

# Laboratory products

Laboratory spending trends continue to reflect growth in decentralized testing, routine diagnostic services, and advanced molecular diagnostics. Compared to the winter 2026 analysis, point-of-care testing and rapid test kits, phlebotomy, and chemistry/immunochemistry increased as a share of spend, while molecular technology remained the largest laboratory category despite a decline in relative share.

These spending patterns suggest continued expansion of testing closer to the patient while maintaining an investment in advanced diagnostic capabilities. Although molecular technology declined in relative share, it remains the largest laboratory spend category. The shift likely reflects a redistribution of testing across laboratory categories as molecular assay technology becomes increasingly available through point-of-care and rapid diagnostic platforms. As laboratory utilization evolves across care settings, organizations are balancing investments in accessibility, turnaround time, and specialized diagnostic capabilities.

## Top 15 laboratory product spend categories

| Rank | Product spend category                    | Portion of spend (%), summer 2026 | Portion of spend (%), winter 2026 <sup>a</sup> | Percentage point change <sup>b</sup> |
|------|-------------------------------------------|-----------------------------------|------------------------------------------------|--------------------------------------|
| 1    | Molecular technology <sup>c</sup>         | 29.3                              | 33.7                                           | -4.4 ↓                               |
| 2    | Chemistry/immunochemistry                 | 20.2                              | 19.1                                           | +1.1 ↑                               |
| 3    | Point-of-care testing and rapid test kits | 11.3                              | 9.1                                            | +2.2 ↑                               |
| 4    | Phlebotomy                                | 7.7                               | 5.9                                            | +1.8 ↑                               |
| 5    | Histology                                 | 3.8                               | 3.5                                            | +0.3 ↑                               |
| 6    | Blood bank                                | 3.3                               | 3.1                                            | +0.2 ↑                               |
| 7    | Coagulation                               | 2.9                               | 3.3                                            | -0.4 ↓                               |
| 8    | General laboratory supplies               | 2.6                               | 2.5                                            | +0.1 ↑                               |
| 9    | Core microbiology                         | 2.2                               | 2.3                                            | -0.1 ↓                               |
| 10   | Manual microbiology                       | 1.9                               | 1.9                                            | —                                    |
| 11   | Blood gas analyzers                       | 1.9                               | 2.0                                            | -0.1 ↓                               |
| 12   | Hematology                                | 1.8                               | 1.7                                            | +0.1 ↑                               |
| 13   | Flow cytometry                            | 1.8                               | 2.2                                            | -0.4 ↓                               |
| 14   | Immunohistochemistry                      | 1.7                               | 1.8                                            | -0.1 ↓                               |
| 15   | Third-party controls                      | 1.4                               | 1.3                                            | +0.1 ↑                               |

Source: Vizient Supply Analytics, April 2025–March 2026

<sup>a</sup> Previously ranked in the winter 2026 Outlook with data analyzed from October 2024–September 2025.

<sup>b</sup> Arrows indicate increase (↑) or decrease (↓) since the winter 2026 edition.

<sup>c</sup> includes next-generation sequencing

# Category movements

## Increases in spend

- **Point-of-care testing and rapid test kits (+2.2%):** This category experienced the largest increase in share of spend, reflecting continued expansion of testing outside the central laboratory—particularly across emergency departments, urgent care, and ambulatory settings. Demand for rapid results supporting triage, infection control, and same-day clinical decision-making remains a key driver. Growth also reflects broader adoption of decentralized testing models that complement traditional core laboratory workflows and support care closer to the patient.
- **Phlebotomy (+1.8%):** Increased phlebotomy spend aligns with growth in specimen collection tied to routine, ambulatory, and chronic disease testing. As testing volumes expand across care settings, demand for collection supplies and draw-related consumables continues to rise, reinforcing the foundational role of specimen collection across both routine and specialized diagnostics.
- **Chemistry/immunochemistry (+1.1%):** Chemistry and immunochemistry, still the second-largest laboratory product spend category, continues to grow, reflecting sustained demand for high-volume routine testing. These tests support emergency care, inpatient monitoring, and chronic disease management, and they remain core to clinical decision-making despite advances in specialized diagnostics.

