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LABORATORY INDUSTRY REPORT®

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HIGHLIGHTS

WASHINGTON G-2 REPORTS

Quest Buys POC Testmaker HemoCue for $420m

Quest Diagnostics (Lyndhurst, NJ) is still busy snapping up specialized IVD companies. This time the focus is at the point-of-care (POC). Quest has purchased HemoCue (Angelholm, Sweden), which specializes in POC testing, from the private equity firm EQT II B.V. in a cash transaction valued at approximately $420 million. With annualized revenues of approximately $90 million, HemoCue is the leading international provider in POC testing for hemoglobin, with a growing share in glucose and microalbumin testing. Washington G-2 Reports estimates that POC testing represents a worldwide market of approximately $5.5 billion and is growing at approximately 10% per year.

This purchase deepens Quest's IVD portfolio, which is increasingly fueled by smart acquisitions, including last year's purchase of infectious disease testing leader Focus Diagnostics for $185 million. Last October, Quest purchased Enterix, maker of the InSure colorectal screening test, for $43 million.

With 340 employees, HemoCue develops, manufacturers, and markets point-of-care diagnostics in over 120 countries. The company will soon begin shipping its newest product, HemoCue WBC, a single-analyte POC testing system for determining total white blood cell count.

BREAKING NEWS: BioReference Reaches Accord With NJ's Horizon

After publicly broadcasting its outrage at having been notified that Horizon Blue Cross Blue Shield of New Jersey (Newark, NJ) would terminate its longtime in-network provider relationship on March 31 as a result of a new agreement with LabCorp (see *LIR*, February 2007, p. 2), BioReference Laboratories (Elmwood Park, NJ) announced on February 28 that it has reached an accord with the health insurer. As a result, Bio-Reference will remain as a lab services provider in Horizon's PPO network.

"We are quite satisfied that the pricing in the new arrangement is fair and reasonable and will only serve to grow our business in the state of New Jersey in a positive and healthy manner," says BioReference CEO Marc Grodman, CEO. Meanwhile, Quest Diagnostics is still out of the Horizon network as a result of the LabCorp deal, which was not put out as an RFP, and intends to make LabCorp the exclusive fee-for-service provider for Horizon. The New Jersey health system represents about $60 million of Quest business. Horizon accounted for about 5% of BioReference's FY 2006 revenues of $193 million.

ASCP Survey Finds Labs Lack Confidence In Emergency Preparedness

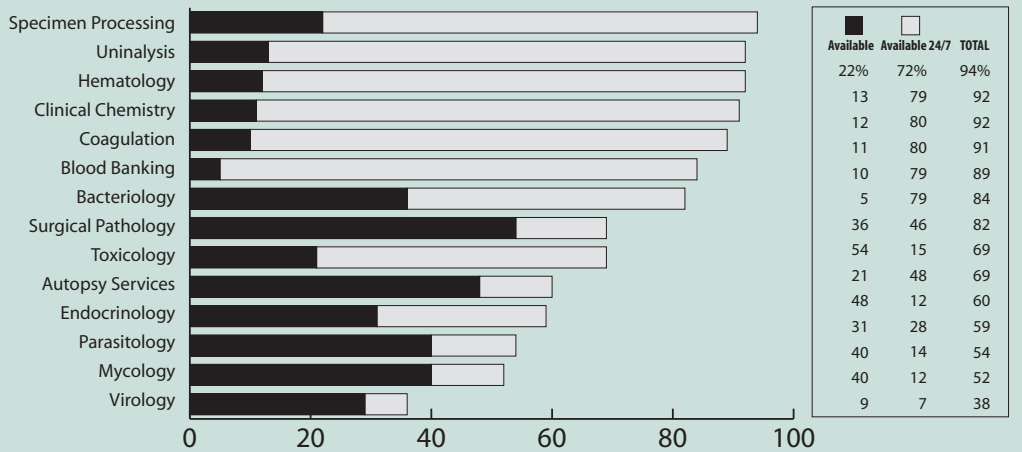
Less than half of clinical laboratories believe that they could effectively respond in a hazardous chemical emergency, according to a survey of clinical laboratory directors and managers conducted by the American Society for Clinical Pathology (ASCP; Chicago, IL) and the U.S. Centers for Disease Control and Prevention (CDC). The survey results appear in the February issue of *LABMEDICINE* magazine, published by ASCP.

