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G2 INTELLIGENCE

LABORATORY INDUSTRY REPORT®

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HIGHLIGHTS

Quest Diagnostics' Underperformance Could Lead to Change at Top

Quest Diagnostics' (Madison, N.J.) relative underperformance compared to LabCorp (Burlington, N.C.) has become a "sore point" for investors and could ultimately lead to a change in leadership, speculate research analysts with Deutsche Bank Securities.

In a research note published in early June, the analysts say they expect Quest's board will take the company's absolute and relative performance into close consideration in the context of the CEO's impending employment contract renewal. "Based on our interactions with shareholders, it is our sense that a potential change at the top would be viewed as a potentially positive catalyst event," they write.

Since Surya Mohapatra took the helm of Quest in 2004, the company's shares have risen 36 percent versus 152 percent for LabCorp. LabCorp's outperformance since 2004 has been underpinned by better earnings per share (EPS) growth, better revenue growth, higher operating margins and free cash flow margins, and higher return on invested capital (ROIC). According to the analysts, LabCorp's performance has accelerated during the past two years and has resulted

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High Court Again Agrees to Review Patent Eligibility of Diagnostic Tests

Patent eligibility under Section 101 of the Patent Act is once again on the U.S. Supreme Court's agenda, as the high court June 20 granted a petition for writ of certiorari to review whether a patent claim involving diagnostic methods of correlating metabolite levels to drug dosage optimization is statutory subject matter (*Mayo Collaborative Services v. Prometheus Laboratories Inc.*, U.S., No. 10-1150).

At issue is the Dec. 17, 2010, holding by the U.S. Court of Appeals for the Federal Circuit that claimed methods for calibrating the proper dosage of a drug for treating autoimmune diseases are patent-eligible (*Prometheus Laboratories Inc. v. Mayo Collaborative Services*, 628 F.3d 1347 (Fed. Cir. 2010).

Petitioner Mayo Collaborative Services argued that the Supreme Court effectively has unfinished business, as it not only rejected the opportunity

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Quest Diagnostics' Underperformance, *from page 1*

Quest vs. LabCorp: Key Comparisons

	Quest	LabCorp
Stock price performance:		
1-year	13.3%	34.4%
2-year	10.6%	62.9%
5-year	2.8%	68.4%
10-year	76.5%	171.9%
Stock performance since May 2004	36.0%	152.3%
Forward P/E valuation		
Current	12.0x	13.9x
10-year average	17.0x	16.5x
Average since May 2004	15.6x	15.8x
Financial efficiency (DB 2011E)		
Operating margin	17.7%	19.8%
Free cash flow margin (ex. acquisitions)	11.1%	15.0%
ROE	20.1%	28.4%
ROIC	9.5%	12.3%
CAGR since 2004 to 2011E		
Revenue	5.9%	9.0%
Operating income	6.0%	9.4%
EPS	9.8%	14.1%

Source: Deutsche Bank

in one of the widest valuation gaps these two companies have seen during the past 10 years.

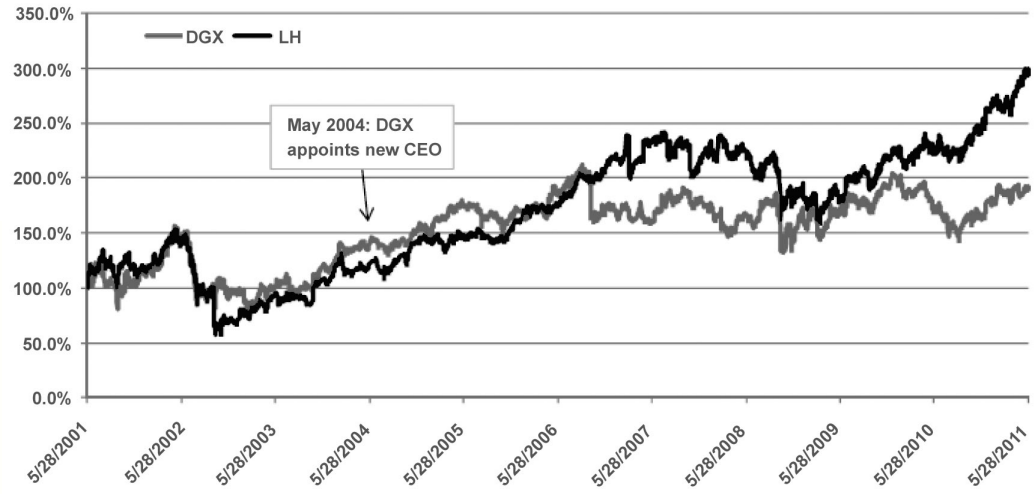
"In fact, LH shares actually traded at a discount for most of the past 10 years, and virtually the entire time leading up to DGX's current CEO taking the helm," they write.