## Decreases in spend

- **Molecular technology (-4.4%):** While molecular technology experienced the largest decline in share of spend, absolute spend increased significantly and it remains the largest laboratory category. The shift reflects normalization following elevated COVID-era testing volumes, combined with faster growth in other areas such as point-of-care and rapid diagnostics. In addition, some newer decentralized platforms now perform molecular assays at the point of care, moving testing volumes into other laboratory categories. This represents a redistribution of spend rather than a decline in clinical importance, as molecular testing remains central to infectious disease management, oncology, and precision medicine.

Laboratory spend continues shifting toward high-volume, accessible diagnostic categories, with chemistry/immunochemistry and front-end testing representing a growing share of total laboratory activity. At the same time, molecular diagnostics remain the foundation of advanced and precision testing, even as relative share moderates.

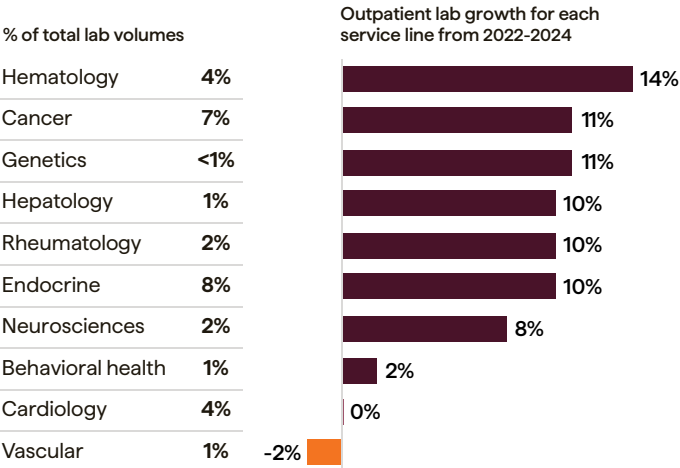
## Laboratory growth and service line alignment

Growth in laboratory services is increasingly driven by specialty and subspecialty care, particularly in areas such as metabolic/endocrine disease, hematology, and oncology. As health systems expand service lines and shift care to ambulatory settings, demand for more complex and specialized diagnostic testing continues to rise.

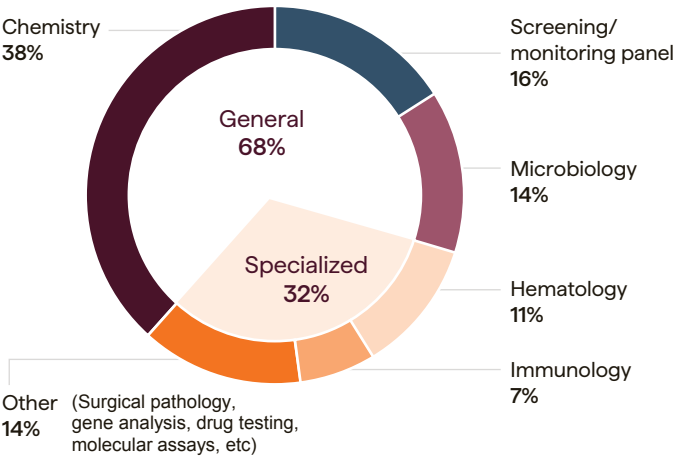
The graphic on the following page illustrates how laboratory volume is aligning with service line growth, reinforcing the role of specialty diagnostics as a key driver of laboratory utilization and strategic investment.

Align laboratory strategy with growing specialty care demand

Lab growth by service line



Lab volume by test type  
Ambulatory claims estimates, 2025



Note: Analysis excludes 0–17 age group. Data was used when >50% of direct costs for a given encounter can be attributed to labs. Analysis omits emergency department and observation encounters. Analysis includes data from ~500 hospitals of multiple types that include outpatient cost/revenue data in CDB from 2022Q1–2025Q1. Sources: Vizient Clinical Data Base/Resource Manager™. Irving, TX: Vizient, Inc.; 2025. <https://www.vizientinc.com>; Vizient Analysis, 2026.

This trend reflects a dual demand profile within laboratory services: High-volume routine testing to support broad population health needs, alongside specialized diagnostics tied to high-acuity care and advanced treatment pathways. As a result, laboratory strategy must balance accessibility and scale with the capabilities required to support increasingly complex clinical care.

