no intervention by the operator?
3) Would you see workflow improvements if you did not have to address tube labelling issues prior to running samples on the analyzer?

Pain Point #3: Time to result is 20 minutes.

Situation questions:

1) How many samples do you run per day / per month? How do they come into the lab-one at a time or in batches? Do you keep them at room temperature until you have a batch of samples, or do you run them as soon as they arrive? Do you ever add a sample once the cycle has started?
2) Do you get many STAT samples? How many per day?

Depending on how many STAT samples the lab receives can impact the turnaround time on priority samples if the sed rate takes 20 minutes to receive results. If the sample also has Hematology tests to be done on it, those will be done first before the sed rate can be started.

References are listed at the end of the Guide

Problem questions:

1) How often do you have turnaround time issues with a sed rate analyzer that takes 20 minutes to result? If you are holding samples in batches, do you get calls asking for the results before you have started the run?

Implication questions:

1) What happens when you receive a STAT sample? Are you able to easily prioritize the sample and get the result in a timely manner?

Depending on if they run in batches or manually mix samples prior to loading the sample once a cycle has already started.

Needs payoff:

1) Why wait 20 minutes if you can have an answer in 3 minutes and 20 seconds?
2) What if you never had to worry about turnaround time again and you could prioritize and report a STAT sed rate result in 20 seconds?

Quick Response Guides for Competitors

Instructions: After a conversation with the prospect you can follow up with a summary of competitive advantages of our analyzers. These key differences are target specifically to the competitor. It is best to leave the competitor name out of the communication (called "current system").

iSED vs. Cube 30 Touch

(copy and paste the following in your email)
Key differences vs. your current system and reasons to choose iSED for (Lab/Hospital Name) laboratory

- **Sample requirements:** requires only 100µL of sample directly from the primary EDTA tube, reducing risk of QNS and re-draw; ideal for pediatric or low volume samples.
- **Time to result:** quick TAT of 20 seconds.
- **Efficiency** reduced or eliminated time to manage incorrectly positioned barcode labels increases workflow and productivity.
- **Accuracy:** technology is not impacted by bubbles, environmental and sample variables such as HCT, MCV, temperature and vibrations, ensuring accurate patient results and reduced potential for errors.
- **Quality Control:** Seditrol® has 18-month shelf life and open vial stability of 60 days at room temperature ensuring full use of the entire vial of material before it expires.

References are listed at the end of the Guide