CEO Contract Up for Renewal

Mohapatra's employment contract term is through Dec. 31, 2011, and includes automatic renewals with successive one-year terms thereafter. The contract includes a six-month written notice of nonrenewal, which means that July 1 would be the earliest that a change would potentially be revealed.

"In our view, this contract renewal process could be a real catalyst for [Quest] since there is a growing consensus view among investors that operating performance could be enhanced

Quest vs. LabCorp: Share Price Comparison



Source: Deutsche Bank

with new leadership," the analysts write. "Furthermore, given the CEO is near retirement age (61), it seems possible that a succession or change is being contemplated anyway."

Share Price Comparison

A comparison of Quest's and LabCorp's share price during the past 10 years shows a dramatic performance gap that has especially widened during the past several years due to LabCorp's ability to compound gains with better growth, according to Deutsche Bank. Since May 31, 2001, Quest shares have underperformed LabCorp shares by 116 percentage points with LabCorp outperforming Quest more than fourfold.

Over the past 24 months, Quest's shares have returned 11 percent versus 63 percent for LabCorp's, and year-to-date the trend has continued with LabCorp up 15 percent through the end of May versus Quest being up 8 percent. On a five-year basis relative to the S&P 500 (up 5.9 percent for the five years through the end of May), Quest returned 5 percent versus LabCorp's 70 percent. These figures exclude dividends, which would add roughly 100 basis points per annum to Quest's total return on a compounded basis since initiating a dividend policy in 2004. Quest's current dividend yield is 0.7 percent.

Solstas Lab Partners Lands Equity Investment

Solstas Lab Partners (Greensboro, N.C.) has closed an investment by Ascension Health Ventures (AHV), a leading health care venture fund. The amount of the investment was not disclosed.

AHV joins Carilion Clinic, Novant Health System, and Wellmont Health System as minority investors. Welsh, Carson, Anderson & Stowe, a private investment firm based in New York City, retains majority ownership in the company.

Solstas Lab Partners, formed in 2010 through the merger of Spectrum Labs and Carilion Labs, is one of the 10 largest full-service laboratories in the United States, with revenues of more than $350 million.

The investment will provide Solstas with capital for growth, according to Bud Thompson, executive vice president. "Our strategic goal is to assist health systems [to] develop appropriate laboratory solutions for their market to support growth, while at the same time focusing on supporting providers to improve their quality of patient care. This investment allows us to meet of these important goals."

LabCorp to Expand Clinical Trials Business With Acquisition of Clearstone Central Labs

LabCorp's recently announced acquisition of Clearstone Central Laboratories, a global provider of central laboratory services for late-stage clinical trials, will allow the company to expand its existing clinical trials business into other countries.

"This acquisition fully combines the complimentary strengths of the Clearstone and LabCorp clinical trials business to support drug development," says David King, chairman and CEO of LabCorp, based in Burlington, N.C. "This transaction is an important milestone as it extends our global footprint and service capabilities

in key geographies, such as Asia Pacific, and advances the company's companion diagnostics and personalized medicine strategy."

Clearstone has 500 employees and operates five global sites in Canada, China, France, Germany, and Singapore. Deutsche Bank estimates that the company has annual revenues of approximately $75 million to $100 million. Terms of the acquisition were not disclosed. The transaction is expected to close in the second quarter.

