UNITED STATES SECURITIES AND EXCHANGE COMMISSION WASHINGTON, D.C. 20549

FORM 8-K

CURRENT REPORT

Pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934

May 13, 2010 (Date of earliest event reported)

LABORATORY CORPORATION OF AMERICA HOLDINGS

(Exact Name of Registrant as Specified in its Charter)					
DELAWARE	1-11353	13-3757370			
(State or other jurisdiction	(Commission	(I.R.S. Employer			
of Incorporation)	File Number)	Identification No.)			
358 SOUTH MAIN STREET, BURLINGTON, NORTH CAROLINA	27215	336-229-1127			
(Address of principal executive offices)	(Zip Code)	(Registrant's telephone number including area code)			

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

□ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

□ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

□ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

□ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

ITEM 7.01. Regulation FD Disclosure

Summary information of the Company in connection with its presentation at the Bank of America Merrill Lynch Health Care Conference in New York, NY on May 13, 2010.

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

<u>Laboratory Corporation of America Holdings</u> (Registrant)

Date: May 13, 2010

By: /s/F. Samuel Eberts III F. Samuel Eberts III, Chief Legal Officer and Secretary

Bank of America Merrill Lynch Health Care Conference

New York, NY

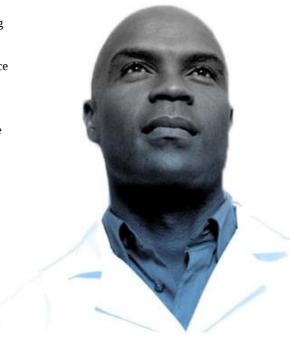
May 13, 2010



Forward Looking Statement

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, 2009, and subsequent SEC filings.



Introduction

Leading National Lab Provider • Fastest growing national lab

- \$55 billion market
- Clinical, Anatomic and Genomic Testing
- Serving clients in all 50 states and Canada
- Foremost clinical trials testing business



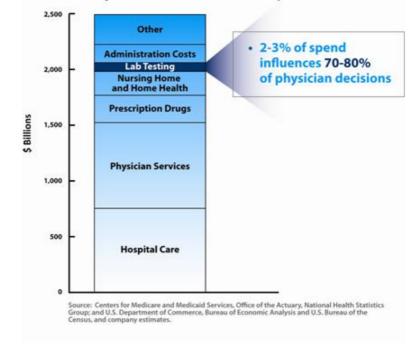


Attractive Market

Valuable Service

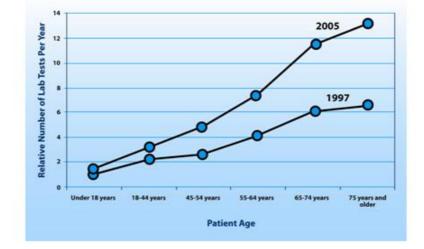
- Small component of total cost influences large percentage of clinical decisions
- Screening, early detection, and monitoring reduce downstream costs
- Companion diagnostics
 improve drug efficacy and
 reduce adverse drug effects

2009 Projected US Health Care Spend \$2.5 Trillion



Growth Drivers

- Aging population
- Industry consolidation
- Advances in genomics
- Pharmacogenomics / companion diagnostics
- Cost pressures



Source: CDC National Ambulatory Medical Care Survey and Company Estimates

Opportunity to Take Share

- Approximately 5,000 independent labs
- High cost competitors

Hospital Affiliated
Quest
LabCorp
Physician Office
Other Independent

\$55 Billion US Lab Market

Source: Washington G-2 Reports and company estimates

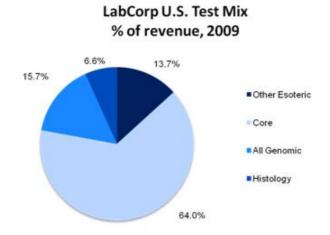
Diversified Payor Mix • No customer > 9% of revenue