The survey, conducted in late 2005, consisted of 100 questions covering hospital services and facilities, planning and communication, pathology and clinical laboratory services and equipment, specimen collection and handling, chemical warfare agents, and training. "Hospital laboratories have some serious concerns about their ability to respond," write the study's authors, Donna Surges Tatum, Ph.D., and William Becker, the medical director of Ohio Department of Health Laboratory. "The laboratories may not have adequate resources and instruments. There is a need for written protocols for specimen collection and handling, and they do not have adequate information concerning chemical warfare agents."

Among the study's key findings was that although 60% of survey respondents understood the laboratory's roles and responsibilities in an external hazardous chemical exposure emergency situation, less than half indicated their laboratory could effectively respond. Only one-third responded that their laboratory had adequate resources in the clinical pathology area, and less than one-fourth had adequate resources in the anatomic pathology areas to recover and ship a high-volume of tissues and/or body fluid samples in a hazardous chemical emergency.

Additionally, only 35% of the laboratories had a written protocol for collection of specimens from patients suspected of exposure to chemical agents. Only 20% were familiar with patient laboratory test results correlating with exposure to chemical warfare agents and had quick chemical warfare reference guides available in the laboratory.

Percentage of Available Hospital Laboratory In-House Services



Available	Available 24/7	TOTAL
22%	72%	94%
13	79	92
12	80	92
11	80	91
10	79	89
5	79	84
36	46	82
54	15	69
21	48	69
48	12	60
31	28	59
40	14	54
40	12	52
9	7	38

Source: ASCP (n=582)

As a result of the survey findings, the ASCP will launch a series of online training courses this month. The series will address chemical agents, communication and coordination, specimen collection and handling, and emergency planning.

NeoGenomics Gets CLIA Certification For New West Coast Lab

NeoGenomics (Ft. Myers, FL) has received certification for its new laboratory in Irvine, California, under the Clinical Laboratory Improvement Act, as amended (CLIA) through inspection by the California Department of Health. This is the third laboratory for the molecular testing company, which also has locations in Fort Myers, Florida, and Nashville, Tennessee.

Specializing in molecular diagnostics for cancer, NeoGenomics performs cytogenetic analysis, fluorescence in-situ hybridization (FISH), flow cytometry, morphology studies, anatomic pathology, and molecular genetic testing. The company is seeking to increase its average revenue per oncology case with additional complementary testing platforms and focused marketing to larger oncology and hospital groups.

NeoGenomics Test and Requisition Growth

	FY 2004	FY 2005	% Change
Requisitions Received	1,139	2,982	161.8%
Number of Tests Performed	1,152	4,082	254.3
Average Number of Tests/Requisition	1.01	1.37	35.5
Total Testing Revenue	$558,074	$1,885,324	237.8
Average Revenue/Requisition	$489.97	$632.23	29.0
Average Revenue/Test	$484.44	$461.86	(4.7)

Source: NeoGenomics

Founded in 2001, NeoGenomics has been successful in growing not only the number of requisitions received and the number of tests performed but also the average number of tests per requisition, which is up to 1.37 in FY 2005 compared to 1.01 in FY 2004, when they mostly performed only cytogenetic testing.

For the 2007 fiscal year, the company forecasts revenue of $14 million to $16 million, maintaining gross margins of approximately 55%, net income in the range of $1.3 million to $1.7 million, and capital expenditures of approximately $1 million to $1.5 million.

Aureon Labs Combines Predictive Pathology, Personalized Medicine

Vijay Aggarwal, Ph.D.

Aureon Laboratories (Yonkers, NY) is betting on the powerful combination of predictive pathology and personalized medicine to advance clinical laboratory medicine. Although founded in 2001, the company is only now ramping up its commercial activity by applying "systems pathology" to develop predictive clinical tests for cancer, as well as to facilitate biopharmaceutical research and development.

President and CEO Vijay Aggarwal, Ph.D., believes Aureon is one of several labs leading the way in bringing practical personalized medicine to the clinical laboratory industry. "Aureon is one of the companies that is evolving in diagnostics that are focusing on personalized medicine and attempting to create tools that allow patients and physicians to make better therapeutic choices and more personalized care management based on the characterization of their individual disease," says Aggarwal.

