International Journal of Creative and Open Research in Engineering and Management
ISSN: 3108-1754 (Online)
Volume 02 Issue 11 November-2026 | Impact Factor: 3.5

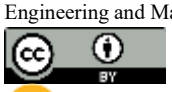


B2B Sales and Market Development of Diagnostic Services in Nashik: A Field Study Based on Internship Experience at Labridge Diagnostics

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How to Cite this Article:
Jadhav, D. M. (2026). B2B Sales and Market Development of Diagnostic Services in Nashik: A Field Study Based on Internship Experience at Labridge Diagnostics. International Journal of Creative and Open Research in Engineering and Management, 02(11), 1-9. https://doi.org/10.55041/ijcope.v2i11.006

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https://doi.org/10.55041/ijcope.v2i11.006

***Abstract*— Entering a new local market in business-to-business (B2B) diagnostics requires a service provider to build awareness, trust and operational credibility among laboratories that are often already served by established providers. This paper examines B2B sales and market development for Labridge Diagnostics in Nashik, Maharashtra, based on a field internship conducted from 25 May to 31 July 2026. The study aimed to understand the local B2B diagnostic market, create awareness, develop and convert leads, support client onboarding and sample referral, and learn from competitor behaviour. It uses a descriptive, observation-based design drawing on the internship's field-visit register, onboarding tracker and activity notes; it is not a statistically designed survey. The register contains 173 laboratory visit records, of which 112 (64.7%) were classified as good response, 35 (20.2%) as miscellaneous and 26 (15.0%) as no response; 28 clients were onboarded. In the dated entries (1–19 June 2026), activity rose towards the end, with 17–19 June accounting for 67 of 173 records (38.7%). Field notes indicate that prospects weighed price, test availability, quality, turnaround time, sample handling, responsiveness, reliability and existing relationships, and that a local competitor, GD Diagnostics, was the most frequently cited provider because of its pricing and long-standing relationships. The paper concludes that, in this setting, conversion appeared to depend on trust, service reliability and incremental, trial-based entry rather than on price alone. These are observations from a single internship; they do not establish causation and cannot be generalised to other markets.**

***Keywords*— B2B sales, customer acquisition, diagnostic services, market development, Nashik, relationship marketing**

I. INTRODUCTION

In business-to-business (B2B) markets, the buyer is an organisation, and the purchase usually depends on commercial terms, operational fit and the strength of the relationship with the supplier. Services add a further difficulty because the buyer cannot inspect the offering before use and therefore relies on signals such as responsiveness, reliability and trust (Grönroos, 2004; Morgan & Hunt, 1994). For a company entering a new city, these signals do not yet exist locally, so market development is as much about building credibility as it is about finding prospects.

Diagnostic services illustrate this clearly. Laboratory results support diagnosis and treatment decisions, and not every laboratory can perform every test in-house. Some diagnostic providers therefore outsource selected tests to larger or specialised laboratories (ICRA, 2020). The Indian diagnostics industry is also highly fragmented and competitive, with low entry barriers and a majority of the market held by unorganised players (CareEdge Ratings, 2023). In such a market, local expansion in a tier-2 city such as Nashik depends on winning individual laboratories one at a time, frequently against providers with whom they already have long-standing arrangements.

This paper converts an MBA On-the-Job Training (OJT) report into a focused research paper. The OJT was carried out at Labridge Diagnostics, Nashik, between 25 May and 31 July 2026, where the first author worked as a Business Development (BD) Intern on B2B sales and market development (Jadhav, 2026). The paper uses the internship records to describe how prospects responded, what factors shaped their responses, and what operational issues affected conversion. Throughout, material taken from the OJT report and internship records is distinguished from material taken from external literature.

II. INDUSTRY AND COMPANY BACKGROUND

A. The diagnostic services industry

Diagnostic services cover routine pathology, histopathology and cytology, microbiology, immunology, molecular and genetic testing, corporate health check-ups, and home and institutional sample collection (Jadhav, 2026). Indian provider types include standalone laboratories, hospital-based laboratories and organised chains, and the market is described as fragmented, with organised players holding only a small share (CareEdge Ratings, 2023; ICRA, 2020). Diagnostic providers also face pricing pressure from competitors and from online diagnostic aggregators that offer discounts to gain share (ICRA, 2020).

