



Diagnostic Testing and Technology Report

Competitive Intelligence & Analysis for an Expanding Global Market

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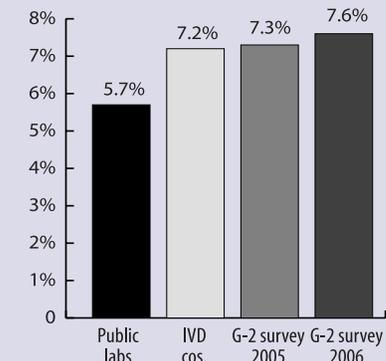
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G-2's Exclusive New Year's Survey

Labs Expect 7% Growth; LIS Upgrades Top Budget Priority

An exclusive Washington G-2 survey shows that after recording test volume growth of 7.3% (median = 5.0%) in 2005, the average laboratory expects growth of 7.6% (median = 5%) in 2006. These figures are in line with the average revenue growth of 7.2% reported by the world's top 15 reagent manufacturers for the first half of 2005 (see *DTTR*, October 2005, p. 4) and average growth of 5.7% for fourteen publicly traded lab companies (see *Laboratory Industry Report*, October 2005, pp. 1-2).

Lab Industry Growth Rates



Source: Washington G-2 Reports

Meanwhile, the G-2 survey also showed that LIS upgrades will be a key focus in 2006, with 23% of labs saying it's their top budget priority. Lab renovation/expansion was cited by 21% of surveyed labs, and 14% said they plan to invest in a new chemistry/immunoassay system.

Survey findings also show increased pricing pressure on lab tests and heightened efforts on the part of managed care companies to direct lab tests to their exclusive/preferred labs. And, of course, the medical technologist shortage continues to be a major concern.

G-2's online questionnaire was completed in late November 2005 by lab directors, managers, and chief executives at a total of 212 laboratories across the country, including 159 hospitals; 36 independents; nine POLs; five other labs (academic medical centers, public health labs, etc.); and three pathology groups. The survey was e-mailed to approximately 10,000 labs and received a response rate of 2.1%. For more survey details go to *Inside the Diagnostics Industry*, pp. 5-9. 🏛️

What is your top budget priority for 2006?

LIS upgrade	23%
Lab renovation/expansion	21%
New chemistry/immunoassay system	14%
Lab automation	9%
Web connectivity	8%
Molecular diagnostics menu expansion	7%
Other*	7%
New hematology system	6%
Blood bank automation	2%

*Includes new coagulation, blood culture, blood gas systems, etc. and billing system upgrades, new patient service centers, lab staff salary overhauls, and investments in operational efficiency initiatives (Lean processing, Six Sigma, etc.) Source: Washington G-2 survey, 11/05

Supreme Court To Hear Homocysteine Patent Case

Startup diagnostic companies are sprouting up around the country and developing proprietary tests based on method patents. The Supreme Court's decision could have wide-ranging implications for test makers and laboratories.

The U.S. Supreme Court has agreed to hear arguments in a case (04-607) that could narrow the scope of patentability of diagnostic tests. The case at issue is LabCorp versus Metabolite Laboratories (Denver, CO) and Competitive Technologies Inc. (Fairfield, CT).

The case involves a correlation between homocysteine concentrations and Vitamin B or folic acid deficiencies in the blood that scientists from the University of Colorado and Columbia University discovered and then patented in 1986. Ownership of the homocysteine patent was then acquired by Competitive Technologies, a publicly traded company that acts as a broker for inventors. And Competitive Technologies licensed the patent to Metabolite Laboratories, a company created by the scientists to market the test.

In 1991, LabCorp obtained a sublicense from Metabolite to use the homocysteine testing method in exchange for a 27% royalty on the sale of all homocysteine tests—about \$2.5 million per year—performed by LabCorp using the assay method described in the patent.

In 1998, LabCorp started using a different test method, licensed at a lower rate from Abbott Laboratories. After switching, LabCorp claimed that it was not subject to royalties under its agreement with Metabolite.

Competitive Technologies and Metabolite claimed LabCorp's new method still relied on the correlation between homocysteine concentrations and vitamin levels and therefore infringed on its patent. They filed a lawsuit, and in November 2001 a jury in Denver federal court found that LabCorp willfully infringed on the patent and breached their sublicense contract.

In August 2004, the U.S. Court of Appeals for the Federal Circuit denied LabCorp's request for a rehearing, and, as a result, LabCorp was forced to pay approximately \$6.7 million to Competitive Technologies and Metabolite in royalty legal awards and interest.