Aureon was founded in 2001 by three molecular pathologists: Carlos Cordon-Cardo, M.D., Ph.D., from Memorial Sloan-Kettering Cancer Center; José Costa, M.D., from the Yale School of Medicine; and Robert Singer, Ph.D., from the Albert Einstein College of Medicine. The company operates as a CLIA-certified reference laboratory and has been approved for work in New York state. The laboratory also recently passed a CAP inspection and joined the American Clinical Laboratory Association.

Proprietary technology underlies Aureon's diagnostics work. According to Aggarwal, the company's first four years were spent developing tools that rely on computer image analysis of tissue samples, tools that rely on simultaneous measurements of proteins in paraffin-embedded tissue, and tools that enable localization of protein expression within particular cells and subcellular compartments.

In the last two years, Aureon has applied those tools to a number of tissue types and tumor types. Their primary focus has been on prostate cancer prognosis. Their initial test was designed to predict outcomes and guide treatments in patients who have had their prostates surgically removed. The company is now in the final stages of developing a test, using the same technology, but now applying it to prostate needle biopsy, Aggarwal tells *LIR*. This allows outcomes predictions for prostate cancer patients at the point of diagnosis.

Prostate Px, Aureon's lead product, bills for $1,968. Reimbursement for the test, which can predict the likelihood of prostate cancer recurring after surgery, is a complicated issue that is still being resolved. "We have received payment from most of the carriers we've submitted claims to," says Aggarwal. "And we continue to work proactively with third-party insurers to gain adequate reimbursement."

Aureon Laboratories at a Glance

Headquarters: Yonkers, NY

Founded: 2001

Chief Executive, President: Vijay Aggarwal, Ph.D.

Director of Laboratories: Charles J. DiComo, Ph.D.

Vice President, Sales and Marketing: Robert Shovlin

Employees: 40

Revenue: "We don't discuss revenue publicly. We're really just beginning commercial activity," says Aggarwal. "We do some work with pharmaceutical companies, and we're using the same tool sets to help predict response to therapies for patients, and in that regard we've generated some revenues."

Source: Aureon

In addition to prostate cancer, Aureon has been working on applying their technology to non-small cell lung cancer, breast cancer, and liver toxicology. "We've in-licensed technology to detect nascent RNA in paraffin embedded tissue," notes Aggarwal. "And we have also in-licensed technology that relies on measuring mutational frequency at the genomic level that's useful for early cancer detection."

In August 2005, Aureon closed on a Series B venture capital financing round totaling $20 million. The round included Atlas Venture, Sprout Group, Pfizer, and a consortium of European investors. The funds were used primarily to expand their sales force and concentrate on commercialization of the diagnostics laboratory.

"Our particular focus is pathology based," says Aggarwal. "We believe pathology is a central science in the diagnosis of disease, especially cancer, and also an essential science in the staging of disease. But we also think that modern-day proteomics and genomics and computational biology will allow us to be more quantitative in doing that."

Selecting Strategic Test Menus for Molecular Diagnostic Laboratories

Molecular testing can be a powerful revenue driver for clinical laboratories, but when is the right time to bring it onboard, and how do you choose which tests to offer? And once you've "gone molecular," how do you best integrate this type of testing into your laboratory and maximize returns? These were some of the key questions addressed at "Integrating MDx Into Your Lab," Washington G-2 Reports' 2nd Annual Molecular Diagnostic Conference held in Tampa, Florida, last month.

Ronald McGlennen, M.D.

A highlight of the conference was a session titled "How to Select Test Menus Right for Your Lab and Business Model." Moderated by Ronald McGlennen, M.D., president and medical director of Access Genetics (Eden Prairie, MN), the panel included Cindy Johnson, administrative director of Centracare Laboratories (St. Cloud, MN) and Mark Tulecke, M.D., medical director of Seacoast Pathology (Exeter, NH).

Mark Tulecke, M.D.

The underlying premise of the session was that the old paradigm for the diagnostic laboratory focused almost exclusively on the diagnosis of disease. The new paradigm, as it revolves around molecular diagnostics, is more inclusive of the four aspects of medical diagnostics: evaluating results, identifying risk and symptoms, determining appropriate treatment, as well as diagnosing disease.

