LabCorp
Laboratory Corporation of America

Bank of America
Specialty Pharmaceuticals Conference

Southampton, NY
August 8th, 2008

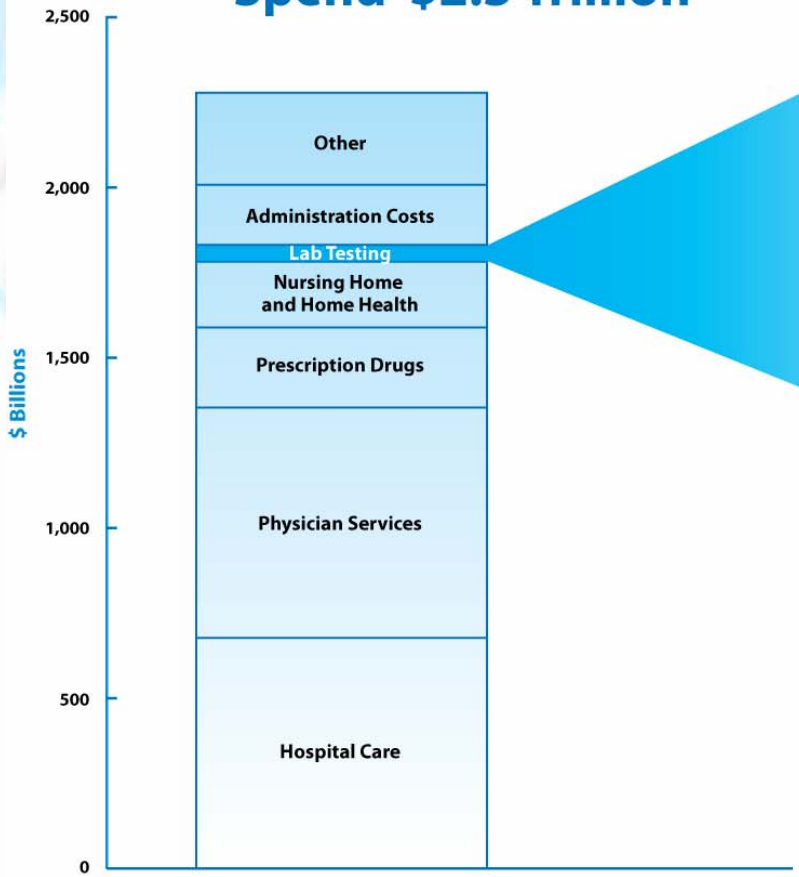
Introduction

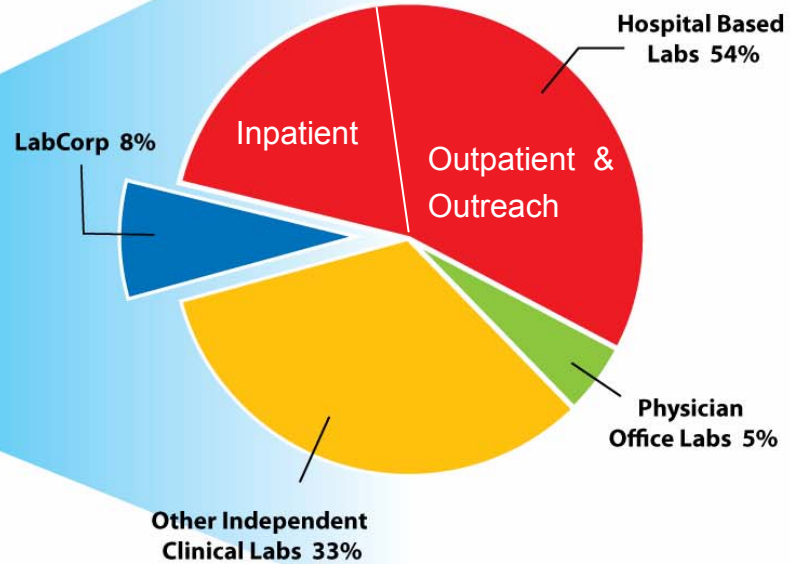
This slide presentation contains forward-looking statements which are subject to change based on various important factors, including without limitation, competitive actions in the marketplace and adverse actions of governmental and other third-party payors.

Actual results could differ materially from those suggested by these forward-looking statements. Further information on potential factors that could affect the Company's financial results is included in the Company's Form 10-K for the year ended December 31, 2007, and subsequent SEC filings.

The US Healthcare & Clinical Laboratory Testing Market

2007 Projected US Healthcare Spend $2.3 Trillion





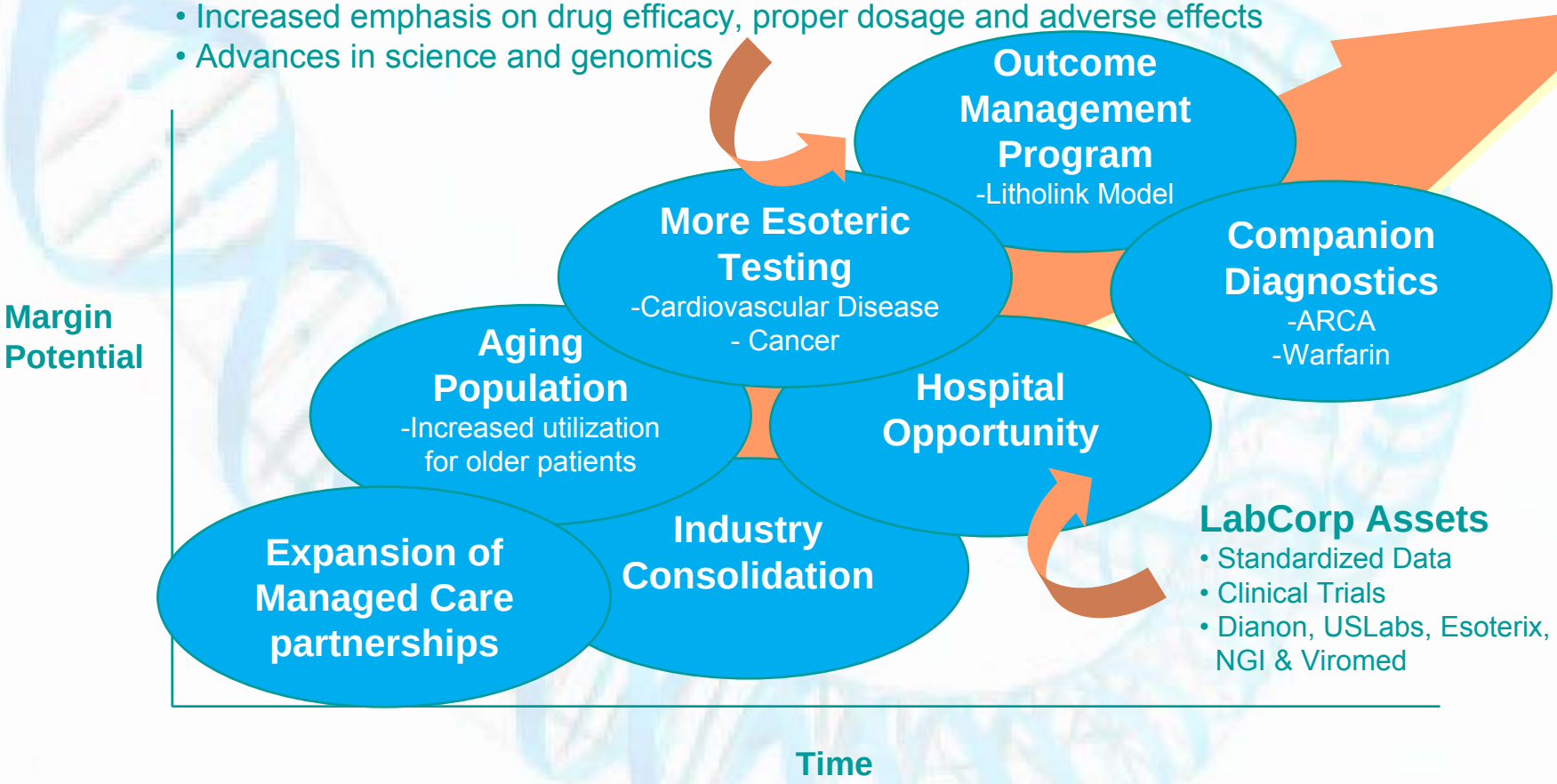
- Total market size—$50 bilion
- Industry CAGR of 5%-7%
- Market Segments:
  - Routine—$30-$35 billion
  - Esoteric—$4-$5 billion
  - Anatomic pathology—$6-$10 billion

Source: CMS, Office of the Actuary, G-2, and Company Estimates

Revenue Growth Drivers

Industry Forces

- Focus on Outcomes and Cost Containment (Medical & Drug)
- Increased emphasis on drug efficacy, proper dosage and adverse effects
- Advances in science and genomics



LabCorp Assets

- Standardized Data
- Clinical Trials
- Dianon, USLabs, Esoterix, NGI & Viromed

Strategic Focus Areas

Scientific Leadership

- Cancer diagnostics and monitoring
- Advanced cardiovascular disease testing
- Advancement through acquisitions and licensing

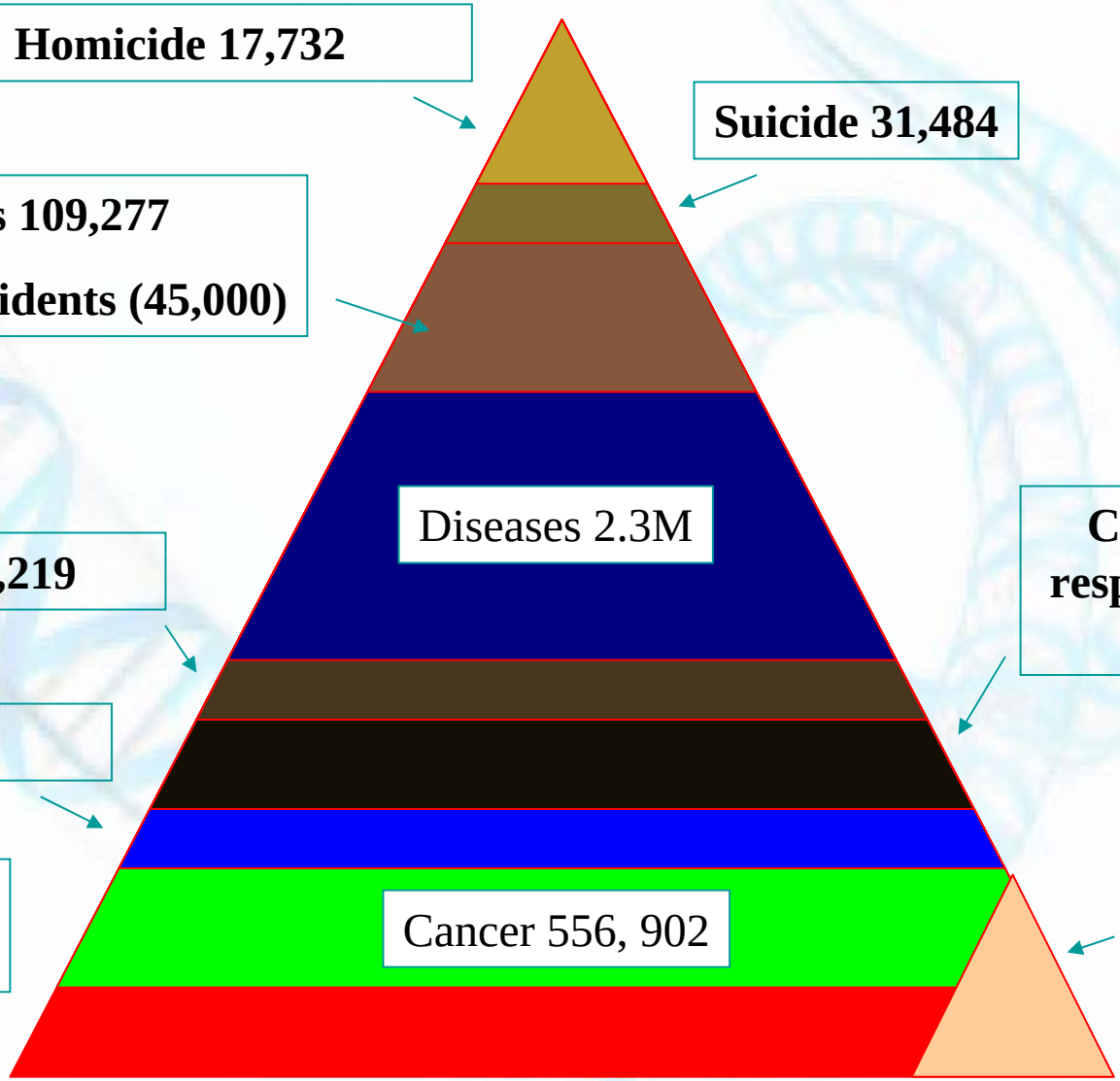
Managed Care

- Lab data enables better treatment and outcomes
- Partner to control high cost leakage
- Recognize value of lab services through appropriate pricing

Customer Focus

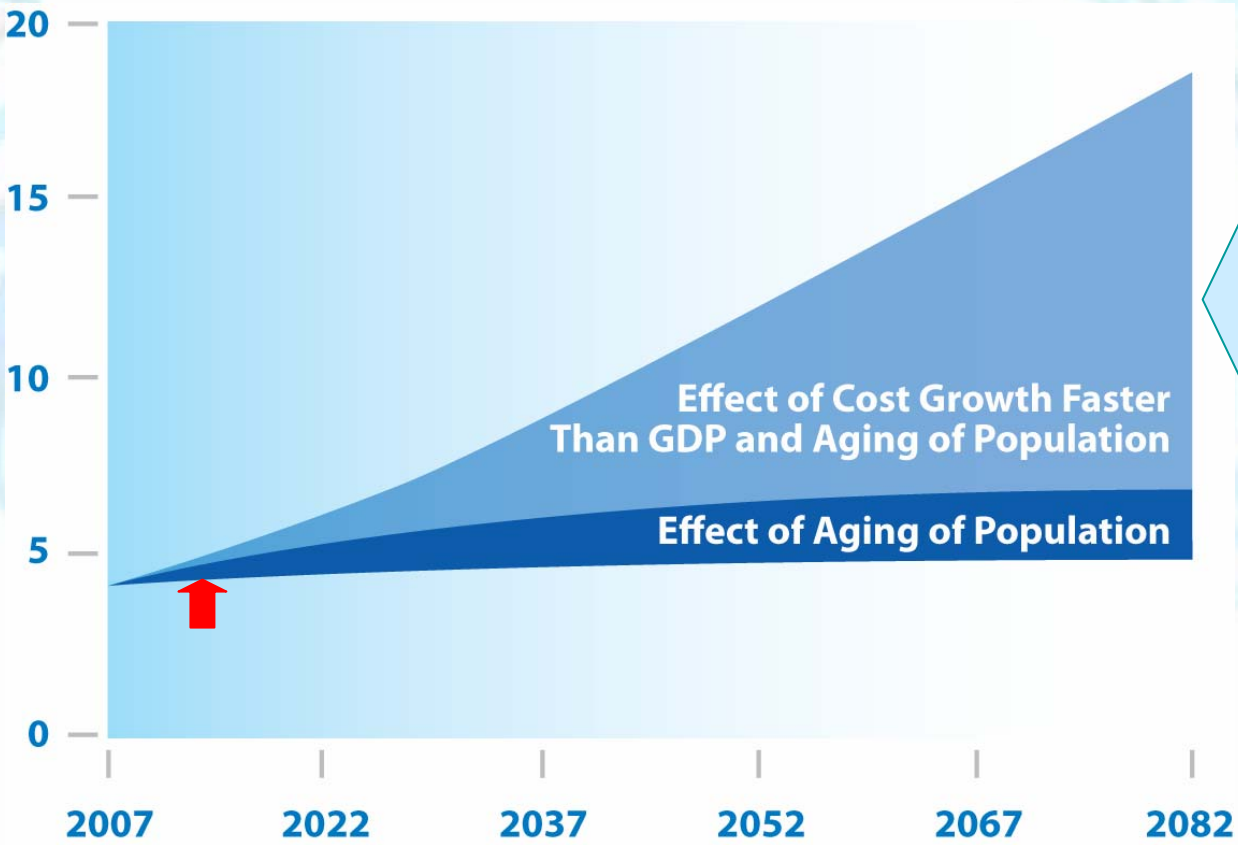
- Quality and service driven culture
- First-time problem resolution
- Continuous enhancements in customer connectivity

