

**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

July 26, 2010
(Date of earliest event reported)

**LABORATORY CORPORATION OF
AMERICA HOLDINGS**

(Exact Name of Registrant as Specified in its Charter)

Delaware

(State or other jurisdiction of Incorporation)

1-11353

(Commission File Number)

13-3757370

(I.R.S. Employer Identification No.)

**358 South Main Street,
Burlington, North Carolina**

(Address of principal executive offices)

27215

(Zip Code)

336-229-1127

(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 communication 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 non-deal related meetings with RBC Capital Markets on July 27-29, 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.

LABORATORY CORPORATION OF AMERICA HOLDINGS

Registrant

By: /s/ F. SAMUEL EBERTS III

F. Samuel Eberts III
Chief Legal Officer and Secretary

July 26, 2010

RBC Capital Markets NDR

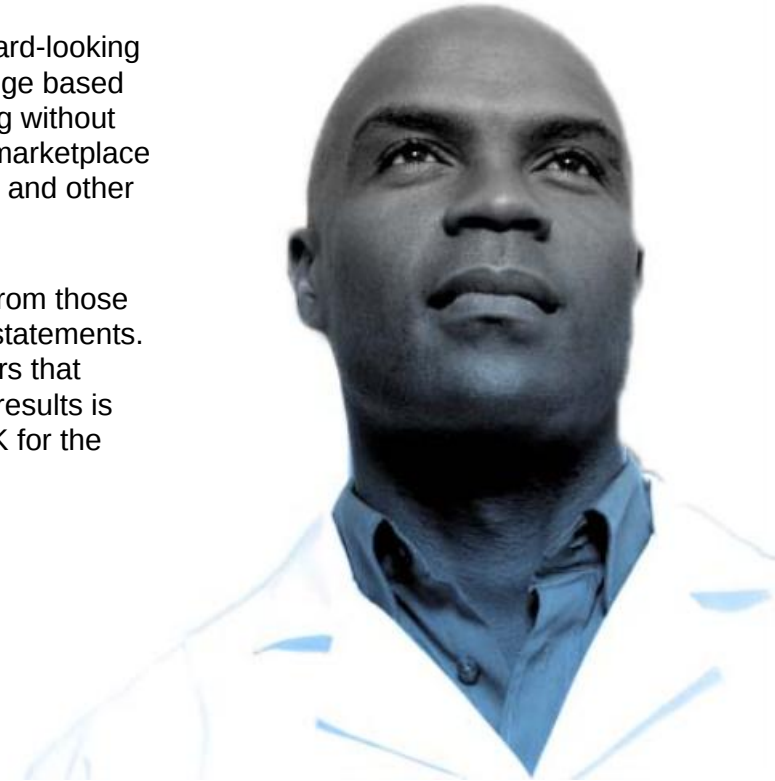
July 27-29, 2010



Forward Looking Statement

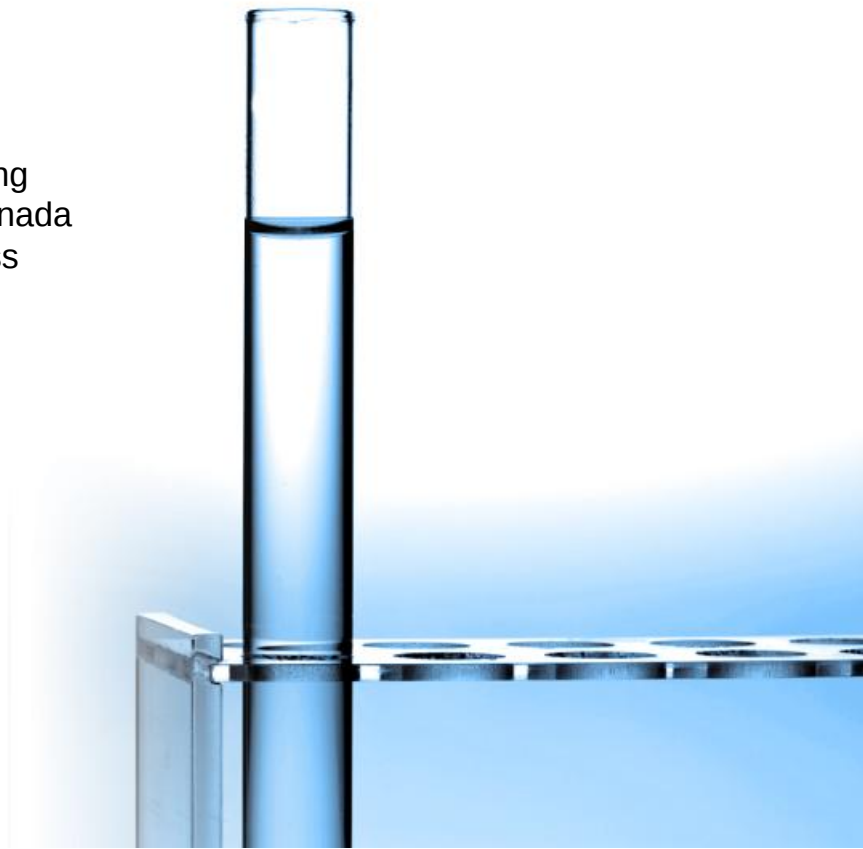
This slide presentation contains forward-looking statements which are subject to change based on various important factors, including without limitation, competitive actions in the marketplace and adverse actions of governmental and other third-party payors.

