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LABORATORY INDUSTRY REPORT®

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Vol. XI, No. 5/May 2007

HIGHLIGHTS

WASHINGTON G-2 REPORTS

Quest To Acquire AmeriPath for $2B

The nation's largest laboratory services provider, Quest Diagnostics (Lyndhurst, NJ), has agreed to acquire privately held AmeriPath (Palm Beach Gardens, FL) in a transaction valued at approximately $2 billion, which includes about $770 million in debt. AmeriPath provides services in three of the most rapidly growing segments of the clinical laboratory industry: anatomic pathology, dermapathology, and esoteric testing. The transaction is expected to close during the second quarter of this year.

With annual revenue of approximately $760 million, AmeriPath is controlled by Welsh, Carson, Anderson, and Stowe IX (New York, NY), the private equity firm that purchased a majority stake in the company in 2003 for about $840 million. Anatomic pathology represents about 75% million of AmeriPath's annual revenue, with the remaining 25% from esoteric testing via Specialty Laboratories, a hospital-focused reference laboratory that AmeriPath purchased in January 2006 for $305 million. *Continued on pg. 2*

ACLA Meeting Updates Industry Leaders On Key Policy Issues

"The Laboratory Connection" was the theme of the 12th annual meeting of the American Clinical Laboratory Association (ACLA), held April 19-20 in Washington, D.C., and the slate of industry leaders on hand touched on each component of that connection: patients, providers, and policymakers.

ACLA President Alan Mertz and Board Chairman Ronald Weiss, M.D., kicked off the meeting with the good news that S. 736, the bill to regulate laboratory-developed tests proposed by Senator Ted Kennedy, was not included in the recently approved legislative package (S. 1082) of reauthorization measures affecting pharmaceutical and medical device user fees and marketing. "We've told Kennedy's staff that we want to continue the dialogue [on this issue] and continue to talk with his staff," added Mertz, noting that the bill is still alive and well.

Mertz also focused on ACLA's priority to abolish so-called "pod" labs, contractual arrangements that allow *Continued on pg. 10*

Quest To Acquire AmeriPath, *from page 1*

Boosted by the Specialty acquisition, AmeriPath's net revenues for 2006 increased 33.5% to $752.3 million compared to $563.6 million in 2005. EBITDA for 2006 was $114.2 million compared to the previous year's $90.7 million.

AmeriPath was formed over a decade ago by a group of healthcare executives and venture capitalists who came together and began buying pathology groups across the nation. While physician practice management (PPM) companies such as MedPartners, Phycor, and Phymatrix crashed and burned, AmeriPath endured.

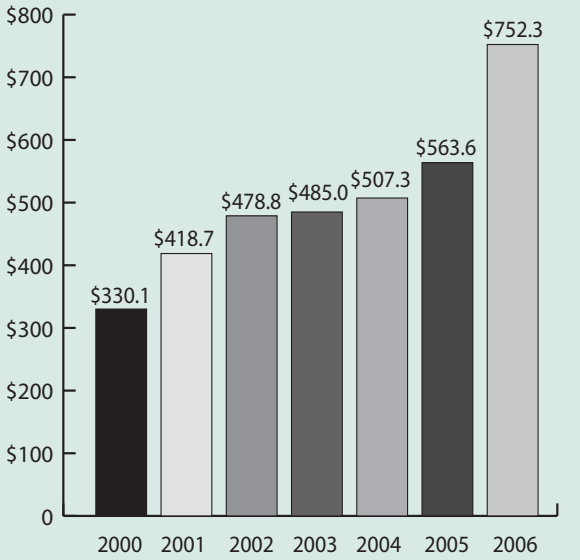
According to Jeffrey Mossler, M.D., the company's vice chairman, one of the primary reasons that AmeriPath survived was that unlike most other physician specialties, the average pathologist has time in his or her day to do more cases. As a result, there is room for a management company to add value to a pathology practice through effective sales and marketing efforts and access to managed care contracts that will bring in extra work.

"There's going to be very little integration. AmeriPath will operate much as they do today."

Since it was taken private in early 2003, AmeriPath has shifted its focus from acquiring pathology groups (spending $117 million to acquire 15 pathology groups in 1998 alone) to building up its esoteric testing business. The company has approximately 2,900 employees, including about 400 pathologists.

