

Securing the First HCP Meeting: Strategies for Pharma Outreach

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Securing the First HCP Meeting: Strategies for Pharma Outreach

Establishing a first meeting with a healthcare professional (HCP) is a critical first step in building a productive relationship. In today's digital-savvy environment, physicians have less time for in-person visits and higher expectations for relevance and personalization. Pharma teams must therefore combine proven sales tactics with new virtual tools to break through gatekeepers and busy schedules. This report reviews current trends, barriers, and best practices—drawing on industry surveys and expert advice—to help new pharma sales, marketing or MSL professionals effectively schedule that crucial initial appointment.

The Evolving HCP Engagement Landscape

Pharma engagement has shifted dramatically in recent years. During the pandemic and beyond, more HCPs reported having *more* time (e.g. 61% of doctors said they now have more free time than pre-COVID) ([Don't spam us, healthcare professionals plea, as they seek quality over quantity from pharma marketers-Fierce Pharma](#)), but also receiving *far more* digital content (64% said they get too much email and online messaging) ([Don't spam us, healthcare professionals plea, as they seek quality over quantity from pharma marketers-Fierce Pharma](#)). In this environment, quality trumps quantity: one Accenture study found 83% of doctors feel the content they receive from pharma is more relevant now, but also cautioned that "too much content in a disorganized fashion" will quickly turn HCPs off ([Don't spam us, healthcare professionals plea, as they seek quality over quantity from pharma marketers-Fierce Pharma](#)).

Providers overwhelmingly want meaningful, personalized interactions. Nearly 9 in 10 (88%) HCPs say they'd be much more likely to meet with a sales rep whose interaction "mirrors their best relationship" ([Transforming Pharma Rep & HCP Relationships for Success-PDG](#)). Crucially, 70% of HCPs prefer *live* remote or phone conversations over webinars, email blasts or web portals ([How to Enhance Provider and Patient Engagement in Tech-Savvy Healthcare-PharmaVoice](#)). In other words, even in the virtual era doctors still crave real-time, two-way dialogue (though usually on their terms). This has spurred pharma to embrace a **hybrid model**: 46% of physicians now prefer a blend of virtual and in-person meetings (versus only 12% wanting purely in-person) ([Don't spam us, healthcare professionals plea, as they seek quality over quantity from pharma marketers-Fierce Pharma](#)). Companies must therefore be adept at both face-to-face and digital engagement.

The rise of medical affairs is one sign of this shift. A recent industry survey found 84% of pharma organizations now rank Medical Science Liaison (MSL) activities as critical for HCP engagement – surpassing traditional sales (77%) for the first time ([NEW RESEARCH REPORT:](#)

[The Future of HCP Engagement Impact – EPG Health](#)). This underscores that delivering scientific value (often via MSLs) is often the most effective way to earn an HCP's attention. In practical terms, it means sales/marketing professionals should collaborate with medical affairs and use high-quality data in outreach, rather than relying solely on product pitches.

Key Barriers to the First Meeting

Pharma professionals face several well-documented obstacles in securing HCP appointments:

- **Busy Schedules:** Physicians spend most of their time on patient care. One industry review observed that doctors now spend *more* time with patients than five years ago, leaving even *less* time for sales calls ([Best Practices: Gaining access](#)). In short, HCP time is extremely limited. Effective outreach must therefore respect the HCP's schedule (for example, by offering very short meetings or using off-peak hours, as discussed below).
- **Gatekeepers and “No-see” Offices:** Receptionists and office managers often screen requests. In one survey, half of physicians said they require appointments to see a rep – and roughly 20–25% decline to meet reps entirely ([Docs are visited by 20 reps a week, survey says - MM+M - Medical Marketing and Media](#)). Large or hospital-owned practices are particularly hard to access (most such clinics only allow visits by appointment, if at all) ([Docs are visited by 20 reps a week, survey says - MM+M - Medical Marketing and Media](#)). Overcoming this gatekeeping is a major challenge (see [Overcoming Gatekeepers](#) below).
- **Content Overload:** HCPs complain that many sales interactions are **redundant or generic**. In fact, one study found 51% of doctors feel pharma reps spend too much time on information they already know ([Pharma rep visits? They're redundant, doctors say in new survey-Fierce Pharma](#)). Sales calls that simply rehash marketing slides without addressing the physician's needs can frustrate HCPs and make them less willing to grant future time.
- **Skepticism and Bias:** Years of “one-way” sales pitches have bred skepticism. A recent analysis likened the rep-HCP dynamic to a “chicken or egg” dilemma: do physicians limit rep visits because they're genuinely too busy, or because past rep encounters were unrewarding? ([Transforming Pharma Rep & HCP Relationships for Success-PDG](#)). In either case, many doctors now approach reps with caution. Surveys show positive past interactions make HCPs far more likely to meet reps in the future (88% said a great experience doubles the likelihood of a next meeting) ([Transforming Pharma Rep & HCP Relationships for Success-PDG](#)). Conversely, any off-putting approach can “break the trust” early on.
- **Regulatory/Compliance Constraints:** Pharma reps must follow strict rules (e.g. promotional compliance, patient privacy). This means certain communication channels (like text messaging or social media about products) are off-limits or heavily regulated. Reps and MSLs should work closely with legal/compliance teams to ensure any outreach (especially digital) adheres to guidelines.

Overcoming these barriers requires a mix of strategy, respect and persistence. The next sections outline best practices to navigate these challenges in both in-person and virtual contexts.

In-Person Outreach Strategies

When conditions allow (e.g. no lockdown, HCPs agree to visits), face-to-face meetings can be very powerful for building rapport. Key tactics include:

- **Account Planning & Research:** Before any visit, research the HCP's specialty, interests, and recent work. For example, SharpSell recommends using medical databases or CRM notes to learn each physician's background and current practice focus ([Navigating the Pharma Landscape: Ensuring a Stellar First Impression for MRs with HCPs](#)). Tailor your message accordingly: know the diseases they treat, typical patient concerns, and even any publications they authored. Being well-prepared shows respect and relevance.
- **Timing Your Approach:** Try to reach out *ahead* of an in-person visit. One practical tip is to call the office 1–3 days before you plan to be in the area. Use a concise "teaser" value statement and mention when you'll drop by. For instance, you might say, "Dr. Smith, I'm [Name] from [Company]. We have a new five-minute program that could help improve [patient outcome] for your [disease] patients. I'll be in your clinic area on Tuesday afternoon – would you have 5 minutes to meet then?" ([Can't Get an Appointment? Go anyway!-MEDICAL SALES TRAINING](#)). This approach (calling just before a planned visit) can secure a short meeting or at least permission to leave information. The idea is to use the phone as a **planning tool**, not just for cold selling.
- **Value-Driven Opening:** When the HCP or gatekeeper answers, lead with value, not the product name. Briefly mention a high-level benefit ("improving [patient outcome]" or "addressing [common challenge]") to pique interest. Avoid long monologues or jargon. For example, instead of reciting every feature, say something like: "We work with practices like yours to increase [key metric] or enhance patient care. I'd love to learn about your needs." Keep it under ~10 seconds. (Studies show doctors appreciate hearing what's *new* or *useful* rather than rehashed detail ([Pharma rep visits? They're redundant, doctors say in new survey-Fierce Pharma](#)).)
- **Use Multi-Stakeholder Visits:** If possible, combine roles. For example, a sales rep and MSL might join together for a KOL visit – the rep can introduce the company and products, while the MSL covers detailed science. Doctors often prefer scientifically credible engagement, so involving an MSL can boost receptivity ([NEW RESEARCH REPORT: The Future of HCP Engagement Impact – EPG Health](#)). (Just be sure to strictly separate "commercial" and "non-promotional" discussion if required by company policy.)
- **Leverage Local Events and Dinners:** In-person events (lunch/dinner programs, grand rounds, CME talks) are traditional ways to meet multiple HCPs. Note that some forms of hospitality are now restricted by compliance, but small sponsored meals or educational dinners still occur under strict guidelines. When invited, use the opportunity to introduce yourself and get on HCP calendars for follow-up. If you host or co-sponsor a local symposium or journal club, be sure to personally invite targeted physicians and use it as a reason to meet.
- **Persistence and Follow-up:** Don't get discouraged by a "no." According to sales trainers, persistence is a key driver of success ([Effective Approaches for Gatekeepers-Every Ancillary](#)). If an HCP declines, try another approach: perhaps ask when would be convenient, or offer to send something of value (an article, a sample) and then follow up. Many reps stop after one refusal; standing out by consistent, respectful follow-up can overcome initial resistance.