Now the Supreme Court will answer the question: "Whether a method patent setting forth an indefinite, undescribed, and non-enabling step directing a party simply to correlate test results can validly claim a monopoly over a basic scientific relationship used in medical treatment such that any doctor necessarily infringes the patent merely by thinking about the relationship after looking at a test result."

LabCorp says that the patent, if legitimate, means companies can "claim monopolies over basic scientific facts."

Lawyers for Metabolite say the discovery is the company's rightful intellectual property and not a law of nature, which cannot be patented.

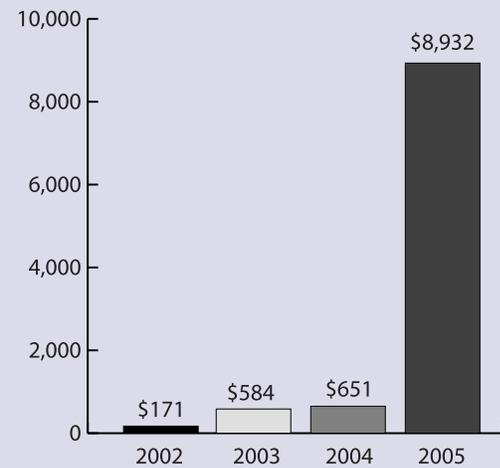
Johnnie Johnson, a spokesman for Competitive Technologies, believes LabCorp is simply trying to get out of paying the 27% royalty it agreed to pay Metabolite. He notes that Competitive Technologies has signed royalty agreements directly with

Quest Diagnostics and all of the major IVD test kit makers, including Roche, Abbott, Bayer, Beckman, Ortho-Clinical Diagnostics, and Diagnostic products.

Under these deals, Competitive Technologies collects an average of roughly \$0.65 for each homocysteine test performed and the University of Colorado collects another \$1 per test. Competitive Technologies' U.S. patent that covers homocysteine testing expires in July 2007.

In contrast, under its sublicense agreement with Metabolite, LabCorp is required to pay an estimated \$6 royalty for every homocysteine test it performs (based on

Competitive Technologies' Royalty Revenue from Homocysteine Testing (\$000)



Source: Competitive Technologies

27% royalty on average \$22 price per homocysteine test) and the contract goes on for perpetuity, according to Johnson. He believes LabCorp jumped on the agreement with Metabolite, despite the high fees, so that it could be first to market with homocysteine testing back in the early 1990s.

The Supreme Court is expected to hear the case in April and make a ruling in June. The court receives more than 8,000 cases a year, but hears arguments in less than 80.

Competitive Technologies estimates that there are over 20 million homocysteine assays performed annually in the United States, with the number growing substantially each year. People with elevated homocysteine levels have a much greater risk of heart attack or stroke than those with average levels. ▲

Gen-Probe Gets FDA Clearance For West Nile Test

Hospital blood product costs will soon be rising, now that Gen-Probe (San Diego, CA) has received FDA approval for the nation's first test to screen donor blood for the West Nile virus.

Gen-Probe originally submitted its application for the test, which is marketed by Chiron Corp. (Emeryville, CA) as the Procleix WNV Assay, to the FDA in January 2005. The test has been in use under an investigational device exemption since 2003 and has screened more than 29 million units of donated blood. The testing has identified about 1,500 West Nile-infected units, preventing transfusion of contaminated blood into as many as 4,500 people, according to Gen-Probe.

Since 2002, the virus has led to 762 deaths and about 20,000 diagnosed patients, according to the FDA. There have been about 30 documented cases linked to donated blood, including nine who died, the agency said.

Prior to FDA clearance, Gen-Probe and Chiron were selling the test on a cost recovery basis, but now they can charge commercial prices. This will likely add an extra \$5 to \$10 to the price hospitals pay per unit of blood, *DTTR* estimates.

Meanwhile, Benner Ulrich, analyst at UBS Investment Research, speculates that Gen-Probe may wind up acquiring Chiron's blood screening business. Drug-maker Novartis agreed in late October to acquire the remaining shares of Chiron that it doesn't already own. Ulrich thinks Novartis may seek to sell the blood screening business. 🏠

Most Doctors Plan To Recommend HPV Vaccine

The first vaccine for HPV could be on the U.S. market by year end 2006.

According to a survey conducted by researchers at Cincinnati Children's Hospital, almost 75% of pediatricians surveyed said that if a vaccine for human papillomavirus (HPV) were approved, they would recommend it to boys and girls between the ages of nine and 17. However, half said they believe parents will be reluctant to vaccinate their children for HPV, a sexually transmitted disease that has been shown to be the cause of greater than 99% of all cervical cancer cases. The survey received responses from 513 pediatricians around the country and was published in the December issue of the *Journal of Adolescent Health*.