AmeriPath is led by Chairman and CEO Donald E. Steen, Vice Chairman Jeffrey A. Mossler, M.D., and CFO David L. Redmond. Quest expects to retain most of AmeriPath's management and no large-scale integration is planned. "There's going to be very little integration. AmeriPath will operate much as they do today," said CFO Bob Hagemann in a conference call with investors on April 16. "We have no plans to close any major facilities. We're doing this because it's a growth opportunity."

Revenue at AmeriPath ($Mil.)



Source: AmeriPath

Having recently reported a 25% reduction in diluted earnings for the first quarter as a result of the UnitedHealth contract loss and other special charges, Quest is now shifting its focus from retaining existing business to growth. The company believes that the AmeriPath acquisition will help to distinguish itself from its competitors and points to the complementary services. "Cancer diagnostics plays an important role," said Quest CEO Surya Mohapatra in discussing the rationale for the acquisition. "And we wanted to be the leader in cancer diagnostics."

Acquiring AmeriPath would also provide Quest with a backdoor to UnitedHealthcare, because AmeriPath is a contracted provider for United. "We believe that [AmeriPath and United] have a very good relationship," said Hagemann. "We expect that they'll continue to service UHC members post-closing."

Affy's Reference Laboratory Gets CLIA Certification

Microarray giant Affymetrix (Santa Clara, CA) has received Clinical Laboratory Improvement Amendments (CLIA) certification for its reference laboratory, which is located in West Sacramento, California. The 10,000-square-foot facility, known as the Affymetrix Clinical Services Laboratory (ACSL), has begun performing microarray-based molecular diagnostic testing, as well as clinical trial testing services. The laboratory opened in September 2006.

ACSL specializes in gene expression monitoring, genotyping, chromosomal copy number analysis, and other molecular diagnostic tests that use Affy's GeneChip microarray platform, which has received 510(k) clearance from the FDA and the European Union's CE mark. ACSL also prepares supporting documentation and offers training programs for customers looking to transfer the laboratory methods and apply validated protocols in their own regulated environments.

The company hopes that ACSL will facilitate broad adoption of array-based diagnostic tests, according to Noel Doheny, senior vice president of Affy's molecular diagnostics business. At press time, Affy had signed two customer agreements for ACSL services. The company, which employs 1,100 people worldwide, has shipped approximately 1,500 GeneChip systems.

Salem Hospital Lab Services Builds New Offsite Laboratory

"It was very critical in my mind that we create a highly flexible lab design. We've struggled in our current facility, really hampering our efficiency and effectiveness because of columns and walls and what used to be a pretty typical lab design, but which is far outdated now."

With any luck, Salem Hospital Regional Laboratory Services (SHRLS; Salem, OR) will move to a new home in the next 12 months. The 34,585-square-foot facility's shell is slated to be completed in July, and the lab hopes to move in around February or March of next year. Except for a rapid response lab, which will remain in the hospital, the entire laboratory, including histology and cytology, will move to the new site, about two miles from the hospital.

It has been a long process. Barbara Nelson-Whitford, administrative director of lab services, notes that there had been plans to replace the current lab facility over seven years ago. However, a change in hospital leadership resulted in a strategic reorganization, and the lab plans were scrapped. Now, however, as hospital needs change again, the new lab facility is under construction. "The real estate we have on our current campus is very limited in every direction, so as part of the strategic facility evaluation, we really looked at what the absolute critical needs were for patients on our existing campus," says Nelson-Whitford. "We're also building a new patient clinical tower, and clearly those kinds of decisions made us decide whether to chew up valuable hospital square footage for lab functions or if they could feasibly go to a different location. We decided they could."

Nelson-Whitford was directly involved in the design, as were the lab staff, managers, and pathologists. "Having gone through the process about seven years ago, we had a vision we'd created. We re-evaluated where we had left that vision and dusted it off and took it further," she says. "It was very critical in my mind that we create a highly flexible lab design. We've struggled in our current facility,

really hampering our efficiency and effectiveness because of columns and walls and what used to be a pretty typical lab design, but which is far outdated now. Flexibility was absolutely a non-negotiable design feature."

