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LABORATORY INDUSTRY REPORT®

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Vol. X, No. 9/September 2006

HIGHLIGHTS

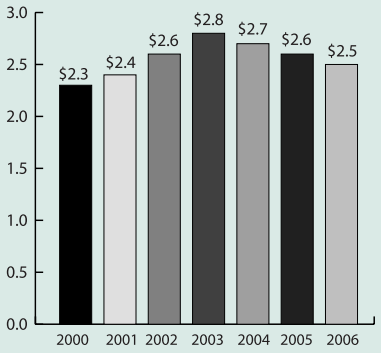
WASHINGTON G-2 REPORTS

POL Revenue Dips In The Face Of Pricing, Regulatory Pressures

According to analysis based on CLIA laboratory application forms, physician office laboratories (POLs) comprise 8% of the total number of reportable test results performed in the United States in 2005. This is down 3% from 2003, when it was estimated that POLs were responsible for 11% of clinical laboratory testing. In many ways this isn't surprising, given the pricing competition from Quest and LabCorp as well as more stringent regulatory issues from CLIA, CAP, and HIPAA.

POLs generally perform less complex tests than hospital or independent laboratories, which have lower reimbursement rates. These tests include dipstick/tablet urinalysis, fecal occult blood, and urine pregnancy exams. Reimbursement for these types of tests is approximately 30% to 45% lower than for the typical text mix at hospitals or independent labs.

Physician Office Laboratory Revenue, 2000-2006



Source: Washington G-2 Reports

Washington G-2 Reports estimates that POLs comprise about 5%, or $2.5 billion, of the total $48.5 billion expected to be generated by all laboratories in the United States in 2006. In other words, 8%, adjusted for a 40% price discount is approximately 5% of the estimated revenue market share. For an in-depth look at POLs, see *Inside the Laboratory Industry*, pp. 5-8.

CMS To Name Competitive Bidding Winners By January 1

The Centers for Medicare and Medicaid Services (CMS) recently announced that it intends to identify winning bidders for the Congressionally mandated laboratory competitive bidding demonstration by Jan. 1, 2007. The Office of Management and Budget is expected to approve the bidding forms or the demonstration design sometime this month at the earliest.

➥ *p. 2*

COMPETITIVE BIDDING WINNERS, *from page 1*

Given that reaching this point in the competitive bidding demonstration project process has taken three years, is CMS's newly announced time frame feasible? Many industry leaders view the January date as overly ambitious. "Given that laboratories do not know the demonstration site, the details of the design of the demonstration, or whether they will be required to bid, it's unrealistic to think that they will be able to prepare and submit bids for virtually all tests on the clinical laboratory fee schedule, and that CMS will be able to evaluate the bids, determine the demonstration fee schedule, and select winning bidders, all by end of the year," said Alan Mertz, president of the American Clinical Laboratory Association (ACLA).

Concerned that applying competitive bidding to laboratory services could ultimately threaten the quality of laboratory services provided to Medicare beneficiaries, ACLA has tried to work with CMS to develop a program that meets its requirements and addresses the concerns of laboratories about the delivery of quality services. But questions remain about the project's details. For example, will CMS inform bidders of the number of bidders it expects to select as winners for each competitive bidding area together with the volume of services for each test so that they can prepare informed bids based upon anticipated volume and market share?

By way of comparison, CMS allowed 14 months to pass between the selection of sites for its Durable Medical Equipment (DME) competitive bidding demonstration and the announcement of winning bidders in August 1999. The time frame for the laboratory competitive bidding project only allows a few months between announcements. "That is simply not enough time for laboratories," said Mertz. "While the DME demonstration project involved bidding separately on any one of five manufactured product categories, the laboratory demonstration project will involve bidding separately on every one of 1,000 laboratory tests."

U.K. Study Finds Interventions Decrease Lab Service Requests

In the U.K., requests for lab tests rose a whopping 83% between 2000 and 2004, according to a recent survey published in The Bulletin of the Royal College of Pathologists.

Requests for laboratory tests by primary-care physicians in the United Kingdom rose a whopping 83% between 2000 and 2004, according to a recent survey published in *The Bulletin of the Royal College of Pathologists*. Seizing on the premise that a component of this substantial increase is unnecessary ordering of tests, a new study published in *The Lancet* found that two interventions, enhanced feedback requesting rates and brief educational reminder messages, were effective strategies for reducing tests requested in primary-care settings.