The agreement provides LabCorp with Clearstone's global network of central laboratories and clinical trials management system, APOLLO CLPM, which provides clients with real-time access to global data, strengthened chain of custody, automated sample stability monitoring, and guaranteed consistency across all lab sties. According to LabCorp, the combined entity will have the largest available biomarker assay portfolio with globally harmonized and state-of-the-art testing platforms in areas such as pharmacogenomics, microbiology, immunohistochemistry, allergy testing, cytogenetics, and flow cytometry.

CMS to Review Lab Test Pricing, Genetic Test Codes

The Centers for Medicare and Medicaid Services (CMS) will hold a public meeting on July 18 at its Baltimore headquarters to hear recommendations on setting Medicare payment rates for new clinical laboratory codes to be added to the Part B lab fee schedule in 2012.

It will also air requests to reconsider the agency's pricing of five codes on the Part B clinical lab fee schedule.

For 2012 there are two new CPT codes—one in immunology used to detect human bladder cancer, the other in microbiology used to detect HIV-1 antigen and HIV-1 and HIV-2 antibodies.

Immediately after the public forum on lab test pricing, CMS will convene a special session to discuss how the agency should handle new genetic test codes approved by the CPT Editorial Panel. This has fueled industry speculation that the agency might not implement all the codes on Jan. 1, 2012 (when they take effect for CPT purposes) to allow time for public input.

There are 101 new molecular pathology codes classified in two tiers: 92 analyte-specific codes in Tier 1 for high-volume procedures and nine resource-level codes in Tier 2 for low-volume procedures.

The agency emphasized that while it is not accepting payment recommendations for these codes at this time, it wants input on how they should be addressed going forward:

- ❏ Their assignment to the clinical lab fee schedule or the physician fee schedule;
- ❏ Current CPT codes used to reflect test steps; and
- ❏ How various genetic tests are similar to or different from existing lab tests.

The codes for the CMS information session are available online at *www.cms.gov/ClinicalLabFeeSched/*. Click on Laboratory Public Meetings.

Inside The Lab Industry

Hospital Outreach Programs Outperforming National Labs, Though Room for Improvement Remains

Hospital outreach labs continue to outperform both Quest Diagnostics (Madison, N.J.) and LabCorp (Burlington, N.C.) in several key areas, including revenue per requisition, volume growth, revenue growth, and profitability, according to the 10th Annual National Outreach Survey conducted by Chi Solutions (Ann Arbor, Mich.). Chi CEO Kathleen Murphy presented the results June 16 at Laboratory Outreach 2011 (Las Vegas), co-sponsored by G2 Intelligence and Chi Solutions (*www.chisolutionsinc.com*).

Outreach labs responding to the Chi Survey reported median and average revenue per requisition of $51.30 and $64.24, respectively, more than Quest's average of $44.87 and LabCorp's average of $41.82. Volume growth of 11.3 percent and revenue growth of 5 percent also handily beat the national labs' single-digit growth (*see chart*).

Analysis of data from 128 respondents to the survey showed that those labs boasted a median profitability, measured as contribution margin, of 20 percent. In comparison, Quest reported profitability of 9.8 percent in 2010 while LabCorp reported profitability of 11.2 percent.

Outreach Labs vs. National Labs

	Outreach Program*	Quest Diagnostics	LabCorp
Revenue per Requisition	$51.30	$44.87	$41.82
Volume Growth**	11.3%	-1.0%	0.2%
Revenue Growth**	5.0%	-1.2%	3.5%
Profitability***	20.0%	9.8%	11.2%
Bad Debt	4.6%	4.0%	4.8%
DSO	50 days	42 days	43 days

* Outreach numbers reported as median.
** Year-over-year increase excluding acquisitions.
*** Measured as contribution margin or after-tax profit.