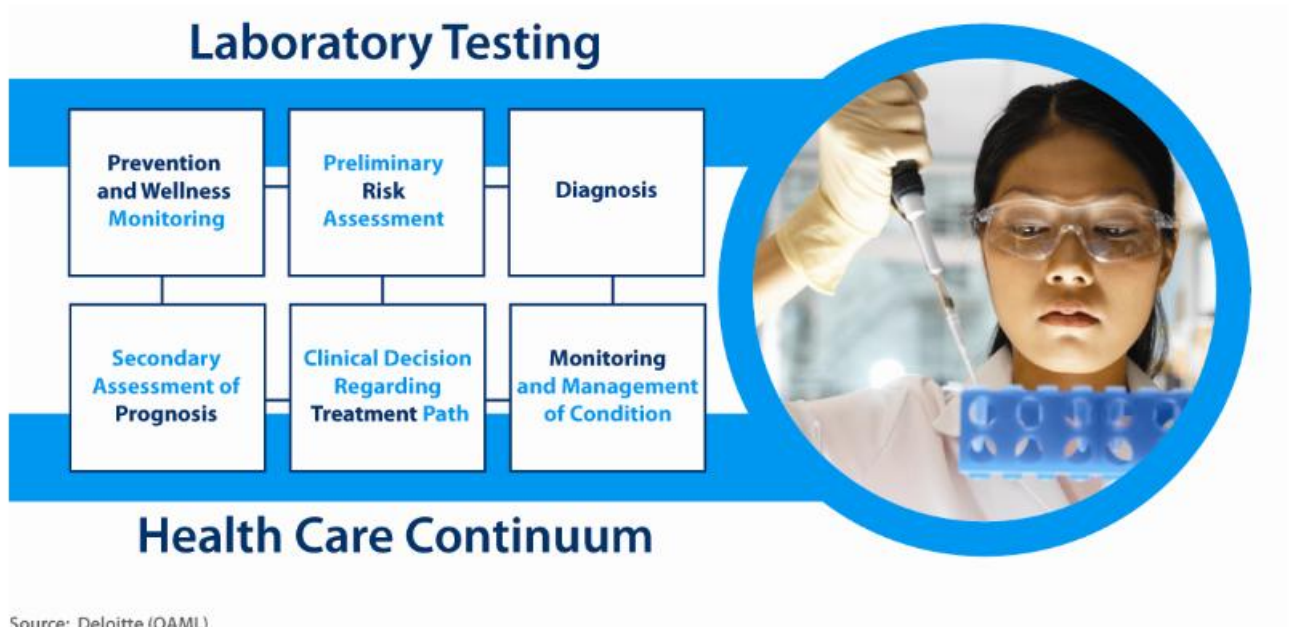
Actual results could differ materially from those suggested by these forward-looking statements. Further information on potential factors that could affect the Company's financial results is included in the Company's Form 10-K for the year ended December 31, 2009, and subsequent SEC filings.