Although the facility is essentially a one-story building, it has a 5,000-square-foot second-story build-out. Tenancy for that space is still undecided. In addition to lab space, the facility will have space for infrastructure, supply storage, staff offices, a lounge, conference room, and patient service center.

Nelson-Whitford is taking this opportunity to expand services as well. "At this point we're just moving, although we're planning to bring on new services after we get settled in the lab," she says. They are looking at molecular diagnostics and additional fluorescent in situ hybridization (FISH) technologies in anatomic pathology. "We will bring in-house more testing that we're currently sending out, just because we have more space for equipment," Nelson-Whitford adds.

At A Glance

Salem Hospital Regional Health Services

Salem Hospital

Beds: 454

Laboratory Services

Annual Test Volume: 1 million

FTEs: 157

Annual Budget: Approximately $17 million

SHRLS also hopes to increase its outreach mix. Nelson-Whitford notes that their particular laboratory already has a higher percentage of the market of anatomic pathology tests than they do routine clinical tests. "We're looking at this as an opportunity to bring more tests in-house, but also as a marketing tool to hopefully bring in more outreach business and improve turnaround times."

In addition to new equipment, including a Roche Diagnostics Cobas analyzer, they are focusing on higher levels of automation, including an automated trackline for both the new lab and the rapid response lab at the main hospital. "By being able to have a once-in-a-career opportunity to start from ground zero and really look at your workflow processes and design for the future in mind," says Nelson-Whitford, "we actually were able to bring in automation we haven't had before. We're really excited about the automation and robots we can bring in."

Anatomic Pathology Feels Staffing Squeeze

For anatomic pathology (AP), the challenges go beyond reimbursement and pricing. According to a recent survey by Washington G-2 Reports, AP practices also perceive increased competition from specialty physicians. Two-thirds (66%) of survey respondents pointed to dermatologists as stepping up their competition with AP, while almost half pointed to urologists (49%) and gastroenterologists (45%).

Staffing is another significant problem in the AP world. Nearly three-quarters of the 190 AP practices surveyed reported having encountered a shortage of pathologists and technicians, and many reported that this has negatively affected their turnaround time for tests. "It's hard to recruit top pathologists, so salaries are going up, while pricing is going down," said one laboratory director. "We've also seen the shortage of histologists driving up salaries locally."

Analyzing Ordering Patterns Helps Labs Cut Costs and Minimize Waste

James Ritchie, Ph.D.

Brian Jackson, Ph.D.

The Emory Medical Laboratory, part of Emory Healthcare (Atlanta, GA), was making an effort to evaluate its laboratory send-outs and—as James Ritchie, Ph.D., the lab's associate director, says—see if we could rein things in." Right around that time, ARUP Laboratories (Salt Lake City, UT), began offering a new program to its customers. The program was called ATOP, which stands for Analyzing Test Ordering Patterns, and is a new component of its suite of integrated services.

"There is a lot of evidence out there of inefficient use of all kinds of different medical services," says Brian Jackson, M.D., medical director for informatics at ARUP. "A lot of attention has been paid to things like surgical procedures, hospital admissions, and drug prescriptions, but not as much attention historically has been paid to laboratory tests."

Jackson cites a study published in *Health Affairs* that analyzed the variations in total expenses among various medical procedures. "Overall there were about 60% higher expenditures at the more expensive centers than at the less expensive, but more interesting to me was that the laboratory costs varied even more than the other areas."

The purpose of ARUP's ATOP program is to analyze laboratory test ordering patterns to look for inefficient or inappropriate ordering. "We know that lab test ordering is driven by individual physicians, but there's not a lot of oversight," says Jackson. "Payers don't provide a lot of oversight of this compared to, for instance, the oversight given to surgical procedures. There's a lot of variation."

Case Study: Serum Drug Screening

In the course of analyzing Emory's lab ordering patterns, ARUP discovered that the single largest test request was for serum drug screens. In fact, Emory was ARUP's largest single client using the test. "We looked at that and thought it was odd," says Ritchie. "We weren't a forensic drug lab. Why was that happening?"

The answer is slightly embarrassing, although not all that hard to believe in any complex laboratory setting. Emory Healthcare has a large organ transplant program. A major component of that program is kidney transplants. "Often people who don't have functioning kidneys can't make urine, so they couldn't send urine samples," says Ritchie. "In those instances, they called down to the lab and asked if they could send a serum drug screen. I OK'd that."

