

# LABORATORY INDUSTRY REPORT®

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## Lab Industry Still Growing Despite Down Economy

The overall clinical laboratory is expected to grow about 8 percent in 2010, with growth driven by esoteric testing and anatomic pathology, according to Washington G-2 Reports' *Laboratory Industry Analysis 2010*.

In 2010, esoteric testing is expected to grow by 18.5 percent, anatomic pathology by 7.6 percent, and cytology by 4.5 percent. While the lab market is expected to reach about \$65 billion by the end of this year, estimates are that the industry will grow to more than \$112 billion by 2018 for an annual compound growth rate of 7.5 percent.

For more on anticipated growth in the industry, see *Inside the Lab Industry*, pp. 5-7. 🏠

## Gap Widens in G-2's Second-Quarter Benchmarking Analysis; Most Labs Show Gains in Revenue Per Employee

The gap widened even more in Washington G-2 Reports' second-quarter benchmarking analysis, with San Diego-based Genoptix and Salt Lake City-based Myriad Genetics continuing to lead in two key benchmarking measures—revenue per full-time employee (FTE) and pretax income per FTE (see chart, on pg. 2).

### Bad-Debt Expense (%)

	Q2 2009	Q2 2010
Quest	4.4	3.8
LabCorp	5.3	5.1
Bio-Reference	13.9	15.1
Genoptix	3.0	1.5

Source: Company Filings

G-2 Reports' analysis of second-quarter data of 11 publicly traded laboratories found that Genoptix continues to far outpace the other labs in revenue per FTE at \$147,368, an increase of 7 percent over second-quarter 2009. Revenue

per FTE at Myriad Genetics was \$92,800, an increase of 9.6 percent over the same period last year. Rounding out the top three leaders in this category was Genzyme Genetics (Cambridge, Mass.), with \$73,887 in revenue per FTE, an increase of 8 percent compared to 2009's second quarter.

*Continued on page 2*



## ■ BENCHMARKING ANALYSIS, from page 1

Myriad overtook Genoptix in the second productivity measure tracked in this analysis, pretax income per FTE, at \$36,340, an increase of 71 percent over the same period last year. Pretax income at Genoptix was \$31,578, a decrease of 25 percent when compared to the second quarter of 2009. LabCorp (Burlington, N.C.), with pretax income of \$9,285 per employee, had an increase of 12 percent over the second quarter of 2009.

## Improvements on Bad Debt, DSO

*Laboratory Industry Report (LIR)* also analyzed bad-debt expense rates and days sales outstanding (DSO), two financial measures most likely to reflect the impact of a down economy on labs.

### Q2 2010 Financial Benchmarks

	Revenue (In Millions)	Full-Time Employees	Revenue/ Employees	Comparison to Q2 09	Pretax Income	Pretax Income/ Employee	Comparison to Q2 09
Quest	\$1,874.0	43,000	\$43,581	-1.9%	\$329.80	7,669	2%
LabCorp	1,238.0	28,000	44,214	4.1%	260.00	9,285	12%
Bio-Reference	110.0	1,648	66,747	13.6%	10.90	6,614	24%
Enzo-Clinical Labs	10.6	266	39,849	11.6%	-10.00	-37,593	35%
Genzyme	126.2	1,708	73,887	8.0%	-17.20	-10,070	-334%
MedTox Scientific	25.2	582	43,298	18.3%	1.60	2,749	n/a
Myriad Genetics	92.8	1,000	92,800	9.6%	36.34	36,340	71%
Psychemedics	5.4	94	57,446	38.4%	0.84	8,936	170%
Orchid Cellmark	5.7	410	38,292	6.8%	-1.10	2,682	136%
Genoptix	50.4	342	147,368	7.0%	10.80	31,578	-25%
Neogenomics	8.5	160	53,125	n/a	-0.80	5,000	n/a

Note: Myriad second quarter ended Dec. 31, 2009; Enzo Second Quarter Ended Jan. 31, 2010.

Source: Company Filings

We looked at DSO and bad-debt figures for the country's three largest full-service clinical laboratory testing providers—Quest Diagnostics (Madison, N.J.), LabCorp, and Bio-Reference (Elmwood Park, N.J.)—as well as specialty testing provider Genoptix.

Bio-Reference showed the most improvement with DSO dropping to 95 days from 104 days in the second quarter of 2009, while Genoptix stayed the same at 54 days. Quest's DSO dropped slightly to 42 from 43 days the same period last year. Second-quarter DSO for LabCorp was not available.