The Enemy


Homicide 17,732
Suicide 31,484
Accidents 109,277
Auto Accidents (45,000)
Diseases 2.3M
Diabetes 74,219
Chronic lower-respiratory disease 126, 382
Stroke 157,689
Heart Disease 685,089
Cancer 556, 902
All other deaths 8,364

The Value of Lab Testing

Sources of Growth in Projected Federal Spending on Medicare and Medicaid (Percentage of GDP)



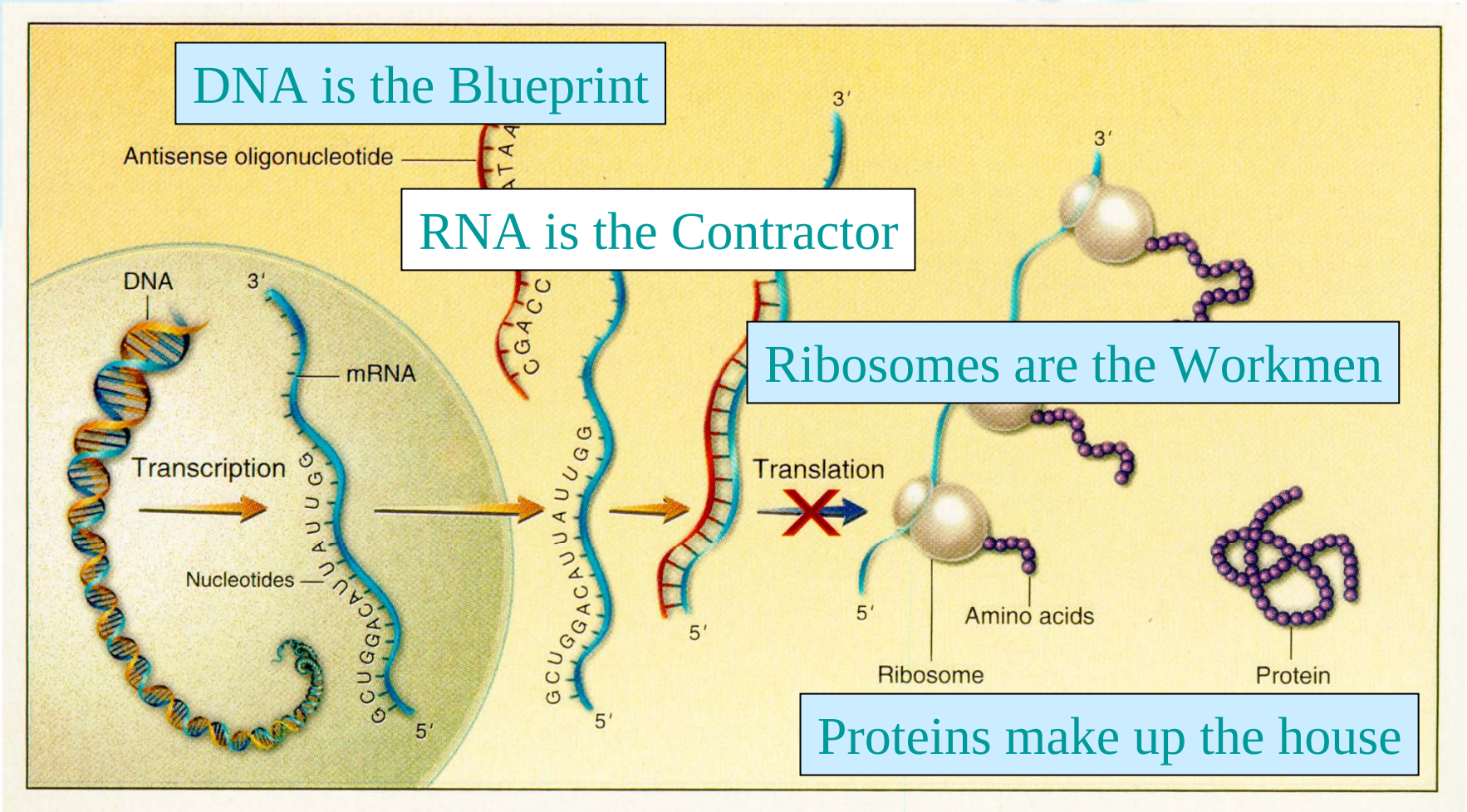
We have to slow this growth

Source: Congressional Budget Office, November 2007

The Healthcare Conundrum

- Healthcare cost the United States 2.3 trillion dollars in 2007
- Lab tests cost $50 Billion
- Imaging is about the same.
- **90% of the medical decisions are made from information derived at a small % of the cost.**
- **We bring the most value!**

DNA, RNA, Protein Path

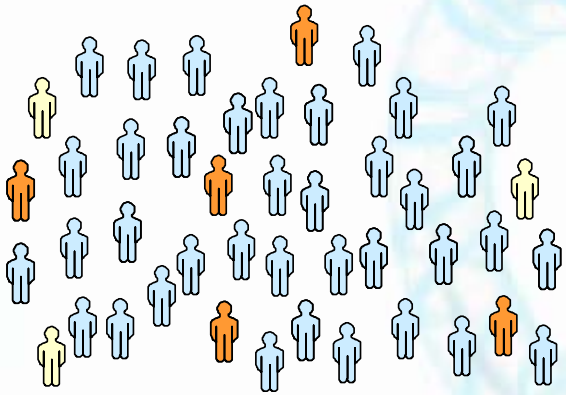


Personalized medicine: Pharmacogenetics

Individual genetic variation effects drug response

Pharmacokinetics –
what the body does to the drug

Pharmacodynamics –
what the drug does to the body



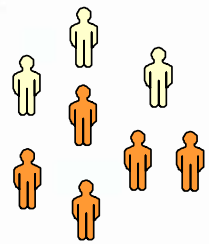
All patients with same diagnosis

Standard therapy

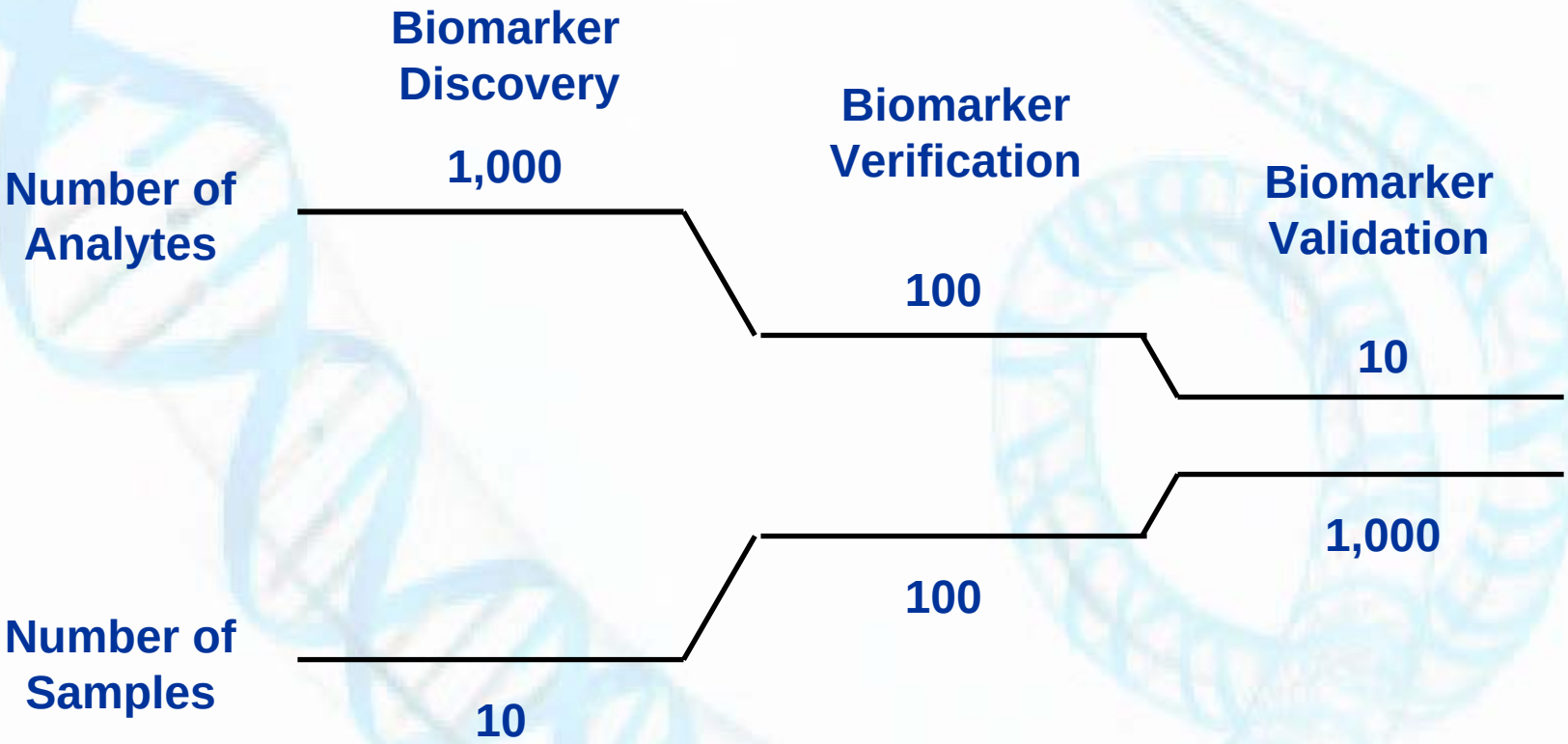
Responders and Patients
Not Predisposed to Toxicity

Alternate therapy

non-responders
and toxic responders

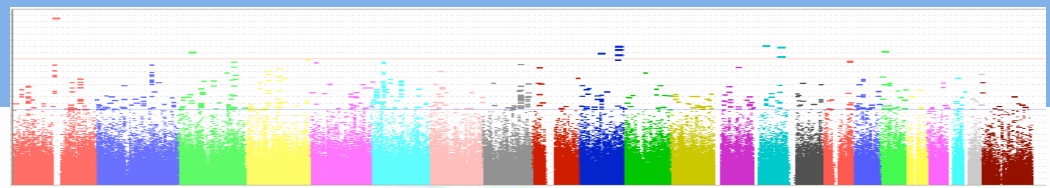


Biomarker studies
- markers of disease state or drug effect

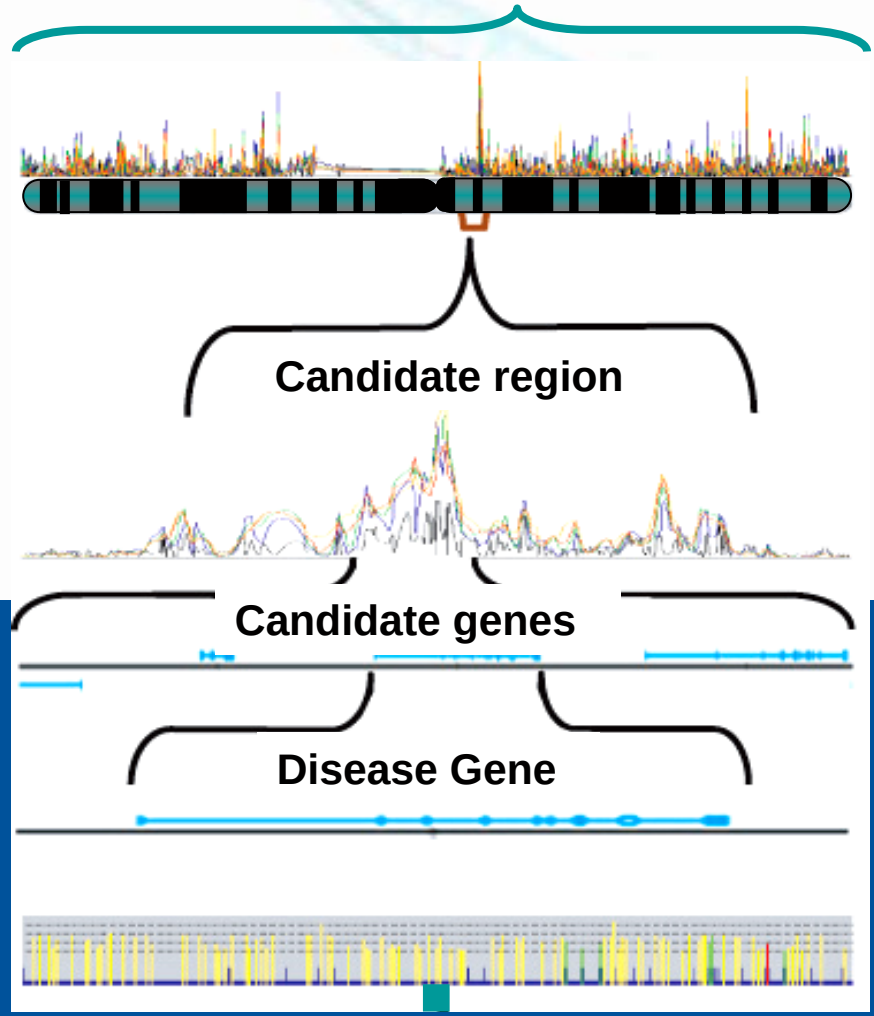


Failure rate of biomarker candidates expected to be similar to failure rate of drug candidates

Genome Wide Association Studies (GWAS)



Unbiased genome wide approach using 1000's of individuals across very high density SNP chip arrays