And what appears to have happened was the protocols for kidney transplants were cut-and-pasted into the protocols for all organ transplants. Every single transplant patient had a serum drug screen instead of the less expensive urine drug screen. Emory responded by changing the protocols.

ATOP Objectives

- ❑ To improve patient care
- ❑ To assist clinicians in appropriately utilizing reference laboratory testing
- ❑ To enable clients to reduce laboratory expenses—if possible

"Overall, our changes to the whole program saved us around $75,000 a year."

"We met with the surgeons," says Ritchie. "They actually wanted to keep that option in for patients who could produce urine." This wasn't terribly efficient, but the lab agreed that the physicians could attempt to get a urine sample, but if they couldn't, to go ahead and draw a serum drug screen sample. "They were to request a urine form for the patient and give him or her time to provide a sample," explains Ritchie. "If we get a urine sample in the next six hours, we will just cancel the serum and only send the urine. And that's worked amazingly well."

ARUP's ATOP program also detected other anomalies in Emory's test ordering, but the blood serum drug screen was the most significant change. How significant? According to Ritchie, the changes made as a result of the program saved Emory about $75,000 per year.

Nuts & Bolts

So how does the system work? A team of ARUP pathologists and data analysts, as well as University of Utah School of Medicine faculty, analyze a client's test ordering patterns. They are looking for areas of potential over-, under-, and misuse. Costs and referral test volumes are compared and evaluated against ARUP's knowledge base of ordering issues, which draws on their database of more than eight years of archived test orders from hundreds of hospitals and laboratories nationwide.

"Simply by screening ordering volumes of different tests and looking at ratios of ordering volumes of different tests, it's possible to identify areas of inefficient testing," says Johnson. The first area of testing that they looked at was hepatitis C followed by prostate specific antigen (PSA). The program currently looks at about two dozen different disease topics. Typically, they focus on whatever the clients ask them to, rather than perform a complete analysis.

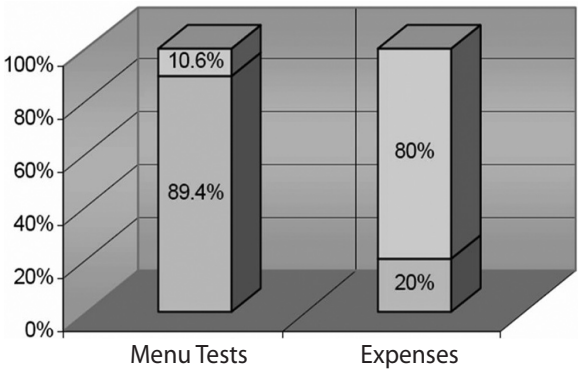
The process takes about a month. Interestingly, ARUP does not charge its largest clients for this service, although there is a fee schedule for other clients. Plans to offer the service outside the ARUP client base are not yet fully formed. "We haven't answered that question entirely," says Jackson. "We might consider a project with an outside ARUP client. Historically we haven't. We have all the data on our clients' esoteric testing. We've done some experiments on looking at our clients' internal ordering data as well, where the clients provided us with a spreadsheet of their test menu and annual volumes, and by doing that, we can do a more complete analysis."

Targets Of Opportunity

The ATOP analysis focuses on four primary categories: order volumes compared to order volumes of related tests; order volumes compared to those of other clients; result distributions; and age, sex, and/or result distribution. In addition, they will make client-specific recommendations about patient care, profitability, and efficiency.

One aspect of the analysis might be to review the top 80% of expenses in order to identify opportunities for improvement. In one example, of the 792 individual tests ordered by a laboratory in a 12-month period, only 84 of these tests (or 10.6%) were responsible for 80% of the total laboratory expenses incurred in that period.