McGlennen outlined the talk, and all three participants presented examples from their respective institutions that reinforced the premise of the session. "The selection of technical platforms and testing technologies—which includes an increasing number of instruments and assays, as well as a synthesis of the two," said McGlennen, "becomes a catalogue of extraordinary opportunity, but one that needs to be sorted out intelligently." The panelists outlined the building of a strategic test menu as having four elements: interest and need, IT and infrastructure, testing technology, and assays and tests.

If You Build It, They Will (Not Necessarily) Come

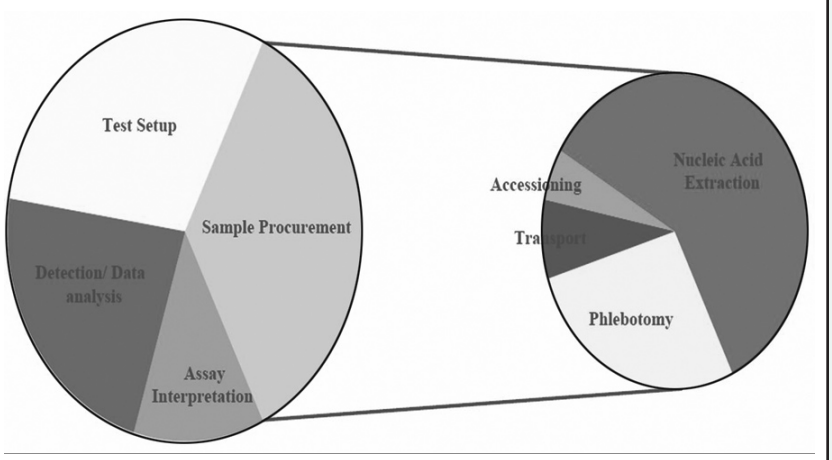
Panelists cautioned against adding a test or assay to the menu as a way to create a need for that test. From a strategic test menu perspective, you determine clinical need—and hence market need—by paying attention to what tests your physicians are requesting. "The agenda is driven by responding to the types of clinical questions that are being asked," said McGlennen.

Johnston agreed. "I can't stress enough the importance when you are setting up a molecular diagnostic program to listen, listen, listen," she said. "Sometimes we don't want to listen to our physicians, but we need to. They don't necessarily understand laboratory testing, but they know what they want in order to make the diagnoses for their patients."

ComplexIT

Molecular diagnostics is an area of testing that requires a fairly strong IT infrastructure to support it; partly because of the complexity of the test results,

Distribution of Cost in Molecular Genetic Testing



Source: Access Genetics

but also because of the potential for multiplex testing in the molecular diagnostic arena. Many molecular tests already are an adjunct to conventional lab tests, and this drives the need for further analysis, which requires a fairly sophisticated Laboratory Information System (LIS).

"You propose a strategic menu by assessing what is the best combination of IT services and technical platforms that can address the clinical questions," said McGlennen. "There are many examples of one box/one test solutions, but that is not a strategic approach. That's a very expensive approach. When putting together a strategic approach, you want to find a more multiplex capability."

"There are many examples of one box/one test solutions, but that is not a strategic approach. That's a very expensive approach. When putting together a strategic approach, you want to find a more multiplex capability."

Follow The Tissue

One of the practical approaches in this area is to follow the tissue types. Molecular diagnostic testing is highly versatile because it can be performed on a variety of tissues, as long as DNA or RNA is present; and due to amplification of DNA and RNA, molecular tests are typically viable on very small sample sizes. This makes it possible for laboratories to offer a variety of tests from a single tissue type.

"We found that by working with small pathology groups, that they often controlled a large proportion of the overall samples selected from patients," said McGlennen. "Do they keep them or send them out? Molecular testing has the ability to use any type of DNA to perform these types of tests. For instance, if you're using liquid Pap, can you use the DNA from this material to do non-obvious tests as well as obvious tests? The answer is an emphatic 'yes.'"

Assays Vs. Tests

McGlennen was emphatic in distinguishing between a molecular diagnostic test and a molecular diagnostic assay. The tests, by his definition, are broader and include specimen procurement, nucleic acid extraction, gene chemistry, detection analysis, and reporting results. The assays, however, are not as inclusive and involve just the gene chemistry and detection analysis.