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

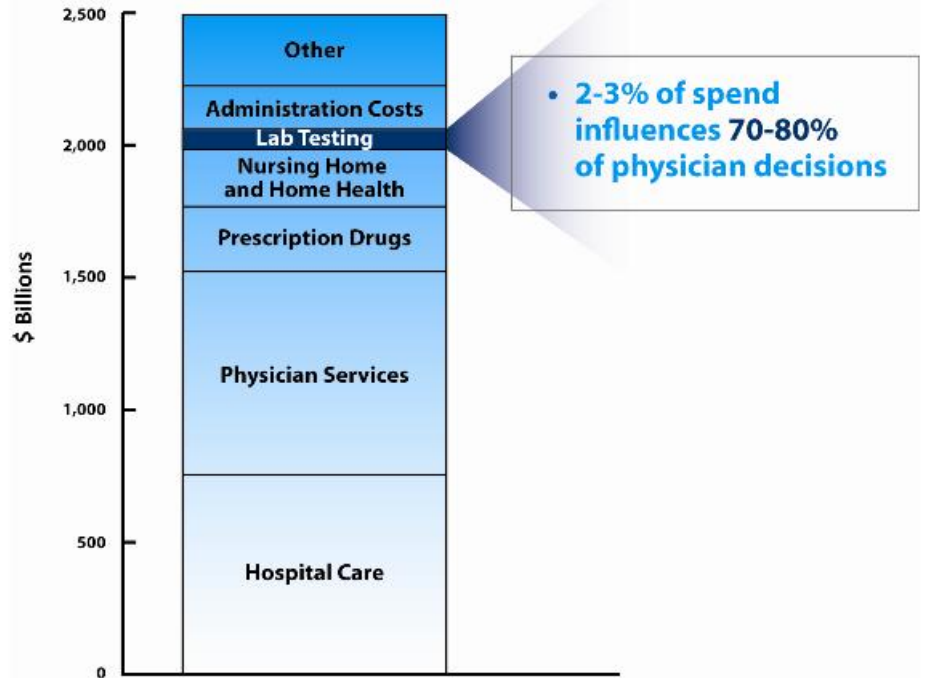




Valuable Service

- 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

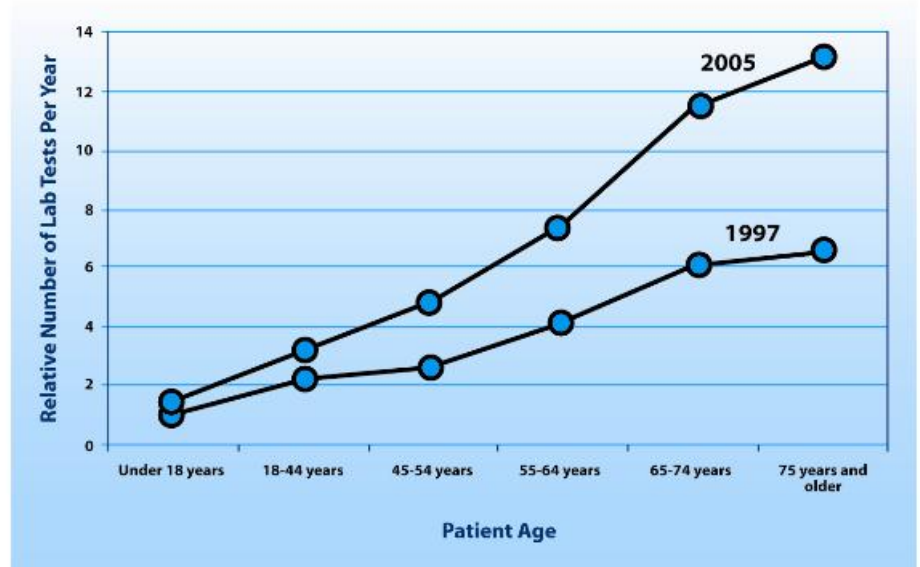
2009 Projected US Health Care Spend \$2.5 Trillion



Source: Centers for Medicare and Medicaid Services, Office of the Actuary, National Health Statistics Group; and U.S. Department of Commerce, Bureau of Economic Analysis and U.S. Bureau of the Census, and company estimates.