Source: 10th Annual National Outreach Survey, Chi Solutions, www.chisolutionsinc.com

How is it possible that lab outreach programs' revenue and profitability are so much higher than the national labs'? According to Murphy, the median revenue per requisition for outreach programs is calculated based on an assumption of 3.0 tests per requisition and a per-test revenue of $16.37. Outreach programs that bill under the hospital's provider number have a distinct advantage over independent laboratories, she says. They have a higher fee schedule, and some payers reimburse on a percentage-of-charges basis rather than a predetermined fee schedule. This gives hospital-based programs a significant advantage.

In addition, profitability for the independent laboratories is reported as after-tax profit while the figure for outreach programs represents contribution margin (or gross profit). Hospital laboratories already have existing facilities, staff, and equipment to support hospital inpatients and outpatient services. This infrastructure is leveraged to produce additional testing and revenue.

'Typical' Outreach Program		
	Average	Median
Net Revenue	$9.4 million	$3.2 million
Revenue per Test	$24.15	$16.37
Revenue per Requisition	$64.24	$51.30
Revenue Growth	2.0%	5.0%
Profitability*	20.0%	20.0%
Bad Debt	5.7%	4.6%
DSO	50 days	50 days
Billing	12.2% outsourced	
Competitive Problems	IT, pricing, lack of dedicated sales staff/marketing plan	
* Measured as contribution margin		
Source: 10th Annual National Outreach Survey, Chi Solutions, www.chisolutionsinc.com		

The costs associated with the outreach program include only the new incremental costs associated with provision of outreach services. Therefore, outreach programs are more profitable because overhead and taxes are excluded, explains Murphy.

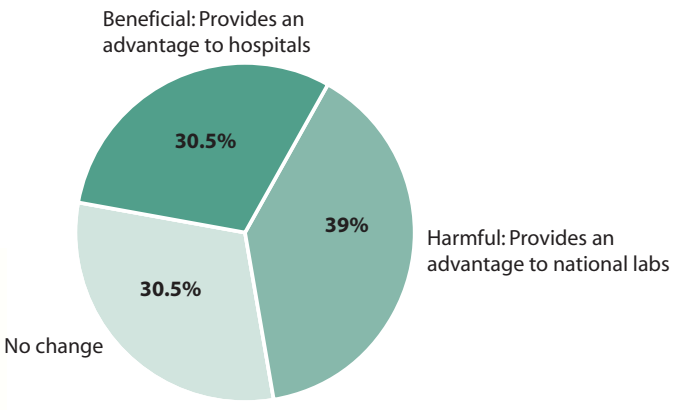
Top Five Trends

Based on the survey analysis, Murphy identified five key trends in the lab outreach market (listed in reverse order).

Trend 5: Mergers and Acquisitions Increasing. Last year (2010) was the most active year for lab acquisitions in the past 10 years, according to Haverford Health Advisors, Paoli, Pa. Of the outreach labs responding to the Chi survey, 19.8 percent said they have been approached to sell, 11.5 percent say they are contemplating an acquisition, and 9.3 percent say they believe there is a likelihood their lab will be sold.

Trend 4: Experimenting With Sales Models. When asked to identify the primary weakness in their outreach programs, a significant number of respondents listed sales- and marketing-related issues as the main problems. In fact, sales and marketing came up three times in the top five weaknesses, with 48.5 percent citing no dedicated sales staff, 41.4 percent listing mediocre sales capability, and 30.3 percent saying there is no marketing plan in place. Almost a third (31.9 percent) of respondents say lab outreach is marketed along with other services. While diagnostic imaging is the primary service that is comarketed, survey respondents also reported comarketing of cardiology, physical therapy, occupational health, and pharmacy. Since 2006, the trend appears to be moving away from imaging and toward other services, notes Murphy, who says such comarketing has advantages as long as lab sales are not diluted.