Within this structure, the B2B segment consists of relationships among laboratories, hospitals, collection centres, clinics and reference laboratories, in which a processing laboratory tests samples referred by its partners. Sample collection and transport are central to this model because the quality and timeliness of a specimen affect the testing process and turnaround time (TAT). For hospitals, requirements can extend beyond normal hours because emergency samples may arise in the evening and at night (Jadhav, 2026).



B. Labridge Diagnostics

As described in the OJT report, which draws on the company's published information, Labridge is a B2B diagnostics service provider that connects diagnostic laboratories, collection centres, healthcare providers and processing laboratories through a technology-enabled ecosystem. Its service categories include pathology testing, molecular and genetic testing, corporate health check-ups, technology support (such as laboratory information system integration and digital reporting), supply-chain services and home sample collection. The company states that its advantages for B2B partners include competitive pricing, specialty and super-specialty testing, logistics support, web-portal access, faster TAT and 24×7 availability. These are company statements and were not independently tested in this study.

Nashik was a new market for Labridge during the internship. Samples referred by Nashik clients were sent to the company's Thane processing laboratory (Jadhav, 2026).

III. STATEMENT OF THE RESEARCH PROBLEM

A B2B diagnostic provider entering Nashik had to persuade laboratories to consider an unfamiliar processing partner. Many of these laboratories already referred samples to a locally established, price-competitive provider, GD Diagnostics, with whom some had worked for several years. The practical problem is how B2B client acquisition unfolds under these conditions, and which factors help or hinder the movement of a prospect from first contact to an active client. The study addresses three questions:

1. How did laboratories respond to field visits during the market-entry period?
2. Which factors did prospects appear to weigh when considering a diagnostic service provider?
3. What operational issues, particularly sample pickup and logistics, affected client onboarding and activation?

IV. RESEARCH GAP

The literature reviewed for this paper falls into three streams that are rarely combined. First, general B2B research examines relationship quality, trust and switching barriers, but its settings are mostly industrial or non-healthcare (Blut et al., 2016; Yanamandram & White, 2006; Srivastava et al., 2023). Second, research on diagnostic laboratories in India and the Asia-Pacific region concentrates on service quality, turnaround time, automation and patient satisfaction rather than on how a processing laboratory acquires laboratory clients (Badrick et al., 2017, 2018; Swathi et al., 2023). Third, industry reports describe market structure and competition but do not document field-level evidence of B2B acquisition (CareEdge Ratings, 2023; ICRA, 2020).

Within the sources reviewed here, the authors did not find a study that documents B2B client acquisition by a new diagnostic processing provider in a tier-2 Indian city, against a loyal local incumbent. This statement is limited to the sources searched and is not a claim that no such study exists. The present paper contributes a documented, single-site field account with explicit counts, and it separates what was recorded from what is interpreted.

V. OBJECTIVES OF THE STUDY

The five objectives of the original OJT report are retained, with minor changes in wording only:

1. To understand the B2B diagnostic services market in Nashik and identify potential laboratory clients.
2. To create awareness and improve local recognition of Labridge Diagnostics.
3. To generate, develop and convert leads through field visits, communication and systematic follow-up.
4. To onboard clients and support sample referrals while understanding service-delivery and logistics requirements.
5. To analyse competitive behaviour and apply marketing concepts to understand market-entry challenges and customer responses.

VI. SCOPE AND SIGNIFICANCE OF THE STUDY

Scope. The study covers B2B prospecting, relationship development, onboarding and initial sample referral for one company, in one city (Nashik), during one internship period (25 May–31 July 2026). The prospects were pathology laboratories and diagnostic centres. The study does not estimate market share, revenue contribution, client retention or the performance of competitors.

Significance. The paper records the early stage of a market entry, when brand familiarity is low and the salesperson represents the company. For practitioners, it documents the kinds of responses a new entrant meets and the operational issues that follow onboarding. For students and researchers, it offers a transparent case with its data limits stated, which can guide a larger and more systematic study.