Growth Drivers

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

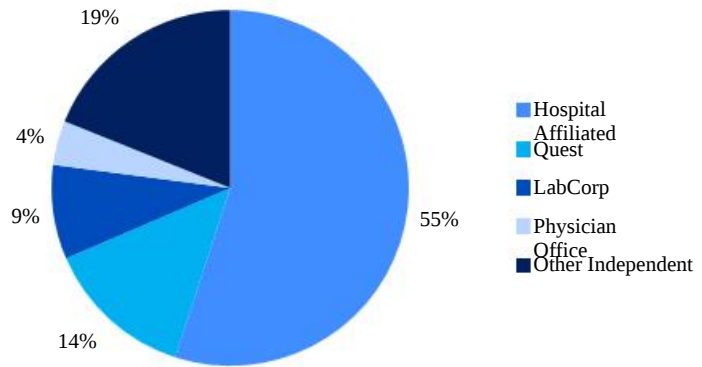


Source: CDC National Ambulatory Medical Care Survey and Company Estimates

Opportunity to Take Share

- Approximately 5,000 independent labs
- High cost competitors

\$55 Billion US Lab Market



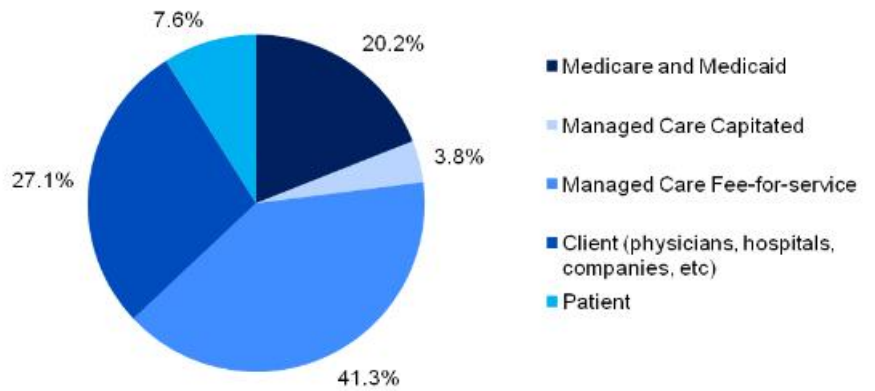
Source: Washington G-2 Reports and company estimates

Diversified Payor

- No customer > 9% of revenue
- Limited government exposure

Mix

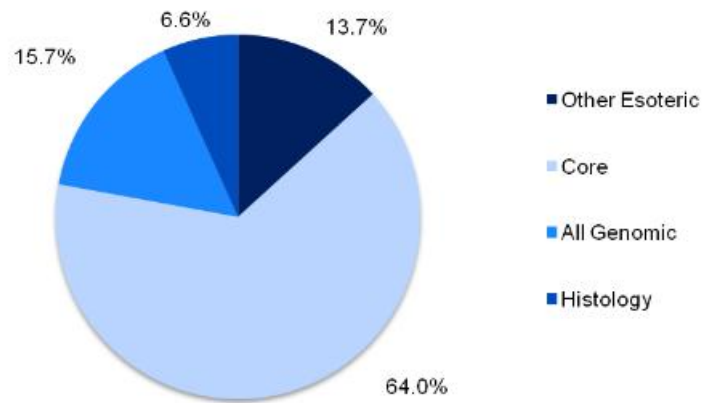
LabCorp U.S. Payor Mix
% of revenue, 2009