Illumina

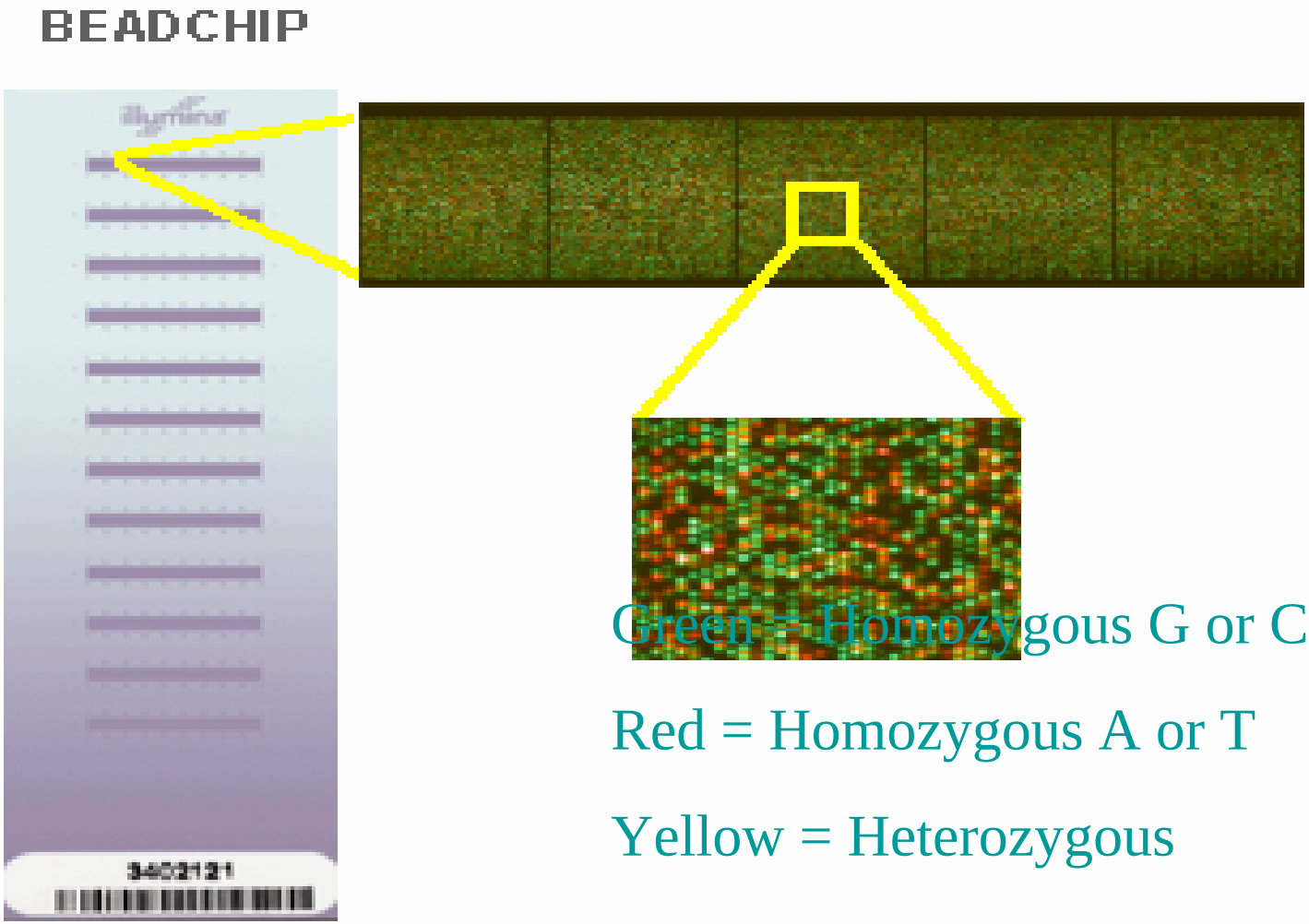
370k
550k/650kY
1 million ~95%

Affymetrix

100k
500k
1 million ~93%

from Genizon.com

The SNP Chip

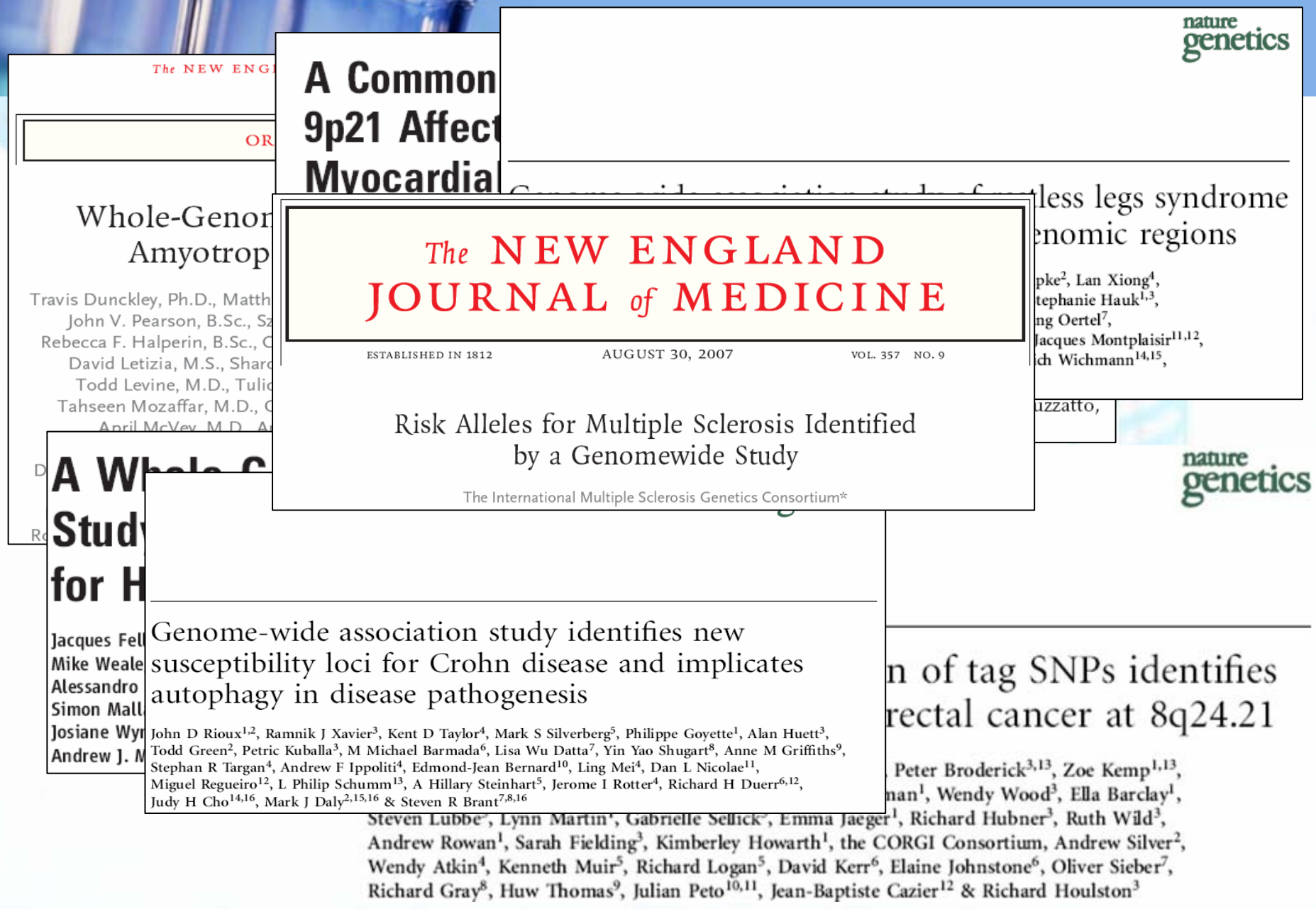


Green = Homozygous G or C

Red = Homozygous A or T

Yellow = Heterozygous

2007: The year of GWAS



The NEW ENGLAND JOURNAL of MEDICINE

ESTABLISHED IN 1812 AUGUST 30, 2007 VOL. 357 NO. 9

Risk Alleles for Multiple Sclerosis Identified by a Genomewide Study

The International Multiple Sclerosis Genetics Consortium*

nature genetics

Genome-wide association study identifies new susceptibility loci for Crohn disease and implicates autophagy in disease pathogenesis

John D Rioux[1,2], Ramnik J Xavier[3], Kent D Taylor[4], Mark S Silverberg[5], Philippe Goyette[1], Alan Huett[3], Todd Green[2], Petric Kuballa[3], M Michael Barmada[6], Lisa Wu Datta[7], Yin Yao Shugart[8], Anne M Griffiths[9], Stephan R Targan[4], Andrew F Ippoliti[4], Edmond-Jean Bernard[10], Ling Mei[4], Dan L Nicolae[11], Miguel Regueiro[12], L Philip Schumm[13], A Hillary Steinhart[5], Jerome I Rotter[4], Richard H Duerr[6,12], Judy H Cho[14,16], Mark J Daly[2,15,16] & Steven R Brant[7,8,16]

nature genetics

n of tag SNPs identifies rectal cancer at 8q24.21

Peter Broderick[3,13], Zoe Kemp[1,13], nan[1], Wendy Wood[3], Ella Barclay[1], Steven Lubbe[3], Lynn Martin[3], Gabrielle Sellick[3], Emma Jaeger[1], Richard Hubner[3], Ruth Wild[3], Andrew Rowan[1], Sarah Fielding[3], Kimberley Howarth[1], the CORGI Consortium, Andrew Silver[2], Wendy Atkin[4], Kenneth Muir[5], Richard Logan[5], David Kerr[6], Elaine Johnstone[6], Oliver Sieber[7], Richard Gray[8], Huw Thomas[9], Julian Peto[10,11], Jean-Baptiste Cazier[12] & Richard Houlston[3]

Proteomics

Black Swallowtail – larvae and butterfly same DNA

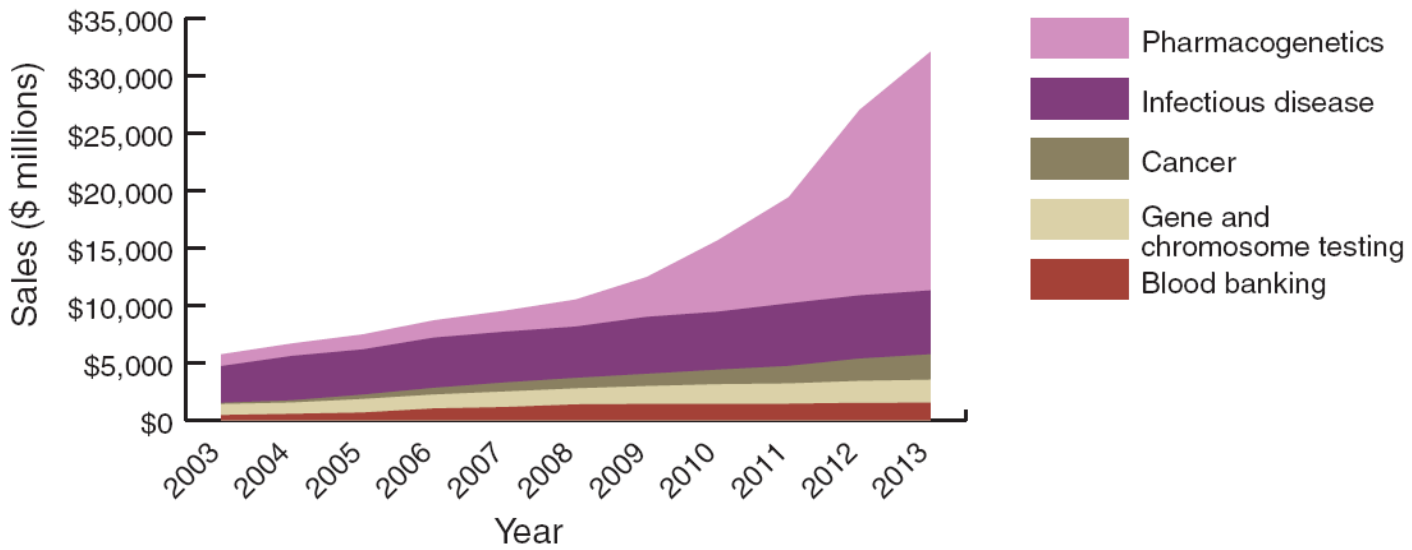
Same DNA but very different proteome

- One cannot understand the biology without understanding the proteome

Revenue Drivers Molecular Testing

US molecular diagnostic testing market

Pharmacogenetic tests aren't expected to see aggressive revenue growth until around 2010.



Source: Kalorama Information

Publicly Announced Relationships

Partner	Clinical Area
ARCA Discovery	Companion Diagnostics (CVD) (exclusive)
Celera Diagnostics	Breast Cancer
Duke University	Lung Cancer (exclusive)
Exact Sciences	Colon Cancer
Intema Ltd.	Prenatal Testing
Ipsogen	Molecular Diagnostics
Medco Health Solutions	Companion Diagnostics (Research)
OMS	Companion Diagnostics (Oncology) (exclusive)
Siemens Health Solutions	Companion Diagnostics (Oncology and CVD)
SmartGene	Bioinformatics Tools
Third Wave Technologies	Companion Diagnostics (CVD)
Vanda Pharmaceuticals	Companion Diagnostics (Oncology) (exclusive)
Veridex	Prostate Cancer
Yale University	Ovarian Cancer (exclusive)

Congestive Heart Failure

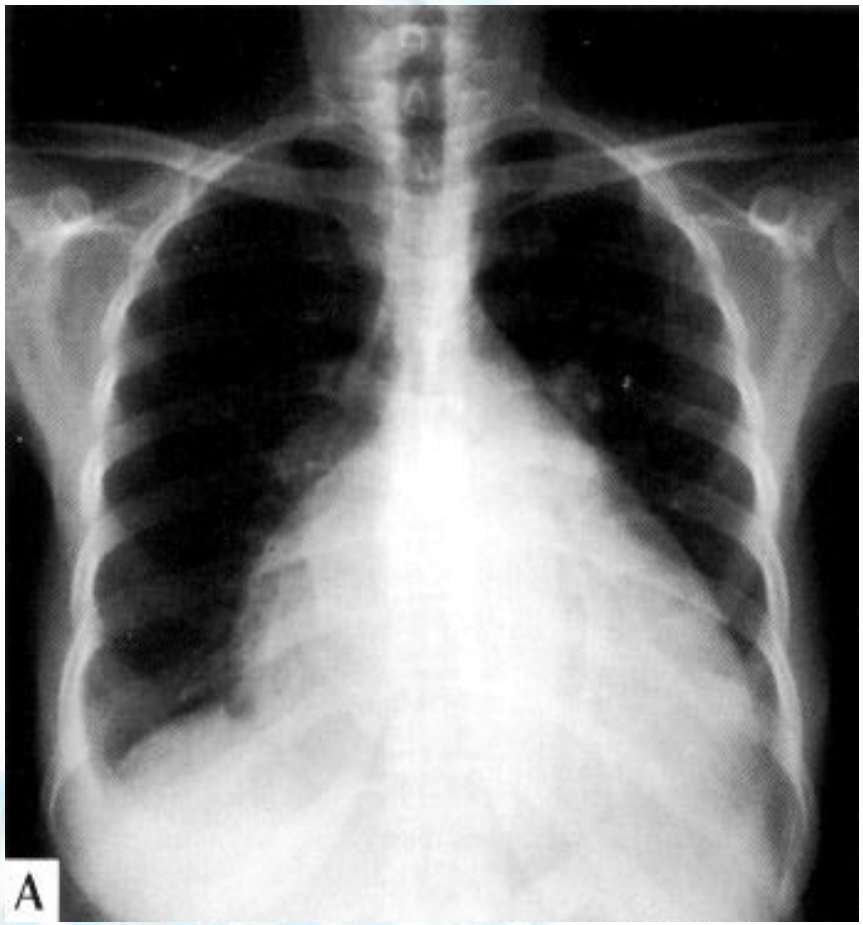
Bucindolol and New Thinking

Pathophysiological Definition:

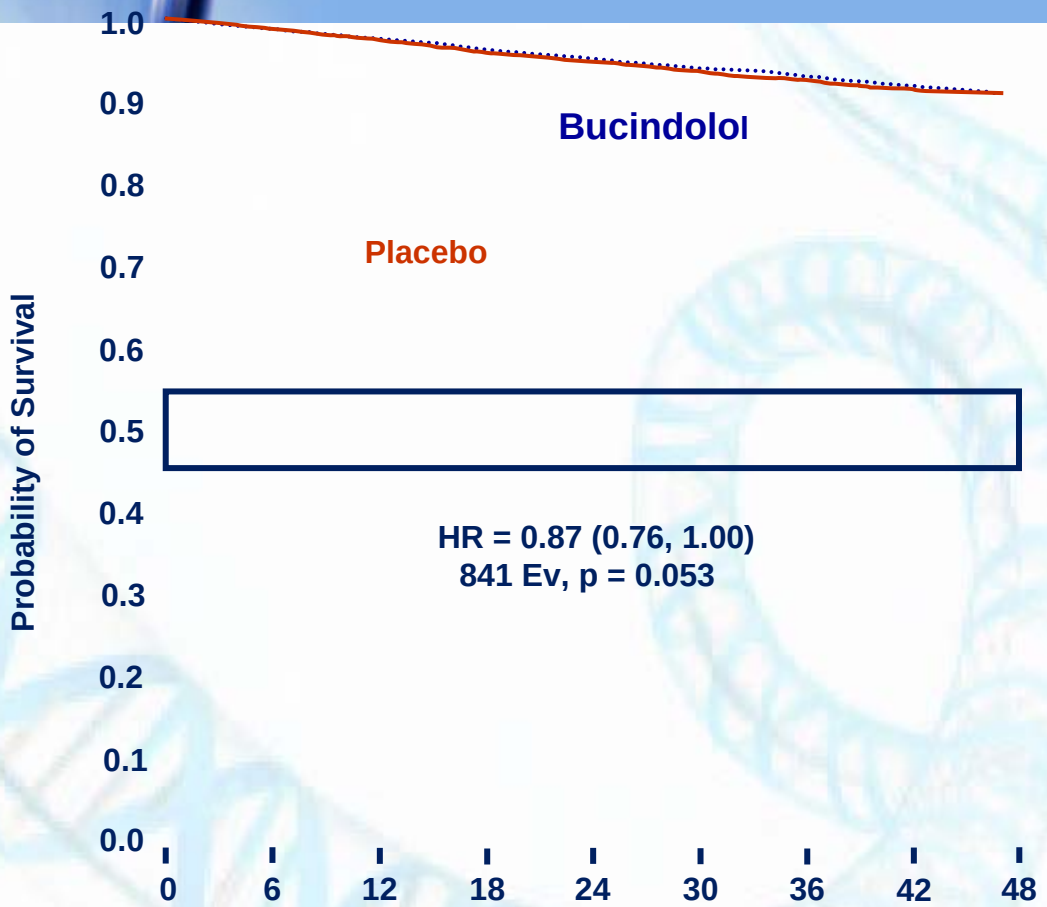
A condition in which the heart is no longer able to pump an adequate supply of blood to meet the metabolic needs of tissues.