VII. REVIEW OF LITERATURE

A. Relationship marketing and trust in B2B markets

Morgan and Hunt (1994) argued that commitment and trust are central to successful relationship marketing because they encourage partners to cooperate and to preserve the relationship. A later meta-analysis of relationship-marketing effectiveness by Palmatier et al. (2006) examined the factors that influence how well such efforts work. Grönroos (2004) described relationship marketing as a process of interaction, dialogue and value creation rather than a single transaction. In a B2B healthcare setting, Lavan et al. (2025) analysed 204 survey responses from business customers of a Chinese medical equipment supplier and reported that knowledge transferred by the supplier is linked to stronger customer trust and loyalty. These studies suggest that repeated, helpful interaction matters to B2B buyers, although none was conducted in diagnostic services.

B. Switching barriers and incumbent advantage

Blut et al. (2016) found that switching costs in B2B markets have procedural, financial and relational dimensions, and that relational switching costs were most important in explaining share of wallet, cross-buying and actual switching. Yanamandram and White (2006) interviewed 28 managers involved in choosing B2B service providers and identified barriers such as the influence of alternative providers, switching costs, inertia, investment in relationships and service recovery. Srivastava et al. (2023) studied B2B customers in a developing market and found that perceived switching cost moderates the links between customer-equity drivers and repurchase intent. Together, these studies help to explain why an existing supplier can retain customers even when a competitor approaches them.

C. Diagnostic service quality and turnaround time

The SERVQUAL framework identifies tangibles, reliability, responsiveness, assurance and empathy as service-quality dimensions (Parasuraman et al., 1988). In laboratory settings, Badrick et al. (2017) surveyed diagnostic laboratories in the Asia-Pacific region on quality, cost and speed, and reported that



accreditation, customer responsiveness, greater use of information technology, automation and Lean principles were common solutions to shared problems. For India, Badrick et al. (2018) reported that Indian laboratories in their survey had less automation and fewer laboratory information systems than other Asia-Pacific laboratories, and that turnaround time was commonly monitored. Swathi et al. (2023) identified diagnostic services as one dimension of patient-perceived healthcare service quality, though their focus was patients rather than laboratory clients. Jain and Rao (2015) classified Indian diagnostic laboratories by services and governance and noted gaps in the literature on how diagnostic services are provided.

D. Market development

Ansoff (1957) distinguished market penetration, market development, product development and diversification. Selling existing services to a new market, as Labridge did in Nashik, corresponds to market development.

E. Synthesis

Taken together, the literature points to three expectations that the field data can be read against: trust and repeated interaction should matter; incumbents should be hard to displace, especially through relational ties; and reliability, responsiveness and TAT should matter to laboratory customers. The literature does not test these expectations for a new diagnostic processing entrant in a local Indian market, which is the context of this paper.

VIII. RESEARCH METHODOLOGY

Research design. The study is a descriptive and exploratory single-site field study based on participant observation. The first author was both the salesperson and the recorder of field activity. The study was not designed as a statistical survey and did not use a questionnaire.

Study area and period. The study area is Nashik, Maharashtra. The internship ran from 25 May to 31 July 2026. The dated entries in the field-visit register fall between 1 and 19 June 2026.

Sources of data. Primary data are internship records: (a) the field-visit register of 173 numbered laboratory records, each classified as good response, miscellaneous or no response; (b) the onboarding tracker of 28 clients; and (c) field notes from conversations and internship activity records (Labridge Diagnostics, 2026; Jadhav, 2026). Secondary data are the published sources cited in this paper.

Sampling and sample size. No probability sample was drawn. Laboratories were approached through market mapping and field visits. The available count is 173 visit records. The OJT report calls these both "visits" and "laboratory records" and does not state whether each record is a unique laboratory, so the paper treats them as visit records and does not report a count of unique customers.

Method of analysis. Counts were taken from the register and percentages were calculated as (category count ÷ 173) × 100, rounded to one decimal place. The sum of the category counts was checked against the total. Remarks recorded in the miscellaneous category and the field notes were grouped qualitatively. Observations about GD Diagnostics come from what laboratory representatives said during visits and are not verified data about that company.

IX. DATA ANALYSIS AND INTERPRETATION

A. Recorded internship outcomes

TABLE I. RECORDED INTERNSHIP OUTCOMES

Indicator	Recorded value	Source
Laboratory visit records	173	Register
Good response	112	Register
Miscellaneous response	35	Register
No response	26	Register
Clients onboarded	28	Tracker
Start of sample referrals	After approx. 20 days	Report
Processing location	Thane laboratory	Report

Source: Labridge Diagnostics (2026); Jadhav (2026). The source documents do not state the exact date of the first sample referral.