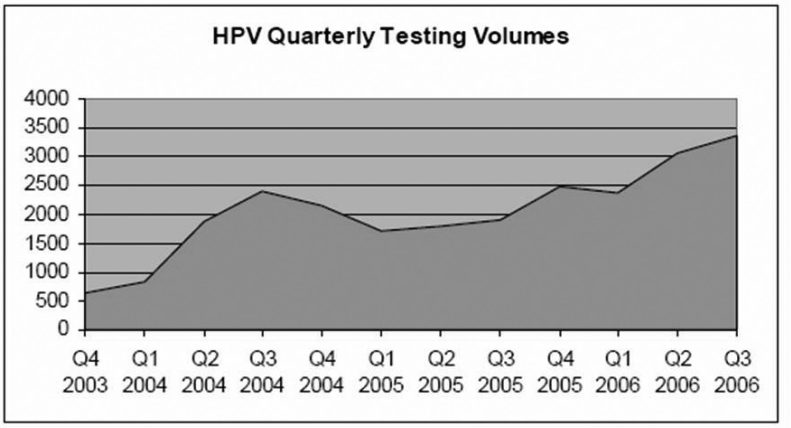
"Molecular diagnostics isn't necessarily a collection of esoteric tests, but rather it is a very practical area," said McGlennen. In discussing HPV testing as an example of strategic test menus, he said, "By bringing those assays in-house, an institution could reduce costs, reduce TAT, and provide an integrated approach to cytology, using molecular techniques. What I'm trying to do here is point out that laboratories embrace this new paradigm of answering more questions for clinicians, of taking on the responsibility of things that have not yet occurred for patients, including diseases for which there are not yet tests."

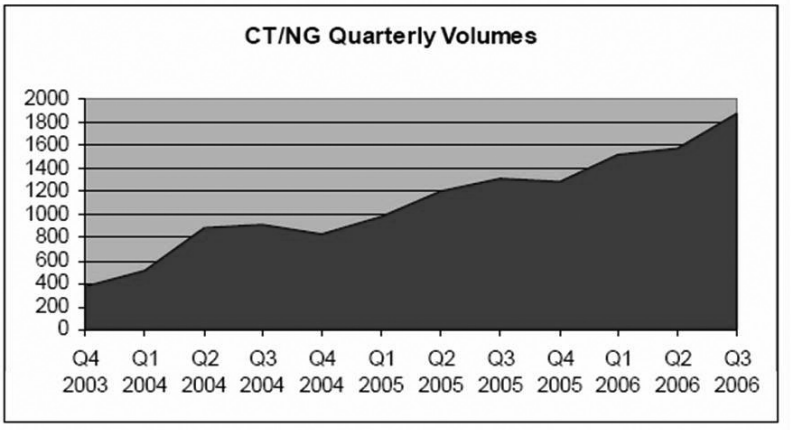
Molecular Diagnostics In The Marketplace

The conclusion of the panel was that a viable, profitable molecular diagnostics program can be created by developing a strategic test menu built on clinical need, a robust IT infrastructure, and by utilizing technology to provide more thorough and useful test results for physicians, and by utilizing tissue sources for multiple tests. They noted that molecular diagnostics was considered to be worth about $3.71 billion in 2006, with particular growth in infectious disease and cancer diagnosis. Cancer testing, in particular, is smaller in volume, but quite high in relative value. In the next four years they expect 300 newly established laboratories offering molecular diagnostics to be expanding into these market sectors.

"We believe that the success we've had with Seacoast Pathology demonstrates that the private pathology laboratory can deliver cutting-edge molecular technology equivalent to or better than some large private reference labs," said Tulecke. "By performing the molecular tests locally, we can deliver better service through decreased turnaround time and creative molecular reports."