- Limited government exposure



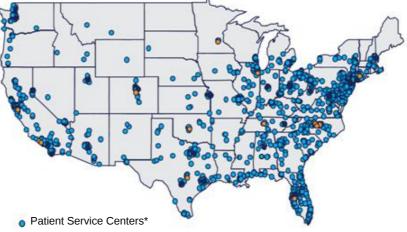
Diversified Test Mix

- Esoteric 36% of revenue
 Goal of 40% in 3 5 years
- Higher priced business



Scale and Scope National infrastructure

- Broad test offering
- Managed care contracts
- Economies of scale



Primary LabCorp Testing Locations*

Esoteric Lab Locations 0 (CET, CMBP, Dianon, Esoterix, Monogram Biosciences, NGI, OTS, US Labs, Viromed)

Managed Care Relationships Exclusive national laboratory for UnitedHealthcare Sole national strategic partner for WellPoint

- Significant national plans recently renewed or extended on a multi-year basis, including WellPoint, Cigna and Humana
- Contracted with numerous local and regional anchor plans



Competitive Position

Scientific Leadership Introduction of new tests

- Acquisitions and licensing
- Collaborations with leading companies and academic institutions

Partner	Clinical Area				
ARCA biopharma	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)				
OncoMethylome Sciences	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 (exclusive)				
Veridex	Prostate Cancer				
Yale University	Ovarian Cancer (exclusive)				

Competitive Position

Standardized and Efficient Processes

- Standardized lab and billing IT systems
- Automation of pre-analytics
- Capacity rationalization
- Logistics optimization



2010 Priorities

Our Focus

- Profitable revenue growth IT and client connectivity
- Continue scientific leadership
- Maintain price
- Control costs





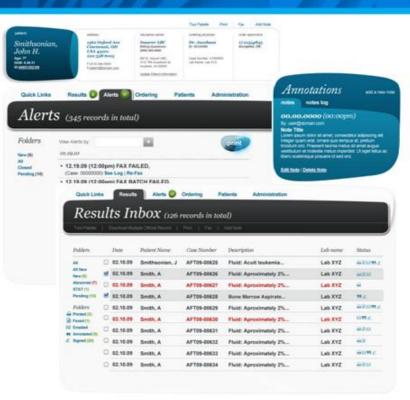
2010 Priorities

Profitable Revenue Growth

- Target specialty physicians with breadth of menu and services
- Educate payers and physicians on value of LabCorp testing
- Leverage assets from Monogram acquisition
- Continue to improve patient experience

IT and Client Connectivity

- Enhance online services and analytic tools
- *LabCorp Inside the Box* for superior connectivity
- Improve Patient Experience through:
 - Automated PSC workflow
 - Patient access via PHRs, online appointments
 - Enterprise services
 including VoIP
- Continue "open platform" strategy to maximize options for users

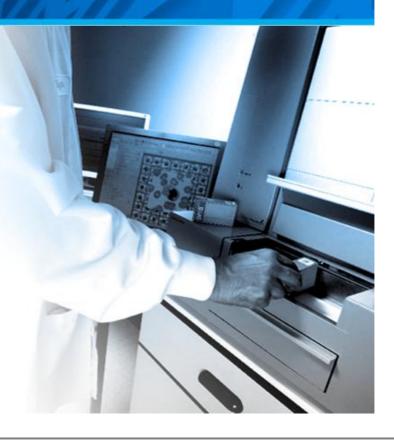


2010 Priorities

2010 Priorities

Continue Scientific Leadership Increase esoteric testing

- Grow and enhance offerings in personalized medicine:
 - Expand outcome improvement programs
 - Develop and commercialize companion diagnostics



