

EXHIBIT E

CLIENT MEMBER PARTICIPATION FORM

As a Healthcare Procurement Solutions, L.L.C. Member (“CLIENT Member”), this is to request participation under the Laboratory Services Agreement effective July 1, 2005, by and between Healthcare Procurement Solutions, L.L.C. (“CLIENT”) and Laboratory Corporation of America Holdings (“LABORATORY”).

TO BE COMPLETED BY CLIENT MEMBER:

NAME OF CLIENT MEMBER: _____

LABCORP ACCOUNT NUMBER (IF KNOWN): _____

ADDRESS: _____

CITY/ STATE/ ZIP: _____

CONTACT: _____

TELEPHONE: _____

We have reviewed the above-referenced Agreement and we agree to the terms and conditions contained herein. We understand that either we or LABORATORY may terminate our participation under the Agreement upon a thirty (30) day prior written notice.

AUTHORIZED SIGNATURE OF CLIENT MEMBER:

MEMBER REPRESENTATIVE SIGNATURE: _____

PRINTED / TYPED NAME: _____

TITLE: _____

DATE SIGNED: _____

PLEASE GIVE THIS FORM TO YOUR LOCAL LABORATORY REPRESENTATIVE OR SEND TO:

Laboratory Corporation of America Holdings
ATTN: Atlantic Divisional Contracts Dept.
358 South Marin Street, 5th Floor
Burlington, North Carolina 27215
or Fax: (336) 436-4072

After submitting this Form, it is the requesting CLIENT Member’s responsibility to inspect its invoices to ensure that the Agreement’s pricing is in effect. LABORATORY will not be held responsible for Participation Forms that are not received.

If LABORATORY determines that the CLIENT Member qualifies to participate under the above-referenced Agreement, the CLIENT Member will be eligible to participate, in most cases, within thirty (30) days of receipt of the Participation Form in LABORATORY’s Contracts Department.

Acknowledgement of Receipt by Laboratory’s Local Representative (Date/Signature): _____

Acknowledgement of Receipt by Laboratory’s Contract Department (Date/Signature): _____