Virtual Outreach Strategies

Given the rise of digital engagement, virtual channels are now essential for securing meetings. Best practices include:

- **Email Campaigns:** Email is often the first touchpoint, but inbox clutter means open rates are low. Industry data show healthcare-related emails open only ~20% of the time ([Two Way Messaging: A Game-Changer for Pharma](#)). To improve this, craft highly personalized, concise messages. Use a clear, relevant subject line – for example, “Request for Dr. Lee: New [Disease] data” – to avoid the trash bin. In the body, quickly introduce yourself and the purpose (in 2–3 sentences), highlight *one key benefit*, and end with a specific call-to-action (e.g. “Are you available for a 10-minute Zoom call next Wed?”). As one outreach expert advises, “introduce yourself, explain why you’re reaching out, and outline the value you bring” all within the first few lines ([10 Best Practices for Cold Outreach to Physicians-Alpha Sophia](#)).
- **LinkedIn and Professional Networks:** Many physicians use LinkedIn or specialized networks (like Doximity) for professional networking. Sending a personalized LinkedIn connection request can open a line of communication. Mention a shared connection, recent article, or interest in their research to stand out. (Avoid generic sales pitches in LinkedIn messages; instead, request permission to send information or ask for advice.) Keep in mind that response rates on unsolicited social messages are generally low, so use it as one part of a multi-channel strategy.
- **Video/Tele-Detailing:** Offer a brief live video call (Zoom/Webex, etc.) as an option. According to industry reports, ~70% of HCPs actually prefer live remote or phone calls over pre-recorded webinars or emails ([How to Enhance Provider and Patient Engagement in Tech-Savvy Healthcare-PharmaVoice](#)). Emphasize that the call will be very short (5–10 minutes) and focused on their needs. Schedule it like an appointment: send a calendar invite and a reminder, and follow up with a thank-you email containing any promised materials. Remember that about half of people who register for webinars never actually attend ([HCP Engagement: Trends, Success Metrics & Omnichannel \[2025\]](#)), so keep sessions highly relevant and consider offering a short one-on-one as an alternative to a large-group webinar.
- **Webinars and Online Events:** Hosting an educational webinar or virtual roundtable can generate appointments. Since only ~50% of registrants tend to show up ([HCP Engagement: Trends, Success Metrics & Omnichannel \[2025\]](#)), it’s wise to over-invite and send reminders. When attendees log in, briefly thank them and offer a follow-up meeting for deeper discussion. Use polls or Q&A features to engage the audience. After the event, promptly reach out to no-shows with a short recording and an invitation to meet.
- **Mobile and Real-Time Messaging:** Emerging platforms (HIPAA-compliant texting or messaging apps) promise very high open rates (one industry group cites ~98% open for secure messages ([Two Way Messaging: A Game-Changer for Pharma](#))). While widespread direct texting is still not standard, some companies are experimenting with secure chat tools for quick updates. Before trying this, check all regulations and get the HCP’s consent. In any case, real-time digital communication (even via secure email or app) often yields faster responses than traditional mail.

- **Content Personalization:** Across all virtual channels, personalize relentlessly. Industry research shows *personalized* outreach is far more effective: customers are much more inclined to engage with content that's tailored to them ([Patient-centricity and HCP engagement: 7 challenges in pharma and life sciences outreach-pharmaphorum](#)). For example, mention the physician's specialty, patient population, or a recent guideline relevant to their practice. Embed a clinician's case-study video or a one-page white paper addressing a problem you know is common in their field. Such relevance convinces HCPs that your outreach is worth their limited attention.