Percentage of Menu Tests Ordered Comprising 80% of Expenses for Lab X

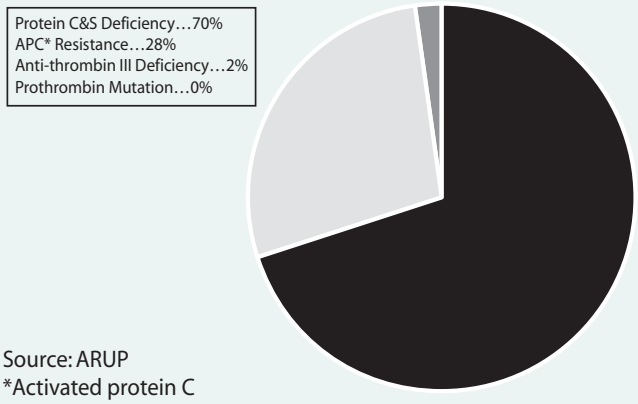


Source: ARUP

ARUP also provides the more specific example of a laboratory that was performing a number of tests for inherited thrombotic disorders. ATOP analysis demonstrated that while the prothrombin mutation, protein C and S deficiencies, and anti-thrombin III deficiency combined accounted for less than 10% of all inherited thrombotic disorders, the tests to diagnose these disorders represented 72% of the assays ordered by the laboratory in the period analyzed. By testing for APC resistance first, the analysis suggested, the laboratory's clinicians would greatly reduce the number and costs of subsequent tests.

"The role of ATOP analysis is very much a screening tool," says Jackson. "Because it's based on a limited dataset that we have, we're not linking that to clinical data or diagnoses or follow-up testing or anything like that. So we can't say with respect to any single order: that order is appropriate or not." What they can say, for example, is that this hospital is ordering five times more of a certain test than another hospital and there is no clear reason why, or that the ratio of Test A to Test B is much higher than you would expect if they were following national guidelines. "We're looking at the patterns of screening, and then it's up to our client to decide which topics to choose to follow up further," he adds.

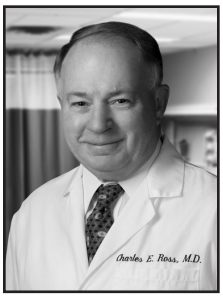
Testing for Inherited Thrombotic Disorders at Lab X



Source: ARUP
*Activated protein C

Ritchie, however, has found it so helpful he has asked for regularly scheduled reports. "What the whole process has pointed us toward is tracking our send-outs on a computerized system." Ritchie receives a quarterly report on what his laboratory is sending out and the laboratory's top 10 tests, which he then passes on to the rest of the staff broken down by lab sections. "That way we can say, 'Here are targets of opportunity to possibly bring things in-house.'"

Summa Healthcare Installs Web-Based Physician Ordering System



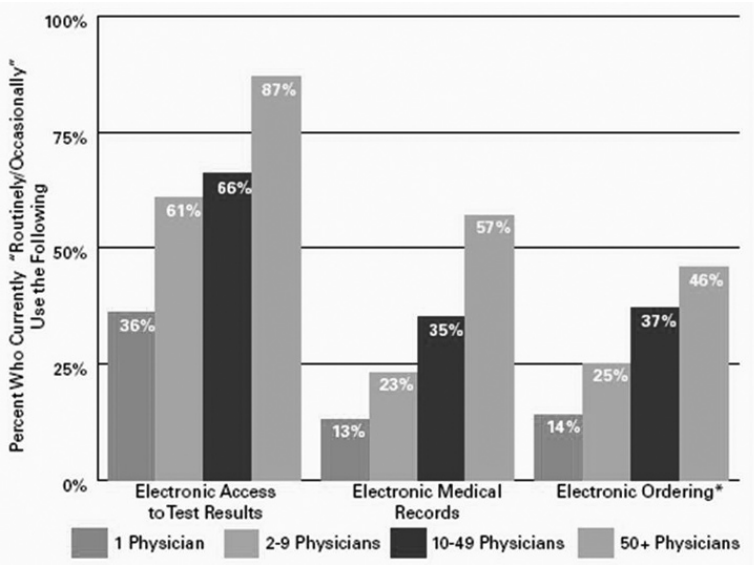
Charles Ross, M.D.

Summa Health System (Akron, OH) recently completed a total rehab of its physician order entry system, installing the Eclipsys Sunrise Clinical Manager in all three of its hospitals: Akron City, St. Thomas, and Cuyahoga Falls General. The computer physician order entry (CPOE) system allows all patient-care orders, diagnostic test results, and procedures to be reviewed electronically; notifies physicians and medical staff of potential errors, omissions, and inconsistencies; and demands corrections before the order can be submitted for fulfillment. Because it is also Internet-based, the system can be accessed from physician offices and remote locations.