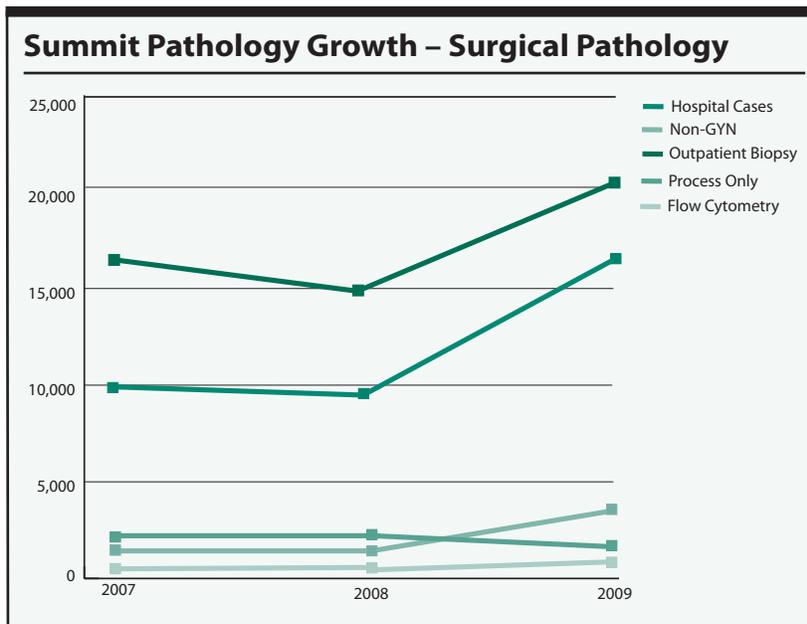
Three of the labs, Quest, LabCorp, and Genoptix, showed improvements in bad-debt expense, with Quest dropping to 3.8 percent from 4.4 percent, LabCorp dropping to 5.1 percent from 5.3 percent, and Genoptix dropping to 1.5 percent from 3 percent. Bad debt at Bio-Reference actually increased to 15.1 percent, up from 13.9 percent in the second quarter of 2009. 🏠



## Profile: Summit Pathology

### Merging Two Groups: When the Sum Is Greater Than the Parts

**W**hen Greeley Pathologists and Colorado Pathology Associates merged in 2007, the two groups had a number of hurdles to overcome. Although each served hospitals that were part of the same health system and shared a laboratory information system (LIS) owned by the health system, the groups actually had an adversarial relationship, explained Michael Walts, M.D., who discussed the merger during Washington G-2 Reports' Laboratory Outreach Conference, held June 2-4, 2010, in Baltimore.



Greeley Pathologists, a four-member group, had a contract with "Hospital A," a 398-bed facility. The group specialized in gastrointestinal, hematopathology, and blood bank and transfusion. About a quarter of its work was outreach.

Colorado Pathology Associates, a three-member group, served "Hospital B," a 132-bed facility. The group specialized in hemato-pathology and forensics. About 40 percent of this group's work was outreach. The group also operated an independent cytology lab.

At the prodding of the hospital system's senior management, which wanted a single group contract, the two pathology groups agreed to leave past disagreements behind and merge the two groups. There were partner changes in each group, however, with a partner opposed to the merger choosing to leave. Two new partners were subsequently recruited.

As part of the transition, the group negotiated with the hospital system to outsource anatomic pathology services to the new group in an independent histology lab setting. Eligible employees were transitioned to the new lab, and the group purchased all anatomic pathology equipment from the hospital. At the same time, the group decided to outsource autopsies and forensics to a different group. "The whole process was fairly lengthy and involved," explained Walts.

The new eight-member pathology group created a unified business plan focused on short- and long-term operating goals. The group came up with a new name, Summit Pathology, along with a new logo. It also named one of its pathologists as medical director of sales and outreach.

The group also named a director of client services, who was charged with obtaining and retaining the group's client base through development of the practice's



Web site, community event sponsorships, client visits, printed materials, advertising, clients tracking, and vendor partnering.

## 2008 Volumes – Summit Pathology

Hospital biopsy	7,841
Outpatient biopsy	6,442
Paps	12,442
Non-GYN	1,817

Under the new group, clients are tracked closely. Clients are divided into three categories—A, B, and C—depending on volume. A-list clients are the top 20 clients and are visited at least twice a month. B-list clients are the next tier ranked by volume and are visited about once every six weeks. C-list clients make up less than 1 percent of volume and receive visits three to four times per year. Client categorization helps the marketing representative prioritize and organize, explained Walts.