The first vaccine to prevent HPV is expected to be available in the United States sometime next year. Merck plans to file an application for its HPV vaccine, Gardasil, within the next few weeks and could begin marketing the drug later in 2006. Meanwhile, GlaxoSmithKline (GSK) plans to submit its experimental HPV vaccine, Cervarix, for approval sometime in 2006.

Merck has said it plans to lobby states to require its vaccine for all 12-year-old children before they can enter school, while GSK plans to recommend Cervarix for girls as young as age 10.

Digene & Top Execs Sell Three Million Shares

As HPV vaccines move closer to hitting the market, top executives at Digene Corp. (Gaithersburg, MD) recently cashed in a sizable portion of their holdings in the company.

On November 21, Digene and its principal shareholder Armonk Partners, an investment partnership owned by Digene's chairman, Evan Jones, and chief financial officer, Charles Fleischman, sold a combined three million shares to the public at \$28 per share.

Digene reaped gross proceeds of \$56 million from the sale of two million shares. The company says it will use the funds for a variety of purposes, including research and development costs, sales and marketing expenses, and potential acquisitions of new businesses. Digene now has a stockpile of about \$100 million in cash and short-term securities on its balance sheet.

Meanwhile, Armonk Partners (aka Jones and Fleischman) got \$28 million from the sale of one million shares. The sale reduced their stake in Digene by nearly one third to 2.39 million shares.

Digene makes the Hybrid Capture 2 HPV DNA Test, the only FDA-cleared test for detecting HPV. In the quarter ended Sept. 30, 2005, the company reported that U.S. sales of its HPV tests grew by 29% to \$23 million, representing 69% of the company's overall sales. 🏠

inside the diagnostics industry

Lab Industry 2006 Outlook: Another Year Of Doing More With Less

The G-2 survey results show that 2006 will be another challenging year for laboratories. Employee salaries and healthcare costs are rising and reagent pricing discounts are getting harder to come by. At the same time, managed care companies are tightening the screws on reimbursement, and Medicare competitive bidding for Part B lab services will become a market reality within the next few years.

And with labs expecting test volume growth, on average, of 7.6% (median = 5%) in 2006, the pressure is on to do more with less.

One of the biggest areas of concern expressed by surveyed labs was the medical technologist shortage. The area where labs appeared to be most optimistic was molecular diagnostics.

A hospital lab in California summed up the current environment for laboratories this way: "Very challenging. Customers/clients (in-hospital and out-of-hospital) expect more rapid turnaround time and more point-of-care tests, regardless of the increased costs to provide it (e.g., POCT reagents, more staff to do testing at all hours). The lab staff expects higher salaries ('there's a shortage, after all'). [We're faced with] ever-increasing cost with no increasing reimbursement to pay for it."

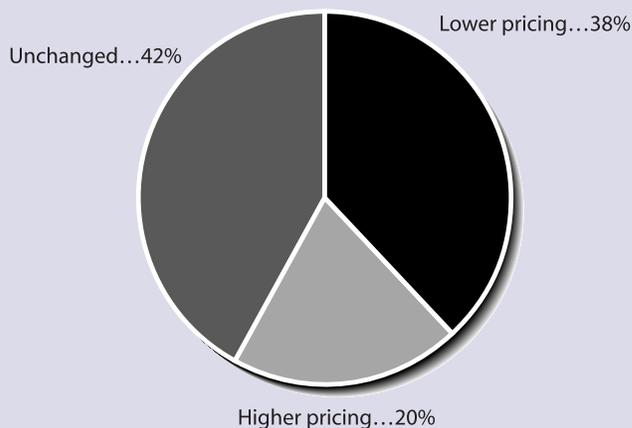
Details of the survey plus more comments from participants follow:

Increased Pricing Pressure

Nearly two times as many survey respondents said they were seeing lab test pricing moving lower (38%) in their markets versus those reporting higher pricing (20%). Labs around the country said they were seeing pricing pressures from several fronts, including managed care companies and physicians.

Among the geographic markets where pricing seems to be particularly intense are California, Texas, Tennessee, Kentucky, and Ohio.

Describe the general level of pricing competition for lab tests in your market over the past 12 months



Source: Washington G-2 survey, 11/05

"With United Healthcare leading the way to limit providers, it will become increasingly more difficult for independent labs to survive. When HMOs limit testing to the low-priced providers, what the patients get is low-quality care," commented an independent lab in Arizona.