Perceived Impact of Health Care Reform and Accountable Care Organizations

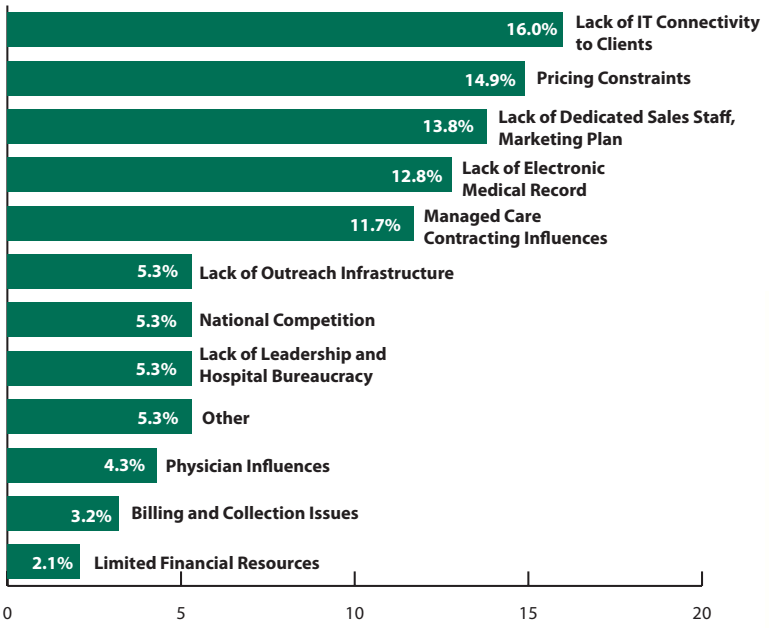


Source: 10th Annual National Outreach Survey, Chi Solutions, www.chisolutionsinc.com

Trend 3: Profitability Being Squeezed? Outreach labs' median profitability of 20 percent

is actually at the lower end of the historical range of 20 percent to 30 percent, according to Murphy. Median profitability has been relatively steady for the last seven years at about 20 percent while the average seems to be going down (19.9 percent in 2010, 15 percent in 2009). "This is a trend worth watching, especially with health care reform looming," she says.

Biggest Competitive Problems



Source: 10th Annual National Outreach Survey, Chi Solutions, www.chisolutionsinc.com

Trend 2: Management by Braille. Cited as the top trend last year, management by braille refers to the fact that many hospitals don't really know how their outreach labs are performing. Most programs lack information for routine performance metrics. For example, only 16.5 percent of respondents say they know the write-off percentage for their organization, only 20.7 percent are confident that they are collecting everything they can, and only 26.9 percent report that they are benchmarked against other organizations with comparable outreach volume. Overall, only 34.1 percent of respondents say they have the information, management reports, and key performance indicators to manage their outreach business.

"Today, many [outreach labs] are forced to manage by intuition—to feel their way—because they lack actionable information," notes Murphy.

Trend 1: Gaining Against the National Labs. Despite this lack of key performance indicators, outreach programs and regional labs are slowly gaining against the national labs, says Murphy. Fewer than 12 percent of those responding to the survey report that they are losing share to the national labs, while the vast majority of respondents are either holding their own or gaining against the national labs.

"We are in a disruptive environment," explains Murphy. "Sales models are evolving, profitability may be constrained despite higher net revenue per test, and lab executives are trying to manage multimillion-dollar businesses without even the most basic financial and operational information. Despite all this, outreach is thriving. Imagine the potential [if outreach programs were run like a true competitive business]."

■ **Patent Eligibility of Diagnostic Tests**, *from page 1*
to comment on the instant case when it addressed Section 101 in *Bilski v. Kappos*, 129 S. Ct. 2735 (2010), but it also left similar issues unresolved in *Laboratory Corporation of America Holdings d/b/a LabCorp. v. Metabolite Laboratories Inc.*, in which the court first granted certiorari and then determined—with a vigorous three-justice dissent—that it was improvidently granted (548 U.S. 124 (2006)).

Review was denied, however, in two other cases watched by the patent community. *L-3 v. Honeywell* involved a challenge to the invalidity evidence standard that the court resolved by a June 9 ruling in another case. *Applera v. Enzo* challenged a Federal Circuit opinion on biotechnology patent claim indefiniteness.

Patent for Measurement of Metabolite Levels

Prometheus Laboratories Inc. is the exclusive licensee of two patents (6,355,623 and 6,680,302) that involve measuring the level of certain metabolites in the blood of patients taking thiopurine drugs, including the anti-Crohn's disease drug azathioprine, for treatment of autoimmune diseases.

