

LABCORP ACCOUNT # _____

EXHIBIT D

**HEALTHCARE PROCUREMENT SOLUTIONS, L.L.C.
CLIENT MEMBER PARTICIPATION FORM**

This is to request participation under the Laboratory Services Agreement dated December 30, 2003, by and between Healthcare Procurement Solutions, L.L.C. ("CLIENT") and Laboratory Corporation of America Holdings ("LABORATORY").

NAME OF CLIENT MEMBER: _____

ADDRESS: _____

CITY/ STATE/ ZIP: _____

CONTACT: _____

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.

SIGNATURE OF HEALTHCARE PROCUREMENT SOLUTIONS CLIENT MEMBER

MEMBER REPRESENTATIVE: _____

TITLE: _____

DATE SIGNED: _____

CLIENT AUTHORIZATION: _____

DATE: _____

LABORATORY SALES REPRESENTATIVE: _____

REQUESTED DATE: _____

**PLEASE GIVE THIS FORM TO YOUR LOCAL HPS CONSULTANT OR FAX TO HEALTHCARE
PROCUREMENT SOLUTIONS FOR PROCESSING AT 770-771-5945.**

Laboratory Corporation of America Holdings
ATTN: CONTRACTS DEPARTMENT
5610 West La Salle Street
Tampa, FL 33607
or Fax: (813) 342-8291

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.