Led by Bernard Croal, M.D., the team of researchers chose nine laboratory tests as targets for intervention. Intended to represent the range of laboratory services, the tests were chosen for their perceived limited value for some patient subgroups within primary-care settings and their effect on laboratory workload. The team then developed two intervention strategies: a feedback booklet containing practice requesting rates for each of the nine targeted tests and educational reminder messages to go on results reports sent to the requesting practice.

With these two strategies, the researchers conducted a randomized trial of 85

Enhanced feedback and brief educational message reminders alone achieved a reduction of around 10% in the number of total test requests. In combination, the strategies resulted in a 22% reduction.

primary care practices (370 primary care practitioners) in Scotland that were all served by a single laboratory services provider. Each practice was assigned to one of four groups: control, enhanced feedback alone, reminder messages alone, or both enhanced feedback and reminder messages. Each practitioner in a practice assigned to one of the feedback intervention groups was mailed the feedback booklet every three months for a year. For those practices in the educational reminder message groups, the laboratory information system was programmed to recognize the relevant cues for each of the targeted tests and automatically added the brief educational reminder messages to the appropriate printed and electronic test-result report. The reminder messages were intended to influence future requests on the targeted tests.

The researchers found that after a year, enhanced feedback and brief educational message reminders alone achieved a reduction of around 10% in the number of total test requests, with neither intervention alone appearing consistently better than the other. In combination, the strategies resulted in a 22% reduction. Enhanced feedback was particularly effective with regard to AAS, FSH, TSH, and vitamin B12 testing, while educational reminders worked best for CEA, TSH, and vitamin B12 testing. The effects of the interventions were not affected by the practices' pre-intervention test requesting patterns.

Targeted Lab Tests and Brief Educational Reminder Messages

Targeted Test	*Brief Educational Message*
Autoantibody screen (AAS)	Autoantibody screen requesting is inappropriate for investigation of non-specific illness. Requests should be test specific.
Carbohydrate antigen-125 (CA125)	CA125 should not be used to screen, diagnose, or exclude malignancy.
Carcino-embryonic agent (CEA)	CEA should not be used to screen, diagnose, or exclude malignancy.
Ferritin*	Ferritin measurement is generally unnecessary in white people with hypochronic microcytic anemia, since the underlying cause is almost always iron deficiency.
Follicle stimulating hormone (FSH)	In general, FSH testing is of limited value in the assessment of menopausal status in women older than 40 years.
***Helicobacter pylori* serum (HPS)**	*Helicobacter pylori* serology should not be used to assess the efficacy of antibiotic eradication therapy since antibody concentration can remain positive for some time after eradication.
Immunoglobulin-E (IgE)	General allergen screening is unhelpful. Allergen testing requests should instead be specific as directed by the history.
Thyroid stimulating hormone (TSH)	Thyroid function tests are not indicated as a screening procedure for young, clinically euthyroid patients.
Vitamin B12	B12 levels are of no value and should therefore not be requested in patients undergoing parenteral B12 therapy.
Vitamin B12**	Macrocytosis without anemia is unlikely to be due to B12 deficiency (thus should not be requested). Thyroid or liver function tests may be helpful.

*Reminder message triggered by full blood count (FBC) request result with mean corpuscular volume (MCV) <80 fL

**Reminder message triggered by FBC result with MCV >95 fL

Source: Thomas et al. *Lancet* 2006, 367: 1990-96.

"Both strategies are feasible within most laboratory settings," said Croal. "To inform the use of these interventions in routine practice, the long-term effects on test requesting need to be rigorously assessed." The team also noted the importance of investigating the consequences of increasing the number of targeted tests, as this could affect the potency and sustainability of the interventions.

Millipore: It's Not Just For Water Anymore

Once best known to the laboratory community for its water products, Millipore (Billerica, MA) has spent the last year pursuing a new corporate strategy outlined by CEO and President Martin Madaus, Ph.D., who took office in January of last year after a successful run at Roche Diagnostics.

In February of 2005, the company formed a new bioscience division that focuses on general laboratory applications and life science applications of Millipore products and services. The new division combined Millipore's life sciences division and laboratory water division, with the goal of improving sales and customer service while focusing R&D investments in the laboratory area.