The patented test is claimed as methods providing a means to measure the level of two metabolites, whereby metabolite levels greater than certain threshold levels of either one provide a "warning" of toxicity or inefficacy and indicate that an adjustment in drug dosage may be required. The claims at issue do not include a step for further action by the physician.

Prometheus brought a patent infringement suit against Mayo, alleging that Mayo's tests measuring the same metabolites infringe the patents.

The Federal Circuit in a 2009 ruling overturned a lower court's finding of patent ineligibility. The court applied its then-definitive "machine-or-transformation" test, determining that the claims met the transformation prong of the test. The high court's *Bilski* decision, however, declared the machine-or-transformation test to be a valuable tool but not determinative.

A day after *Bilski*, the Supreme Court granted certiorari in *Prometheus*, vacated the appellate court's panel decision, and remanded the case to the Federal Circuit for reconsideration in light of the *Bilski* decision.

Federal Circuit Finds Patent Eligibility Post-*Bilski*

On remand, a reconstituted Federal Circuit panel Dec. 17, 2010, again upheld the patentability of the disputed claims. The court used the test as an investigative tool, as the high court had allowed in *Bilski*, and again held that the claims asserted passed the transformation prong of the test. The court did not end its analysis there, though, as it further concluded that the asserted claims did not preempt all uses of the correlations between the results of the diagnostic tests and the toxicity and efficacy of the drug dosage, that the testing steps were not mere data gathering, and that a final "warning" step requiring no physical action by a physician did not negate patent eligibility.

The question presented in Mayo's March 17 certiorari petition was "Whether 35 U.S.C. §101 is satisfied by a patent claim that covers observed correlations between

blood test results and patient health, so that the claim effectively preempts all uses of the naturally occurring correlations, simply because well-known methods used to administer prescription drugs and test blood may involve 'transformations' of body chemistry."

The Public Patent Foundation and the AARP Foundation filed an amicus brief April 20 supporting the petitioner, as did a collection of medical associations led by the American College of Medical Genetics.

Stephen M. Shapiro, of Mayer Brown, Chicago, represents Mayo. Prometheus is represented by Richard P. Bress, of Latham & Watkins, Washington, D.C.

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Review Denied in Two Other Cases

The court followed the suggestion of the solicitor general and denied review in a Section 112 case on biotechnology patent claim indefiniteness (*Applera Corp. v. Enzo Biochem Inc.*, U.S., No. 10-426).

Petitioner Applera Corp. contended that by rejecting patent validity challenges unless the claim language is "insolubly ambiguous," the Federal Circuit has employed a "toothless standard" for weighing the indefiniteness of patent claims.

The solicitor general responded that phrases like "insolubly ambiguous" are simply the court's shorthand expression for "principles that are well grounded in [the Supreme Court's] Section 112 jurisprudence."

Applera further lambasted the appeals court for devising a standard different from that of the Patent and Trademark Office, but the solicitor general rebutted by saying that the differing standards stem from "the distinct roles that the PTO and the courts play in the patent system."

The high court also denied review in Honeywell International Inc.'s challenge to the standard for invalidating a patent for obviousness in light of the recent *Microsoft v. i4i* decision (*L-3 Communications Corp. v. Honeywell International Inc.*, U.S., No. 10-491).

Honeywell appealed the Federal Circuit's 2-1 ruling overturning the judgment of the Court of Federal Claims in its action against the military's use of a patent under the Invention Secrecy Act (*Honeywell International Inc. v. United States*, 596 F.3d 800, withdrawn; 609 F.3d 1292 (Fed. Cir. 2010)). The petition had asked the court to rule on whether a party seeking invalidation of a patent for obviousness must prove invalidity by clear and convincing evidence or by the lower preponderance of the evidence standard.

The court upheld the clear and convincing standard June 9 in *Microsoft Corp. v. i4i L.P.*, No. 10-290 (U.S. 2011).