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### Keys to Success

As a merged group, Summit Pathology is more successful than either of the two pathology groups were on their own, said Walts. There were some immediate gains, such as optimization of case mix for a stable revenue cycle—40 percent hospital and 60 percent outreach. Other benefits included direct control of employee-related decisions, a stronger market presence, and enhanced bargaining power for insurance contracts.

*“We’ll continue to look at our market position and take advantage of any opportunities that come our way. We went through a lot in the last three years, but it has worked out very well for us. The sum definitely is greater than the parts.”*  
 – Michael Walts, M.D.

New branding and aggressive marketing efforts lead to increased recognition in the marketplace. The increased service area allowed for recruitment of two subspecialized pathologists, and the group was able to provide reference laboratory services for smaller area hospitals.

An unanticipated gain was the addition of two more hospitals resulting from the enhanced reputation and size of Summit Pathology, explained Walts. Both surgical pathology and cytopathology volumes grew substantially between 2007 and 2009. “Our flow cytometry business has tripled since we merged,” he said.

Summit’s new internal reporting system, which unified anatomic pathology (AP) and cytology reporting through a Web portal, now allows all clients secure, Web-based connectivity to order tests and view results. Reports can be customized, and the system generates reminder postcards and “within normal” letters. An added benefit is that claims submission times have decreased from 14 business days to four.

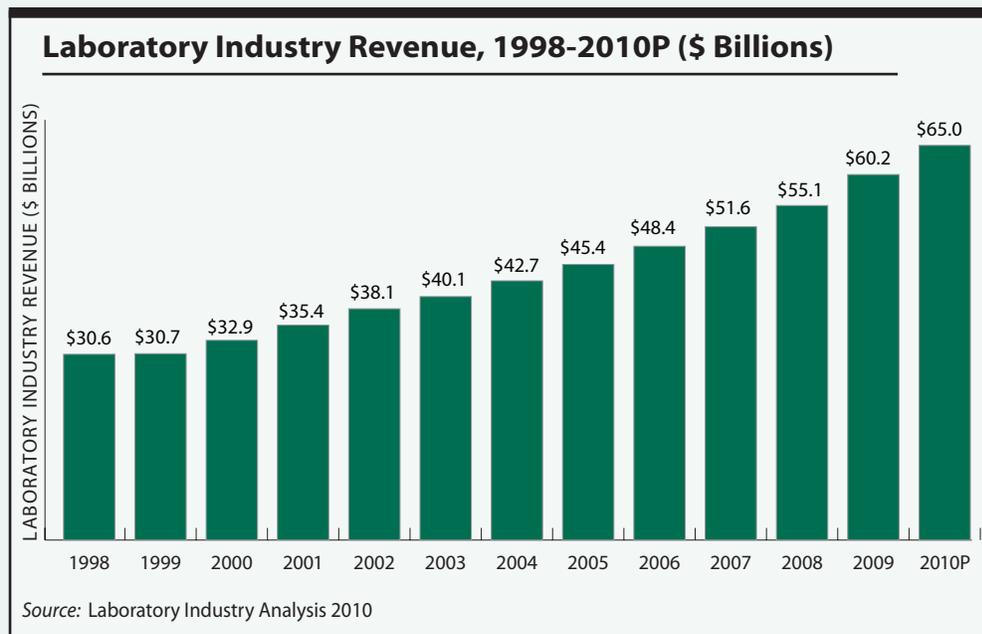
So what’s next for Summit? According to Walts, the large single-location building for AP and cytology services has room for growth. The group is planning to expand staff with a focus on pathologist assistants and additional pathologists. Summit also expects to expand services in the molecular testing area. The group already has added a vaginosis panel, which was requested by physicians.

“We’ll continue to look at our market position and take advantage of any opportunities that come our way,” said Walts. “We went through a lot in the last three years, but it has worked out very well for us. The sum definitely is greater than the parts.” 🏠

## Lab Industry Expected to Grow 8% in 2010

The U.S. clinical laboratory services market continues to grow at a steady rate, despite the poor economy in late 2008 and 2009. Data compiled by Washington G-2 Reports indicate that the lab market grew about 9.3 percent in 2009 to about \$60.2 billion. The overall clinical laboratory market will grow approximately 8 percent in 2010 to reach \$65 billion, with esoteric testing and anatomic pathology expected to be the fastest-growing segments, according to the Washington G-2 Reports' *Laboratory Industry Analysis 2010*.