Since then, Millipore has entered into an exclusive agreement with Gen-Probe (San Diego, CA) to develop, manufacture, and commercialize nucleic acid testing products for rapid microbiological and virus monitoring. Then came the acquisitions. In 2005, Millipore purchased Swedish aseptic processing company NovAseptic and MicroSafe, a contract laboratory based in the Netherlands that develops assays and provides testing services. So far this year, the company has gobbled up Newport Bio Systems, a provider of process containers used in biopharmaceutical production, and Serologicals.

The Serologicals acquisition, which just closed, gives Millipore a strong position in the life sciences industry and brings the company's combined annual revenue to $1.4 billion, based on 2006 full-year projections. Georgia-based Serologicals develops consumable biological products and provides monoclonal antibodies for blood typing. The company's principal operating subsidiaries are Celliance, Chemicon, and Upstate.

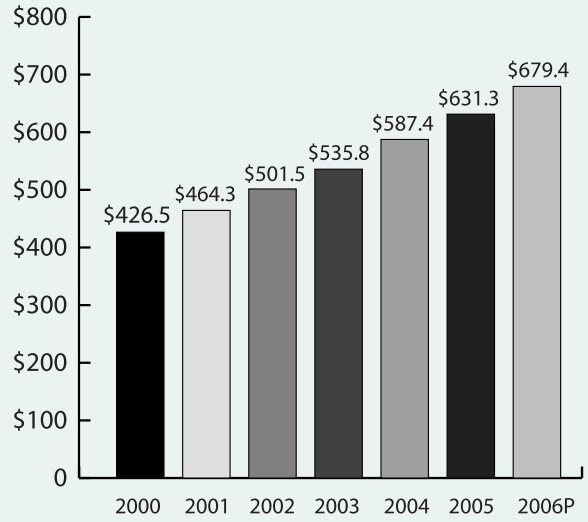
Madaus called the acquisition "transformational," and said, "The addition of Serologicals' differentiated research products and services will make Millipore's bioscience division a more strategic supplier with a broad range of solutions for the life science industry. We will advance our customers' research by optimizing workflows from sample preparation, to developing and performing assays, to analyzing results." Millipore expects to increase sales of Serologicals' products in international markets such as Europe, Asia, and Japan. The combined organization of about 5,800 employees will have significantly expanded R&D capabilities and a worldwide sales and service staff of approximately 1,200.

Millipore's revenues for the second quarter of this year were up 12% to $273.8 million. The Bioscience division grew 10%. Meanwhile, water is still a key part of the business. A highlight of the second-quarter results was significant growth in the company's laboratory water products and services in all geographic regions.

Polling POLs: As Revenues Decline, Labs Shift To Non-Waived Testing

From 2000 to 2006, total national expenditures on physician services grew by 59%, averaging 9.9% a year, and are expected to total $679.4 billion in 2006, according to data from CMS. Washington G-2 Reports estimates that total revenues from physician office laboratories (POLs), despite a regular increase from 2000 to 2003, has started a slight, but regular decline consistent with the overall lack of growth in the area of POLs in comparison to the overall growth in CLIA-certified laboratories. Since 2000, the total number of CLIA-certified laboratories has grown 15.3% from 170,904 to 196,973. Although POLs have also grown from 95,874 in 2000 to 106,528 in 2006, they have grown at only 11.1%.

Total National Physician Service Expenditures*, 2000-2006 ($BB)



*Includes services provided by office physicians, dentists, chiropractors, podiatrists, optometrists, and other licensed health practitioners. P=projected.

Source: CMS

In 2000, CLIA-certified laboratories represented 56.1% of all laboratories, but in 2006, they represent 54.1%. This drop in the total percentage of POL laboratories is partly responsible for the decrease in total annual revenues, but pricing and reimbursement pressures have also worked to cut into the overall POL revenues.