B. Response classification

TABLE II. RESPONSE CLASSIFICATION OF 173 VISIT RECORDS

Category	Count (n)	Calculation	Share (%)
Good response	112	112 ÷ 173 × 100	64.7
Miscellaneous	35	35 ÷ 173 × 100	20.2
No response	26	26 ÷ 173 × 100	15.0
Total	**173**	112 + 35 + 26	100.0

Source: Author's calculation from the field-visit register. The OJT report rounds the shares to 65%, 20% and 15%.

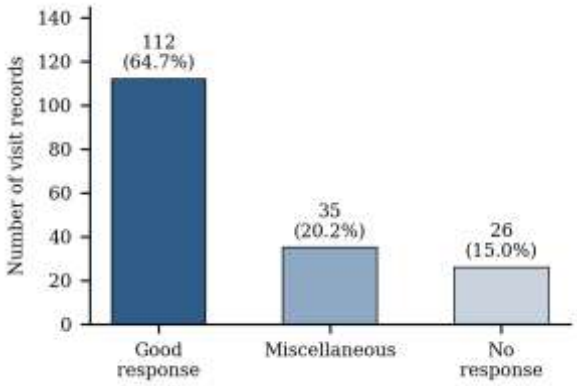


Fig. 1. Response classification of 173 visit records

Interpretation: nearly two-thirds of the records were classified as good responses. This classification is the register's own label, and its criteria are not documented in the OJT report. A good response is therefore not the same as a qualified lead, and the report does not claim that it is.

C. Miscellaneous responses

The 35 miscellaneous records included five types of remark: a main competitor named as Metropolis, trust only in Metropolis, a collection centre, an own B2B arrangement, and a franchise of GD Diagnostics. The OJT report does not give a count for each remark, so no percentages are calculated. The remarks show that some prospects were already tied to other providers or networks, or had a different operating model, for example a collection centre that forwards samples (Jadhav, 2026).

D. Daily pattern of visit records

TABLE III. VISIT RECORDS BY DATE (JUNE 2026)

Date	Records	Cumulative
1 Jun	5	5
2 Jun	6	11
3 Jun	7	18
4 Jun	6	24
5 Jun	6	30
6 Jun	8	38



Date	Records	Cumulative
8 Jun	8	46
9 Jun	12	58
10 Jun	6	64
11 Jun	4	68
12 Jun	9	77
13 Jun	4	81
15 Jun	16	97
16 Jun	9	106
17 Jun	24	130
18 Jun	21	151
19 Jun	22	173
Total	**173**	**173**

Source: Labridge Diagnostics (2026), as reproduced in Jadhav (2026). No entries are recorded for 7 and 14 June. The 173 records sum correctly across the 17 dated days.

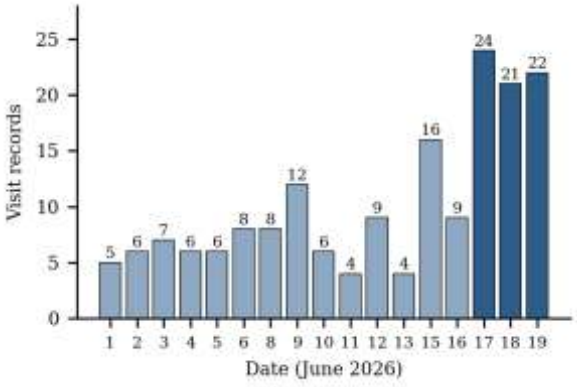


Fig. 2. Visit records per recorded date (17–19 June highlighted)

TABLE IV. DERIVED SUMMARY OF THE DAILY PATTERN

Period	Dated days	Records	Share (%)	Mean per day
1–13 June	12	81	46.8	6.75
15–19 June	5	92	53.2	18.4
17–19 June	3	67	38.7	22.3
All dated days	17	173	100.0	10.2

Source: Author's calculation from Table III. Mean per day = records ÷ dated days. The 17–19 June row is a subset of 15–19 June.