Messaging Examples and Timing

Examples of outreach messages:

- **Email Subject Line (brief, relevant):** e.g. "Dr. Kim – New data on [Therapy] for [Disease]" or "Request: 5 min about [Condition] management." Studies show a strong subject line alone can sway 35% of recipients to open an email ([10 Best Practices for Cold Outreach to Physicians-Alpha Sophia](#)).
- **Email Body (concise, 2–3 sentences):** "Dr. [Name], I'm [Your Name], an MSL at [Company]. We recently gathered new evidence on [Treatment/Disease] that may improve outcomes for your [patient type]. I'd like to briefly share these findings—would you have 10 minutes next week for a quick call?" ([10 Best Practices for Cold Outreach to Physicians-Alpha Sophia](#)). This script (adapted from sales best practices) highlights the doctor's name, your role, the *value proposition*, and a clear ask for a short meeting.
- **Phone Outreach (short pitch):** When calling the office, start with the gatekeeper or nurse: "Hello, I'm [Name] from [Company]. I have a five-minute update on [condition] that could benefit Dr. [Name]'s patients. I'll be in [town] on Thursday – may I schedule a brief meeting then?" If left voicemail, keep it under 30 seconds; longer voicemails lose attention ([67 Cold Calling Statistics for Successful Sales Outreach-Smith.ai](#)). Always end with a callback number.
- **LinkedIn Message (similar to email):** "Dr. [Name], I came across your recent publication on [Topic] and thought you might be interested in our new clinical data on [related topic]. Would you be open to a 5-minute video chat this week to discuss?" Personal reference (their work) shows research and piques curiosity.
- **Timing:** Aim for times when the HCP is more likely to see your outreach. Survey data suggests doctors prefer receiving professional information outside hectic clinic hours – for example, late afternoon/early evening on weekdays or weekend mornings ([The Digitally-Savvy HCP Learnings to Engage HCPs Around the World More Effectively and Efficiently](#)). One global study found that between 5–8pm on weekdays (and 8–11am on weekends) are peak times doctors consume content ([The Digitally-Savvy HCP Learnings to Engage HCPs Around the World More Effectively and Efficiently](#)). Practically, this means sending emails in late afternoon or early morning can improve open rates. For phone calls, mid-morning (between patient appointments) or just after lunch can be effective. (Incidentally, sales research notes Wednesday often yields higher call success than Mondays ([67 Cold Calling Statistics for Successful Sales Outreach-Smith.ai](#)).

Overcoming Gatekeepers

Receptionists and office staff play a gatekeeping role; treat them as allies, not adversaries. Basic strategies include:

- **Build Rapport:** Be polite, professional, and personable. Address the gatekeeper by name and show genuine friendliness (even a brief comment on their day). A lasting first impression with staff can open doors.
- **Gather Intelligence:** If you can't speak to the doctor immediately, use the opportunity to learn about the practice. Ask neutral questions like "Have your protocols for vendor visits changed due to the pandemic?" ([Effective Approaches for Gatekeepers-Every Ancillary](#)). Information like "Dr. Lee prefers Mondays" is gold.
- **Create Value/Curiosity:** Don't pitch the entire product to the staff. Instead, drop one intriguing benefit that could help the practice or patients (e.g. "We've helped clinics like this boost patient throughput by 20%" ([Effective Approaches for Gatekeepers-Every Ancillary](#))). This may make the gatekeeper more willing to relay a meeting request.
- **Persistence and Scheduling:** If the gatekeeper says "no one is available," don't simply give up. Politely ask if you may try again on another day, or if you can leave a short note/drop something off when the doctor is in. Some reps find success by planning a route and calling each office when they intend to be nearby ([Can't Get an Appointment? Go anyway!-MEDICAL SALES TRAINING](#)). This way the gatekeeper knows you *will* visit, making them more likely to set aside time.
- **Respect Time:** Always emphasize brevity. Let gatekeepers know you'll only need a few minutes. Many offices are willing to squeeze in short calls that promise value.