"Physicians still believe they can continue to drive lab prices—already at an all time low—lower. The era of physician enrichment must end. The lab industry and associations must move to get direct billing legislation for clinical labs enacted nationally," added an independent lab in Kansas.

Labs also expressed concern over Medicare’s plans to implement competitive bidding for Part B lab tests. Here the general consensus seemed to be: “Please don’t let the demonstration project take place in my market.”

In addition to tougher pricing, labs said it was getting harder to be an out-of-network provider. Fifty-one percent said managed care plans in their markets were trying harder to direct lab tests to their exclusive/preferred labs, while 42% reported no significant change, and only 7% said it was getting easier.

“I believe we will continue to experience more pressure for patients to use in-network labs. The lab giants will continue to battle for the big contracts and drive pricing down even more,” said a hospital lab in Georgia.

And finally, a hospital lab in Virginia predicted: “Hospitals in areas with managed care will have a harder time getting into new offices and maintaining current ones (partly due to the seemingly endless dollar resources of the bigger labs).”

Over the past 12 months have managed care plans in your market tried harder to direct lab tests to their exclusive/preferred labs?

Yes, it’s getting harder to perform tests as an out-of-network lab	51%
No, it’s getting easier to perform tests as an out-of-network lab	7%
I have seen no significant change	42%

Source: Washington G-2 survey, 11/05

Laboratory Budget Pressures

As pricing for their services comes under increasing pressure, several surveyed labs said they were getting squeezed on the other end by reagent makers. A hospital lab in New Jersey had this to say: “[Reagent] Pricing discounts are hard to come by. A few years back, everyone was discounting, but now we get more letters about increases. This makes it more difficult to stay within budget. In the past, as volume grew, we had usually gotten some discounts to offset it.”

But surveyed labs said the biggest budget pressures were coming in the form of employee salaries and benefits. Fifty-two percent said either employee salaries (36%) or health insurance (16%) was their fastest-growing expense. Next was blood banking (28%), followed by reference lab costs (13%), and reagents (7%).

What is the fastest-growing expense in your budget?

Employee salaries	36%
Blood banking and products	28%
Employee healthcare expense	16%
Reference lab expenses	13%
Reagent costs	7%

Source: Washington G-2 survey, 11/05

Despite the impact on their budgets, surveyed labs stressed the need to hike salaries to attract more young people into the laboratory profession, especially medical technologists.

An independent lab in Florida said its biggest concern was “the continued decline in the number of available medical technologists in areas of rapid population growth and increased housing prices.”

“The next large crisis to hit the lab industry will be the staffing shortage with medical technologists. Within five years, the average age of my med techs will be over 55 to 60,” noted a hospital lab in Maryland.

A hospital in Nebraska shared this: “Professional staffing challenges continue to increase. My managers spend a lot of their time adjusting schedules due to the Family Medical Leave Act, and we are seeing more and more leaves for various reasons.”

“We’re starting to see long-time employees retire (three in the last two years) with limited talent to replace them. Salaries will have to increase to attract more talent to this field,” according to a hospital lab in Florida.

And finally a hospital lab in Texas had this to say: “We’re growing at a rate of 6% per year with a diminishing competent laboratory technical personnel pool. There’s more stress on the more experienced technical and management staff.”

Test Menu Expansion

Nine percent of the survey respondents cited human papillomavirus (HPV) as

Top 15 Tests Expected to Be Added to Menus in 2006

Test Name	% Citing Test in Top 3 to be Added
1) Human papillomavirus (HPV)	9%
2) HIV-1 antibody	5%
3) B-type natriuretic peptide (BNP and pro-BNP)	5%
4) Cystic fibrosis genetic analysis	5%
5) Hepatitis C antibody	5%
6) Hemoglobin A1c	4%
7) Hepatitis B antibody	4%
8) Hepatitis viral load	4%
9) High-sensitivity CRP	4%
10) Homocysteine	4%
11) Microalbumin	4%
12) HIV viral load	3%
13) Blood lead	2%
14) Flow cytometry	2%
15) Hepatitis B surface antigen	2%

Source: Washington G-2 survey, 11/05

among the top three tests they plan to add to their menu in 2006. Other tests frequently cited included HIV-1 antibody, BNP, cystic fibrosis, and hepatitis C antibody.

Interestingly, five labs surveyed, or 2% of the total respondents, said they plan to add flow cytometry testing—despite the drastic cuts in Medicare reimbursement that occurred last year.