Continue Scientific Leadership

Increase Esoteric Testing Introduction of new tests

- Acquisitions and licensing
- Collaborations with academic institutions

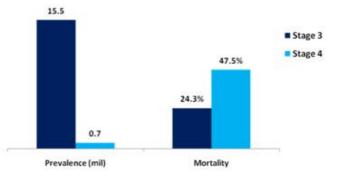
EGFR Mutation Analysis for Nonsmall-Cell Lung Cancer HERmark for Breast Cancer Warfarin (P450 2C9 and VKORC1) Clopidogrel CYP2C19 Genotyping H1N1 – Flu Testing
Warfarin (P450 2C9 and VKORC1) Clopidogrel CYP2C19 Genotyping
lopidogrel CYP2C19 Genotyping
11N1 - Flu Testing
ntegrase – HIV Genotyping (GenoSure) and HIV Phenotyping (PhenoSense
Enhanced Trofile

National Jewish Health Yale University

Expand Outcomes Improvement

- Litholink kidney stone
- CKD
- Continual development of valuable programs

CKD Prevalence and Mortality in US



Continue Scientific Leadership

Develop and Commercialize Companion Diagnostics

- Invest in clinical trials
- Relationships with biotech and pharma companies
- Promote key tests
 - K-RAS
 - HLA-B* 5701
 - BRAF Gene Mutation Detection
 - EGFR Mutation Analysis
 - CYP 450 2C19
- Monogram Biosciences
 - Trofile
 - PhenoSense, PhenoSense GT
 - HERmark

"K-RAS testing should be routinely conducted in all colorectal cancer patients immediately after diagnosis to ensure the best treatment strategies for the individual Patient"

– Dr. Eric Van Cutsem, presenter at the June 2008 American Society of Clinical Oncology meeting

FDA recommends genetic screening prior to treatment with Abacavir

ROCKVILLE, Md -- July 24, 2008 -- The US Food and Drug Administration (FDA) has issued an alert regarding serious, and sometimes fatal, hypersensitivity reactions (HSRs) caused by abacavir (Ziagen) therapy in patients with a particular human leukocyte antigen (HLA) allele, HLA-B* 5701.

Genetic tests for HLA-B*5701 are already available, and all patients should be screened for the HLA-B*5701 allele before starting or restarting treatment with abacavir or abacavir-containing medications.

"FDA has approved the expanded use of Selzentry... to include adult patients with CCR5-tropic HIV-1 virus who are starting treatment for the first time." - ViiV Healthcare Press Release, November 20th, 2009

2010 Priorities

Maintain Price

- Managed care stability; offsets 1.9% Medicare rate decrease
- Focus on high-value tests
- Promote outcome improvement

Patient Results Report

03/29/1953

Test, Physician

Values larger, bolder and more towards red indicate increasing risk for kidney stone formation.

Summary Stone Risk Factors

Sample, Patient

beend = \$189570	INTER COLLECTION DATE	1/04/2006			
210,02	a. 18040403-904	remaining near the stront-timestate - a			
Urine Volume (Hers/deg)	• 1.46				
SS CaOx	•	5.87			
Urine Calcium Ingitial	• 101				
Urine Oxalate Implant	• 3	3			
Unine Otrate Ingility		• 358			
SS CaP	• 0.56				
24 Hour Urine pH	• 6.100				
SS Uric Acid	• 0.32				
Urine Uric Acid Islawi	• 0.277				

Interpretation Of Laboratory Results

Note that in the following automated interpretation the current sample is compared to the sample collected on 07/25/2004. Inclusion the university of the current sample and the sample collected on 07/26/2004 by an excessive amount.

Unse volume has men hut remains low (was 0.91 and now is 1.46 (/d). Low unne volume in a stone former should always be corrected if possible. A good clinical goal is 2.5 liters dealy. Recheck in 6 weeks and adjust flad infake as needed.

Bordenine hyperoxecure is now present (was 26 and now is 33 mg/d). This can contribute to calcium ovalate store diverse. Our records do not show the presence of towel diverse. High protein det is not a likely cause of hyperoxecura (PCH = 0.9 g/d) (1. Low calcium det can increase une ovalate and should be clinically evaluated. Low oxalete det should be prescribed. Consider det change and repeat in 6 to 12 weeks.