Clinical Definition:

A condition in which ventricular dysfunction causes reduced exercise capacity.



BEST trial, *all-cause mortality* full model (covariate adjusted, transplant censored)



No. At Risk									
Placebo	1354	1257	1036	805	655	464	279	119	21
Bucindolol	1354	1262	1053	847	686	482	296	124	25

No. Treated									
Placebo	1354	1078	841	634	499	342	199	87	11
Bucindolol	1354	1063	871	673	537	385	228	96	15

The New England Journal of Medicine

VOLUME 347 OCTOBER 10, 2002 NUMBER 15

SYNERGISTIC POLYMORPHISMS OF β_1- AND α_{2C}-ADRENERGIC RECEPTORS AND THE RISK OF CONGESTIVE HEART FAILURE

KERSTEN M. SMALL, PH.D., LYNNE E. WAGONER, M.D., ALBERT M. LEVIN, M.P.H., SHARON L.R. KARDIA, PH.D., AND STEPHEN B. LIGGETT, M.D.

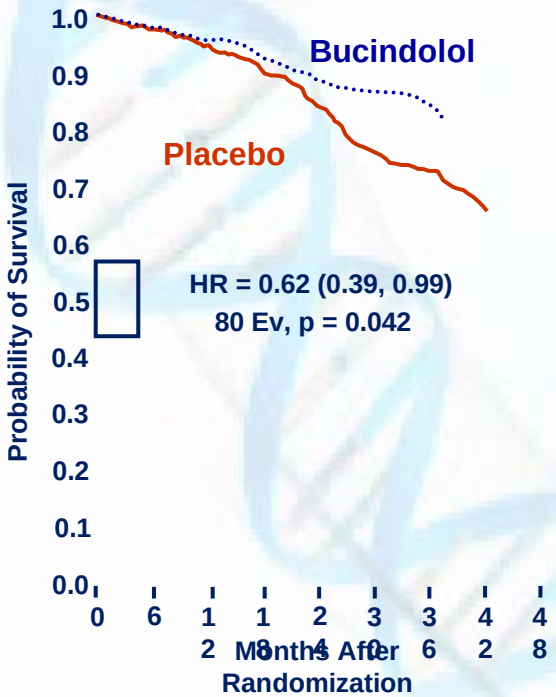
Small et al, N Engl J Med 347:1135-1142, 2002

Adrenergic receptor β_1 389 Arg/Gly and α_{2c} Wt/Del genotype combinations

Gene Variants	Bucindolol Rx interaction	Net Effects
β_1 389 Arg/Arg + α_{2c} 322-325 Del or Wt (47% of BEST, 51% U.S.)	*Much higher efficacy in β_1 Arg/Arg overcomes α_{2c} Del adverse effects*	*"Very Favorable genotype"* (HF EP effect sizes 34-48%)
β_1 389 Gly carrier + α_{2c} 322-325 Wt/Wt (40% of BEST, 39% of U.S.)	*Efficacy from mild NE lowering adds to some efficacy in β_1 389 Gly*	*"Favorable genotype"* (HF EP effect sizes 19-40%)
β_1 389 Gly carrier + α_{2c} 322-325 Del carrier (13% of BEST, 10% of U.S.)	*Adverse effects of α_{2c} Del neutralizes low efficacy of β_1 389 Gly*	*"Unfavorable genotype"* (No efficacy)

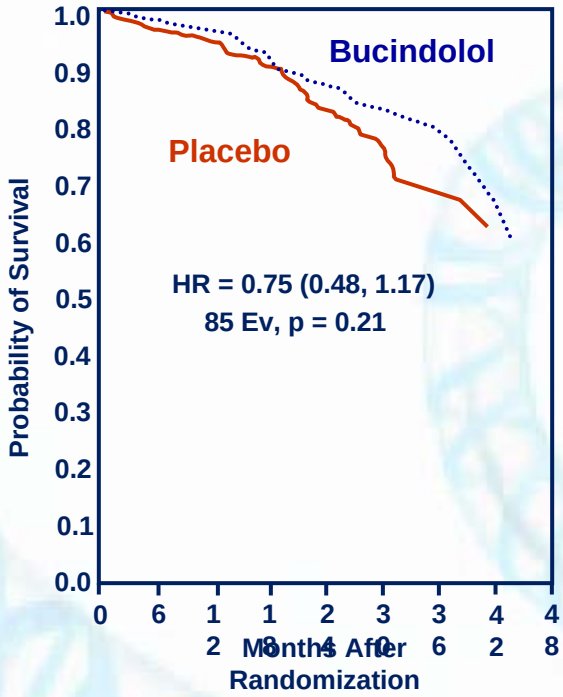
All-cause Mortality by β_1 389/α_{2c} 322-325 genotypes
Adjusted Analysis

Very Favorable
(β_1 389 Arg/Arg + α_{2c} Wt/Wt or Del carrier)



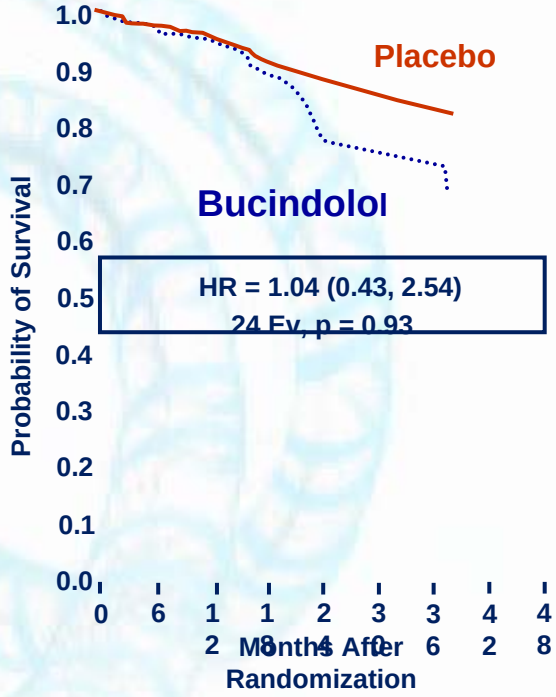
No. At Risk							
Placebo	236	229	190	140	115	82	49
Bucindolol	257	250	224	181	144	106	61

Favorable
(β_1 389 Gly carrier + α_{2c} Wt/Wt)



No. At Risk							
Placebo	214	205	183	145	109	71	29
Bucindolol	199	193	163	136	108	68	41

Unfavorable
(β_1 389 Gly carrier + α_{2c} Del carrier)



No. At Risk							
Placebo	75	72	64	50	41	24	16
Bucindolol	59	58	52	34	25	20	16

Stroke
Warfarin - Safety

- Over-anticoagulation associated with bleeding
- Bleeding events most likely within the first 90 days of therapy
- One-third of INR values exceed target range in first month of therapy
- 7% of patients suffer a major hemorrhage
- Relative risk of fatal extracranial bleeds 4.8%
- Rate of major bleed within six months range 5.6% to 12%
- Near top in most surveys of adverse events
- Average cost per patient of a bleeding episode $15,988 with a mean hospital stay of 6 days

Evans et al Annals of Pharmaco 39:1161-1168 2005, Schulman et al NEJM 349:675-683 2003, Eikelboom & Hankey Med J Aust 180:549-551 2004, Schulman Hematology 6th Edition 2001:1777-92, Clinical Pharmacology Subcommittee (CPSC) Nov 14-15, 2005 Proceedings, Beyth et al Ann Intern Med 2000 133(9):687-695, Wadelius and Pimohamed J Pharmacogenomics 1-13 2006.

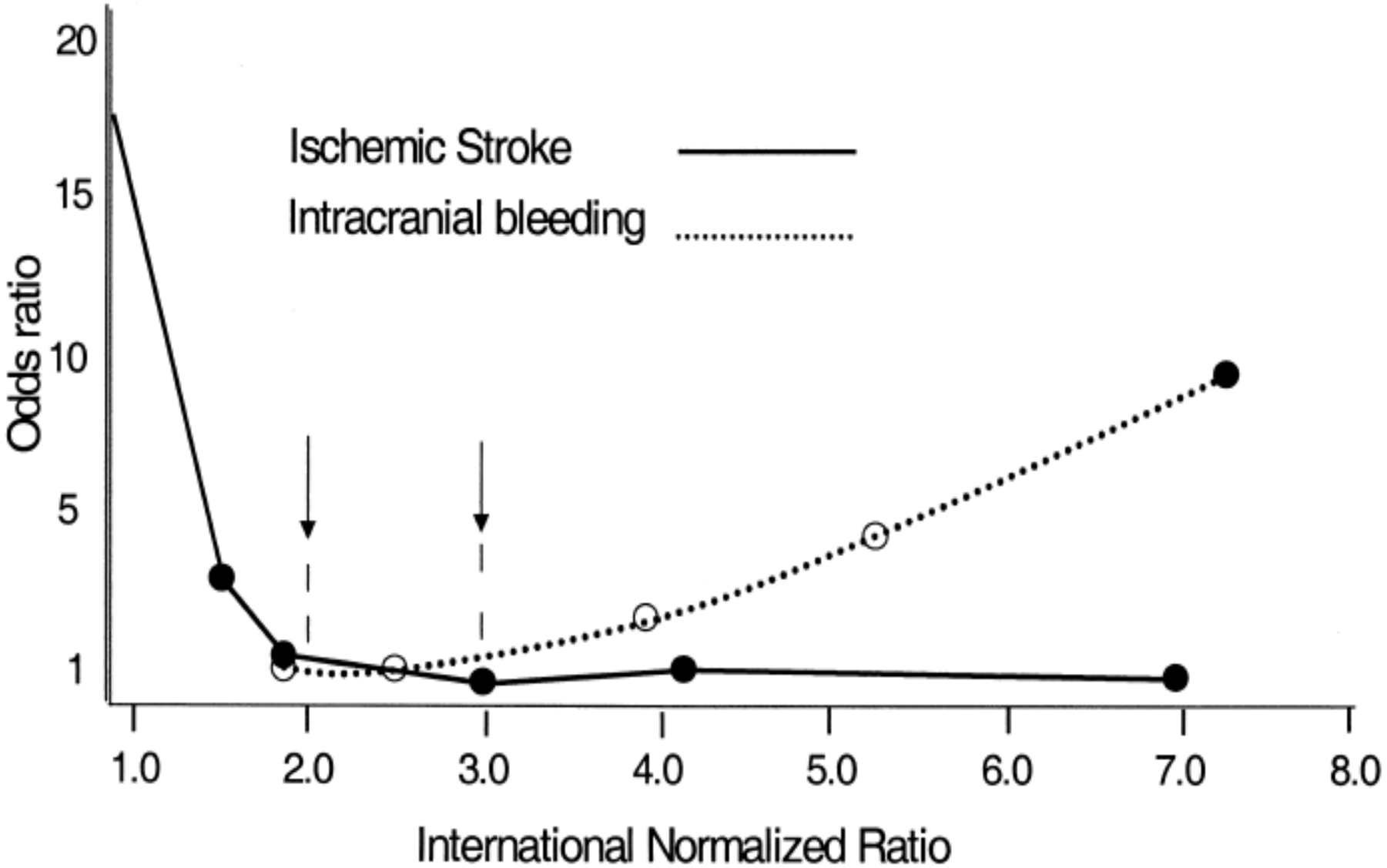
Warfarin – Black Box

WARNING: BLEEDING RISK

Warfarin sodium can cause major or fatal bleeding. Bleeding is more likely to occur during the starting period and with a higher dose (resulting in a higher INR). Risk factors for bleeding include high intensity of anticoagulation (INR >4.0), age ≥65, highly variable INRs, history of gastrointestinal bleeding, hypertension, cerebrovascular disease, serious heart disease, anemia, malignancy, trauma, renal insufficiency, concomitant drugs (see **PRECAUTIONS**), and long duration of warfarin therapy. Regular monitoring of INR should be performed on all treated patients. Those at high risk of bleeding may benefit from more frequent INR monitoring, careful dose adjustment to desired INR, and a shorter duration of therapy. Patients should be instructed about prevention measures to minimize risk of bleeding and to report immediately to physicians signs and symptoms of bleeding (see **PRECAUTIONS: Information for Patients**).

- Warfarin sodium can cause major or fatal bleeding. Bleeding is more likely to occur during the starting period and with a higher dose (resulting in a higher INR).

Warfarin: Optimal Dose



Genetic Factors and Warfarin Dosing

- 2 genes → 3 SNPs → Reduced Activity
- Two genes play key role in the response to warfarin
- Variants significantly impact the rate of warfarin metabolism and amount of drug target available
- Pharmacokinetics – CYP2C9
- Pharmacodynamics – VKORC1

February 2005 · Vol. 7 · No. 2 review

PHARMACOGENOMICS

CYP2C9 gene variants, drug dose, and bleeding risk in warfarin-treated patients: A HuGEnet™ systematic review and meta-analysis

Simon Sanderson, DPH[1], Jon Emery, DPhil[2], and Julian Higgins, PhD[3]

VKORC1 and C… acenocoumarol antic… Interaction between … overanticoagulation

Objective: Our objective was to assess the ef… agulation and time to achieve stability and th… acenocoumarol treatment.
Methods: A prospective follow-up study was … assessed the *CYP2C9* genotype (*CYP2C9*2* an… of the subjects and collected data on internati…

A Genetic Component to Coumarin Sensitivity

In addition to this variation in dose-response within individuals, the inter-individual dose range required to

Open access, freely available online PLoS MEDICINE

Combined genetic profiles of components and r… dependent ? -carboxylation system affect indivi…

Manuela Vecsler 1,3, Ronen Loebstein 2 , Shlomo Almog 2,3, Hillel Halkin 2,3, Eva Gak 1,3

1 Danek Gertner Institute of Human Genetics and 2 Institute o… Center, Tel Hashomer, Israel; 3 Sackler Faculty of Medicine, T…

A *C1173T* Dimorphism in the *VKORC1* Gene Determines Coumarin Sensitivity and Bleeding Risk

Pieter H. Reitsma[1*], Jeroen F. van der Heijden[1], Angelique P. Groot[1], Frits R. Rosendaal[2], Harry R. Büller[3]

1 Laboratory for Experimental Internal Medicine, Academic Medical Center, University of Amsterdam, Amsterdam, The Netherlands, 2 Departments of Clinical Epidemiology and Hematology, Leiden University Medical Center, Leiden, The Netherlands, 3 Department of Vascular Medicine, Academic Medical Center, University of Amsterdam, Amsterdam, The Netherlands

Summary HEMOSTASIS, THROMBOSIS, AND VASCULAR BIOLOGY

Cytochrome P450 2C9 *(CYP2C9)* and vitamin K epoxide reductase *(VKORC1)* genotypes as determinants of acenocoumarol sensitivity

Laurent Bodin, Céline Verstuyft, David-Alexandre Tregouet, Annie Robert, Liliane Dubert, Christian Funck-Brentano, Patrice Jaillon, Philippe Beaune, Pierre Laurent-Puig, Laurent Becquemont, and Marie-Anne Loriot

(S)-Warfarin

The Pharmacogenomics of Warfarin

Closing in on Personalized Medicine

Role of CYP2C9 and VKORC1

- Pharmacokinetics
  - CYP[illegible] terminates the drug activity
  - Genetic variations in CYP2C9 alter S-warfarin clearance
  - CYP2C9*2 and CYP2C9*3 alleles significantly reduce S-warfarin metabolism
  - Significantly associated with lower maintenance doses
  - Significantly associated with increased time to stable dose

2C9 = Sets the rate

VKORC1 = Sets the amount

Li et al., 2004 Nature vol 427:541-544; Rost et al., 2004 Nature Vol 427:537-541; Reider et al., 2005 NEJM 352:2285-93; Takahashi & Echizen 2003 Pharmacogenomics J 3:202-214

Lung Cancer

- In a large collaborative study 31,567 asymptomatic people were screened for lung cancer using low dose CT.
- 821 suspicious lesions were detected.
- 412 turned out to be stage 1 lung cancer.
- 409 turned out to be benign.
- It takes very dangerous biopsy or PET scan to tell the difference.