Also noteworthy was the fact that nearly half of the tests on the list are in the area of infectious disease testing, including HPV, hepatitis, and HIV testing.

Comments concerning test menu expansion plans tended to be more positive. For example, a hospital lab in West Virginia said, "With the advent of molecular biology, I consider the lab industry a great place to be right now."

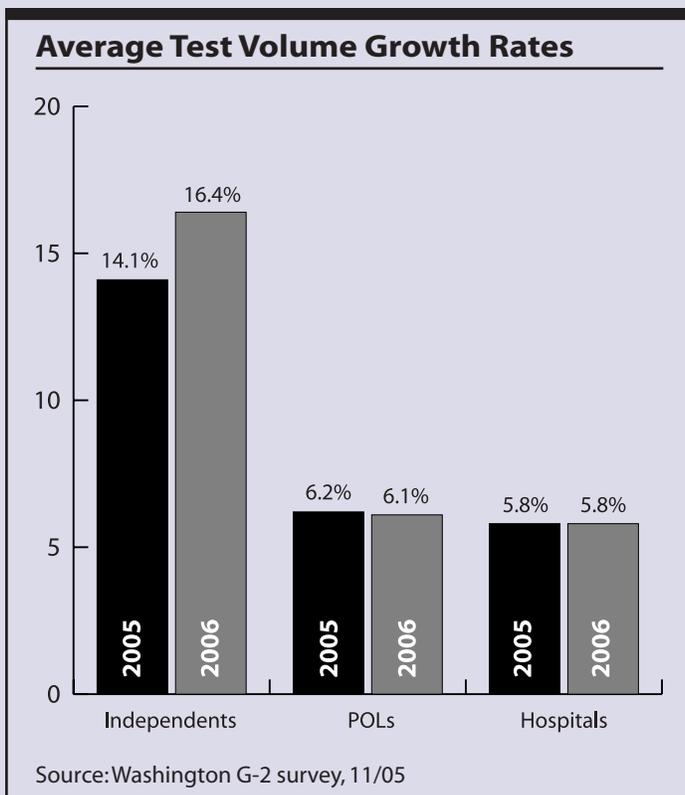
A hospital lab in Colorado noted, "As genetic tests become a more significant component of laboratory volumes, more and more hospitals will look at ways to bring this testing in-house to reduce send-out costs, improve TAT, and increase their credibility as a full-service laboratory."

And a hospital lab in New York anticipates that "as chemistry, immunochemistry, and genetic marker instruments gain capacity, more tests will be offered by the hospital laboratory. This trend will increase because of the ease and relative low cost of genetic marker testing and the introduction of front-end automation."

Market Share Trends

The growth at independent labs far exceeds that at hospital labs and POLs. The 36 independent labs that responded to the survey reported average test volume growth of 14.1% (median = 7%) for 2005 and average anticipated growth for 2006 of 16.4% (median = 10%).

The nine POLs surveyed reported average growth of 6.2% (median = 5%) last year, and they expect 6.1% (median = 5%) in 2006.



The 159 hospital labs that responded to the survey said test volume growth was 5.8% (median = 5%) in 2005, and they anticipate the same growth rate in 2006.

Meanwhile, Quest Diagnostics, grew by 5.2% in the first half of 2005 and LabCorp grew by 3.6% (after adjustments for acquisitions) according to estimates from G-2 Reports (see *Laboratory Industry Report*, October 2005, pp. 1-2)).

Despite the tougher environment for out-of-network labs, 42% percent of survey respondents said they think hospital labs will gain the biggest market share over the next five years. Thirty-one percent believe Quest Diagnostics will gain the biggest share, followed by 13% for independent labs, and 7% for LabCorp.

A physician office lab in Texas summarized the market dynamics like this: "I think we will continue to see the large national reference laboratories acquiring small independent laboratories, but I think the quality of patient care suffers