MedPAC Recommends Prior Authorization For Ancillary Imaging Services

A June 15 report to Congress from the Medicare Payment Advisory Commission (MedPAC) recommended creating a prior notification and authorization program for providers who order a significantly higher volume of in-office advanced diagnostic imaging services than their peers.

The recommendation, and three others related to in-office ancillary services, were approved by MedPAC during an April 7 meeting and have drawn criticism from industry and patient groups. The Medical Imaging and Technology Alliance (MITA), for example, urged Congress to reject all recommendations in a June 15 statement.

The June report said, "Rapid volume growth contributes to Medicare's growing financial burden on taxpayers and beneficiaries, leads to concerns about the accuracy of physician fee schedule payment rates, and raises questions about inappropriate use."

While the physician self-referral law, or Stark law, prohibits referrals of Medicare and Medicaid patients to entities with which physicians or their immediate family members have a financial relation, an in-office ancillary services exception allows physicians to provide certain services in their offices that otherwise would be prohibited, including imaging, clinical laboratory tests, physical therapy, and radiation therapy.

The two-stage prior notification and authorization program, which MedPAC recommended that the Centers for Medicare and Medicaid Services (CMS) create, would first compare providers with high imaging use against evidence-based clinical guidelines and would offer providers information on appropriate imaging use. The second stage would require providers using imaging services inappropriately to participate in a prior authorization program.

In addition to reducing the volume of inappropriate imaging services, the program would reduce patient exposure to unnecessary radiation and would reduce Medicare Part B premiums and cost sharing, the report said. MedPAC said that due to CMS's limited resources, the program would be confined to advanced imaging services that accounted for high levels of spending and volume.

The MedPAC report is at http://www.medpac.gov/documents/Jun11_EntireReport.pdf.

Since it is unclear if CMS has the statutory authority to create a prior notification and authorization program, MedPAC recommended that Congress pass legislation giving CMS the authority to do so. Any legislation should also allow the program to expand to other ancillary services that have high volumes, such as physical therapy and radiation therapy, the report said.

Providing in-office ancillary services may help improve patient treatment and convenience, but "there is strong evidence that physicians who own imaging equipment generate more service volume," the report said. "In addition, several types of imaging are usually not provided on the same day as an office visit, which raises questions about patient convenience."

Lab Index Falls 7% in Six Weeks, Pulled Down by Market Woes

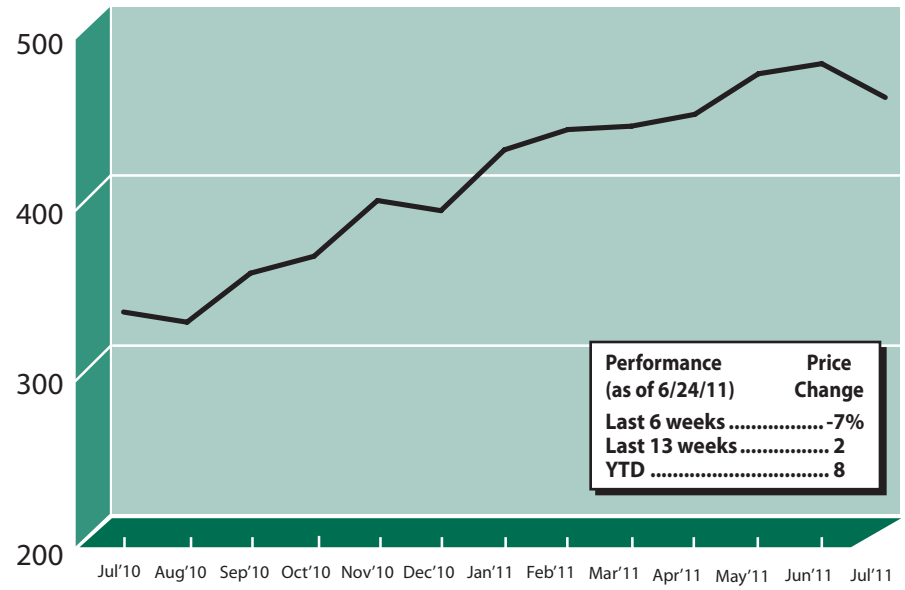
The G2 Intelligence Laboratory Stock Index fell 7 percent in the six weeks ended June 24, 2011, with two stocks gaining in price and eight stocks declining. Since the beginning of the year, the index is up 8 percent. In comparison, the Nasdaq is flat for the year, having given back its earlier gains, and the S&P 500 is up only about 1 percent.