NEJM Volume 355:1763-1771

Duke Lung Cancer Markers

- The Duke Lung Cancer markers are serum proteins which differentiate between benign lesions and true cancers with a simple serum based test.

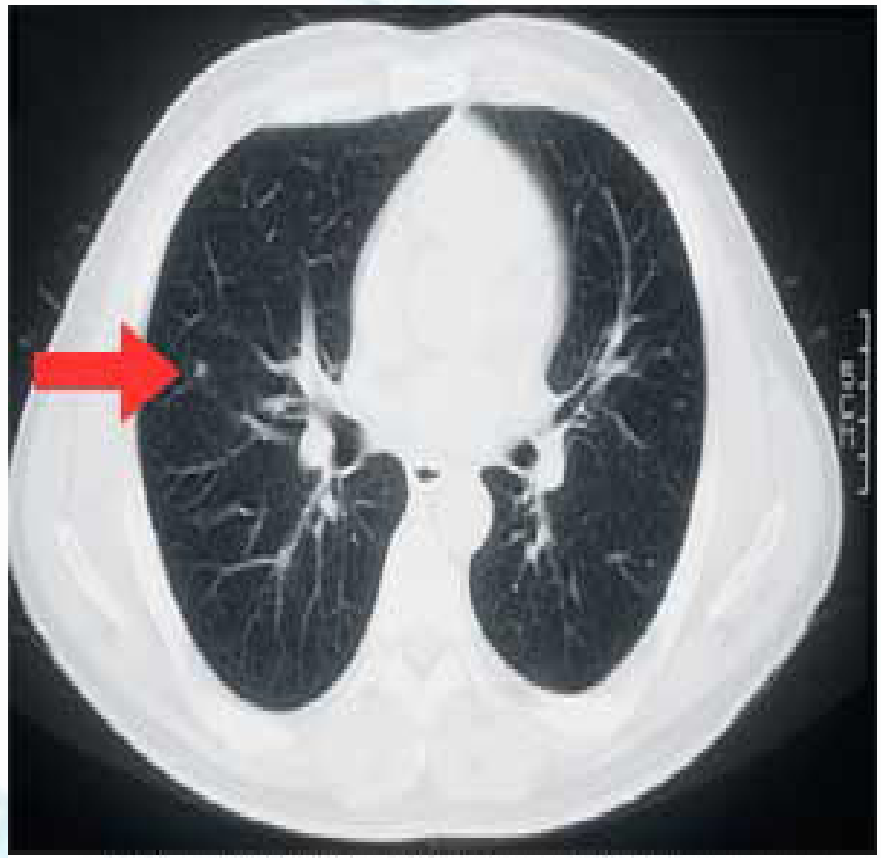


Fig1 : 5mm lung cancer detected by CT scan

Treatment Algorithm

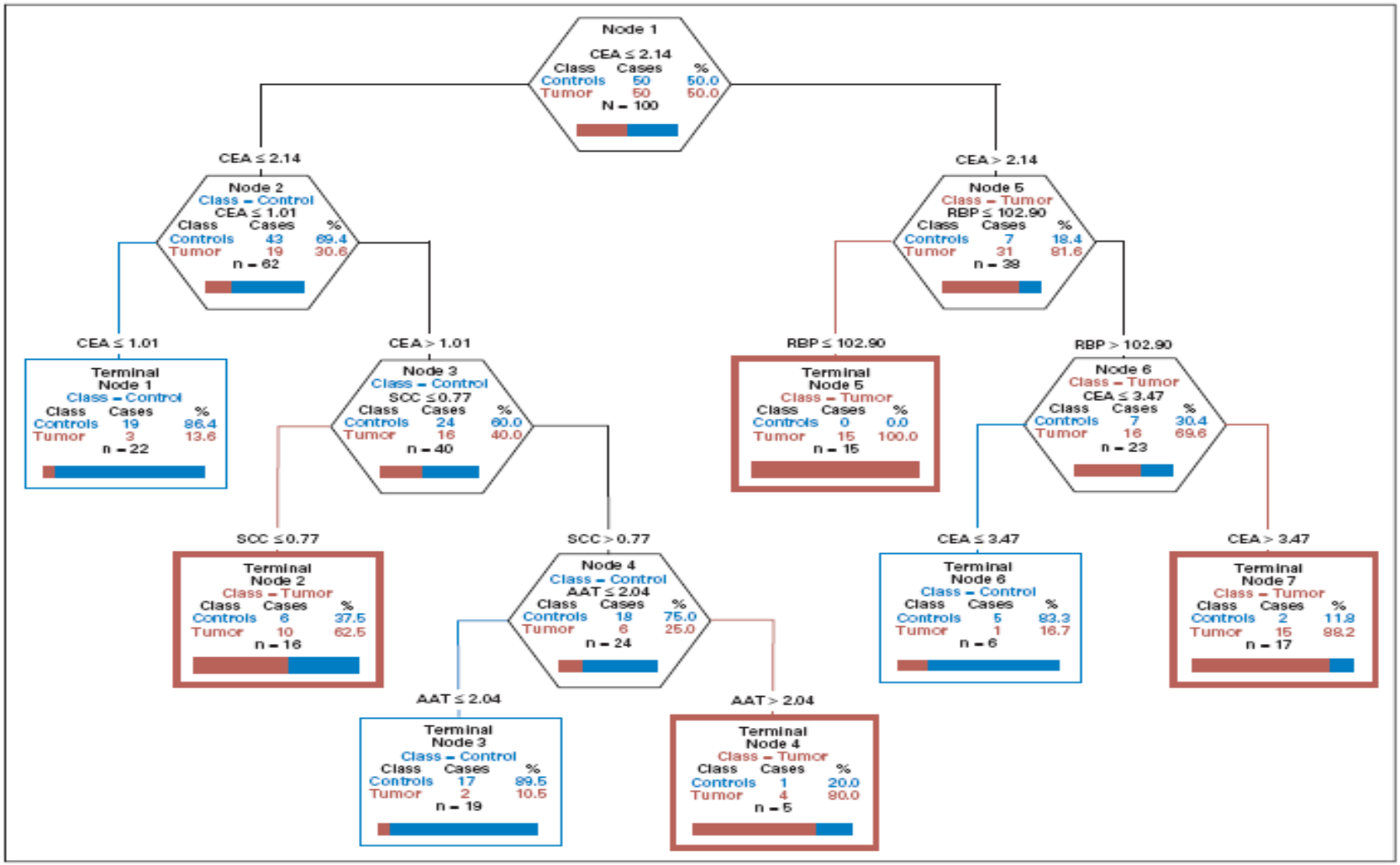


Fig 1. Classification and Regression Tree analysis of the training set selected four proteins with seven terminal nodes. The three terminal cancer nodes have a bold outline. CEA, carcinoembryonic antigen; RBP, retinol binding protein; SCC, squamous cell carcinoma antigen; AAT, α1-antitrypsin.

Serum Protein Markers for Early Detection of Ovarian Cancer

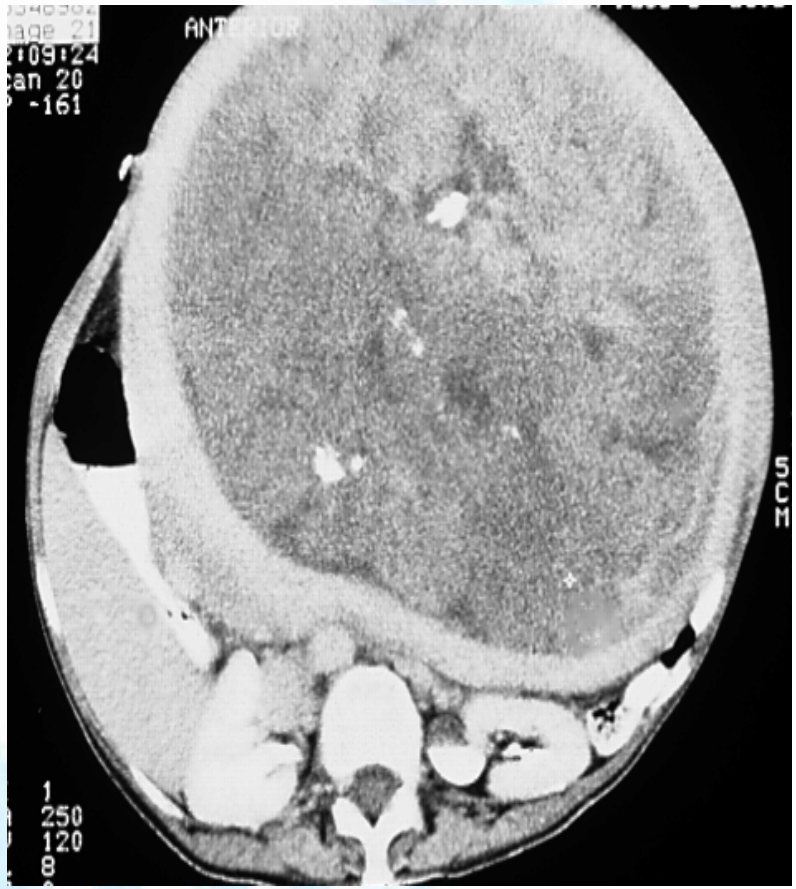
5-year survival rates

70-80% among the

25-30% of patients

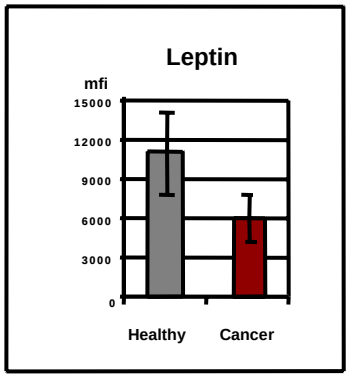
diagnosed with stage I or II

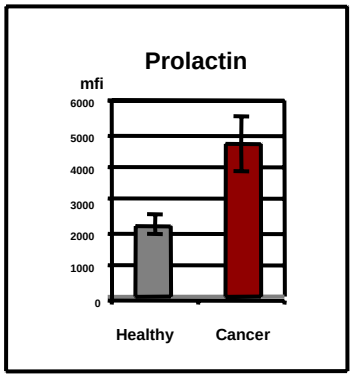
20-30% survival among the>**70**% of patients diagnosed with stage III or IV

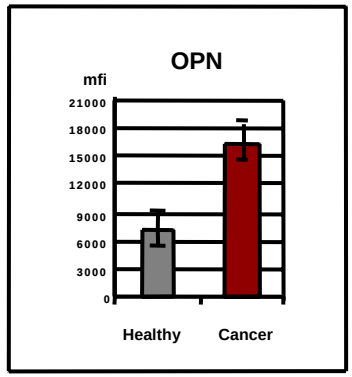


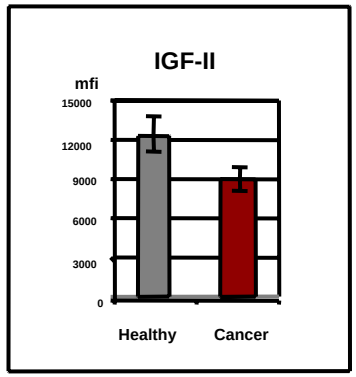
- Averette, H. E. *et al*. *Cancer* 1995;76(6):1096-1103.
- Meyer, T. & Rustin, G.J.S. *British Journal of Cancer* 2000;82(9):1535-1538.
- Peters-Engl, C. *et al*. *British Journal of Cancer* 1999;81(4):662-666.

VALIDATION

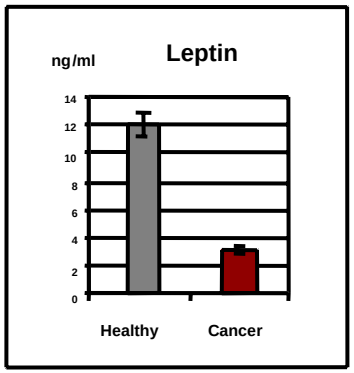


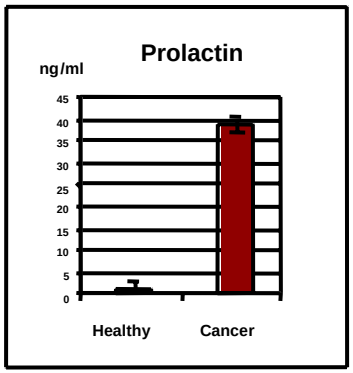


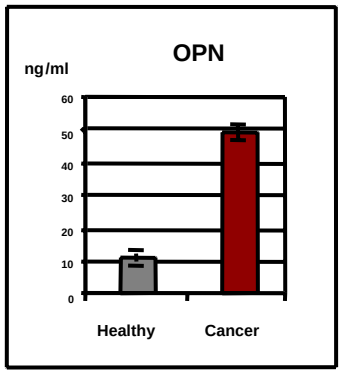


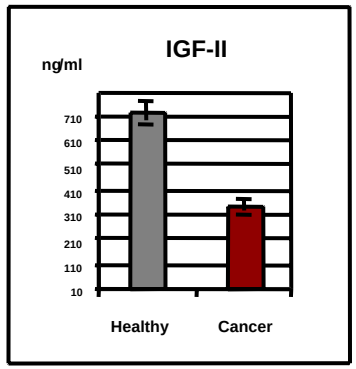


Microarray









ELISA

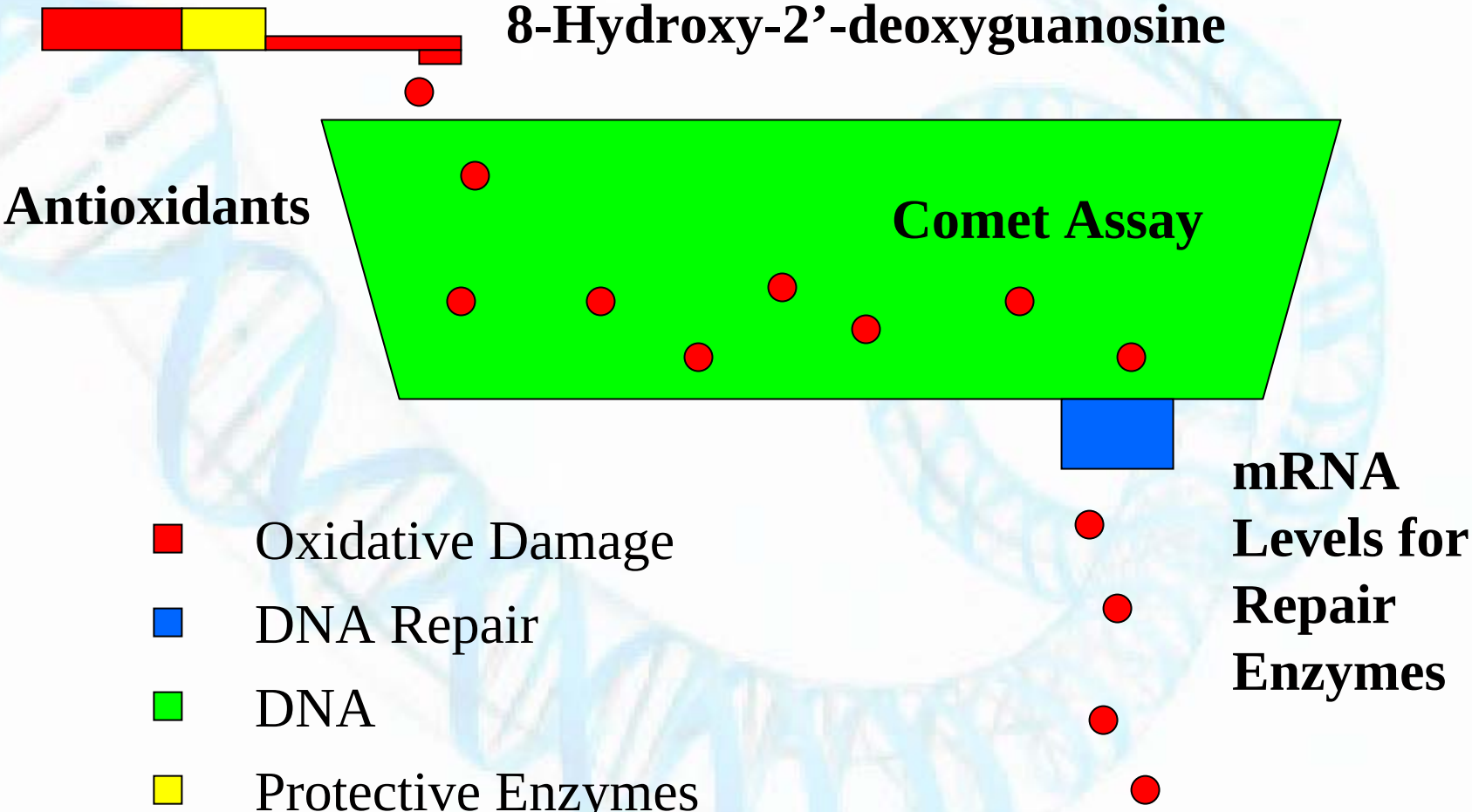
Leptin ***Prolactin*** ***Osteopontin*** ***Insulin-like GrowthFactor-II***