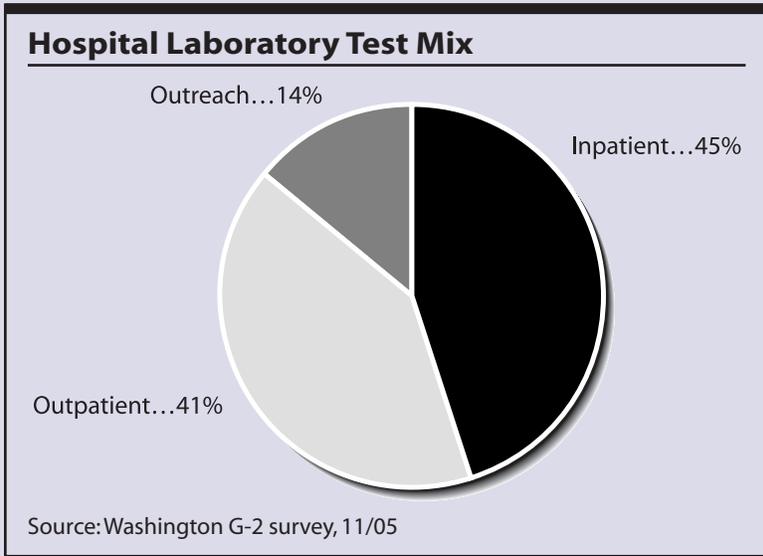
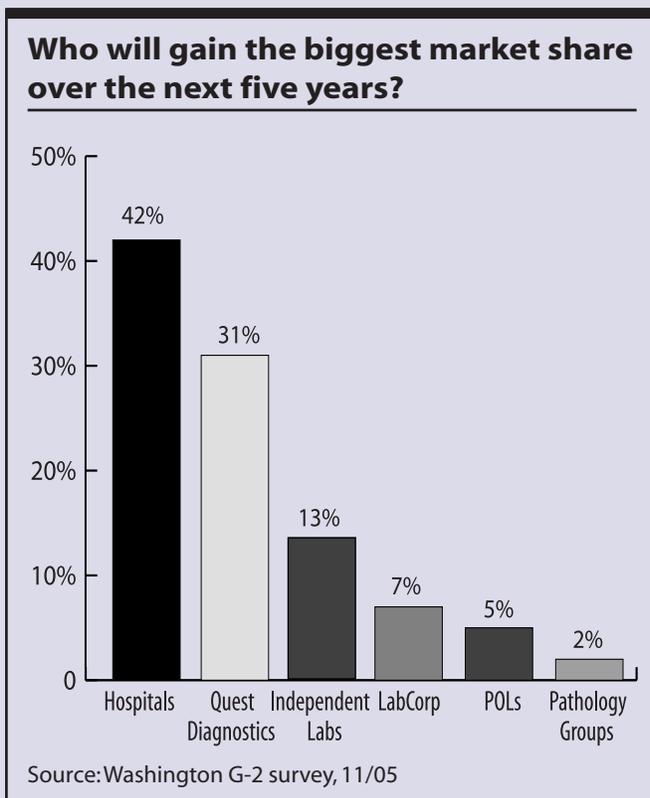
because the size of these institutions makes them inherently unable to respond in a timely manner to the issues that affect patient care.”

But a hospital lab in Kentucky highlighted a key advantage the national labs have: “I expect more pressure from reference labs in the physician office market. This will mostly be driven by interface capabilities that reference labs have and hospitals cannot afford. Physician computerization is becoming more and more sophisticated, especially with the newer physicians and pressure from regulatory agencies for data reporting.”

Looking strictly at the two largest national labs, survey respondents overwhelmingly selected Quest Diagnostics as the company that would gain share in the future.

Hospital Lab Test Volume Mix

In terms of the test mix among the 159 hospital respondents to our survey, inpatient testing accounted for 45% of total test volume; outpatient testing, 41%; and outreach testing, 14%.



The data showed little variance in the growth rates of those hospitals with large versus small lab outreach programs. Those hospitals that obtain 30% or more of their overall test volume from outreach testing reported average growth of 5.2% (median = 5%) in 2005 and anticipate growth of 5.7% (median = 5%) in 2006. Those hospitals that get less than 30% of their overall test volume from outreach reported average growth of 5.9% in 2005 (median = 5%), and they anticipate growth of 5.7% (median = 5%) in 2006. 🏠

IntegraGen Raises \$10 Million To Develop Genetic Tests

IntegraGen (Paris, France), which is developing genetic tests for autism and type 2 diabetes, raised an additional eight million euros (\$9.6 million) in November, which brings its total capital raised to date to 20 million euros (\$24 million). Venture capital firms participating in the latest round of investments included CDC Enterprises Innovation, AGF Private Equity, Bloam, SGAM Alternative Investments, and Baytech Venture Capital. IntegraGen says it will use the funds to help launch a proprietary genetic test for autism it has developed.

In mid-2005, IntegraGen opened its first laboratory in Bonn, Germany, where it is performing a DNA sequencing test for MODY (maturity onset diabetes of the young). MODY is a less common type of diabetes (comprising about 5% of all diabetes cases) that often remains undiagnosed. The disease usually appears in young adults, typically in people in their 20s. Unlike other forms of diabetes, where genetics is only one of several contributory risk factors, MODY is a strongly inherited condition.