Shares of **Bio-Reference Laboratories** (Elmwood Park, N.J.) fell 18 percent to $20.60, possibly due to shareholders cashing in on recent gain. The company in late May reported second-quarter revenues of $137,658, the best-ever quarter in corporate history and an increase of 25 percent over revenues for the same quarter in 2010. Operating income for the quarter was $13,313, an increase of 23 percent over the same period last year. Gross profit on revenues was $65,639, resulting in a margin of 48 percent, a 22 percent improvement over the same quarter in 2010.

Myriad Genetics (Salt Lake City) shares fell 7 percent to $22.52 after analysts said Medicare is unlikely to increase reimbursement rates for the company's BRACAnalysis test next year. The company gets almost all of its revenue from BRACAnalysis. Revenue from the test totaled $89.2 million in the fourth quarter. The company bills Medicare $3,340 for each BRACAnalysis test.

Shares of **Enzo Biochem** (New York City) dropped 3 percent to $3.89. The company hailed a recent Supreme Court decision not to hear an appeal by Life Technologies Corp., letting Enzo press ahead with a patent infringement suit over a way to detect genetic sequences and diagnose human disease, including cancer. The justices left intact a federal court ruling that revived two Enzo patents invalidated by a trial court. G2

G2 Laboratory Stock Index



Source: The G2 Laboratory Stock Index is tabulated weekly by Laboratory Industry Report *from the average percentage change of 10 laboratory testing service stocks.*

Percent Price Change, Six weeks ended 6/24/2011

	Price	Percent Change
UP		
Genomic Health	$28.37	+6
Quest Diagnostics	59.41	+4
DOWN		
Bio-Reference Laboratories	20.60	-18
Enzo Biochem	3.89	-3
LabCorp	94.51	-5
Medtox	16.05	-3
Myriad Genetics	22.52	-7
Psychemedics	9.74	-11
Orchid Cellmark	2.75	-1
Neogenomics	1.31	-11

INDUSTRY BUZZ

Lab Copay Getting Another Look

As Congress considers more Medicare spending cuts, one option getting serious attention is to shift some costs to beneficiaries by applying a uniform 20 percent copay for all covered services, including clinical laboratory testing, which has been exempt from any cost sharing since the lab fee schedule was established in 1984.

In response, members of the Clinical Laboratory Coalition are mobilizing their constituencies to persuade lawmakers that imposing a lab copay is a bad idea, not only because it hikes out-of-pocket expenses for beneficiaries and may cause many to shun advanced diagnostics, but also because in most cases the amount the lab must collect is far less than what it costs the lab to collect. Of immediate concern are the bipartisan negotiations over raising the debt ceiling coupled most likely with Medicare spending cuts. Though the talks are secret, an across-the-board copay reportedly is on the table as part of elements of a deficit-reduction plan.

"It's time for the lab industry to be vocal in opposition to the lab copay idea," says Mark Birenbaum, head of the American Association of Bioanalysts and the National Independent Laboratory Association. Even if the idea does not survive final budget talks, there is always a real possibility it may appear in other legislation down the road, he said.

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Bio-Reference Laboratories
201-791-3600

Chi Solutions Inc. 800-860-5454

Clearstone Central Laboratories
905-206-8887

Deutsche Bank 212-250-2500

Enzo Biochem 212-583-0100

LabCorp 336-436-5274

Mayo Collaborative Services
507-284-4293

MedPAC 202-220-3700

Myriad Genetics 801-584-3600

National Independent
Laboratory Association
314-241-1445

Prometheus Laboratories
888-423-5227

Quest Diagnostics 800-222-0446

Solstas Lab Partners 540-855-9506

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