From 1998 to 2000, the estimated growth rate in terms of revenue was 1 percent. Spending on clinical laboratory services accelerated beginning in 2001. In the six-year period from 2005 to the projected 2010 revenue period, the clinical laboratory services industry has demonstrated a compound annual growth rate (CAGR) of 6.2 percent.



Recent years' growth rates have been higher, driven by an increase in esoteric testing, which typically has higher reimbursement rates; consumer-driven health care; an aging population; the media saturating consumers with health-related information; and the growing value

that increased sensitivity, faster turnaround times, and broader test menus are offering to physicians. The seeds planted by the completion of the Human Genome Project are beginning to bear fruit with an increasing number of pharmacogenomics tests or so-called companion diagnostics, in which laboratory tests are used to indicate drug susceptibility in patients.

From 2005 to 2010, national estimated laboratory expenditures had a CAGR of 6.2 percent, keeping pace with the CAGR for total national health services expenditures. However, laboratory expenditures are picking up their pace, as are all areas of health care expenditures. The Centers for Medicare and Medicaid Services (CMS) projects that by the year 2018 total national health service expenditures will have risen from \$2,624.4 billion in 2010 to \$4,353.2 billion, a 10-year CAGR of 6.2 percent and an overall increase of 69.4 percent.

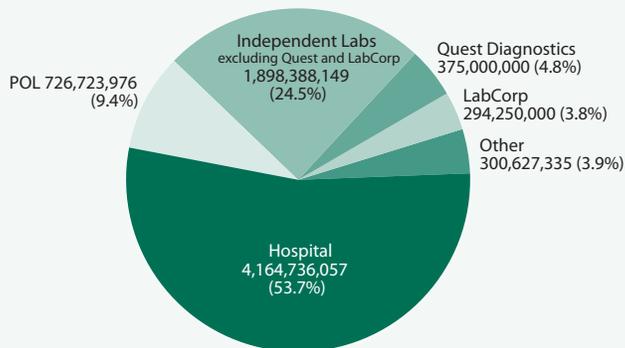
Washington G-2 Reports and CMS project laboratory testing expenditures will increase with a 10-year CAGR of 7.5 percent from \$65 billion in 2010 to \$112.2 billion in 2018, an overall increase of 72.6 percent. Laboratory expenditures as a percentage of national expenditures have remained flat at 2.3 percent but are expected to increase to 2.6 percent in 2017 as the result of an aging population and the increased use of genetic screening, companion diagnostics, and predictive testing.

## Market Share

The U.S. clinical laboratory industry is made up of four broad categories: hospital laboratories, independent laboratories, physician office laboratories (POLs), and “other” laboratories. “Other” laboratories include nursing homes, ambulatory surgery centers, public health laboratories, blood banks, and home-health agencies.

Data compiled from CMS indicate that hospital laboratories account for approximately 54 percent of the laboratory market by test volume, followed by independent labs for 33 percent, POLs for 9.4 percent, and “other” for 4 percent.

### Laboratory Market Share by Test Volume, 2009



Source: Laboratory Industry Analysis 2010

Due to test mixes and billing differences, hospital laboratories are responsible for about 61 percent of the laboratory industry market by revenue, independent labs for 34 percent, POLs for approximately 3.6 percent, and “other” for 1.3 percent. The difference in test volume versus revenue market share is caused by the ability of independent laboratories to offer a larger

percentage of high-complexity and esoteric tests, which have a higher reimbursement rate than the CLIA-waived tests that are the predominant test offering of physician office laboratories.

## Major Testing Segments

There are five broad categories or testing segments in the industry: routine testing, esoteric testing, cytology, anatomic pathology, and drugs-of-abuse testing. Some sources separate molecular diagnostic testing from esoteric testing. Typically, molecular diagnostic testing encompasses the majority of esoteric testing although there is some overlap of molecular diagnostic techniques into routine testing, cytology, and anatomic pathology. For purposes of the report, Washington G-2 Reports treats molecular diagnostics as a technique rather than as a broad category or test segment.

