SETRIVA™

Evidence before scale

Fictional workflow opportunity assessment

SAMPLE ONLY - no customer or patient data

Decision question: should a fictional quality team fund a retrospective evidence pilot before committing to an AI-assisted workflow?

This report illustrates how SETRIVA separates observed sample inputs, estimated capacity and projected scenarios. It is not a validated pharmaceutical product, an audit, a business outcome or a regulatory recommendation.

Evidence class	What it means here
Observed in sample	Synthetic fixture: 120 cases/month and 35 minutes per case. These are fictional inputs, not measurements from a customer.
Estimated	A candidate 20% reduction in hands-on review effort at INR 900/hour. This is an assumption to test.
Projected	A higher-volume scenario dependent on future volume, adoption and sustained performance. It is not a forecast.

Recommendation: investigate a narrowly scoped pilot with a measured baseline. The base case does not justify a full rollout on these assumptions.

Show the arithmetic

Capacity value is not cash savings. No reduction in payroll or headcount is assumed.

Input / result	Base illustration	Higher-volume projection
Cases per month	120 fictional cases	300 scenario cases
Current minutes per case	35	35
Baseline effort / month	70 hours	175 hours
Candidate effort reduction	20% - unvalidated	30% - unvalidated
Potential capacity / month	14 hours	52.5 hours
Loaded hourly cost	INR 900	INR 900
Gross capacity value / year	INR 151,200	INR 567,000
Recurring cost / year	INR 60,000 assumed	INR 60,000 assumed
One-time setup cost	INR 180,000 assumed	INR 180,000 assumed
First-year net capacity value	INR -88,800	INR 327,000

Formula: cases x minutes / 60 x candidate reduction x hourly cost x 12. First-year net capacity value subtracts assumed setup and annual recurring costs. Prices shown are fictional modelling inputs, not SETRIVA quotations.

Sensitivity: at the base volume, approximately 31.75% sustained effort reduction is needed to offset the assumed INR 240,000 first-year costs. Rework, quality degradation, integration effort and adoption can reduce value further.

What a useful pilot must establish

Question	Acceptance evidence
Baseline	Pre-agreed review steps, a representative historical period, consistent time recording and reviewer agreement.
Data permission	Approved handling process, legal authority, access controls and minimised records in a separate controlled environment. No public uploads.
Quality	Qualified human reviewers compare outputs with a reference set, inspect false positives/negatives and retain final decisions.
Leakage and bias	Split records by time where appropriate. Prevent future information from leaking into retrospective decisions.
Value	Measure hands-on effort with and without assistance; record failed cases, rework and integration costs.
Go / no-go	Proceed only if quality is acceptable and observed evidence supports the economics. Otherwise stop or narrow the scope.

Questions for a discovery conversation

Which business decision needs better evidence? Who owns the workflow? What baseline is available? What result would justify a pilot, and what result would stop it?

Do not send deviation files, CAPA records, patient data or confidential material through the public website. Any future data-based engagement needs a separately agreed process.

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