In June 2004, IntegraGen obtained exclusive rights from Correlagen Inc. (Cambridge, MA) to commercialize MODY tests in Europe. Correlagen is a private company that has licensed worldwide rights from the University of Chicago to the patent covering the diagnosis of MODY. In the United States, Correlagen has licensed MODY testing exclusively to Athena Diagnostics (Worcester, MA). 🏠

OncoMethylome Sciences Raises \$18 Million

OncoMethylome Sciences, a Belgium-based firm that has its U.S. headquarters in Durham, North Carolina, has closed on a second-round of financing worth about \$18 million. The round was led by Edmond de Rothschild Investment Partners in Paris. To date, Oncomethylome has raised about \$34.4 million.

Proceeds will be used to accelerate the development of the company's diagnostic and pharmacogenomic solutions for early detection and individualized treatment of cancer. OncoMethylome, which was founded in 2002 as OncoGenome Sciences, is developing molecular DNA methylation tests designed to detect cancer early in its development and help determine personalized treatments.

Earlier this year, OncoMethylome signed a license agreement with Veridex LLC (Warren, NJ), a Johnson & Johnson company. Under the agreement, Veridex receives an exclusive global license from OncoMethylome to its DNA methylation tests for prostate cancer.

DNA methylation is a normal, naturally occurring process in regulating gene expression, but OncoMethylome's assays measure DNA hyper-methylation of specific gene regions that are associated with different stages of cancer. The technology was originally developed at Johns Hopkins University, where oncologists demonstrated that assays sensitive to the methylation status of the GST-Pi promoter gene region provide diagnostic sensitivity and specificity for the detection of prostate cancer. OncoMethylome has licensed the technology from Hopkins and completed the initial development of the assay, which is now in clinical trials for its validation in various cancer centers in the United States. 🏠

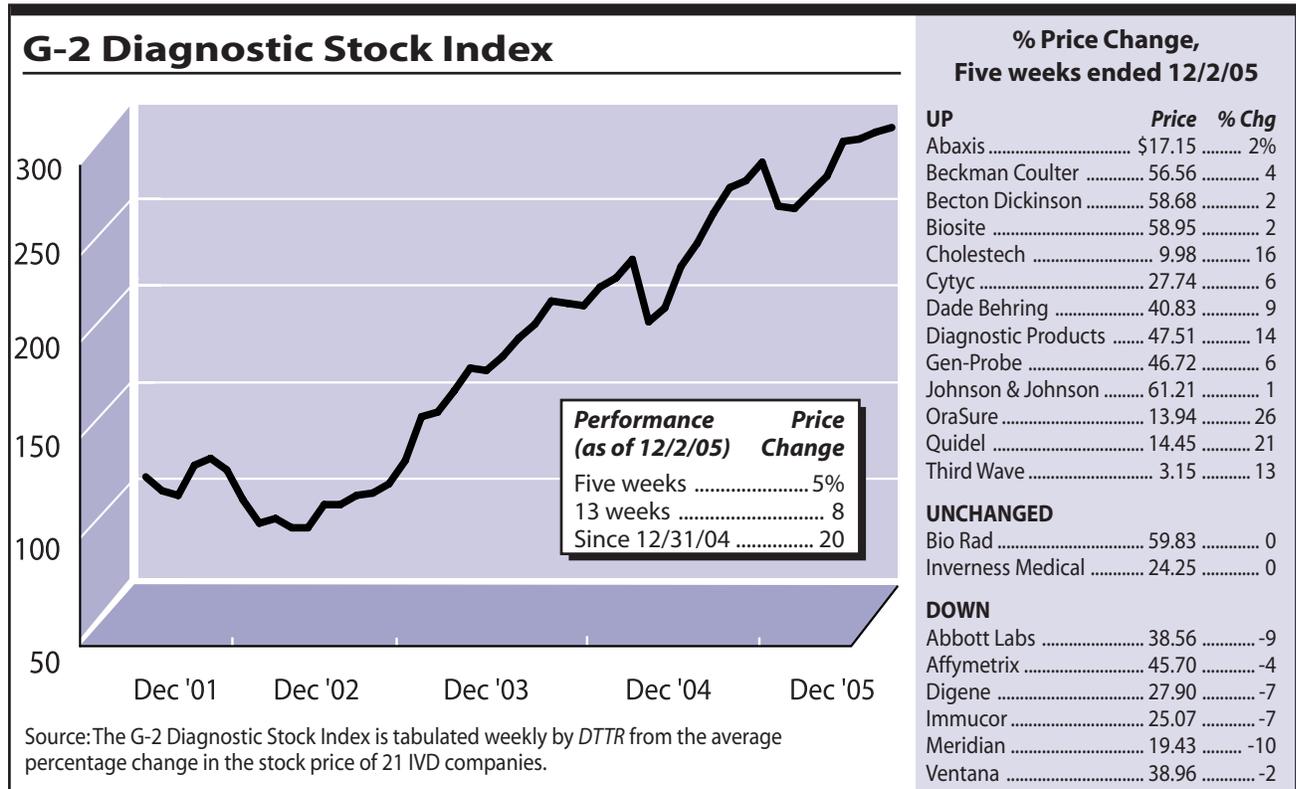
IVD Stocks Up 5%; OraSure And Quidel Jump 20+%