Unne oftvate has risen but remains low (was 247 and now is 356 mg/d). Our records do not report that potassium obtate has been prescribed. Since unne obtate is low and SS CaP is not high consider adding.



2010 Priorities

Control Costs

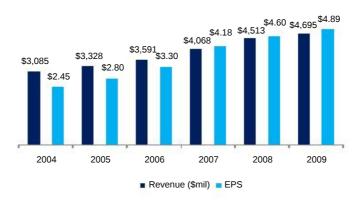
- Continue focus on collections and bad debt reduction
- Optimize supply chain
- Use efficiency gains to improve patient experience

Excellent Performance

Revenue and EPS Growth

- 9% Revenue CAGR
- 15% EPS CAGR

Revenue and EPS Growth: 2004 – 2009 ⁽¹⁾ ⁽²⁾

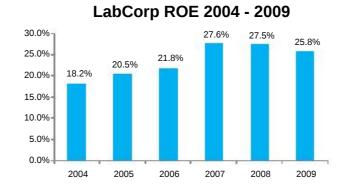


(1) Excluding the \$0.09 per diluted share impact in 2005 of restructuring and other special charges, and a non-recurring investment loss; excluding the \$0.06 per diluted share impact in 2006 of restructuring and other special charges; excluding the \$0.25 per diluted share impact in 2007 of restructuring and other special charges; excluding the \$0.44 per diluted share impact in 2008 of restructuring and other special charges; excluding the \$0.94 per diluted share impact in 2008 of restructuring and other special charges; excluding the \$0.04 per diluted share impact in 2008 of restructuring and other special charges; excluding the \$0.04 per diluted share impact in 2009 of restructuring and other special charges.

(2) EPS, as presented, represents adjusted, non-GAAP financial measures. Diluted EPS, as reported in the Company's Annual Report were: \$2.45 in 2004; \$2.71 in 2005; \$3.24 in 2006; \$3.93 in 2007; \$4.16 in 2008; and \$4.98 in 2009.

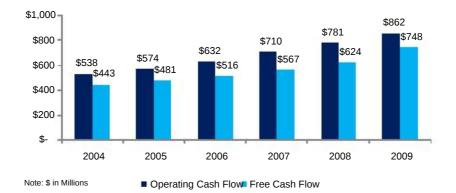
Leading Returns • Leading returns

• Leading EBIT margin



Cash Flow

- 11% FCF CAGR
- \$2.0 B+ share repurchase over last three years



	Three Months Ended Mar 31,					
	2010			2009	+/(-)	
Revenue ⁽¹⁾	\$:	1,193.6	\$	1,155.7	3.3%	
Adjusted Operating Income	\$	243.5	\$	240.5	1.2%	
Adjusted Operating Income Margi	n	20.4%		20.8%	(40) bp	
Adjusted EPS	\$	1.30	\$	1.22	6.6%	
Operating Cash Flow	\$	232.0	\$	208.9	11.1%	
Less: Capital Expenditures	<u>\$</u>	(24.5)	<u>\$</u>	(30.7)	<u>(20.2%)</u>	
Free Cash Flow	\$	207.5	\$	178.2	16.4%	

(1) During the quarter inclement weather reduced revenue by an estimated \$23 million and EPS by approximately eight cents

Supplemental Financial Information

Laboratory Corporation of America Other Financial Information FY 2009 and Q1 2010 (\$ in millions)

	Q1 09	Q2 09	Q3 09	Q4 09	Q1 10
Bad debt as a percentage of sales	5.30%	5.30%	5.30%	5.30%	5.05%
Days sales outstanding	52	50	48	44	46
A/R coverage (Allowance for Doubtful Accts. / A/R)	19.5%	20.6%	21.9%	23.2%	21.7%

- Key PointsCritical position in health care delivery system
- Attractive market
- Strong competitive position well positioned to gain share
- Leadership in personalized medicine
- Excellent cash flow
- Strong balance sheet





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