The three most common (waived and non-waived) tests performed at POLS are dipstick/tablet urinalysis, fecal occult blood, and urine pregnancy testing, according to a survey of family practice offices conducted by the American Academy of Family Physicians in 2005. Among the most common 20 tests performed, the unweighted average Medicare reimbursement is $6.51. This is in dramatic comparison to the unweighted average Medicare reimbursement of the 20 most commonly performed tests in 2002, which was $7.48. This is a $0.97 drop on average, or nearly 13%. That is less than half of the average that Quest Diagnostics and LabCorp receive

CLIA-Certified Physician Office Labs versus Labs in General, 2000-2006

	2000	*2001*	*2002*	*2003*	*2004*	*2005*	*2006*
CLIA Labs	170,904	170,996	175,401	183,874	186,734	192,533	196,973
CLIA POL Labs	95,874	95,879	97,783,	102,550	104,230	104,994	106,528
% CLIA POL Labs	56.1	56.1	55.7	55.8	55.8	54.1	54.1

Source: CMS

per test ($14.10 per billable test) across all payers and approximately 40% of the $11.03 per billable test reported by hospital laboratories.

According to CMS data, there were 116,242 POLs operating in the United States by June 2006. Of these, 91,637 were certified only to perform waived testing and/or provider-performed microscopy (PPM). 24,605 were certified to perform non-waived tests, that is, testing of moderate and high complexity.

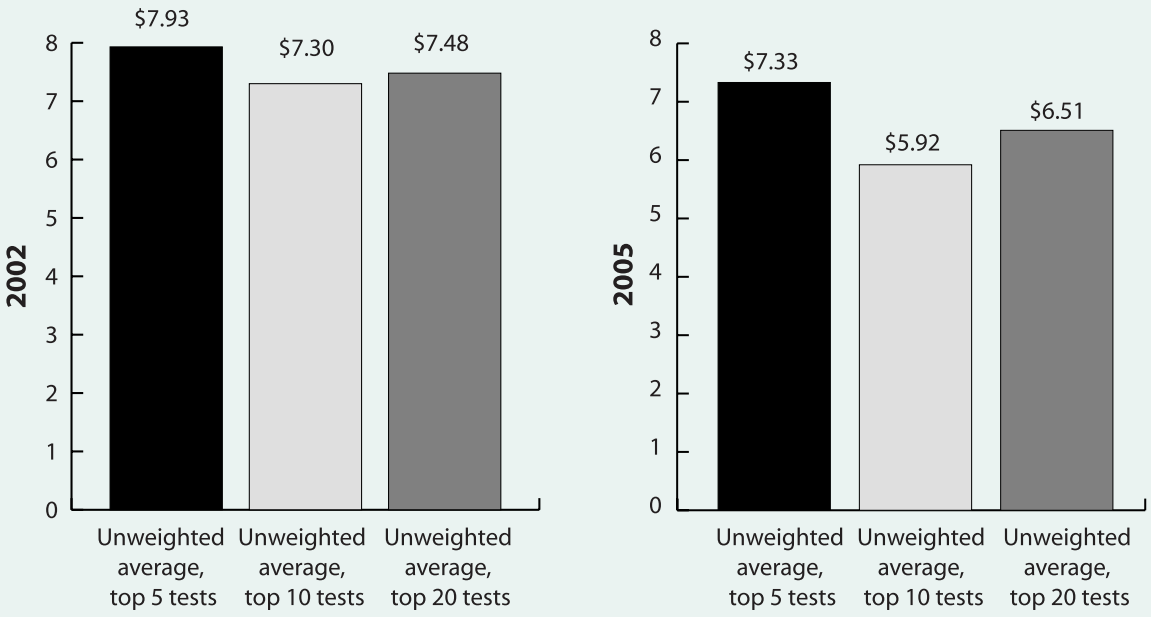
There are several factors why POLs are shifting away from the non-waived category. The principle factor is the increased difficulty in meeting CLIA rules and regulations. On April 24, 2003, CLIA regulations

Twenty Most Common Laboratory Tests Offered at Family Physician Offices

Test In-Office	*% Performing*	*CPT Code*	*Test Fee**
Dipstick/tablet urinalysis	97.1%	81002	$3.57
Fecal occult blood	92.1	82270	4.54
Urine pregnancy test	86.7	81025	8.84
Rapid strep (direct antigen)	83.7	87880	16.76
Vaginal smear/wet mount	79.0	87210	5.96
Glucose, using a waived instrument	69.3	82962	3.27
Urine microscopic exam	61.1	81015	4.24
Glucose, visual whole blood dipstick	39.5	82948	4.43
Infectious mononucleosis screen	38.5	86308	7.23
Hemoglobin by HemoCue (waived method)	33.9	85018	3.31
Prothrombin time	31.6	85610	5.49
Hemoglobin (automated non-waived method)	26.3	83036	13.56
CBC	27.8	85025	10.86
Spun microhematocrit (waived method)	27.3	85013	3.31
Hematocrit (automated, non-waived method)	26.3	85014	3.31
Differential (automated)	25.4	85004	9.04
Cholesterol	19.4	82465	6.08
Triglycerides	18.7	84478	8.04
Glucose (non-waived method)	18.5	82947	5.48
HDL cholesterol	18.5	83718	11.44
Unweighted average, top 5 tests			7.33
Unweighted average, top 10 tests			5.92
Unweighted average, top 20 tests			6.51

