REPVECTOR / SAMPLE ONLY

Territory Launch Brief

For leadership before the hire. For the rep before the first visit.

This sample shows the deliverable format, not a completed assessment. It contains no verified market counts, real provider recommendations or calculated travel times.

01 / Territory definition

Scope	Example selection
Specialty	Psychiatry
Geography	Austin, Texas — exact registered practice city
Universe	Active individual NPIs with the selected taxonomy; organizations excluded

02 / Executive assessment

Provider universe: populated by the live NPI assessment, only labeled complete after a complete registry read. Partial reads are minimum counts.

Specialty breakdown: primary and secondary registered specialty counts, with each NPI counted once.

Decision boundary: provider supply is not patient demand, referral volume, revenue potential or a recommendation for how many reps to hire.

03 / Prioritized starting list

Starting order	Reason
Primary-specialty matches first	Selected taxonomy is the primary registered specialty
Secondary-specialty matches next	Selected taxonomy appears as a secondary specialty

Names are alphabetical within each group. This registry-based order is not a prescribing score or predicted referral value. The public assessment previews three providers; full-list access uses the existing list purchase or membership pull.

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04 / Rep launch plan

Before visits: verify practice details and target fit, unlock the full starting list, then save selected providers to a named list.

Plan the route: open Map & route on that saved list, choose stops and a starting point, and calculate the route using the existing planner. Approximate coordinates and travel estimates must stay labeled; they are not live-traffic guarantees.

Take into the field: export the saved list with available score/source evidence and route details; print the route sheet. Missing information stays unavailable, not invented.

Source for live universe: official NPPES registry, https://npiregistry.cms.hhs.gov/. Include the actual checked timestamp in the completed assessment. Registry information is self-reported and does not prove licensing, current practice, prescribing, payer participation or referral relationships. This sample is free and is not a purchased research paper.