Interpretation: activity was uneven. About 53% of all records fall in the last five dated days. The OJT report does not explain why, so any reason, such as route planning or growing field experience, would be speculation. The pattern does show that the register is not a uniform daily sample.

E. Qualitative response patterns

TABLE V. RESPONSE PATTERNS OBSERVED IN THE FIELD

Pattern	Reason noted in the field	Approach used
Open and curious	Willing to consider an extra option; no strong loyalty	Easy first trial
Interested but delayed	Needed internal discussion	Clear next step
Price-focused	Compared mainly on price, often with GD	Explain total value
Relationship-driven	Trusted partner, often for years	Build credibility gradually
Operationally cautious	Worried about sample movement from a new entrant	Explain the process

Source: Jadhav (2026), Table 7.3. These are the author's field classifications. No counts per pattern were recorded.

F. Data not available

The following were not available in the source documents, so they are not calculated: area-wise response totals; the number of unique laboratories; client-wise or monthly revenue; the share of records that cite GD Diagnostics; and any conversion rate. Dividing 28 onboarded clients by 173 visits is not valid, because the records do not show that the onboarded clients came from these visits.

X. FINDINGS AND DISCUSSION

A. Findings from the records and field notes

Observation 1. Of 173 visit records, 112 (64.7%) were classified as good response, 35 (20.2%) as miscellaneous and 26 (15.0%) as no response (Table II).

Observation 2. Twenty-eight clients were onboarded during the internship. The records do not link these clients to specific visits.

Observation 3. Visit records were concentrated in the later dated days, with 17–19 June accounting for 67 records (38.7%) (Tables III and IV).

Observation 4. In the field notes, prospects considered price, test availability, quality, TAT, sample handling, response time, reliability and existing business relationships when evaluating providers. These factors were reported qualitatively; their frequency was not counted.

Observation 5. GD Diagnostics was the most frequently cited local competitor. Representatives described its pricing as hard to match and its relationships as long-standing. In the field notes, newer and smaller laboratories appeared less attached to a single provider than larger, established ones. This segment reading is a field impression and was not measured.

Observation 6. Sample referrals began after approximately 20 days. Because regular pickup was not always practical, direct sample pickup from clients was sometimes needed.

B. Discussion

Trust and repeated contact. The records show that a good response in the register did not by itself produce a client, and the field notes describe repeated follow-up as part of conversion. This is consistent with the view that trust and interaction build B2B relationships over time (Grönroos, 2004; Morgan & Hunt, 1994; Palmatier et al., 2006), and with evidence that supplier support can strengthen customer trust and loyalty (Lavan et al., 2025). The present data cannot test this link directly, because follow-up counts were not recorded.

Incumbent loyalty. The field notes on GD Diagnostics, in which price and years of familiarity both appear, fit the literature on switching barriers. Relational switching costs and inertia are described as important reasons why buyers stay with an existing supplier (Blut et al., 2016; Yanamandram & White, 2006). The data do not show which barrier mattered most, and no count of GD-linked records exists.

Service factors and logistics. Prospects' attention to TAT, reliability and responsiveness corresponds to the reliability and responsiveness dimensions of SERVQUAL (Parasuraman et al., 1988) and to the emphasis on TAT and customer responsiveness in laboratory-quality research (Badrick et al., 2017, 2018). The need for direct pickups shows that, for a B2B referral service, logistics forms part of the offer and not only a back-office task. This is an interpretation of one operational experience.

Market development. The assignment matches Ansoff's (1957) market-development strategy, since an existing service was offered in a new market. The observation that the first meeting seldom led to business is consistent with this being an early stage of market entry.

What the study cannot say. The results do not show that trial-based entry or value-based selling causes conversion, because



no comparison between approaches was recorded. They show what was observed in one market over a short period.

XI. SUGGESTIONS AND RECOMMENDATIONS

The following suggestions are practical proposals based on the observations above. They are not research findings and have not been tested.