*Medicare's national payment limitation amount, or fee cap, for 2006
Source: American Academy of Family Physicians, Practice Profile II Survey, May 2005; the American Medical Association; and CMS

Unweighted Average Medicare Reimbursement for the 10 Most Common POL Tests, 2002 vs. 2006



required end-users to perform "method validation" before using a new non-waived test on patients. This not only requires more time and effort on the part of the POL, but generally requires a more sophisticated level of training and expertise on the part of laboratory personnel.

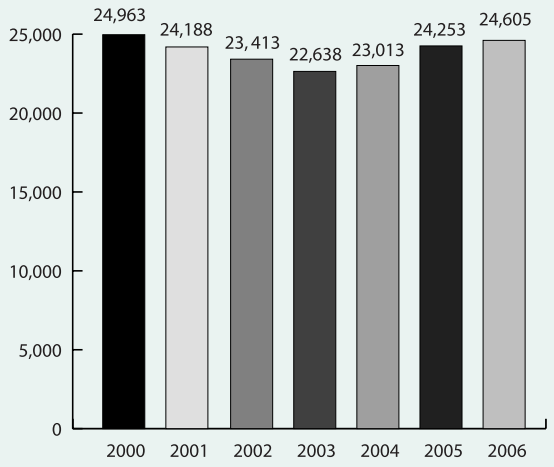
Non-waived laboratories are also subject to routine inspections and/or proficiency testing. They must also pay volume-dependent fees every two years that range from several hundred dollars to several thousand dollars. Compare this to waived laboratories, which are not subject to inspections or proficiency testing and their CLIA certificate only costs $150 every two years.

Breakdown of Physician Office Laboratory Types

Type	*# Waived/ PPM POLs*	*#Non-Waived POLS*	*Total*
Physician office	85,713	20,815	106,528
Community clinic	4,032	2,578	6,610
Health maintenance organization	406	261	667
Other practitioner	1,486	24,605	2,437
Grand total of POLs	91,637	24,605	116,242

Source: CMS

Total Number of Non-Waived POLs*, 2000-2006



*Certified for moderate and/or high-complexity testing
Source: CMS

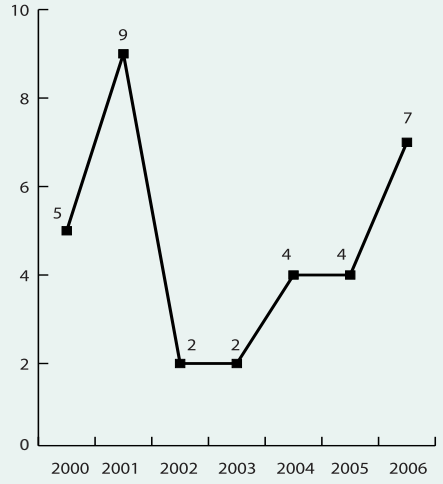
Another factor is that manufacturers of non-waived laboratory test procedures and equipment have declined, in general, to train POL laboratory personnel in validation issues or to write or set-up test policies and standard operating procedures.

The highest volume waived tests are prothrombin (25.4 million tests/year), urinalysis (23.5 million tests/year), ovulation (13 million tests/year), glucose (12 million tests/year), FOBT (11.5 million tests/year), and the lipid panel (5.5 million tests/year). CLIA-waived tests represent about $1 billion in annual laboratory testing revenue and according to Charles Root, Ph.D., president of the consulting firm CodeMap (Barrington, IL), is expected to grow more than 20% a year.