Diversified Test Mix

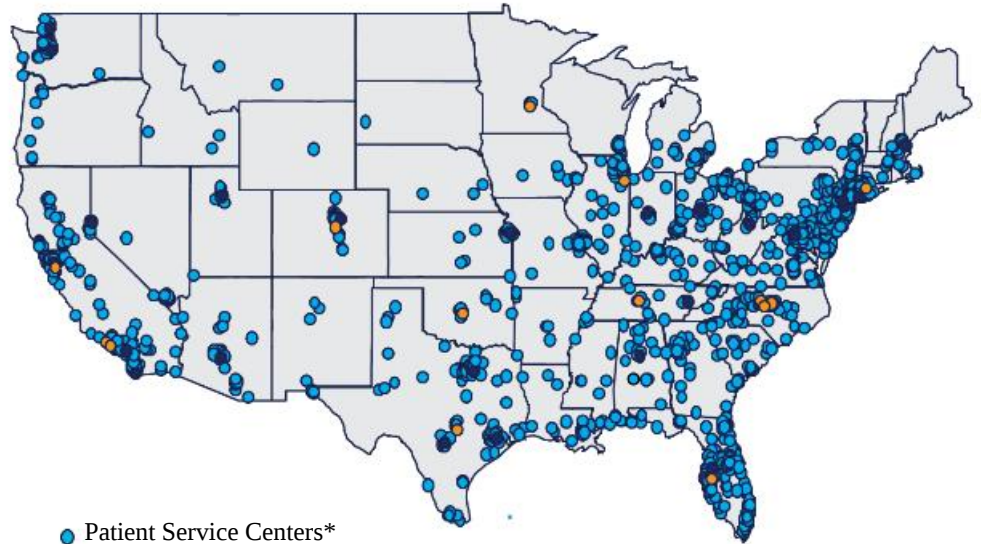
- Esoteric 36% of revenue
- Goal of 40% in 3 - 5 years
- Higher priced business

LabCorp U.S. Test Mix
% of revenue, 2009



Scale and Scope

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



- Patient Service Centers*
- Primary LabCorp Testing Locations*
- Esoteric Lab Locations
(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



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)

Standardized and Efficient Processes

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



Our Focus

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



Profitable Revenue

- 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

Growth



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



Continue Scientific Leadership

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



Increase Esoteric Testing

- Introduction of new tests
- Acquisitions and licensing
- Collaborations with academic institutions

New Tests Include:

BRAF Gene Mutation Detection

EGFR Mutation Analysis for Non-small-Cell Lung Cancer

HERmark for Breast Cancer

Warfarin (P450 2C9 and VKORC1)

Clopidogrel CYP2C19 Genotyping

H1N1 - Flu Testing

Integrase - HIV Genotyping (GenoSure) and HIV Phenotyping (PhenoSense)

Enhanced Profile

Collaborations Include:

Duke University

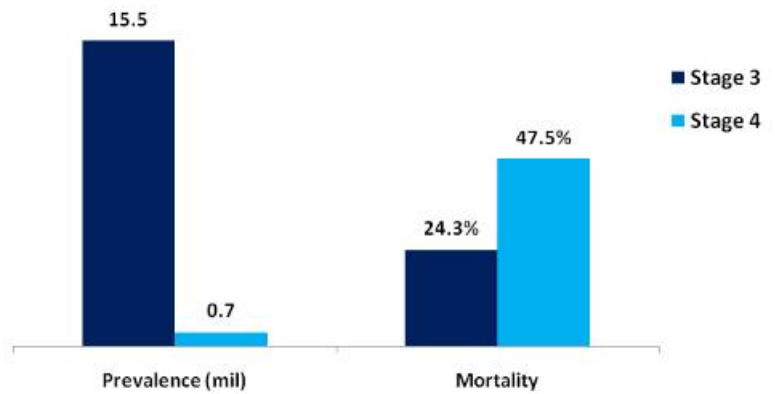
National Jewish Health

Yale University

Expand Outcomes Improvement

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

CKD Prevalence and Mortality in US



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

Maintain Price

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

LithoLink Laboratory Reporting System™

Patient Results Report

PATIENT: **Sample, Patient** DATE OF BIRTH: **03/29/1953** PHYSICIAN: **Test, Physician**

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

Summary Stone Risk Factors

SAMPLE ID: **5389570** PATIENT COLLECTION DATE: **06/04/2006**

ANALYTE	← DECREASED RISK	↑ INCREASING RISK FOR STONE FORMATION →
Urine Volume (liters/day)		● 1.46
SS CaOx	● 5.87	
Urine Calcium (mg/day)	● 101	
Urine Oxalate (mg/day)	● 33	
Urine Citrate (mg/day)		● 358
SS CaP	● 0.56	
24 Hour Urine pH	● 6.100	
SS Uric Acid	● 0.32	
Urine Uric Acid (g/day)	● 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 because the urine creatinine excretion varied between the current sample and the sample collected on 07/26/2004 by an excessive amount.