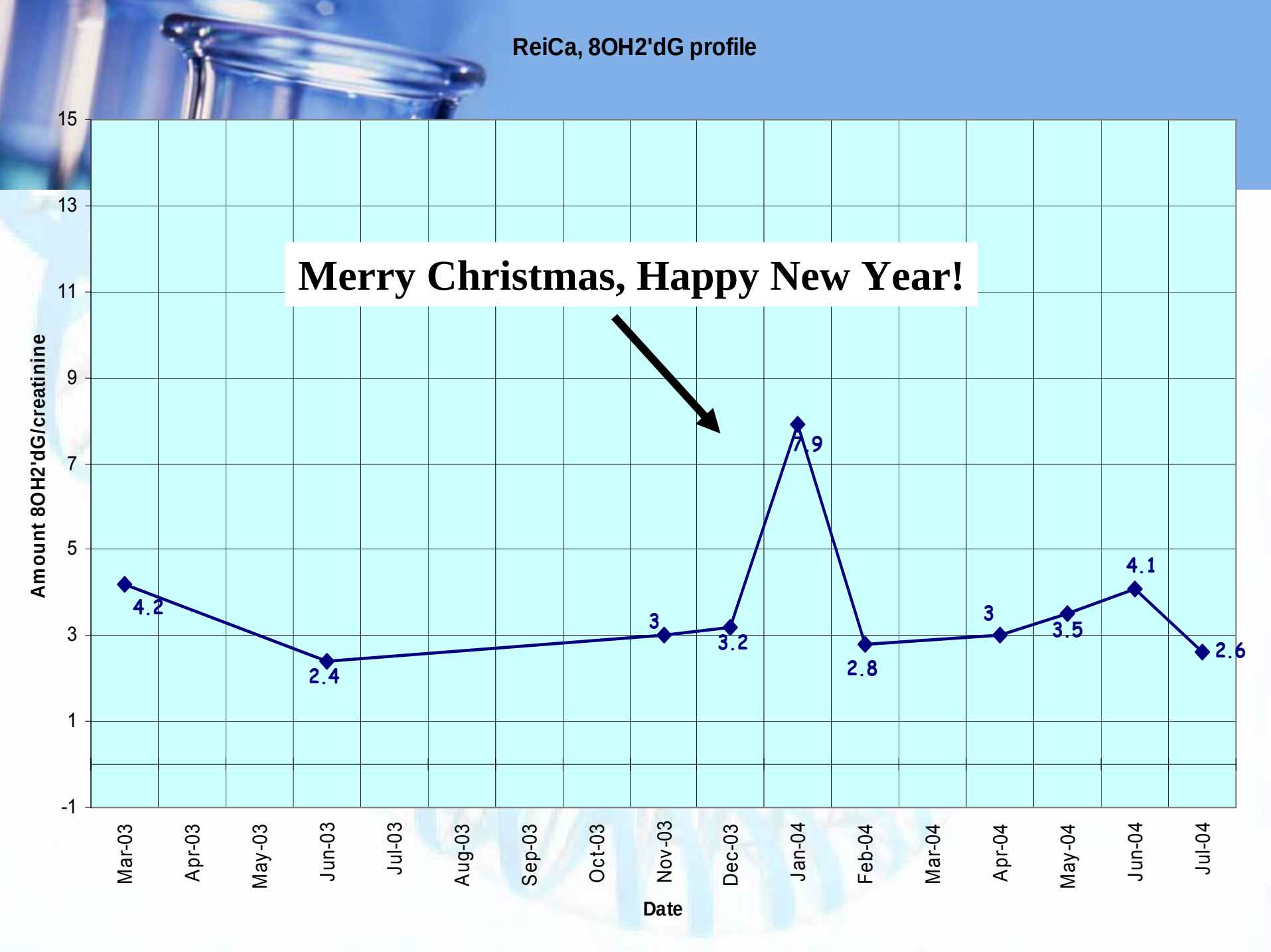
What About Prevention?

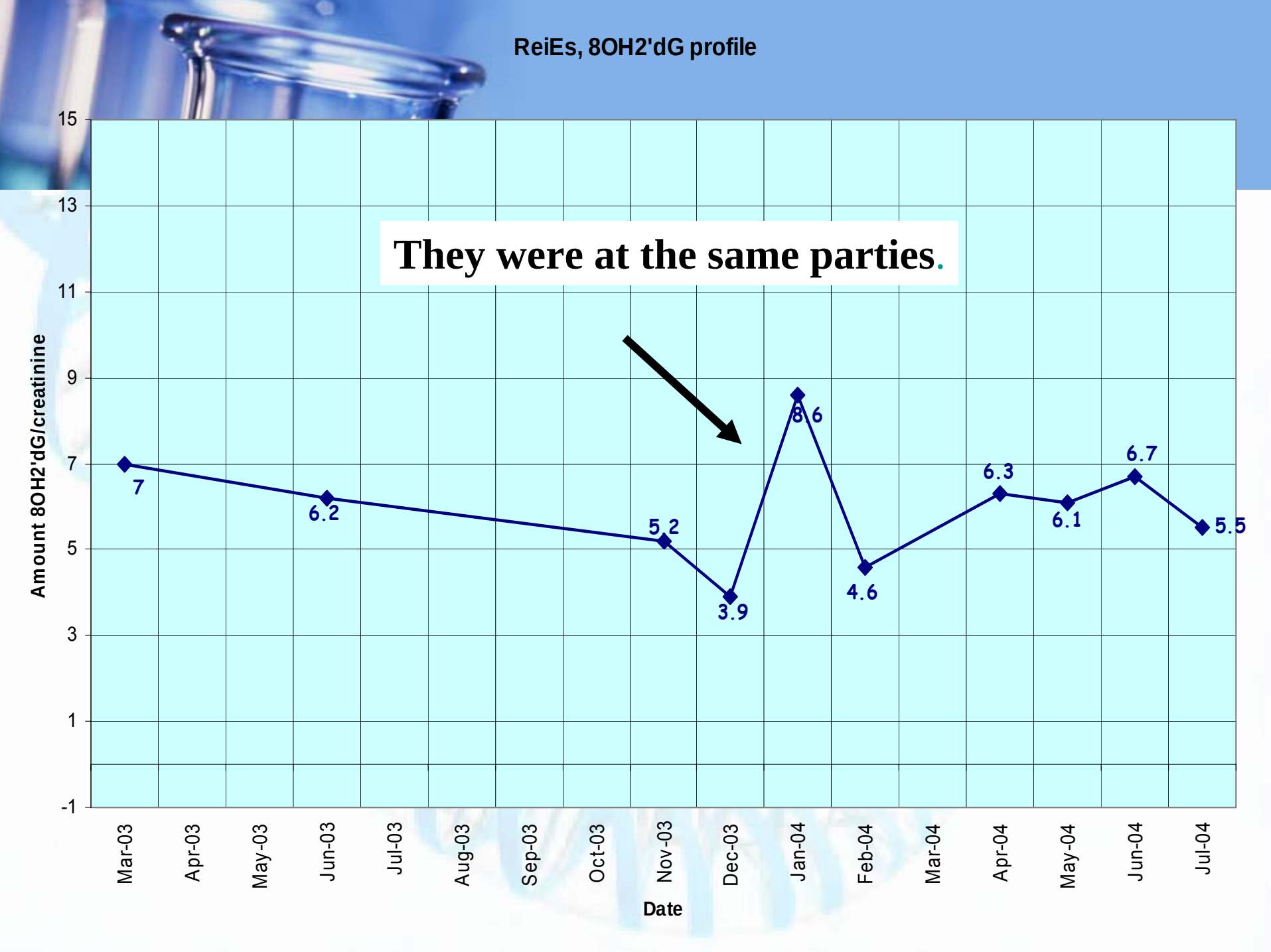
- "The time to repair the roof is when the sun is shining."
  -- John F. Kennedy

- Difficult job because you need to influence individual behavior.

Measuring The Balance of DNA Damage and Repair In order to find out which way to go you have to know where you are.

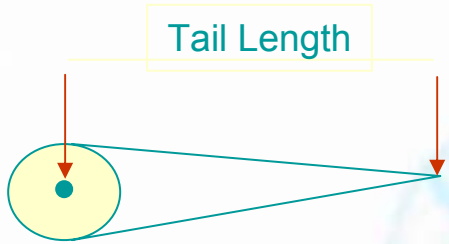



ReiCa, 8OH2'dG profile
Merry Christmas, Happy New Year!
Amount 8OH2'dG/creatinine
15
13
11
9
7
5
3
1
-1
4.2
2.4
3
3.2
7.9
2.8
3
3.5
4.1
2.6
Mar-03
Apr-03
May-03
Jun-03
Jul-03
Aug-03
Sep-03
Oct-03
Nov-03
Dec-03
Jan-04
Feb-04
Mar-04
Apr-04
May-04
Jun-04
Jul-04
Date


ReiEs, 8OH2'dG profile
They were at the same parties.
Amount 8OH2'dG/creatinine
15
13
11
9
7
5
3
1
-1
7
6.2
5.2
3.9
8.6
4.6
6.3
6.1
6.7
5.5
Mar-03
Apr-03
May-03
Jun-03
Jul-03
Aug-03
Sep-03
Oct-03
Nov-03
Dec-03
Jan-04
Feb-04
Mar-04
Apr-04
May-04
Jun-04
Jul-04
Date

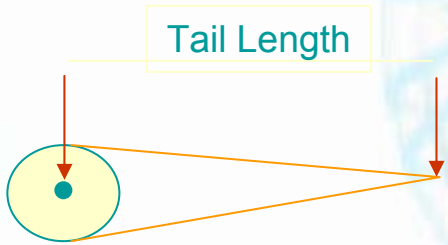
DNA damage may be calculated using different measurements

Tail Length



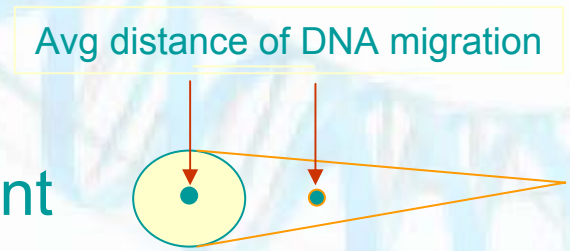
Distance from center of comet head to end of tail

Tail Extent Moment



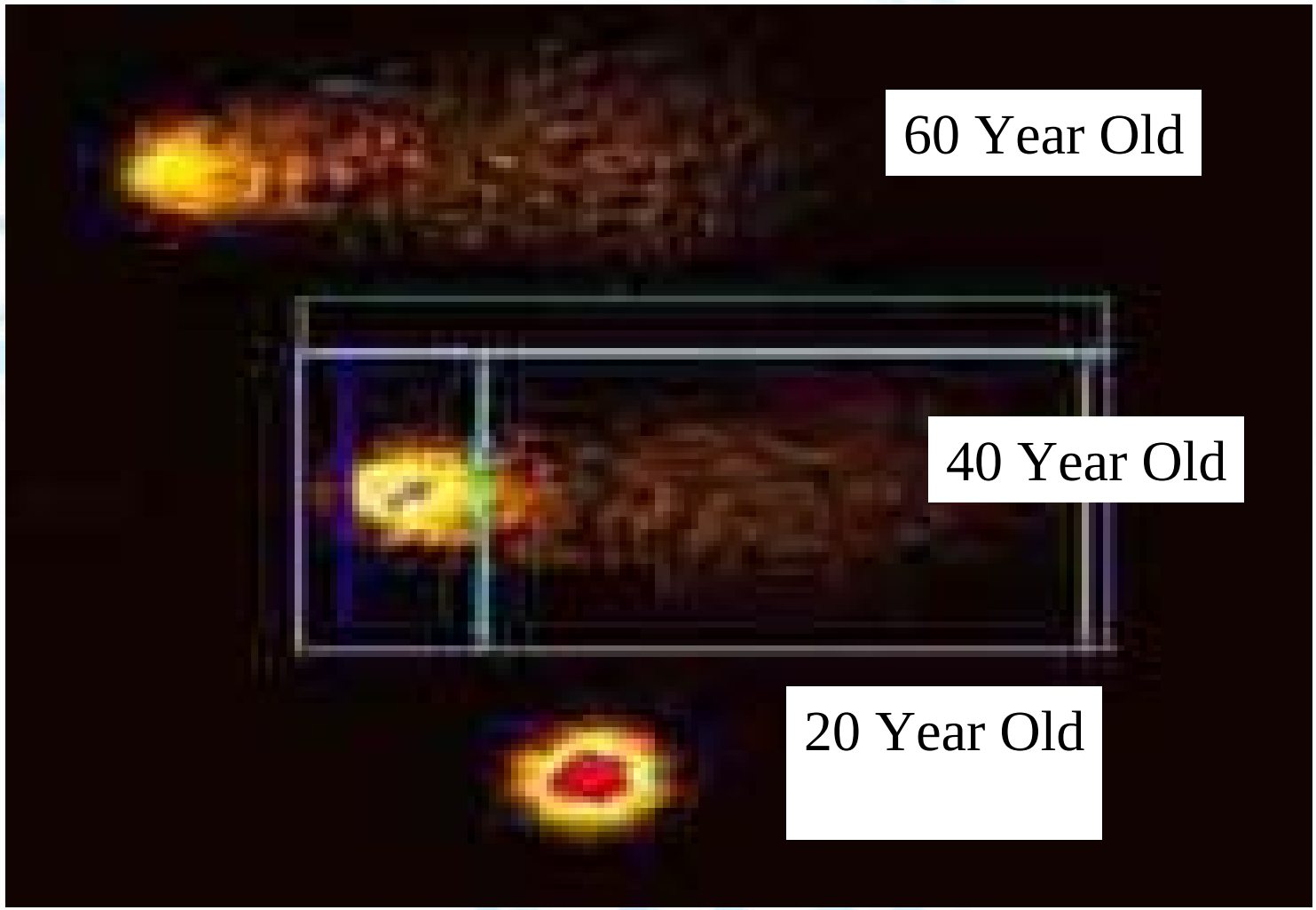
$$\frac{\text{(Tail length) X (\% tail fluorescence)}}{100}$$