Other Laboratories

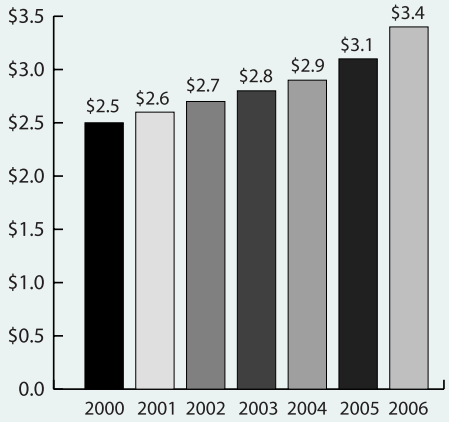
By the end of June 2006, the CMS indicated there were 55,539 "other laboratory" facilities certified to perform waved or non-waived testing. In this category are labs at nursing homes, home health agencies, ambulatory surgery centers, end-stage renal dialysis facilities, pharmacies, ambulances, hospices, and public health facilities.

Number of New Tests Granted CLIA-Waived Status, 2000-2006



Source: Washington G-2 Reports from FDA files

"Other Laboratory" Revenue, 2000-2006 ($BB)



Source: Washington G-2 Reports

Like POLs, these labs perform less-complex tests. Reimbursement for these tests are approximately 30% to 45% lower than for the typical test mix performed at hospitals or independent labs. As a result, Washington G-2 Reports estimates that laboratories in the "other lab" category make up about 7% of the total $48.5 billion in revenue generated by all laboratories in the United States in 2006, totaling approximately $3.4 billion.

ASCP Survey Reveals Increased Wages, Persistent Recruitment Problems

Laboratory recruitment is still a big problem in the laboratory industry, even though wages for workers have increased moderately, according to the American Society for Clinical Pathology (ASCP)'s latest survey of wages and vacancies in medical laboratories in the United States. The survey is based on data gathered in 2005.

"On the surface, the report is not alarming," says Fred H. Rodriguez, Jr., M.D., ASCP president. "Wages are up modestly, and, while vacancies still exist, they are not at the level of those prior to 2002."

Key Findings of ASCP Survey:

- Nearly 44% of laboratories report they are currently experiencing difficulties recruiting or hiring medical laboratory personnel.
- Certified medical technologist staff vacancies were higher than average in Far Western and Northeastern states.
- The median average hourly wage continues to rise at about 3.5% annually; salaries rose by about 7% between 2003 and 2005.
- Salaries tend to be higher in hospital and reference laboratories and lowest in physicians' office laboratories.
- The majority of laboratories report their staff working eight-hour shifts but 30.5% of those surveyed indicated that work shifts could vary by as many as four hours.

But the news is not all rosy. "A careful reading of the survey will reveal some disquieting, if not yet disturbing, signs," says Rodriguez. "For instance, while more than half the surveyed laboratories report that employees work an eight-hour shift, about 30% report that employees are being asked to work shifts as long as 12 hours."

Bio-Rad To Buy Ciphergen Proteomics Instrument Biz For $20m

Bio-Rad Laboratories (Hercules, CA) is betting on proteomics. The manufacturer and distributor of clinical diagnostics and life sciences research products has agreed to acquire the proteomics instrument business of molecular diagnostics company Ciphergen Biosystems (Fremont, CA) for about $20 million in cash. Bio-Rad has also pledged to make a $3 million equity investment in Ciphergen. The transaction is expected to close in the fourth quarter of this year.

Ciphergen's proteomics instrument business includes the company's Surface Enhanced Laser Desorption/Ionization (SELDI) technology, ProteinChip arrays, and accompanying software. The agreement calls for Bio-Rad to manufacture, sell, and market the SELDI technology to the life sciences marketplace for proteomics applications, such as biomarker discovery and validation. Ciphergen will retain exclusive rights to the diagnostics market and will have a supply agreement with Bio-Rad to purchase SELDI instruments and consumables for the continued development of its diagnostics business.

In addition to its ProteinChip technology, Ciphergen offers predictive analysis capabilities through its Biomarker Discovery Center facilities, which provide collaborative services such as biomarker discovery and profiling, assay development, and new fractionation techniques. The company recently reported net revenue of $5.3 million in the second quarter of 2006, compared to $6.9 million in the second quarter of 2005. Revenue for the first half of 2006 was $12.3 million compared to $13.6 million in the first half of 2005.