In the United States, about 48% of primary care physicians routinely use electronic technology to access patients' test results, 40% use it to access patients' hospital records, 22% use it to order tests, and 20% use it to prescribe medication. According to a recent Washington G-2 Reports survey of 173 laboratory outreach programs, 34% of programs have Web-based systems for both results and order entry, while another 19% have a system for results only. An additional 28% of respondents said that they plan to implement Web connectivity within the next year.

"If you look at institutions that have completed [installation of computerized ordering and reporting systems], there are only 3% to 4% who have completed it for their entire organization," says Charles Ross, M.D., Summa Health System's chief medical information officer. "We've completed it and flung it out on the Internet so our physicians and staff are able to securely view reports and place orders if they wish."

Who's Using Web-Based Systems?



* Electronic ordering of tests, procedures, or drugs
Source: The Commonwealth Fund (2006) *A Need to Transform the U.S. Health Care System: Improving Access, Quality, and Efficiency*

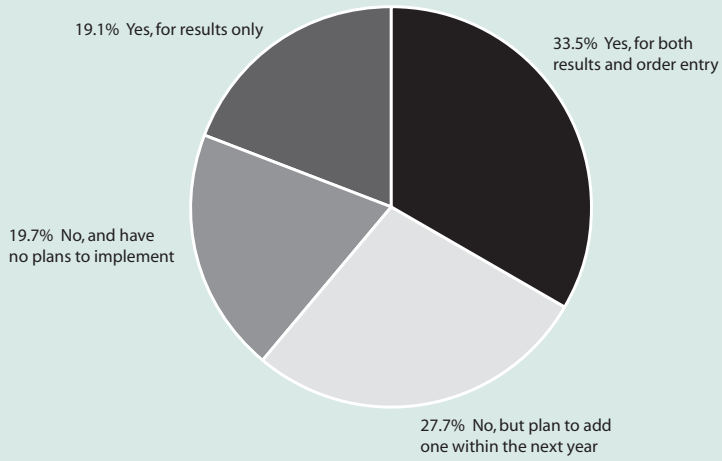
The system costs approximately $26 million and was provided by the Eclipsys Corporation (Boca Raton, FL). Summa decided they needed a CPOE in about 2003, spent a year evaluating available systems, then began implementation in mid-2005. Ross says, "It took about a year for the evaluation, and we put it in on time and actually brought it in under cost, which was important."

"The implementation of CPOE at Summa forced the laboratory to closely evaluate process flow of orders and specimens for testing," says Phyllis Barlette, director of system laboratories for Summa Health System. "This was

In addition to education programs, Summa involved the physicians in actually writing order sets for specific conditions. Representatives from each medical specialty reviewed old sets and planned new ones, which were customized, multiple-choice order sets.

a significant task, moving from no order entry and paper requisitions to physician order entry, bar-code specimens labels being printed on the nursing units, and nursing performing online documentation for specimen collection criteria." Throughout the development process, the laboratory worked closely with the nursing staff to gain a first-hand perspective on how changes in process affected lab testing requests.

Does Your Outreach Lab Use A Web Connectivity System?



Source: Washington G-2 Reports 2006 Outreach Survey, n=173

In keeping with that observation, Ross suggests that the biggest obstacle was getting physician buy-in. "It's a huge, huge change in the way physicians do things on a day-to-day basis, so obtaining physician buy-in was very important, and educating the physicians was very important." In addition to education programs, Summa involved the physicians in actually writing order sets for specific conditions. Representatives from each medical specialty reviewed old sets and planned new ones, which were customized, multiple-choice order sets.

"Moving from a paper requisition system combined with the simultaneous implementation of an automated track test system in the laboratory has had a very positive impact in the processing time from specimen collection to result," says Barlette. "The emergent request turn-around times for basic laboratory procedures have improved by nearly 20%."

At-A Glance

Summa Health System

(Akron City Hospital, St. Thomas Hospital, Cuyahoga Falls General Hospital)

Beds: 1,235

FTEs: 4,500

Laboratory System

Lab FTEs: 164

Lab PTEs: 37

Lab total employees: 201

Annual test volume: 2,100,000

Ross notes that the most positive things they are seeing—as hoped—involve safety and quality improvements. "Order sets were used on paper before we had this system, somewhere around 15% of the time, and now it's about 90% of the time," he says. "We're seeing a lot of improvement in quality issues, and on the drug safety and drug interaction levels we see a lot of benefit for that as well."