Olive Tail Moment



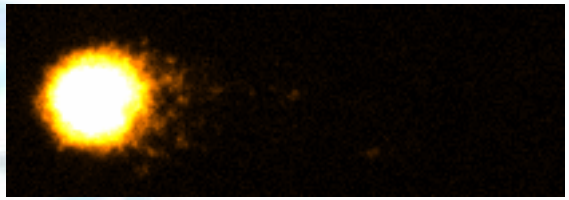
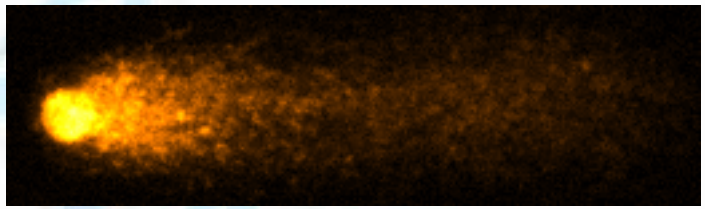
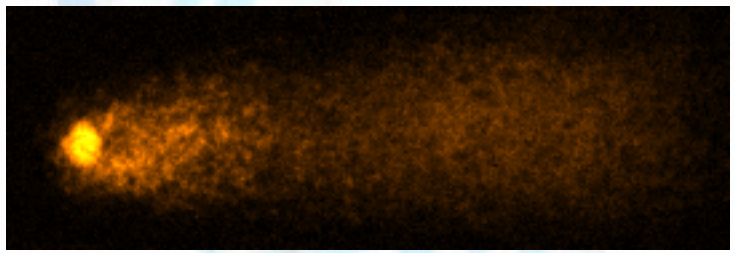
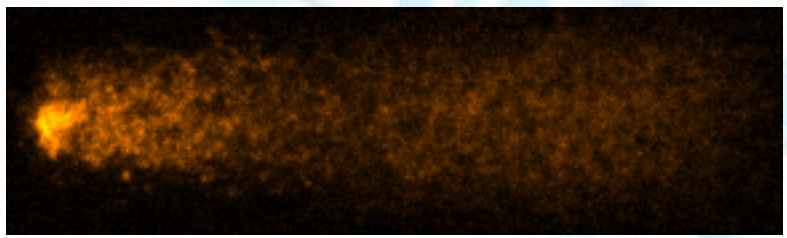
$$\frac{\text{(Avg distance) X (\% tail fluorescence)}}{100}$$

Color Enhanced Comet Assay Photo
We can tell you your Real DNA Age

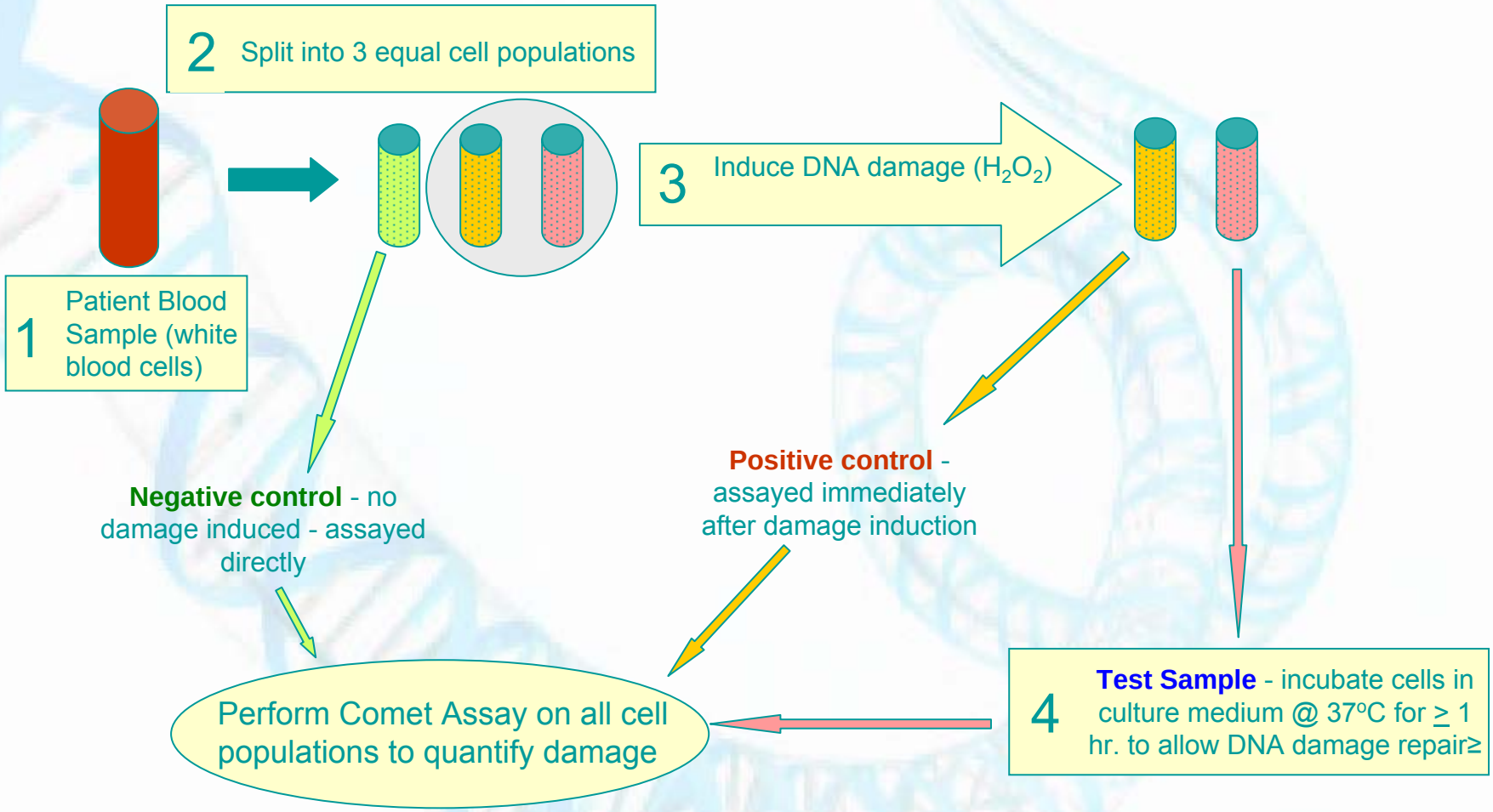


Titrating H_2O_2 to induce DNA damage

Jurkat E6-1 cell line

		Tail Extent Moment	Olive Tail Moment	Tail Length
Negative Control		8.4	2.2	28.7
200 μM H_2O_2		51.8	17.7	75.7
600 μM H_2O_2		58.6	21.4	79.8
1000 μM H_2O_2		64.8	23.8	85.2

DNA Repair Capacity Analysis Assay



DNA Repair Enzymes

OGG1 8-oxoG DNA Glycosylase
MTH1 MutT Homologue-1
NEIL1 *nei* endonuclease VIII-like 1 protein
ERCC1 Excision Repair Cross-Complementing gene
MYH MutY Homologue
HOX 1 Heme Oxygenase I
NTH1 Nth Homolog 1
APE 1 AP Endonuclease 1

Antioxidant Enzyme

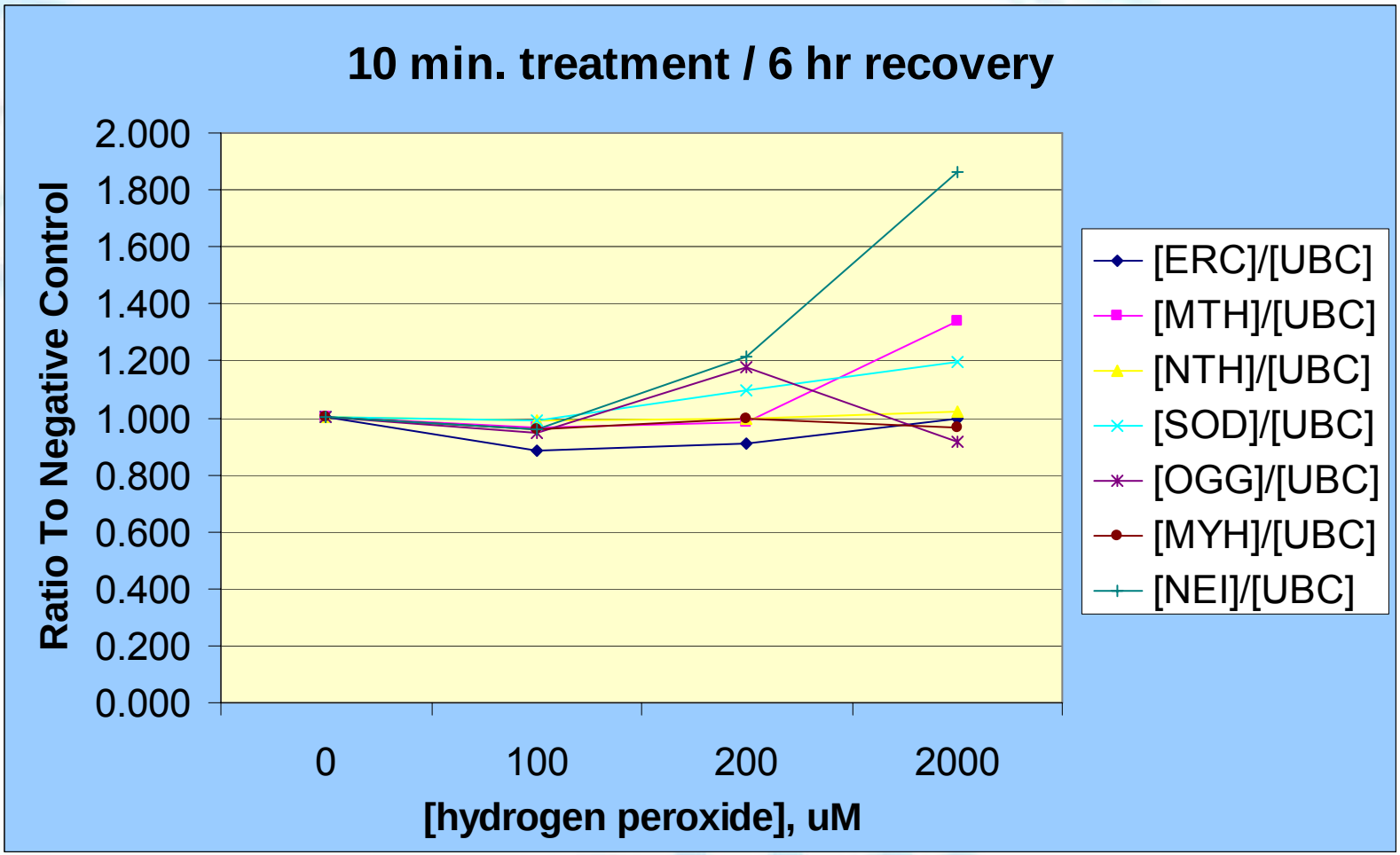
SOD-1 Super Oxide Dismutase

Housekeeping Gene

UBC Ubiquitin C

- **Housekeeping gene is quantified alongside enzymes via multiplex PCR**
- **Enzyme concentrations are reported as a ratio relative to UBC**
- **Resulting ratios are compared between test samples and controls to indicate degree of up-regulation, if any**

Rapid, short exposure to H_2O_2 followed by 6 hour recovery incubation induces some enzyme up-regulation

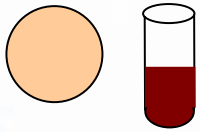


A Really Cool Thing

- Cancer is linked to changes in the genome in a more direct way than the other major diseases.
- This gives an opportunity to try something really special.
- We could sequence the cancer genome.

Process to Determine Cancer Genome

1



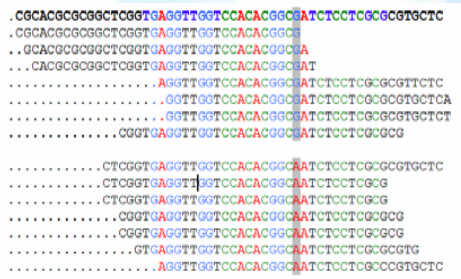
Tumor Biopsy &
Blood Sample Provided

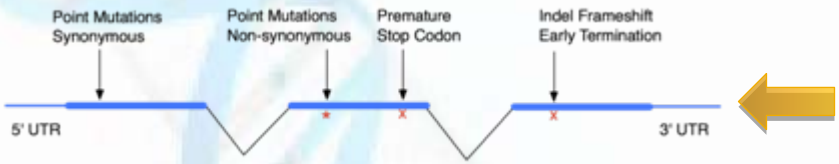
2

Laboratory

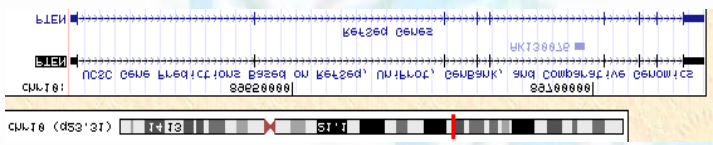
3

Bioinformatics





4



Personalized
Web Based Genome
Browser

5

Interpretation Relative
To Published Literature

nature genetics

The NEW ENGLAND JOURNAL of MEDICINE

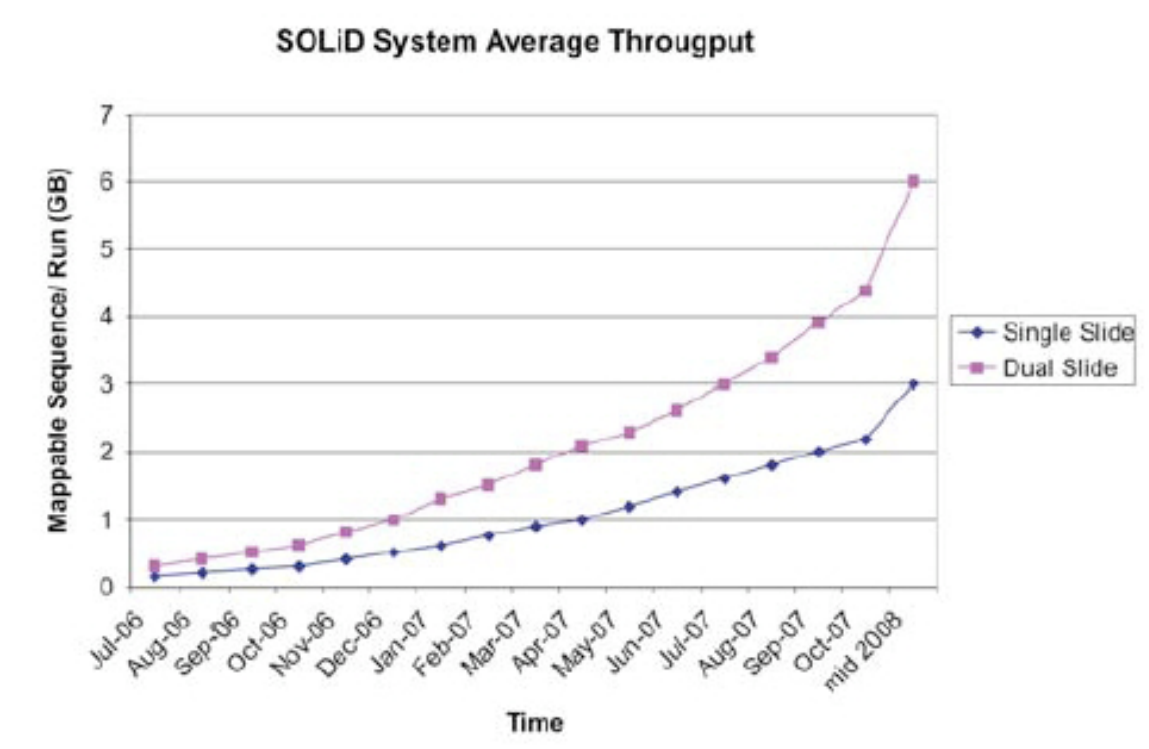
Next Generation Sequencing

- 2001
  - First human genome assembled (85% complete) for about $200 million, huge teams, and years of work from about 24 billion bases of raw sequence.
- 2006
  - 454 introduces massively parallel sequencer: 40 million bases of raw sequence in 1 day for $10,000: Declare sequencing of Jim Watson (~4-5x coverage though) for about $1million. Genome sequence would cost about $6 million at 20x and require 1500 days of machine time.
- 2007
  - Illumina introduces ‘sequencing by synthesis’ generates about 1 billion based of raw sequence in 4 days for $4000. Genome sequence possible at $240,000 in about 240 days of machine time.
- 2008
  - ABI Solid introduces sequencing by ligation generates about 4 billion bases of raw sequence in 5 days for $7000. Sequences Yoruban individual at 10x coverage for $60,000 in reagent costs ($120,000 to generate sufficient sequence for complete genome) and requires 75 days of machine time
- 2008
  - release of Helicos will probably not change pricing much
- 2009-2011

ABI Solid Systems

- ABI Solid Sequencer can generate 5 billion bases every 5 days, and is advancing rapidly.
- 12 runs of a single machine (60 days) generates sufficient sequence to

Cover the whole genome.



Collaborators

- We have forded relationships with:
- Duke
- Harvard/MIT
- UCLA
- We will do this in the next two years!