The 21 stocks in the G-2 Diagnostic Stock Index rose by 5% in the four weeks ended December 2, with 13 stocks up in price, two unchanged, and six down. Year to date, the G-2 Index is up 20%, far ahead of the S&P 500 Index's 4% gain and the Nasdaq's 5%.

OraSure Technologies (Bethlehem, PA) jumped 26% to \$13.94 per share for a market share of \$635 million. The company recently reported third-quarter net earnings of \$3.81 million, or \$0.08 per share, versus a net loss of \$294,000, or a \$0.01 per share, in the same period a year earlier. Revenue rose 28% to \$18.1 million from \$14.2 million last year and was primarily attributable to increased sales of the company's OraQuick rapid HIV-1/2 antibody test and Intercept oral fluid drug test.

Quidel Corp. (San Diego, CA), which makes rapid flu tests, was up 21% to \$14.45 per share for a market cap of \$476 million. The stock continues to benefit from concern over a potential bird flu pandemic. Since its 52-week low of \$3.45 set on April 26, Quidel's stock has risen more than four fold. The company now sells at five times its estimated revenue of \$91 million for 2005 and 58 times estimated earnings of \$0.25 per share.

Meanwhile, 2005 has turned out to be a big year for point-of-care-testing stocks. Quidel is up 184% year to date through December 2; QraSure is up 107%; **Cholestech** is up 22%; and **Abaxis** has gained 18%. On the downside, **Abbott** is off 17%; **Beckman Coulter** is down 16%; and **Diagnostic Products** has fallen 14%. 🏠



G-2 Insider

Roche Diagnostics' AmpliChip CYP450 genotyping test is finally being offered by the nation's reference laboratories—nearly two-and-a-half years after Roche first announced the release of the test in the United States. Within the past few months, Quest Diagnostics, Mayo Medical Labs, LabCorp, Spectrum Laboratory, and other reference labs have each begun offering the test.

Roche's June 2003 launch of AmpliChip was initially delayed by the FDA, when it said the test could not be marketed as a Class I analyte specific reagent (ASR). Then after receiving FDA clearance in December 2004, market launch was further delayed as Roche haggled with the major reference laboratories over pricing for the product. The major reference labs purchased AmpliChip from Roche, paying a royalty that Bill Bonello, analyst at Wachovia Securities, estimates is 40%.

The test, which utilizes microarray technology from Affymetrix, analyzes a patient's cytochrome P450 2D6 and 2C19 genotypes from DNA extracted from a blood sample. Test results allow physicians to minimize the side effects of antidepressant and schizophrenia drugs prescribed for psychiatric patients.

Strong market demand for AmpliChip CYP450 is by no means a sure thing, despite the fanfare the test has received for becoming the first microarray cleared by the FDA.

DTTR observes: 1) psychiatrists have not historically ordered lab tests in any significant way; 2) reference labs are charging list prices of approximately \$1,000 to perform the test, and there are less-expensive laboratory developed (aka, homebrew) versions available; and 3) the test needs to be taken only once in a lifetime per patient.

Meanwhile, Roche says that it's developing a second AmpliChip product that detects known P53 gene mutations. P53 is a tumor-suppressor gene that is associated with 50% of all cancers. 🏠

Company References

Affymetrix 408-731-5000

Competitive Technologies
203-255-6044

Digene 301-944-7000

Gen-Probe 858-410-8000

LabCorp 336-229-1127

OncoMethylome Sciences
919-281-0980

OraSure 610-882-1820

Quest Diagnostics
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Quidel Corp. 858-552-1100

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