## Major Testing Segments in the Laboratory Industry, 2008, 2009, and 2010P (\$Billions)

	2008 Rev (Market Share)	Growth	2009 Rev (Market Share)	Growth	2010P Rev (Market Share)
Routine Testing	\$31.0 (56.3%)	8.1%	\$33.5 (55.6%)	5.0%	\$35.1 (54.0%)
Esoteric Testing	\$11.0 (20.0%)	18.1%	\$13.0 (21.6%)	18.5%	\$15.4 (23.7%)
Cytology	\$2.1 (3.8%)	4.0%	\$2.2 (3.7%)	4.5%	\$2.3 (3.5%)
Anatomic Pathology	\$9.7 (17.6%)	8.0%	\$10.5 (17.4%)	7.6%	\$11.3 (17.4%)
Drugs of Abuse	\$1.3 (2.4%)	-20%	\$1.0 (1.7%)	-10%	\$0.9 (1.4%)
Totals	\$55.1		\$60.2		\$65.0

Source: Washington G-2 Reports

In 2010, routine laboratory testing accounts for 54 percent of all laboratory tests, while esoteric testing is responsible for 23.7 percent. Anatomic pathology tests account for 17.4 percent, with cytology accounting for 3.5 percent. Drugs-of-abuse testing accounts for 1.4 percent.

An analysis of CLIA data, company records, and survey data found that routine testing has increased by 10 percent from 2006 to 2010, from \$31.9 billion to \$35.1 billion, respectively. Esoteric testing shows the greatest growth, rising 120 percent from \$7 billion in 2006 to \$15.4 billion in 2010. Anatomic pathology also shows healthy growth of 25.6 percent from 2006 (\$9 billion) to 2010 (\$11.3 billion). Drugs-of-abuse testing, however, has dropped 40.3 percent from 2006 (\$1.5 billion) to 2008 (\$0.9 billion), a victim of increased unemployment, a faltering economy, and a significant shift from non-waived to waived test kits for drug tests.

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An analysis of CLIA data, company records, and survey data found that routine testing has

## Projected Growth by Laboratory Segment, 2010P

Routine = 5.0%

Anatomic pathology = 7.6%

Esoteric = 18.5%

Cytology = 4.5%

Drugs of Abuse = -10.0%

Source: Washington G-2 Reports survey: Lab Industry Strategic Outlook 2009: Market Trends & Analysis, CMS, and company reports

Washington G-2 Reports predicts overall growth in 2010 of 8 percent for the clinical laboratory industry, to reach \$60.2 billion, driven by esoteric testing, with a predicted 18.5 percent growth rate. Anatomic pathology is expected to grow by 7.6 percent, and cytology

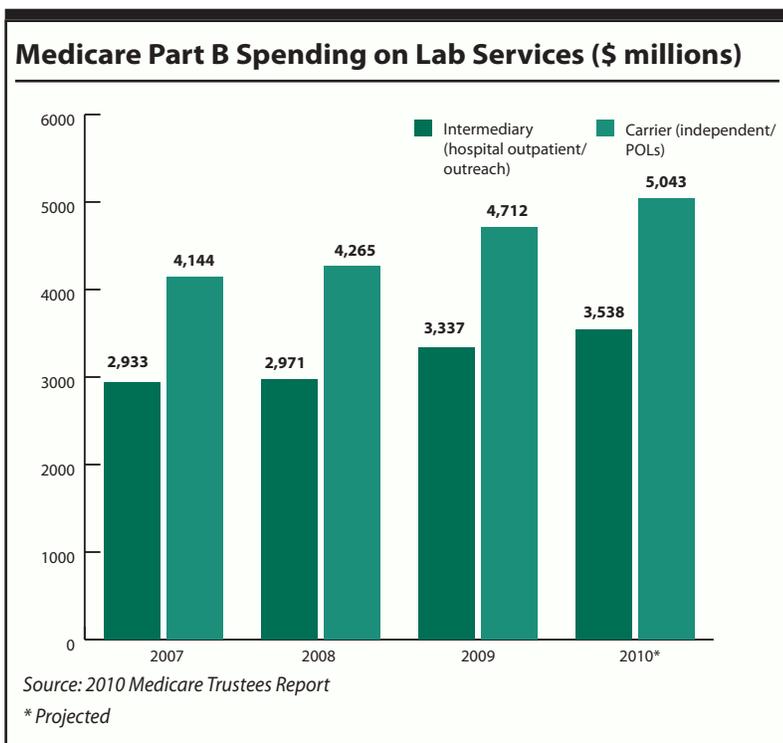
is projected to have a 4.5 percent growth rate. Routine testing, because of an increased amount of testing in an aging population, will jump back to a 5 percent growth rate, and drugs-of-abuse testing will continue to drop by about 10 percent because of a shift toward waived tests.