Urine volume has risen but remains low (was 0.91 and now is 1.46 l/d). Low urine volume in a stone former should always be corrected if possible. A good clinical goal is 2.5 liters daily. Recheck in 6 weeks and adjust fluid intake as needed.

Borderline hyperoxaluria is now present (was 26 and now is 33 mg/d). This can contribute to calcium oxalate stone disease. Our records do not show the presence of bowel disease. High protein diet is not a likely cause of hyperoxaluria (PCR = 0.9 g/kg/d). Low calcium diet can increase urine oxalate and should be clinically evaluated. Low oxalate diet should be prescribed. Consider diet change and repeat in 6 to 12 weeks.

Urine citrate has risen but remains low (was 247 and now is 358 mg/d). Our records do not report that potassium citrate has been prescribed. Since urine citrate is low and SS CaP is not high consider adding

Control Costs

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



Revenue and EPS Growth

- 9% Revenue CAGR
- 16% 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 (\$0.09) per diluted share impact in 2009 of restructuring and other special charges.

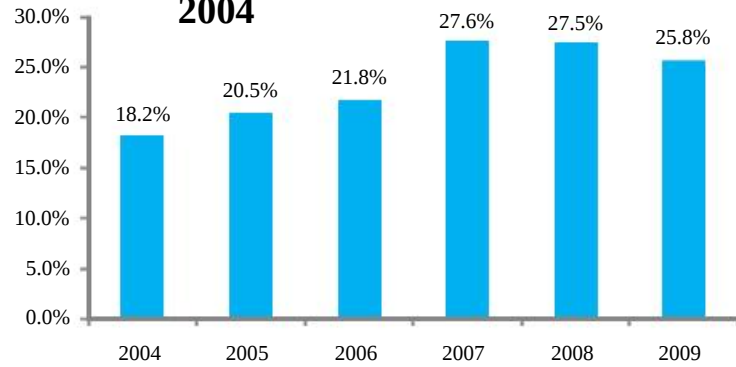
(2) EPS, as presented, represents adjusted, non-GAAP financial measures. Diluted EPS reported in the Company's Annual Report were: \$2.45 in 2004; \$2.71 in 2005; \$3.24 in 2006; \$3.93 in 2007; \$4.16 in 2008; and \$4.98 in 2009.

Leading

- Leading returns
- Leading EBIT margin

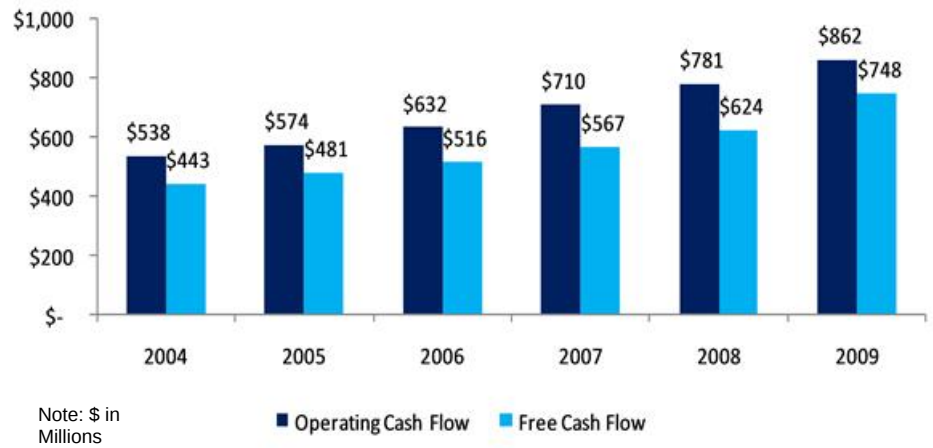
Returns

LabCorp ROE - 2009
2004



Cash Flow

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



	Three Months Ended Jun 30,			Six Months Ended Jun 30,		
	2010	2009	+/(-)	2010	2009	+/(-)
Revenue ⁽¹⁾	\$ 1,238.4	\$ 1,188.8	4.2%	\$ 2,432.0	\$ 2,344.5	3.7%
Adjusted Operating Income	\$ 270.5	\$ 254.9	6.1%	\$ 514.0	\$ 495.4	3.8%
Adjusted Operating Income Margin	21.8%	21.4%	40 bp	21.1%	21.1%	- bp
Adjusted EPS ⁽¹⁾	\$ 1.46	\$ 1.30	12.3%	\$ 2.76	\$ 2.51	10.0%
Operating Cash Flow	\$ 216.2	\$ 182.4	18.5%	\$ 448.2	\$ 391.3	14.5%
Less: Capital Expenditures	\$ (34.5)	\$ (23.7)	45.6%	\$ (59.0)	\$ (54.4)	8.5%
Free Cash Flow	\$ 181.7	\$ 158.7	14.5%	\$ 389.2	\$ 336.9	15.5%