ACLA Meeting Updates Industry Leaders, *from page 1*

nonpathology clinicians and physician groups to bill for pathology services, for their own patients, in which they do not have active involvement in the pathology services. "We're hopeful that this year, we'll get regulatory action to stop these arrangements," said Mertz. Meanwhile, Congressman Pete Stark (D-CA), chairman of the Ways and Means Health Subcommittee, said that he was anticipating the Office of Inspector General's decision on pod labs.

Stark also touched on another key concern for the laboratory industry: competitive bidding. "Right now, we can all imagine the horror stories that could happen under competitive bidding," he said. "But we don't know until we read the plan." Stark also shared the crowd's frustration at the lack of communication on the part of the Centers for Medicare and Medicaid Services (CMS) on the competitive bidding demo project, while Julie Goon, special assistant to the president for economic policy in the National Economic Council, provided a more unsettling viewpoint. "My understanding is that CMS is now in the process of finalizing the operational aspects," she said of the demo project, adding that the president's new budget proposes competitive bidding for laboratory services nationwide.

Steve Gutman, M.D., director of the FDA's Office of In Vitro Diagnostic Device Safety and Evaluation, told the audience that his office is still sorting through "a very complex" set of comments on recently issued guidance documents—about 50 comments for the analyte-specific reagent (ASR) guidance and 70 to 75 for the guidance on in vitro diagnostic multivariate index assays (IVDMIAs). "A few years ago, I stopped predicting timelines," he added.

Scott Serota, president and CEO of BlueCross and BlueShield Association, assured the crowd that healthcare "will be the top agenda item for the next election." On the topic of the transition from ICD-9 to ICD-10 coding, Serota said, "We have to convince HHS to move slowly," pointing out that 2012 is the earliest that his organization could be ready for the change. "What's the next most important health IT priority?" he asked. "It's not this."

Speaking directly to ACLA's "connections" theme, Serota pointed to the relative lack of interconnection in the current healthcare system, which is often a flurry of one-way conversations between payers, providers, and patients. He predicted that the system will come to center around the patient but cautioned, "This is an evolution, not a revolution we're dealing with here."

The meeting also helped to kick off Results for Life, ACLA's new outreach campaign to raise awareness among legislators, policymakers, and the public of the value of lab testing in assuring quality patient care. "Sometimes I think that we're the Rodney Dangerfield of medicine," said Mertz of the clinical laboratory industry. "We don't get the respect we deserve, and sometimes we do not get the reimbursement we deserve." The Results for Life campaign premiered with an April 18 event at Capitol Hill that included speeches by Congressman Charlie Rangel, chairman of the House Ways and Means Committee, and former Senator Bob Dole.

ACLA's new Results for Life campaign is a 510(c)3 educational entity, which facilitates partnerships with other organizations. Among those who have signed on are Roche, Bayer, Sysmex, and the College of American Pathologists. For more information, visit **www.labresultsforlife.org**.

Lab Stocks Soars 11% Led By Medtox and Monogram

The G-2 Laboratory Stock Index rose 11% in the five weeks ended April 20, with 10 stocks up in price and one down. Year to date, the G-2 Index is up 23%, while both the Nasdaq and the S&P 500 are up 5%.