Health systems are making more deliberate decisions about which tests to perform in-house versus send out to reference laboratories. While send-out testing remains an important strategy for low-volume or highly specialized tests, many organizations are reassessing laboratory services through a broader revenue diversification lens. Rather than developing entirely new business lines, systems are evaluating preexisting adjacencies where they already have clinical volume, infrastructure, specialty programs, or regional scale. This may include bringing select testing in-house, expanding services to external clients, or forming regional partnerships and joint ventures to achieve scale while retaining more lab revenue within the provider ecosystem. The strategic question is no longer simply whether a test is less expensive to perform internally or externally, but which laboratory capabilities best support care delivery, access, service line growth, and sustainable enterprise value.

Point of care testing and rapid diagnostics: Vizient ID NOW

Growth in point of care testing and rapid test kits (+2.2%) reflects continued expansion of decentralized diagnostic strategies as laboratories respond to rising demand, staffing constraints, and care delivery outside the hospital setting. Health systems are prioritizing tests that support faster clinical decision-making when turnaround time is critical, particularly in emergency departments, urgent care, ambulatory sites, long-term care facilities, and medical office buildings.

Vizient expanded its laboratory agreement to include molecular assay technology. Its use aligns with point-of-care and rapid testing strategies by supporting decentralized deployment and faster access to diagnostic results across nontraditional testing environments.

From a spend perspective, point-of-care testing can add significant cost compared with centralized molecular testing, particularly when per-test disposable and cartridge costs are higher. However, these platforms may help offset broader operational pressures by reducing central laboratory workload, minimizing specimen transport, improving patient flow, and limiting the need for additional laboratory space or specialized staffing. As

centralized molecular testing stabilizes from prior periods of elevated utilization, health systems are likely to continue evaluating rapid diagnostic platforms based on the balance of test cost, turnaround time, workforce impact, and site-of-care needs.

## Digital pathology: Maturing capability and uneven adoption

Digital pathology is an increasingly important laboratory capability that converts traditional glass slides into high-resolution digital images that can be stored, analyzed, shared, and integrated into pathology workflows. While the technology isn't new, adoption continues to expand as organizations evaluate its role in workflow efficiency, remote collaboration, subspecialty consultation, and broader enterprise diagnostic strategies, particularly in pathology-intensive areas such as oncology and cancer detection.

Adoption remains variable across the market. Large integrated delivery networks and academic medical centers have generally been better positioned to implement or scale digital pathology because of their pathology volumes, subspecialty needs, research alignment, IT infrastructure, and ability to support the workflow redesign required for enterprise deployment. Other organizations may still be in the assessment, pilot, or phased implementation stage as they evaluate scanner capacity, image storage requirements, interoperability, pathologist workflow, reimbursement considerations, and supplier partnerships.

The strategic rationale for digital pathology also is evolving. Beyond supporting remote consultation and subspecialty collaboration, digital pathology increasingly serves as the foundation for AI-enabled image analysis, workflow automation, and future large-language-model-driven diagnostic support tools. As pathology data become more

integrated into enterprise analytics and precision medicine strategies, digital pathology is shifting from a stand-alone laboratory technology initiative toward a broader diagnostic infrastructure investment.

From a financial and operational perspective, digital pathology requires meaningful upfront investment in slide scanners, data storage, image management systems, analytics, cybersecurity, and integration with laboratory information systems and electronic health records. As a result, near-term impact may be more closely tied to capital planning, IT infrastructure, and workflow transformation than to traditional laboratory supply spend. Over time, digital pathology may support improved productivity, diagnostic consistency, access to subspecialty expertise, and readiness for AI-enabled pathology tools. Organizations should evaluate digital pathology as both a laboratory modernization strategy and an enterprise-level diagnostic and data strategy.

## Resources

- **Point-of-care testing and rapid diagnostics:** Health systems continue to evaluate point-of-care and rapid diagnostic solutions to support faster clinical decision-making in emergency departments, urgent care, ambulatory sites, and other decentralized care settings. Vizient has expanded access to rapid diagnostic options waived by Clinical Laboratory Improvement Amendments that support testing outside the central laboratory. While these platforms may carry higher per-test costs, they can help reduce specimen transport, support patient flow, and ease central laboratory workload.

Learn more about how these category movements connect to broader trends by visiting the [Spend Management Outlook](#).

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