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

Reconciliation of non-GAAP Financial Measures

(In millions, except per share data)

	Three Months Ended June 30,		Six Months Ended June 30,	
	2010	2009	2010	2009
<u>Adjusted Operating Income</u>				
Operating income	\$ 270.5	\$ 244.7	\$ 504.7	\$ 485.2
Restructuring and other special charges	\$ -	\$ 10.2	\$ 9.3	\$ 10.2
Adjusted operating income	<u>\$ 270.5</u>	<u>\$ 254.9</u>	<u>\$ 514.0</u>	<u>\$ 495.4</u>
<u>Adjusted EPS</u>				
Diluted earnings per common share	\$ 1.46	\$ 1.24	\$ 2.70	\$ 2.46
Impact of restructuring and other special charges (1) (2)	\$ -	\$ 0.06	\$ 0.06	\$ 0.05
Adjusted EPS	<u>\$ 1.46</u>	<u>\$ 1.30</u>	<u>\$ 2.76</u>	<u>\$ 2.51</u>

(1) After tax impact of restructuring and other special charges for the three months and six months ended June 30, 2010 (\$- million divided by 105.4 million shares and \$5.7 million divided by 105.9 million shares, respectively)

(2) After tax impact of restructuring and other special charges for the three months and six months ended June 30, 2009 (\$6.0 million divided by 109.5 and 109.4 million shares, respectively)

Laboratory Corporation of America

Other Financial Information

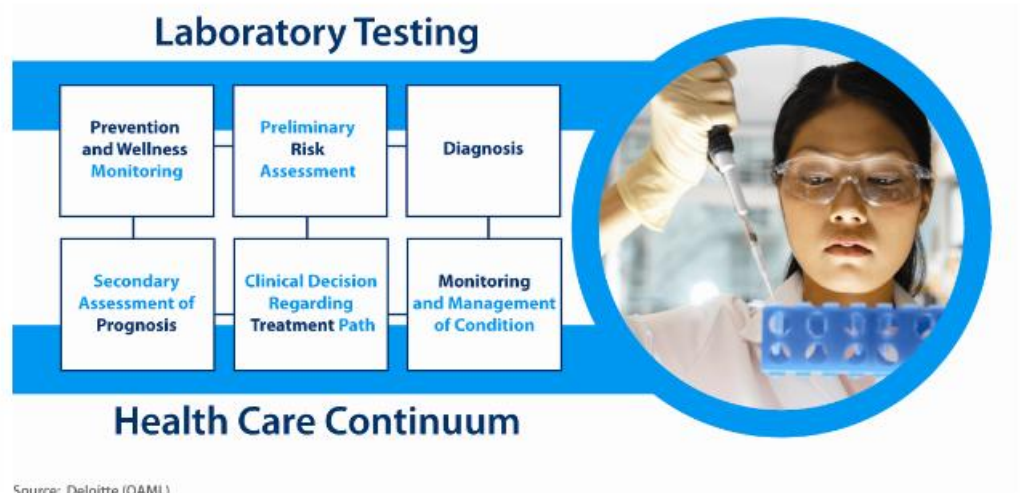
FY 2009 and Q1/Q2 2010

(\$ in millions)

	<u>Q1 09</u>	<u>Q2 09</u>	<u>Q3 09</u>	<u>Q4 09</u>	<u>Q1 10</u>	<u>Q2 10</u>
Bad debt as a percentage of sales	5.30%	5.30%	5.30%	5.30%	5.05%	4.80%
Days sales outstanding	52	50	48	44	46	45
A/R coverage (Allow. for Doubtful Accts. / A/R)	19.5%	20.6%	21.9%	23.2%	21.7%	20.7%

Key Points

- Critical 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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