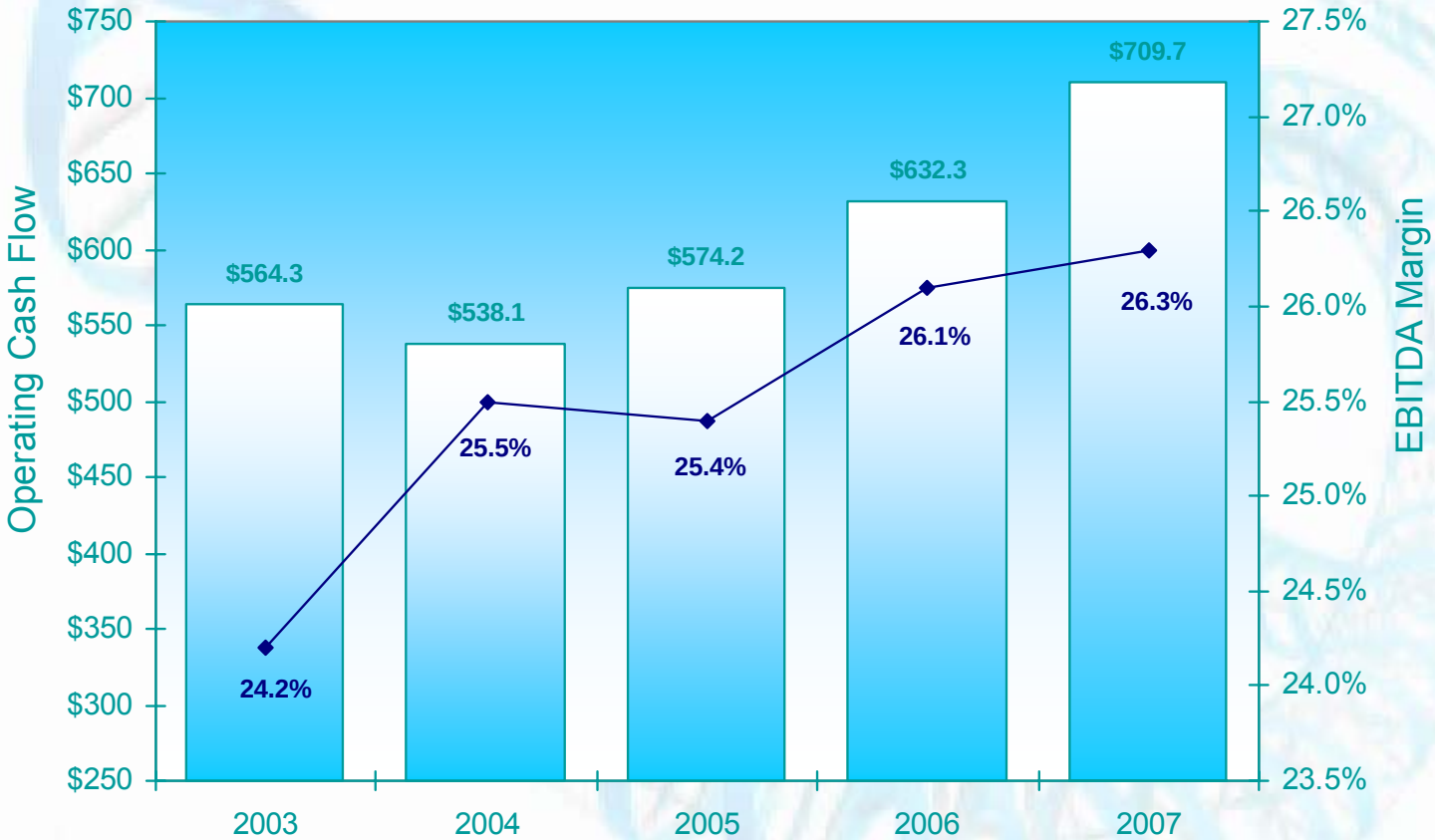
Five-Year Revenue and EPS Trend

Revenue CAGR of 8.5% – Diluted EPS CAGR of 18.6%

1. Excluding the $0.09 per diluted share impact in 2005 of restructuring and other special charges, and a non-recurring investment loss.
2. Excluding the $0.06 per diluted share impact in 2006 of restructuring and other special charges.
3. Excluding the $0.25 per diluted share impact in 2007 of restructuring and other special charges.

Five-Year OCF and EBIDTA Margin Trend

OCF CAGR of 6% – EBITDA Margin Growth of 210 bps



1. Includes approximately $50 million of benefit from one-time tax credits recorded in 2003.
2. Excluding the impact in 2005 of restructuring and other special charges and a non-recurring investment loss.
3. Excluding the impact in 2006 and 2007 of restructuring and other special charges
4. As a result of adopting FASB 123(R) in 2006, the Company recorded incremental stock compensation expense of $23.3 and $26.7 in 2006 and 2007, respectively.

Second Quarter Results
(In millions, except per share data)

	6/30/2007	6/30/2008	+/(-)
Revenue	$ 1,043.1	$ 1,147.8	10.0%
EBITDA (1)	$ 279.6	$ 301.1	7.7%
EBITDA Margin	26.8%	26.2%	(60) bp
Diluted EPS (2)	$ 1.09	$ 1.24	13.8%

(1) Excludes restructuring and other special charges of $4.1 and $61.0 million recorded by the Company in the second quarter of 2007 and 2008, respectively.

(2) Excludes the $0.04 and $0.32 per diluted share impact of the restructuring and other special charges recorded in the second quarter of 2007 and 2008, respectively.

YTD Second Quarter Results
(In millions, except per share data)

	6/30/2007	6/30/2008	+/(-)
Revenue	$ 2,041.8	$ 2,251.0	10.2%
EBITDA (1)	$ 540.1	$ 586.6	8.6%
EBITDA Margin	26.5%	26.1%	(40) bp
Diluted EPS (2)	$ 2.06	$ 2.38	15.5%

(1) Excludes restructuring and other special charges of $4.1 and $61.0 million recorded by the Company through the second quarter of 2007 and 2008, respectively.

(2) Excludes the $0.03 and $0.32 per diluted share impact of the restructuring and other special charges recorded through the second quarter of 2007 and 2008, respectively.

2008 Second Quarter Financial Achievements

- **Diluted EPS of $1.24 (1)**
- **EBITDA margin of 26.2% of net sales (2)**
- **Operating cash flow of $194.7 million**
- **Increased revenues**
  - **10.0% (9.0% volume; 1.0% price)**
  - **Excl. Canada 3.6% (1.3% volume, 2.3% price)**
- **Repurchased approximately $10.8 million of LabCorp stock**

(1) Excludes the $0.32 per diluted share impact of the restructuring and other special charges recorded in the second quarter of 2008.

(2) Excludes the restructuring and other special charges of $61 million recorded by the company in the second quarter of 2008.

2008 YTD Second Quarter Financial Achievements

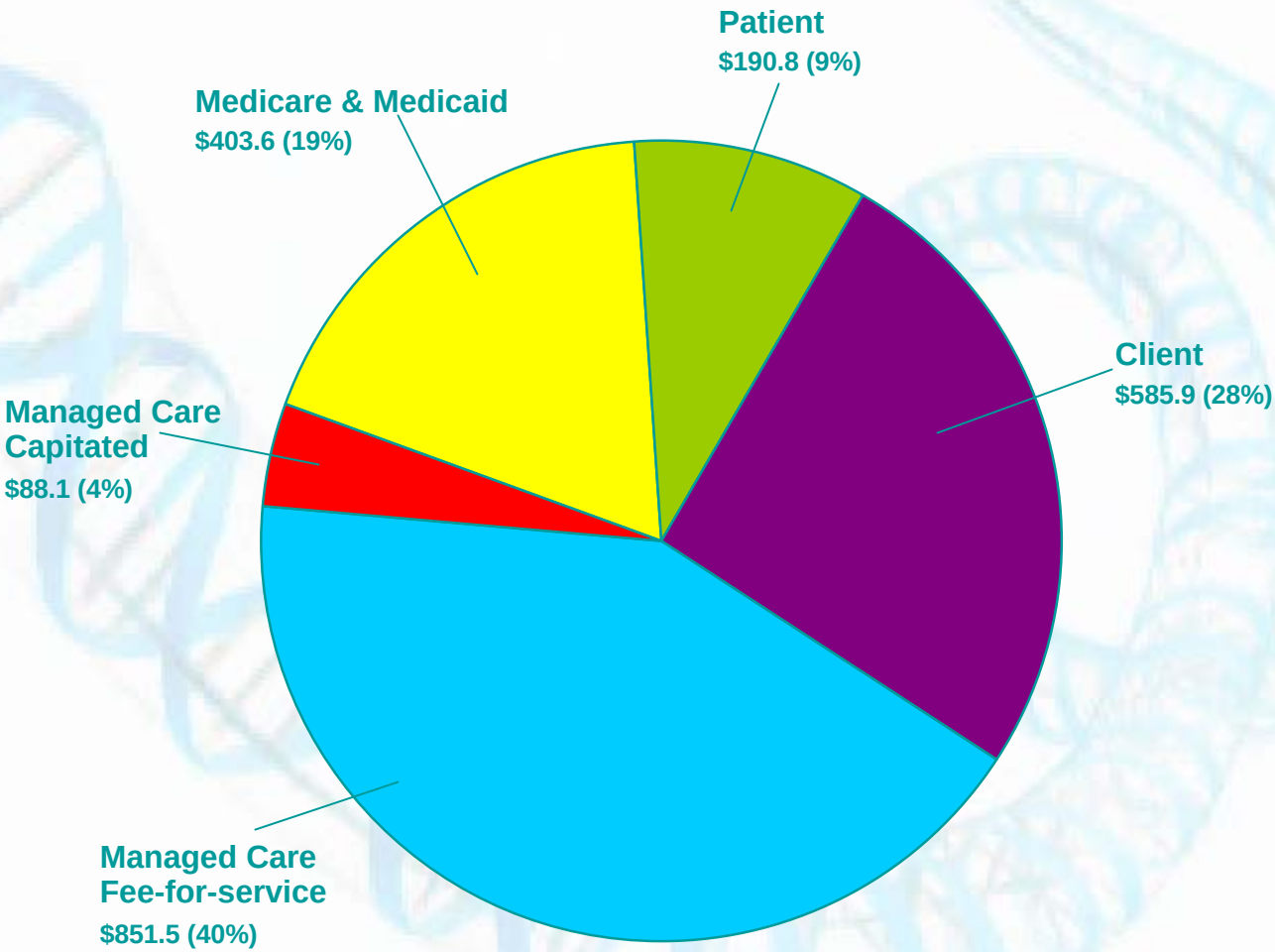
- **Diluted EPS of $2.38 (1)**
- **EBITDA margin of 26.1% of net sales(2)**
- **Operating cash flow of $371.2 million**
- **Increased revenues**
  - **10.2% (8.8% volume; 1.4% price)**
  - **Excl. Canada 3.8% (1.4% volume, 2.4% price)**
- **Repurchased approximately $66.5 million of LabCorp stock**

(1) Excludes the $0.32 per diluted share impact of the restructuring and other special charges recorded through the second quarter of 2008.

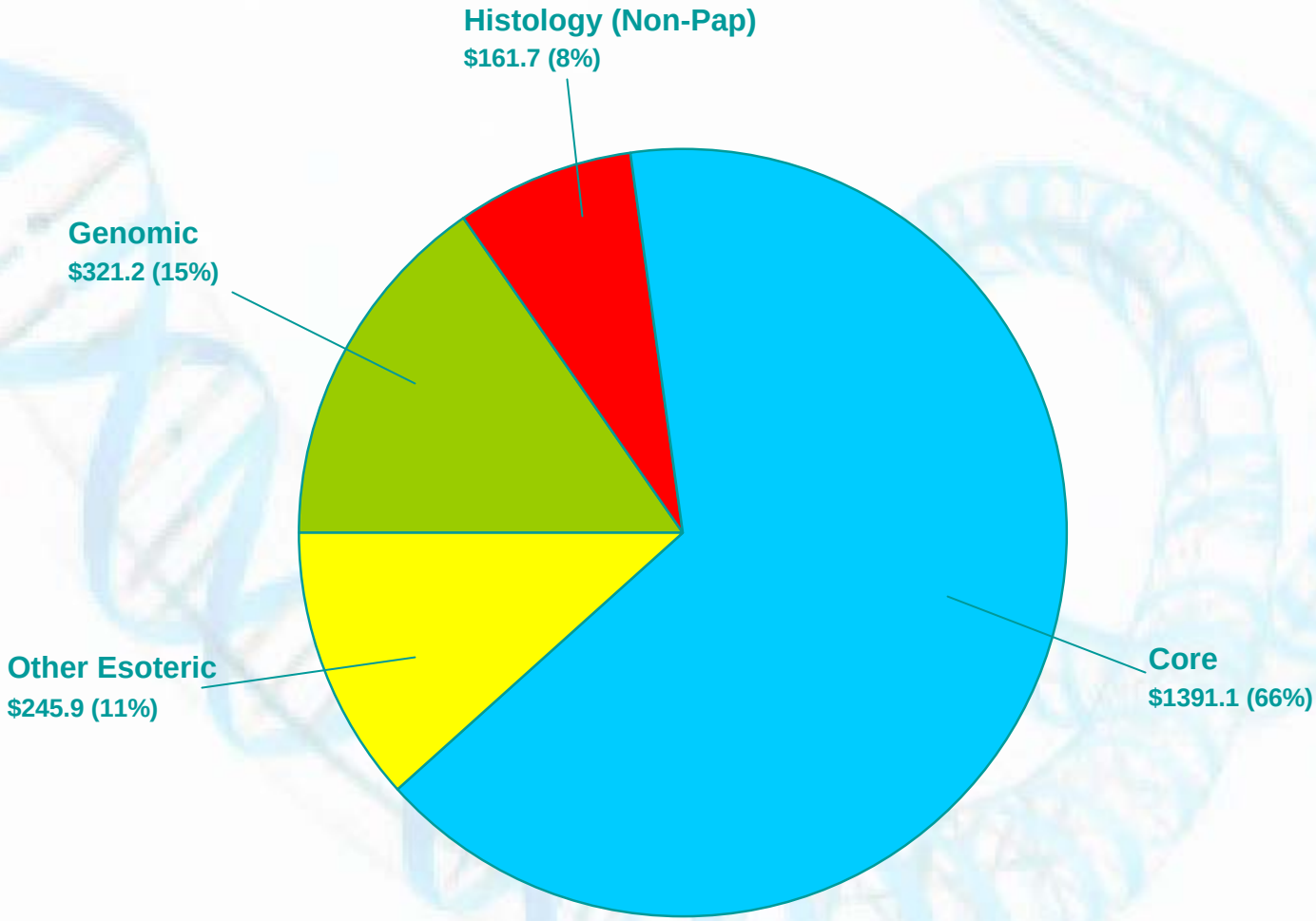
(2) Excludes the restructuring and other special charges of $61 million recorded by the company through the second quarter of 2008.

Revenue by Payer- US YTD Q2 2008

(In millions)



Revenue by Business Area - US
YTD Q2 2008
(In millions)



Reconciliation of Non-GAAP Financial Measures

(In millions)

1) EBITDA represents earnings before interest, income taxes, depreciation and amortization, and includes the Company's proportional share of the underlying EBITDA of the income from joint venture partnerships. The Company uses EBITDA extensively as an internal management performance measure and believes it is a useful, and commonly used measure of financial performance in addition to earnings before taxes and other profitability measurements under generally accepted accounting principles ("GAAP"). EBITDA is not a measure of financial performance under GAAP. It should not be considered as an alternative to earnings before income taxes (or any other performance measure under GAAP) as a measure of performance or to cash flows from operating, investing or financing activities as an indicator of cash flows or as a measure of liquidity. The following table reconciles earnings before income taxes, representing the most comparable measure under GAAP, to EBITDA for the three-month period ended March 31, 2008 and 2007:

	Three Months Ended March 31,	
	2008	**2007**
Earnings before income taxes	$ 221.9	$ 208.9
Add (subtract):		
Interest expense	19.9	12.6
Investment income	(0.5)	(2.1)
Other (income) expense, net	0.6	0.4
Depreciation	29.2	26.3
Amortization	13.8	13.3
Joint venture partnerships' depreciation and amortization	0.6	1.1
EBITDA	$ 285.5	$ 260.5


LabCorp
Laboratory Corporation of America