New $88m Public Health Lab For Connecticut

A new, state-of-the-art public health laboratory is planned for the state of Connecticut. The two-story, 120,000-square-foot facility will be built on 23 acres of land owned by the state in the city of Rocky Hill and will replace the 41-year-old facility in Hartford. The decision to embark upon constructing a new facility rather than renovate was based upon an extensive study by the state. According to M. Jodi Rell, governor of Connecticut, $6.2 million is now being requested from the State Bond Commission for the facility's design. The project's total cost is estimated at $88.3 million.

Founded in 1905, the Connecticut Department of Public Health (DPH) laboratory performs analysis and testing for about 2,000 government and private clients. "The lab also provides an economic benefit to the state by serving local health departments and municipalities without charge," said Rell. "The new laboratory facility will provide increased opportunity for collaboration with academic institutions and the biomedical industry in research and training."

Offering over 350 tests, the DPH lab performs over one million analyses on about 250,000 samples each year. Its biological science services division provides testing for bacterial, viral, fungal, and parasitic agents of diseases and serves as a reference center for infectious diseases. The division also screens for eight genetic diseases in newborns.

PaR Systems Enters Lab Automation Market With Acquisition

Automation and material-handling company PaR Systems (Shoreview, MN) has snapped up SSI Robotics (SSIR; Tustin, CA), which was on the block as part of a bankruptcy sale process. SSIR is a provider of laboratory automation products as well as equipment development and manufacturing services for clients in the biotechnology, medical device, and pharmaceutical sectors.

"SSI Robotics specializes in laboratory automation, a specialized market requiring the ability to integrate multiple instruments and intricate automation, said Brian Behm, president of PaR Systems. SSIR, whose clients include Cardinal Health, Pfizer, and 3M, will become the core of PaR Systems's new life science automation product line, which will focus on laboratory, medical, biotechnology, and pharmaceutical applications. Paul Smith, the founder of SSIR, was named general manager for the new business. PaR Systems will retain SSIR's California facility and employees.

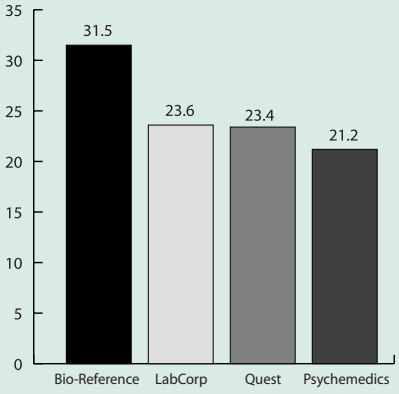
PaR Systems, which currently has 311 employees, earned revenues of $57 million for the fiscal year that ended on March 31 of this year, a company representative tells *LIR*. American Capital Strategies (Bethesda, MD) purchased PaR Systems from Mass Mutual Insurance Company and Edson Partners in May of 2002 for $36 million. In the second quarter of this year, American Capital completed its sell-off of the company's nuclear robotics business to Westinghouse.

Lab Stocks Rise 5%; Genomic Health Up 19%

The G-2 Laboratory Stock Index gained 5% in the five weeks ended Aug. 18, 2006, with seven stocks up in price, three down, and one unchanged. So far this year, the G-2 index is up 3%, while the S&P 500 Index has risen 4% and the Nasdaq is down 2%.

Genomic Health (Redwood City, CA) was up 19% to $13.30 per share for a market cap of $324.4 million. The company recently announced its second-quarter results, including a narrowed loss for the quarter as compared with last year. The company posted second-quarter revenue of $8.4 million, compared to $1.2 million in the second quarter of 2005. Revenue from Oncotype DX accounted for $7.8 million, compared to $1.1 million in the second-quarter of 2005 and $4.2 million in the first quarter of 2006. Product revenue from non-Medicare sources was $3.0 million in the second quarter, up 43% on the first quarter of 2006.