Seacoast Insources Molecular Testing for HPV and CT/NG

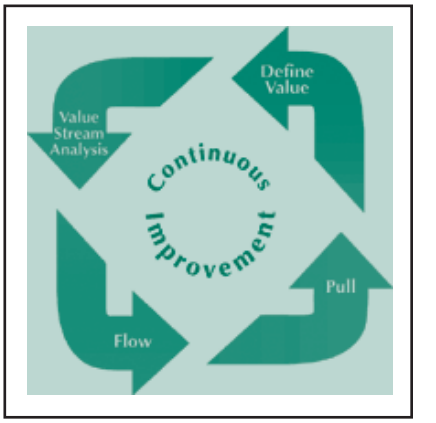




Source: Seacoast Pathology

Washington Hospital Center Labs Get 'LEAN'

Quality manufacturing philosophy Six Sigma has been around a while, and now it's being joined by LEAN as a method for streamlining productivity, increasing efficiency and quality, and ultimately resulting in better revenue streams. Washington Hospital Center, part of MedStar Health, has begun a systemwide LEAN initiative, including the WHC Department of Pathology & Laboratory Medicine (Washington, DC). In 2002, they began Six Sigma and in 2005 started LEAN.



"I think the easiest way of describing Six Sigma and the way you would use it is that Six Sigma reduces variability," says Charlotte Taylor, assistant vice president of Integrated Laboratories at MedStar Health. "Your LEAN process really focuses on improving the workflow, reducing waste, and adding value to the product you're producing. Once you LEAN a process and you think you have things set up right, you can measure the Sigma level of that process. And the closer you get to a Six Sigma level, the closer you get to elimination of errors."

Washington Hospital Center is a tertiary care teaching and research hospital with 926 beds. The laboratory, which includes an outreach program, processes 3.4 million billable tests annually and employs 300 FTEs. The laboratory reports over $100 million in annual revenue.

The WHC laboratories were concerned they were not achieving what they call "world class" turnaround times (TATs). They began their LEAN process by selecting four tests from their Basic Metabolic Profile. "It was simple chemistry, the ProB or Basic Metabolic Profile: the CPC, the PT and part of their heart profiles," says Taylor. "Those were chosen because they were the key volume-oriented tests in that particular laboratory, and those were the ones the physicians key in on closely." Their goal was to bring their turnaround times for those tests down to their "world class" TAT goals.

The Five Lean Principles

1. Specify what creates value from the customer's perspective.
2. Identify all the steps along the process chain.
3. Make those processes flow.
4. Make only what is pulled by the customer.
5. Strive for perfection by continually eliminating waste.

Their facility utilized an automated track that brought the samples around to each workstation. However, they found through their LEAN analysis that the track was in and of itself becoming a bottleneck—the track's maximum speed determined the system's minimum TAT. In addition, as the laboratory grew, it was impossible to bring new equipment into the track. "We did renovations and took out the automated lines," says Taylor. "And for almost a six- or seven-month process, the laboratory

Washington Hospital Center Labs at a Glance

Health System: MedStar Health
Chairman, Department of Pathology: Thomas A. Godwin, M.D.
Assistant Vice President, Integrated Laboratories: Charlotte Taylor
Assistant Vice Laboratory Administrative Director: Sherman Paper
Volume: 3.4 million annual billable tests
Revenue: $100 million
Employees: 300 FTEs
Source: Washington Hospital Center Department of Pathology & Laboratory Medicine

staff faced the challenge of conditions that were suboptimal."

"When we LEANed the process, we felt we could do better without the automation if we built a cell where we positioned everything in which the most commonly ordered tests are closest to where the tube comes into the lab," says Sherman Paper, GHC's administrative laboratory director. "We move around this cell, and we have an orderly workflow so everything gets done with a better TAT and better quality."

Taylor notes that the laboratory saved $250,000 a year just by eliminating the automated track due to savings in maintenance and repairs. In addition, when the track broke down, it caused its own set of problems with workflow. Turnaround times have decreased.

The process has also yielded some surprising benefits. "We now know which shifts work better and how the TATs are affected," says Paper. "We can actually pinpoint pretty much between the hours of X and Y when we have the most volume coming through, and we can adjust staffing to float in with what the demands are."

Paper also notes that the LEAN method has made positive improvements in their purchasing flow. The LEAN term for this is *kanban*, a Japanese word for communication, but in this case it refers to utilizing techniques to respond to real production system needs and not predictions and forecasts. "I would say that's been the biggest benefit thus far, but that's just because it's been the first one we could reap and harvest. We don't have as much waste—that's something that LEAN can help with, that and manpower."

MedStar has been so pleased with the results of LEAN so far, they have initiated it at several of their other sites, including the Union Memorial Hospital and Franklin Square Hospital, both in Baltimore, Maryland.