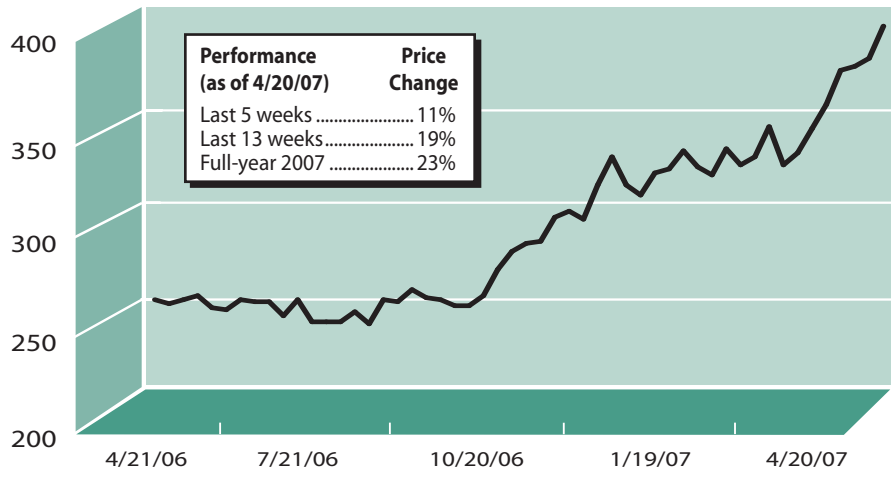
The biggest gain in the last five weeks was made by **Medtox** (St. Paul, MN), which soared 34% to $20.16 per share for a market cap of $176 million. Medtox, which provides drug-of-abuse testing and specialty laboratory services in addition to selling IVD products, recently announced stellar financial results for the first quarter of this year. Revenue for the period was up 16% to $19 million from $16.4 million for the first quarter of 2006, with laboratory services revenue reaching $15 million compared to $12.4 million and product sales increasing to $4.1 million from $3.9 million.

Monogram Biosciences (South San Francisco, CA), which performs specialized HIV testing, was up 24% to $2.31 per share for a market cap of $283 million. Thomas Weisel Partners recently initiated coverage on the company and predicts continued revenue gains for Monogram through 2008.

In the wake of announcing that it plans to acquire AmeriPath (see p. 1), **Quest Diagnostics** (Lyndhurst, NJ) reported that it expects slightly lower revenue this year as it shifts its focus from retaining existing business to growth. Profit in the first quarter fell to $105.9 million compared with $144.6 million for the same period last year, and revenue was down to $1.53 billion from $1.55 in the first quarter of 2006.

For the full year, Quest forecasts earnings of $2.75 to $2.95 per share, with revenue in the range of $6.15 billion. Last year, Quest posted earnings of $586.4 million, or $2.94 per share, on revenue of $6.27 billion. In the last five weeks, shares in the nation's largest commercial lab rose 2% to $49.97 per share.

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
4 weeks ended 4/20/07

UP	Price	% Chg
Bio-Reference	$26.78	5%
Clarient	2.36	17
Enzo Biochem	17.21	11
LabCorp	74.07	3
Medtox	20.16	34
Myriad	35.82	3
Monogram	2.31	24
Orchid	6.62	20
Psychemedics	17.85	5
Quest	49.97	2
DOWN		
Genomic Health	17.00	-1

INDUSTRY buzz

The United States market for in vitro cancer diagnostics will exceed $1 billion this year and is expected to reach $2.3 billion by 2012. What are the practical implications for clinical laboratories? Find out at "From Bench to Bedside," Washington G-2 Reports's inaugural onco-molecular diagnostics conference, which will take place from June 6 to 8 at the Sofitel San Francisco Bay Hotel and include a visit to Stanford University's new state-of-the-art clinical laboratories.

For a complete conference program and list of faculty, visit www.g2reports.com/onco-molecular. To register, call G-2's customer service department at 1-800-401-5937, ext 2.

Among the conference highlights:

- ❑ **John Weinstein, M.D., Ph.D.**, head of the National Cancer Institute's Laboratory of Molecular Pharmacology, will outline an "integromic" approach to cancer biomarkers, encompassing genomics, proteomics, and bioinformatics.
- ❑ An in-depth look at applying onco-molecular diagnostics as standard of care in the diagnosis of colorectal, lung, prostate, and breast cancers.
- ❑ Pathologists **Bruce Patterson, M.D., James Zehnder, M.D., Iris Schrijver, M.D.**, and other Stanford faculty will discuss how the university integrates with the private sector for breakthroughs in onco-molecular diagnostics and the creation of new revenue streams.

FOR
BREAKING LAB NEWS,
VISIT:
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References

ACLA 202-637-9466

Affymetrix 888-362-2447

AmeriPath 800-330-6565

ARUP 800-522-2787

Eclipsys 404-847-5000

Emory Medical Laboratory 404-712-5227

LabCorp 336-584-5171

Medtox 651-636-7466

Monogram Biosciences 650-635-1100

Quest Diagnostics 800-222-0446

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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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