Note: *Lab Industry Analysis 2010* is available for purchase for \$995 (\$895 for G-2 subscribers. To order, go to [www.g2reports.com](http://www.g2reports.com). 



## Medicare Part B Lab Spending Up 11% in 2009

Medicare Part B spending on clinical laboratory services continues to increase, with 2009 spending totaling \$8.049 billion, an increase of 11 percent over the 2008 total, according to the latest data from the Centers for Medicare and Medicaid Services (CMS) *2010 Medicare Trustees Report*.



The Medicare program covered a total of 46.3 million people in 2009. Total Medicare expenditures were \$509 billion in 2009, an increase of 8.8 percent over 2008. This means that Part B spending on lab services made up about 1.6 percent of the total Medicare spending for last year.

Of the \$8.049 billion total lab spending, \$4.712 billion (59 percent) comprised spending for lab-related carrier services—which include independent and physician office labs. This is an increase of 10.5 percent over 2008. Intermediary lab-related services, which include hospital outpatient and outreach testing, comprised \$3.337 billion (41 percent). This represents an increase of 12.3 percent over the previous year.

Part B costs have been rising rapidly, having average 8.3 percent annual growth over the last five years and are likely to continue doing so, notes the report. Part B lab expenditures have increased about 5.9 percent per year. CMS projects that Part B spending on lab services will reach \$18.38 billion in 2019, an average annual increase of about 8.6 percent.

Under current law, an average annual growth rate of 4.8 percent for total Part B spending is projected for the next five years, which CMS notes is “unrealistically constrained” due to multiple years of physician fee reductions that would occur under current law, including a scheduled reduction of 23 percent for December 2010. If Congress continues to override these reductions, as it has for 2003 through November 2010, the growth rate would instead average about 8 percent.

The financial outlook for the Medicare program is substantially improved as a result of the far-reaching changes in the Patient Protection and Affordable Care Act (ACA), according to the report. “In the long range, however, much of this improvement depends on the feasibility of the ACA’s downward adjustments to future increases in Medicare prices for most categories of health care providers,” it says. 🏛️



## Aetna Files Lawsuit Against LabCorp

**H**ealth insurer Aetna has filed a lawsuit against Laboratory Corporation of America alleging unfair competition, misrepresentation, interference, breach of contract, and violation of trade secret laws. LabCorp announced the lawsuit Aug. 26 in a Form 8K filing with the Securities and Exchange Commission.

Although few details were provided in the filing, some industry analysts suspect the lawsuit is likely related to LabCorp's relationship with Aetna as an out-of-network provider and potentially continued leakage of some Aetna test volume to LabCorp. Aetna is seeking unspecified monetary damages and relief.

Aetna terminated its national contract with LabCorp effective July 1, 2007, and established Quest as its preferred network provider for a five-year period. LabCorp currently is an out-of-network provider for Aetna. 🏢

## PAML Forms Joint Venture With Providence Health

**S**pokane-based Pathology Associates Medical Laboratories (PAML) and Providence Health & Services, based in California, have entered into an agreement to create a new clinical laboratory services company serving the San Fernando and neighboring communities.

Plans call for the newly formed California Laboratory Associates (CLA) to begin business early next year and eventually to perform laboratory services throughout Southern California. CLA will perform lab work for medical practices and hospitals using the newly remodeled lab at Providence Saint Joseph Medical Center and PAML's full-service lab in Washington where more specialized testing will be conducted.

The nonprofit Providence and for-profit PAML have operated similar joint ventures in Washington, Idaho, and Utah. Providence owns a majority share of PAML. 🏢

## Sequenom Adding Genetics Lab in La Jolla for T21 Testing

**S**an Diego-based molecular diagnostics company Sequenom plans to open a genetic testing laboratory in La Jolla, Calif., later this year, just in time to start processing samples from a new clinical trial of the company's experimental test for Down syndrome in unborn babies.

According to a report in the *San Diego Union-Tribune*, the 7,000-square-foot lab is being constructed on the first floor of Sequenom's headquarters. The lab will perform validation of Sequenom's Trisomy 21 (T21) test, which looks for an overabundance of triple sequences of chromosome 21.