1. *Structured follow-up of positive prospects.* Record each prospect's requirements, current provider, interest level and next follow-up date for the 112 good-response records, so that positive responses can be tracked.
2. *Standard onboarding.* Give each new client a fixed process covering pickup timing, expected TAT, reporting, a contact person and an escalation route.
3. *Pickup and logistics system.* Set fixed routes, timings, responsible staff and backup arrangements, since direct pickups were sometimes needed.
4. *Night-time pickup for hospitals.* Consider a night pickup service for hospitals that generate emergency samples. Demand and cost were not assessed in this study, so a feasibility check should come first.
5. *Trial-based conversion.* For laboratories tied to an incumbent, propose a small trial of selected tests or sample volume before any wider switch.
6. *Value-based communication.* Present test availability, TAT, reliability and responsiveness alongside price instead of competing only on price.
7. *Activation of onboarded clients.* Follow each of the 28 onboarded clients through first sample and repeat referrals.
8. *Prospect prioritisation.* Rank prospects by likely volume, test needs, current provider and interest, and tailor the approach to each response pattern in Table V.
9. *Local awareness.* Continue regular visits, test-menu sharing and relationship-building.
10. *Funnel KPIs.* Track visits, positive responses, onboardings, first samples, repeat clients, pickup performance and revenue so that losses at each stage become visible.

XII. LIMITATIONS OF THE STUDY

- The study covers one company, one city and about ten weeks, so the results cannot be generalised.
- It is an internship-based field study, not a statistically designed survey, and no probability sample was used.
- The first author was both seller and recorder, so observer bias is possible. The criteria for the response categories are not documented.
- Area-wise totals, unique-laboratory counts, GD-linked counts and revenue data were not available, so these analyses were not done.
- Information about GD Diagnostics comes from prospects' statements and is not verified.
- Retention, repeat referrals and long-term client value could not be measured within the internship period.
- The link between the 173 records and the 28 onboarded clients is not established.

XIII. CONCLUSION

This study examined the early market-development efforts of Labridge Diagnostics in Nashik through an internship-based field study. The findings highlight that entering an established B2B diagnostic market involves more than introducing services or offering competitive prices. Prospective laboratory partners consider a combination of factors, including test availability, turnaround time, service reliability, responsiveness, sample handling and confidence in the provider. Existing relationships with established suppliers can also make the decision to try a new provider more difficult.

The experience suggests that sustainable client acquisition depends on building credibility through consistent communication, timely follow-up and dependable service delivery. For a new entrant, onboarding should be viewed not as the end of the sales process but as the beginning of an ongoing relationship. Clear coordination of sample pickup, transparent communication about turnaround time, structured onboarding and regular feedback can help strengthen client confidence and encourage continued referrals. These practical implications align with relationship-marketing principles and the challenges associated with switching from an established supplier.

The study is limited to one company and one city over a short internship period, and its observations are descriptive rather than statistically generalisable. The available records also do not establish causal relationships between specific sales practices and client conversion. Future research could use a structured customer survey and a CRM-based tracking system to examine prospect requirements, follow-up activity, onboarding, first and repeat referrals, service performance and revenue over a longer period. Overall, the study indicates that effective B2B market development in diagnostic services requires a customer-focused approach that combines value communication with reliable operations and long-term relationship building.

ACKNOWLEDGMENT

The authors thank Labridge Diagnostics for the internship opportunity, the industry mentor Mr. Rajnish Jha for guidance and feedback, the sample-coordination and operations team, the School of Business, Indira University, and the laboratory owners and representatives who shared their time during field visits.

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APPENDICES

Appendix A. Lead-to-client development process used in the field

TABLE A1. PROCESS STAGES

No.	Stage and description
1	Market mapping: identify laboratories, locations and basic profile
2	Prospect identification: select laboratories by likely need
3	Initial contact: introduce Labridge
4	Field visit: meet the decision-maker; note the existing provider
5	Need identification: test, price, TAT, service and logistics concerns
6	Follow-up: address questions and keep contact
7	Onboarding: convert the prospect into an active client
8	Sample referral: coordinate samples for processing
9	Relationship management: monitor service and communication

Source: Jadhav (2026), Section 6.2.

Appendix B. Field-visit checklist

- Laboratory name and location recorded
- Decision-maker or contact person identified
- Current test portfolio understood
- Current processing arrangement understood, including the existing provider
- Major pain points identified
- Interest in Labridge recorded
- Price, TAT and quality concerns noted
- Next follow-up date recorded
- Sample or referral opportunity identified
- Feedback after service recorded

Source: Jadhav (2026), Appendix 5.