Persistence is crucial: sales trainers note that because most reps give up after one follow-up, being diligently persistent (without being annoying) can significantly improve access ([Effective Approaches for Gatekeepers-Every Ancillary](#)). Make a schedule of calls and stick to it.

Channel Comparison and Success Rates

Channel	Typical Tactics	Strengths & Weaknesses	Engagement Metric*
Email	Targeted outreach with personalized content (e.g. brief introduction, value proposition, meeting	Strengths: Low cost, asynchronous, record of contact, easily tracked.	~20% open rate (Two Way Messaging: A Game-Changer for Pharma);

Channel	Typical Tactics	Strengths & Weaknesses	Engagement Metric*
	request) (10 Best Practices for Cold Outreach to Physicians-Alpha Sophia). Newsletters or attachments with useful content.	Weaknesses: Very low open/response rates; messages can be ignored or filtered.	click/response typically <5%.
Phone (Cold Call)	Direct office calls to schedule or drop by; brief pitch emphasizing value; voicemail when needed.	Strengths: Direct and immediate; can adapt in real time; more personal. Weaknesses: Hard to reach (caller ID/voicemail); very low connection; gatekeepers intercept.	Appointment booking rate ~1% (67 Cold Calling Statistics for Successful Sales Outreach-Smith.ai) (very low).
Virtual Meeting	Short Zoom/Teams calls or tele-detail. Schedule via email or phone; offer on physician's preferred platform.	Strengths: Convenient for HCP (no travel); can show slides or visuals. Weaknesses: Requires scheduling, tech barriers; lack of travel can reduce commitment (no-show risk).	~50% of registrants attend webinar events (HCP Engagement: Trends, Success Metrics & Omnichannel [2025]) (others cancel).
In-Person Visit	Scheduled office visits, conference	Strengths: Highest	If meeting is scheduled,

Channel	Typical Tactics	Strengths & Weaknesses	Engagement Metric*
	meetups, lunch-and-learn, case meetings.	engagement; face-to-face trust-building; immediate feedback. Weaknesses: Very hard to schedule; travel/time cost; strict compliance rules on gifts/meals.	attendance is 100%. (Accessibility is main limiter.)
Social Media / Networking (LinkedIn, Doximity)	Personalized connection requests; posting relevant content; direct messages referencing interests.	Strengths: Can target niche interests; low-cost; peer-level outreach. Weaknesses: Many HCPs rarely check/accept cold LinkedIn messages; responses low.	~ (No clear benchmark; often under 10% response.)
Webinars/Events	Educational webinars or speaker programs for groups of HCPs. Follow-up to registrants.	Strengths: Allows multiple doctors at once; showcases expertise; can collect leads. Weaknesses: High no-show rate; busy schedules may conflict; not one-	Only ~50% of registrants actually attend (HCP Engagement: Trends, Success Metrics & Omnichannel [2025]).

Channel	Typical Tactics	Strengths & Weaknesses	Engagement Metric*
		on-one interaction.	

*Metrics are approximate and context-dependent; sources as noted above. For example, industry data suggests email open rates in healthcare are only ~20% ([Two Way Messaging: A Game-Changer for Pharma](#)).

This comparison shows trade-offs: **in-person** yields the richest interaction but is hardest to secure, while **email** and **phone** are easier to attempt but have very low conversion. A smart outreach program uses *multiple channels* in tandem (see below).