The lab will process 4,000 samples taken from women participating in a clinical trial of the Down syndrome tests, which examines nucleic acid from an unborn baby circulating in its mother's blood. The trial is being led by researchers at Women and Infants Hospital, the Brown University affiliate in Providence, R.I. 🏢

## Job Market for Radiologic Techs Tightening

The vacancy rate for radiographers has continued to decline in recent years and is now at 2.1 percent, according to a staffing survey recently conducted by the American Society of Radiologic Technologists (ASRT).

The vacancy rate, which represents the number of positions that are open and actively being recruited, is the lowest since the ASRT began collecting data in 2003. A vacancy rate of 2.1 percent for radiographers means that for every 100 budgeted full-time positions, an estimated 2.1 are unfilled.

### Vacancy Rates

Vacancy rates for other medical imaging disciplines and specialties also dropped between 2003 and 2010, according to the staffing survey:

- Computed tomography technologists, from 8.5 percent in 2003 to 2.6 percent in 2010;
- Magnetic resonance technologists, from 9 percent to 3.4 percent;
- Mammographers, from 7.2 percent to 1.8 percent;
- Nuclear medicine technologists, from 10.9 percent to 2.1 percent;
- Cardiovascular-interventional technologists, from 14.6 percent to 3.5 percent; and
- Sonographers, from 11.7 percent to 4.6 percent.

“Vacancy rates continue to drop year after year, signaling that the job market for radiologic technologists has tightened considerably since the profession experienced its last personnel shortage in the early 2000s,” said ASRT Vice President of Education and Research Myke Kudlas. “In radiography, for example, our staffing surveys showed vacancy rates of 10.3 percent in 2003, 7.7 percent in 2004, 5.4 percent in 2005, 4.5 percent in 2006, 3.7 percent in 2007, and 3.4 percent in 2008. The vacancy rate for 2009 was 2.5 percent, and the current rate is 2.1 percent.”

In addition, the staffing survey showed that 54.4 percent of respondents are not currently recruiting technologists for their radiology departments. A total of 1,654 managers and directors of U.S. hospital-based radiology departments or facilities responded to the survey in June 2010.

Other ASRT research shows that entering-class enrollments in radiologic science educational programs have declined each year since 2007.

Enrollments typically decrease when staffing demand is low and increase when demand is high. “This may indicate that programs are reducing enrollment numbers in response to the low vacancy rates,” said Kudlas. The enrollment research was performed in late 2009.

The ASRT performs staffing and enrollment surveys to provide data to managers, educational program directors, and prospective students so they can make informed decisions, said Kudlas. “We hope that this data is used by decisionmakers to help to flatten out the peaks and valleys in staffing levels that have occurred in the profession during the past 20 years.” 🏠



## Lab Index Loses Some Ground, Down 3% in August

The G-2 Reports' Laboratory Stock Index gave up some of July's gains in August, dropping 3 percent in the four weeks ended Aug. 27, 2010. For the year, the index is down 7 percent.