P/E Ratios at Four Big Labs

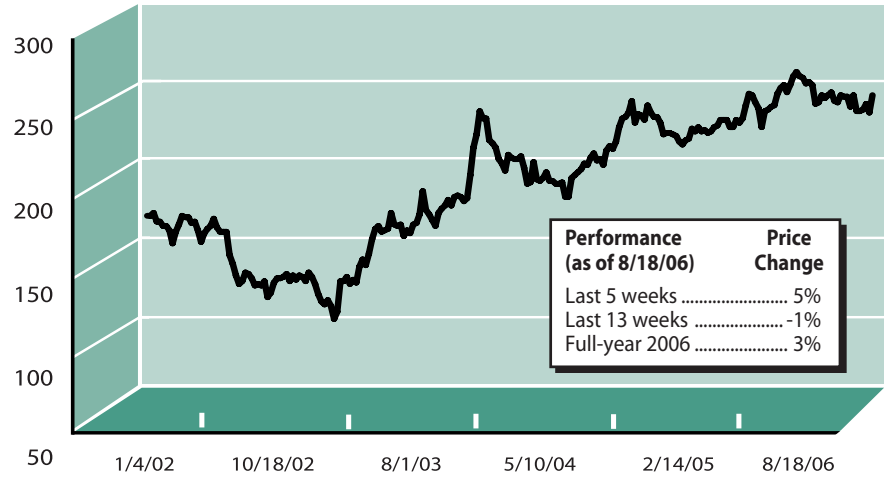


Source: *LIR*

Nipping at the heels of Genomic Health in the market for clinical breast cancer testing services is **Myriad Genetics** (Salt Lake City, UT), which was up 14% to $26.49 per share for a market cap of $1.04 billion. The company has just added the BRACAnalysis rearrangement test to its BRACAnalysis family of molecular diagnostics for breast cancer. The new test detects rare, large rearrangements of the DNA in the BRCA1 and BRCA2 genes and will be performed for women with exceptionally high risk who have tested negative for sequence mutations and the common large rearrangements already included in Myriad's test.

Additionally, Myriad's Alzheimer's disease drug candidate, Flurizan, has shown long-term improvements in patients. The company has begun enrolling participants in an 18-month Phase III trial on the drug candidate.

G-2 Laboratory Stock Index



Source: The G-2 Laboratory Stock Index is tabulated weekly by *Laboratory Industry Report* from the average percentage change in the price of 11 laboratory testing service stocks.

% price change
5 weeks ended 8/18/06

UP	Price	% Chg
Genomic Health	$13.30	19%
LabCorp	68.06	10
Medtox	9.05	4
Myriad	26.49	14
Quest	62.50	4
Psychemedics	17.45	4
Monogram	1.63	1
UNCHANGED		
Clarient	0.82	0
DOWN		
Bio-Reference	$21.88	-1%
Enzo Biochem	12.01	-2
Orchid	2.28	-3

INDUSTRY buzz

Don't miss the **24th Annual Lab Institute:** ***Making Connections Work***, September 27-30, 2006, at the Crystal Gateway Marriott, Arlington, Virginia. This year's Institute features some of the lab industry's most influential business and government leaders, including:

Thomas Mac Mahon, chairman and CEO of LabCorp, will assess the state of the United States laboratory industry and describe key issues and changes on the horizon for this $45 billion sector.

U.S. Representative **Pete Stark** (D-CA) will join American Clinical Laboratory Association President **Alan Mertz** and **Donald Levanty** of J.T. Rutherford & Associates in evaluating the key issues that labs and pathologists face on Capitol Hill, including how a turnover in House control would affect the future course of Medicare.

In all, the Lab Institute conference will feature presentations and panel discussions from more than 70 laboratory experts and government officials covering a range of key regulatory, business, and scientific issues facing the lab industry. For a complete program go to www.g2reports.com *or call 1-800-401-5937, ext. 2.*

Ronald Weinstein, M.D., head of the University of Arizona's Department of Pathology, will draw upon his experience as the chairman of UltraClinics and the director of the Arizona Telemedicine Program to discuss how telepathology can improve services to hospitals and clinics.

Digene Chairman and CEO **Evan Jones** will address the exploding market for molecular testing, including the benefits and concerns of this testing, and what they mean to labs.

References in this issue

American Clinical Laboratory Association 202-637-9466

American Society for Clinical Pathology 312-541-4999

Bio-Rad 800-224-6723

Ciphergen 888-864-3770

Genomic Health 650-556-9300

Millipore 978-715-4321

Myriad Genetics 801-584-3600

PaR Systems 651-484-7261

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 Laboratory Industry Report (ISSN 1060-5118) is published by Washington G-2 Reports, 3 Park Avenue, 30th Floor, New York, NY 10016-5902. Tel: 212-244-0360. Fax: 212-564-0465. Order line: 212-629-3679. Web site: www.g2reports.com.

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