Expert Insights and Best Practices

Seasoned pharma sales and MSL professionals share a few key insights:

- Personalize Every Outreach:** Generic pitches fail to engage busy doctors. Address the HCP by name and specialty, and mention a specific patient issue or recent publication of theirs. One expert suggests even congratulating a doctor on a recent achievement or referencing their career focus as an opener. Such personalization shows genuine interest and cuts through the noise ([Navigating the Pharma Landscape: Ensuring a Stellar First Impression for MRs with HCPs](#)). (Data supports this: personalized messages get far higher open/click rates ([Patient-centricity and HCP engagement: 7 challenges in pharma and life sciences outreach-pharmaphorum](#)).)
- Lead with Value, Not Features:** Focus on *how* your information or product will help the HCP's patients or practice. For instance, talk about improved patient outcomes or workflow efficiencies rather than listing drug mechanisms or trial data. Studies show HCPs want novel insights – 51% of doctors say they frequently hear information they already know ([Pharma rep visits? They're redundant, doctors say in new survey-Fierce Pharma](#)). To avoid this, always start with "Here's something new and relevant to you."
- Prepare and Listen:** Treat the first meeting as *fact-finding*. Introduce yourself and company, then quickly turn the conversation to the physician: ask open-ended questions about their current challenges or patients. Listen carefully and take notes. This not only respects the doctor's time (they speak more than you do) but also builds trust. A good approach is to encourage the doctor to share concerns, then position your solution as addressing those concerns. (One trainer even recommends ending each meeting by asking, "Have I answered your questions, or is there any other way I could help?" ([Navigating the Pharma Landscape: Ensuring a Stellar First Impression for MRs with HCPs](#)).)

- **Use a “First-Meeting” Objective:** Especially in the first encounter, don’t try to close a sale. The goal is to establish rapport and agree to a follow-up. MSL training advises using the first meeting to simply introduce yourself and understand the HCP’s perspective. For example: “I’d like to learn about the challenges you see with [disease]; this meeting will help me tailor our future discussions to your needs.” This approach shifts the focus from selling to collaboration.
- **Pace and Protocol:** Keep initial meetings short (5–10 minutes) unless the doctor is particularly receptive. Always confirm that “now is still a good time” at the start of any call or visit. If the physician is rushed, offer to continue at a scheduled time. Also, strictly adhere to compliance rules (no off-label discussion, etc.). Being a professional who follows protocol will earn respect and future access.
- **Professional Persistence:** Follow up systematically. Industry surveys note that most salespeople give up after one call ([67 Cold Calling Statistics for Successful Sales Outreach-Smith.ai](#)). In contrast, successful reps often make multiple touches over weeks. Use your CRM to track attempts and set reminders. For example, after sending an email, schedule a reminder to call in 2–3 days if you haven’t heard back. Always include a closing action (e.g. “I will call your office tomorrow at 2pm to discuss”), and then do it. An attitude of “we will make this happen” can convert cold leads into appointments.

Conclusion

Securing that first meeting with an HCP in the U.S. market requires a strategic, multi-pronged approach. Pharma teams should balance personal touch and persistence with respect for the physician’s time and preferences. By combining data-driven targeting (prioritizing accounts and timing) with well-crafted, patient-focused messaging, reps and MSLs can overcome gatekeepers and stand out from the crowd. Remember that today’s HCPs have many outreach options; they respond best to concise, relevant communication delivered through their preferred channels. Armed with these strategies—and by learning from veteran colleagues and industry research—new pharma professionals can successfully open the door to valuable HCP engagements.

Sources: Industry surveys and expert articles on HCP engagement and pharma sales best practices ([NEW RESEARCH REPORT: The Future of HCP Engagement Impact – EPG Health](#)) ([Pharma rep visits? They’re redundant, doctors say in new survey-Fierce Pharma](#)) ([Don’t spam us, healthcare professionals plea, as they seek quality over quantity from pharma marketers-Fierce Pharma](#)) ([How to Enhance Provider and Patient Engagement in Tech-Savvy Healthcare-PharmaVoice](#)) ([Two Way Messaging: A Game-Changer for Pharma](#)) ([67 Cold Calling Statistics for Successful Sales Outreach-Smith.ai](#)) ([HCP Engagement: Trends, Success Metrics & Omnichannel \[2025\]](#)) ([Patient-centricity and HCP engagement: 7 challenges in pharma and life sciences outreach-pharmaphorum](#)) ([10 Best Practices for Cold Outreach to Physicians-Alpha Sophia](#)) (see citations above). These provide data on HCP preferences, outreach outcomes and recommended tactics.

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