"It's popular to say that LEAN is a journey. You're not going from point A to point B, but it's a constant journey," says Paper. "It's almost like 'total quality' and 'quality circles' but right now LEAN is about continually looking at that operation and that process and smoothing it out. We're not yet at that point where it's smooth, but once we get there we'll be refining the 'standard work' again to make more improvements to the system."

Taylor emphasizes that LEAN does not just apply to medical technologists. "One of the things that for us was difficult to learn was that we were focusing totally on the process without thinking how the managers and supervisors had to

change their ways of working in order to monitor the activity in their labs," she says. "So when we started at the next site, we ran an initial session that dealt specifically with the management team so they could begin to realize that they were going to have to work differently as well, not just the staff on the bench. You don't just create 'standard work' at the bench. Now you have to create 'standard work' for your team leaders, for your supervisors, and for your directors."

Six Sigma Versus LEAN

There is often confusion between Six Sigma and LEAN, both of which refer to ways to increase quality in complex business systems. Six Sigma refers to a method for organizations to measure quality and strive for near perfection. Six Sigma means driving toward six standard deviations between the mean—that is to say, very, very little error. "When you're doing a Six Sigma project, you're aiming laser-like focus on a specific problem to handle 99.999% of all the issues associated with that particular problem", explains Paper. "You don't take Six Sigma into the laboratory, you take Six Sigma to attack a problem as a tool in the toolbox."

LEAN, originated in the 1996 book, *Lean Thinking*, by James P. Womack and Daniel T. Jones, is built on five basic principles: specify what creates value, identify all the steps in the value stream, make those processes flow, base those processes on customer pull, and pursue perfection.

Paper cautions that the two should not be confused. "LEAN is a process, whereas Six Sigma is that laser focus needed to get to something," he says. "It's a very specific focus, where LEAN is really taking batch processing that everybody's used to and turning it into a single process so that when you 'LEAN out' an operation, you're looking at the ordering and how you can do different aspects so you can get the ordering Just-in-Time, which is the common term for it. It is orderly organizing and getting a process and a single piece to flow so in the end you have what is called 'standard work.' With that 'standard work' you get a better process and a more consistent process and a better turnaround time."

For Taylor, it's a matter of outcomes. "LEAN usually ends up by having some sort of financial benefit," she says. "I think a lot of people fall into looking at the financials, as we have, but this initially came up as part of a quality initiative. It truly is about making sure that everybody in your laboratory does things in the same fashion, that you can duplicate whatever people are doing."

PRL Establishes Regional Collaboration With Kansas Biotech Group

PRL Central Laboratory Services (PRL; Overland Park, KS), a division of Physicians Reference Laboratory, has entered into a laboratory testing agreement with the Kansas Bioscience Organization (KansasBio; Lenexa, KS), a three-year-old trade association. Under the terms of the agreement, PRL will provide price incentives for safety and efficacy laboratory testing, toxicological testing, and employee health screening services to KansasBio and its member companies. KansasBio members include university laboratories; established pharmaceutical, animal health, and crop science companies; and entrepreneurial ventures, start-ups, and service providers in the biosciences.

Lab Stocks Rise 6% Led By Monogram

The G-2 Laboratory Stock Index rose 6% in the five weeks ended February 23, with seven stocks up in price and four down. Year to date, the G-2 Index is up 7%, while the Nasdaq is up 4% and the S&P 500 is up 2%.