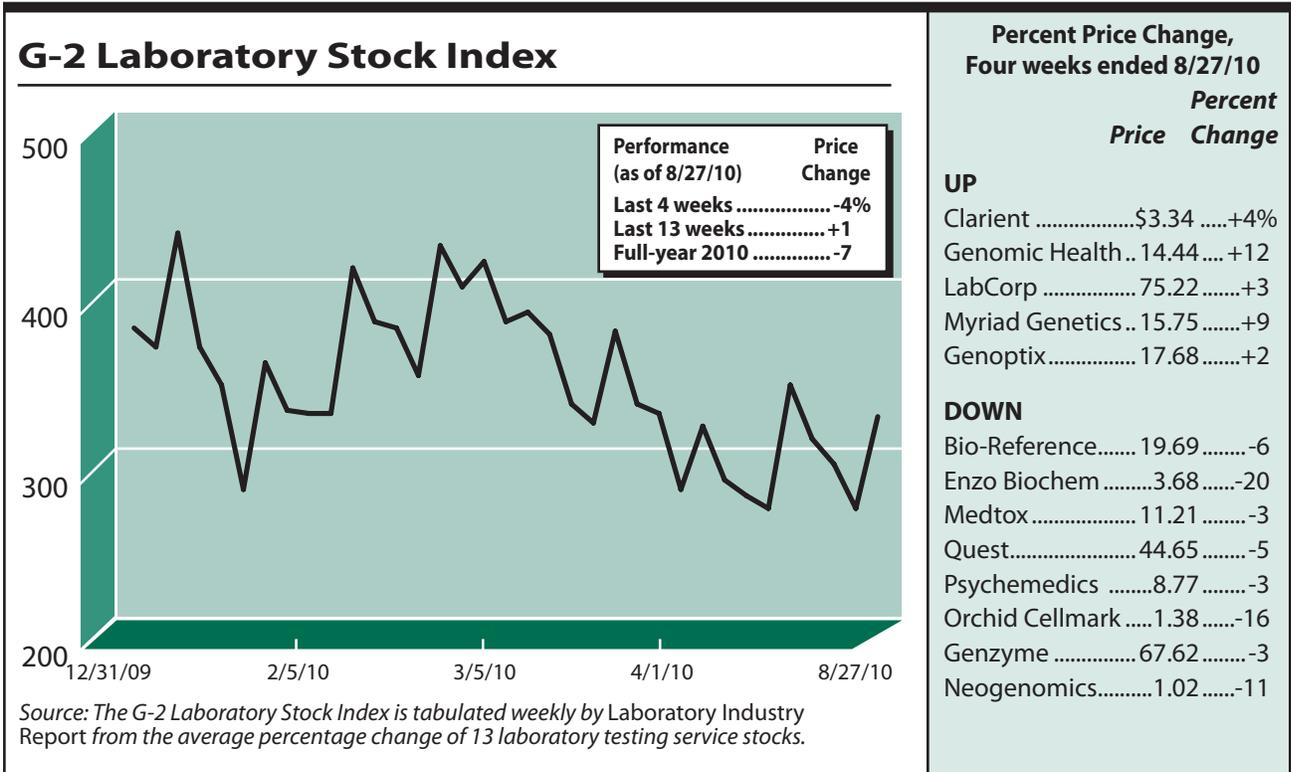
Five of the 13 publicly traded lab companies tracked by the index posted gains during the period while eight experienced declines in their share prices.

**Genomic Health** (Redwood City, Calif.) posted the biggest gain of the month after posting its first quarterly profit, with its stock price climbing 12 percent to \$14.44, giving it a market cap of \$416.2 million. The company Aug. 4 reported that total revenue increased to \$43.4 million in the second quarter of 2010 compared with \$36.6 million in the second quarter of 2009.

Shares of **Bio-Reference** fell 6 percent to \$19.69, for a market cap of \$547.67 million. The company Aug. 26 reported quarterly revenues of \$121.7 million, the best-ever quarter in company history and an increase of 25 percent over the same period in 2009. Analysts believe that weak utilization results out of other health care services companies, as well as data that suggest physician office visits continue to be depressed (particularly in the ob-gyn segment) have fueled concerns that Bio-Reference might be facing similar issues.

Shares of **Neogenomics** (Fort Myers, Fla.) fell 11 percent to \$1.02, giving the company a market cap of \$38.13 million. The company in late July reported that revenue for the second quarter increased 14 percent to \$8.5 million when compared to the same quarter last year. Test volume increased by 28 percent over the comparable period in 2009. 🏛️

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## Roche Buys Digital Pathology Firm

**S**wiss pharmaceutical giant Roche Holding AG is making its move into digital pathology with the purchase of BioImagene Inc., a privately held company based in Sunnyvale, Calif. Roche announced recently that it had signed an agreement under which Ventana Medical Systems, a member of the Roche Group, would pay \$100 million for the company, which creates high-resolution,

whole-slide digital images from glass microscope slides.

The acquisition will help cement Roche's dominant position in tissue-based cancer diagnostics, say industry analysts. Roche paid \$3.4 billion for Ventana in early 2008 and clearly is positioning itself to be a leader in digital pathology, which is still in its infancy.

"As part of the personalized health care approach, pathologists are increasingly involved in generating information with high impact on treatment decisions," said Daniel O'Day, COO of Roche Diagnostics in announcing the deal. "The increasing complexity of new tests and technologies creates tremendous need for more sophisticated tools for tissue analysis and diagnosis. BioImagene products will complement and strengthen our current offering in image analysis and information management." 🏠

### References

Aetna 860-273-1327  
 American Society of Radiologic Technologists 800-444-2778  
 Bio-Imagene 408-207-4200  
 Bio-Reference Labs 201-791-3600  
 Genoptix 760-268-6200  
 Genzyme 617-252-7500  
 LabCorp 800-334-5161  
 Myriad Genetics 801-584-3600  
 PAML 800-541-7891  
 Providence Health 818-496-4780  
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