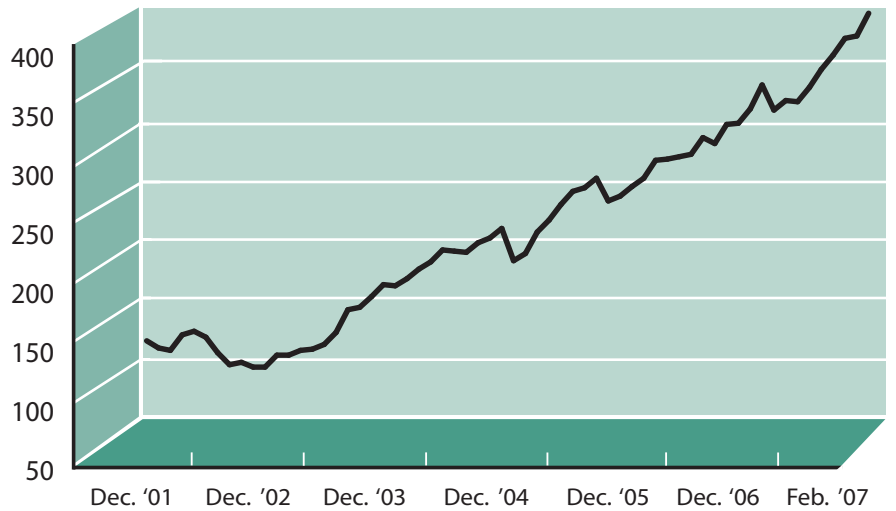
Monogram Biosciences (South San Francisco, CA), which performs specialized HIV testing, was up 29% to $2.10 per share for a market cap of $262 million. After reporting a narrowed loss for the fourth quarter of 2006, Monogram shares got a boost from the recent announcement that its collaborator Pfizer has been granted priority review status for its marketing authorization applications for its HIV drug candidate maraviroc. Trofile, Monogram's co-receptor tropism assay, was used for patient selection for maraviroc trials, and the company is teaming up with Pfizer to make the test available worldwide.

And things are still looking rosy for **LabCorp** (Burlington, NC). Shares in the commercial lab giant were up 10% to $80.38 per share for a market capitalization of $9.95 billion. In the wake of the company's fourth-quarter earnings announcement on February 15, shares hit an all-time high of $80.50. Revenue for the quarter rose 9% to $898.6 million from $822.3 million last year, topping Wall Street estimates and leading LabCorp to raise its guidance for 2007.

The company also recently struck a deal with **SmartGene** (Zug, Switzerland), a privately owned company that specializes in management and analysis of genetic data. LabCorp will use SmartGene's integrated database network system to support more rapid and precise identification of bacterial and fungal pathogens.

Meanwhile, among the 11 selected lab stocks, **Medtox** has the lowest market price-to-annual revenue ratio at 1.5 times; **Quest Diagnostics** is next lowest at 1.6 times. Both **LabCorp** and **Orchid Cellmark** are currently priced at 2.8 times their annual revenues.

G-2 Laboratory Stock Index



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

% price change
5 weeks ended 2/23/07

UP	Price	% Chg
Bio-Reference	$24.36	1%
Clarient	1.65	9
Enzo Biochem	15.41	2
LabCorp	80.38	10
Monogram	2.10	29
Orchid	4.35	13
Quest	52.37	3
DOWN		
Genomic Health	19.59	-6
Medtox	12.72	-3
Myriad	34.30	-4
Psychemedics	16.79	-9

INDUSTRY buzz

Don't miss the 6th Annual Lab Outreach Conference: Optimizing Hospital and Health System Lab Outreach Performance, April 25 to 27, 2007, at the Atlanta Renaissance Concourse Hotel in Atlanta, Georgia. This year's conference features a keynote address by Thomas Tiffany, Ph.D., the president and CEO of PAML, who will discuss how laboratory outreach can be a strategic growth driver for health systems.

An array of case studies will provide an in-depth look at leading outreach businesses, including Sioux Valley Clinical Labs, Huntsville Hospital Lab, and ProPath. Executives from Avera Laboratory Network and their partner, ARUP Laboratories, will address how Avera has harnessed internal leadership and a partnership with ARUP to build a successful lab outreach business.

Bruce Friedman, M.D., active emeritus professor of pathology at the University of Michigan Medical School, will lead a panel discussion about how to support an outreach program with lab portal software. Weighing in on the practical issues surrounding these systems and their purchase, installation, and management will be R. Keith Laughman, president of Esoteric Services at Ameripath; Jack Redding, president of Labtest Systems; and Atlas Medical Software CEO Rob Atlas.

For **BREAKING LAB NEWS**, visit:
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References in this issue

Access Genetics 952-942-0671

ASCP 800-267-2727

Aureon Laboratories 914-377-4000

BioReference Laboratories 201-791-2600

Horizon BCBS of NJ 800-355-2583

LabCorp 336-584-5171

Monogram Biosciences 650-635-1100

NeoGenomics 239-768-0600

Orchid Cellmark 609-750-2200

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Quest Diagnostics 800-222-0446

Washington Hospital Center 202-877-7000

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