

To: sdhaw [REDACTED]
From: Langly Gee
Sent: Tue 8/11/2015 7:59:15 PM
Importance: Normal
Subject: Hello
Received: Tue 8/11/2015 7:59:12 PM

Hi Dr. Dhawan:

Thank you for signing the seven documents.

I have attached two documents for your signature.

One is an update of the Lab 116 form which removes Dr. Sawyer's name as director and a Maryland Change of Status which identifies you as the Laboratory Director.

Please sign and email back to me.

Lastly, per your previous email, I will be sending you 50 SOPs per week starting today.

Thank you,

Langly Gee

Theranos, Inc.

QA/QC Manager

Lgee@theranos.com

650.683.0906

LABORATORY PERSONNEL REPORT

Laboratory name Theranos, Inc.		State ID number CLF 00341367	CLIA number 05D2025714
Laboratory address (number, street) 7373 Gateway Blvd.		City Newark	State CA
Contact person Brad Arington		Telephone number (650) 470-0570	

EMPLOYEE NAMES			POSITION(S) HELD			TESTING IN THE FOLLOWING:											
						M	I	C	H	H	I	M	C	P	O	R	H
Last Name	First Name	M.I.	Director	Testing Personnel	License or Certificate Number	R	U	E	E	M	Y	A	A	S	T	O	G
Dhawan	Sunil		✓		MD53340												
Alamdar	Hoda			✓	MTA43732	✓	✓	✓	✓								
Sidhu	Gurbir			✓	MTA44881	✓	✓	✓	✓								
Masinde	Godfred			✓	MTE1102	✓	✓	✓									
Rockymore	Monette			✓	MTA43308	✓	✓	✓	✓								
Uy	Ruby			✓	MTA40914	✓	✓	✓	✓								
Le	Anna			✓													
Chao	Christine			✓													
Phillips	Javier			✓													
Marsh	Lindsay			✓													
Hartinger	Sara			✓													
Lung	Calvin			✓													
Martin	Brian			✓													
Bivens	Brooke			✓													
Nguyen	Dung			✓													
Luciano	Angelo			✓													
Balwani	Sunny			✓													
Young	Daniel			✓													
Doshi	Nishit			✓													
Saksena	Suraj			✓													
Weber	Gregory			✓													

I certify that all of the individuals listed above meet the requirements of California Business and Professions Code, Section 1206.5.

Signature of laboratory director	Date

THIS FORM MAY BE PHOTOCOPIED

LABORATORY PERSONNEL REPORT (Continued)

Laboratory name or ID number

Theranos, Inc.

INSTRUCTIONS: List all personnel (e.g., laboratory assistant, phlebotomist, etc.) who are engaged in collecting and preparing specimens but who are not responsible for test results as "testing personnel."

EMPLOYEE NAMES			HOURS		DAYS							FUNCTION
Last Name	First Name	M.I.	From	To	M	T	W	TH	F	SA	SU	
Low	Kelly		9AM	5PM	✓	✓	✓	✓	✓			Phlebotomist
Shu	Tiffany		9AM	5PM	✓	✓	✓	✓	✓			Phlebotomist
Miranda	Ciara		9AM	5PM	✓	✓	✓	✓	✓			Phlebotomist
Ghoshal	Debjani		9AM	5PM	✓	✓	✓	✓	✓			Phlebotomist
Rodriguez	Misty		9AM	5PM	✓	✓	✓	✓	✓			Phlebotomist
Rice	Janee		9AM	5PM	✓	✓	✓	✓	✓			Phlebotomist
Custodio	Jasmin		9AM	5PM	✓	✓	✓	✓	✓			Phlebotomist
Schaaf	Kelly		9AM	5PM	✓	✓	✓	✓	✓			Phlebotomist



Maryland Department of Health and Mental Hygiene
Office of Health Care Quality – Laboratory Licensing Programs
Spring Grove Center – Bland Bryant Building
55 Wade Avenue, Catonsville, MD 21228
Phone: 410.402.8025 Fax: 410.402.8213

Office Use Only
Date Received:
Check #:
Amount:
Date Completed:

Laboratory Licensing Change Form

This form is for changes and updates only. Please only provide us with the changes in the fields below along with the effective date of the change.

For a change of Director, a copy of the Director's medical license, medical diploma and board certification must be submitted. Please send diploma and CV for a PhD Director. This form must be signed by the Director for these changes to be valid.

THIS FORM MUST BE SIGNED BY THE DIRECTOR FOR ALL CHANGES TO BE VALID.

Please return this form by fax:
410-402-8213

Or by email:
paul.celli@maryland.gov

Current Name of Lab: Theranos, Inc.

State Lab ID # CLF00341367 Federal CLIA #: 05D2025714 Is this CLIA a multisite? Y(N)

Laboratory Name: _____ Date of Change: _____

Owner: _____ Date of Change: _____

Tax ID #: _____ Date of Change: _____

Director: Sunil S. Dhawan, M.D. Date of Change: December 2014

Physical Address: _____ Date of Change: _____

Mailing/Billing Address: _____ Date of Change: _____

Telephone #: _____ Date of Change: _____

Fax #: _____ Date of Change: _____

Please list the tests you are adding or deleting from your current test menu. Please use the chart below and indicate for each test the instrument/kit used as well as the effective date of change.

Changes/Additions/Deletions to Tests

Test Name	Kit/Instrument Used	Add	Delete	Date of Change
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Change State License Status to:

- Letter of Exception
- General Permit

Date of Change: _____

Change my CLIA Certification Status to: (must submit with a CMS-116, both forms must then be mailed to our address)

- Waiver
- Compliance
- Provider Performed Microscopic Procedures (PPMP)

Accreditation with which program? _____

Date of Change: _____

Our office has closed and/or discontinued all clinical testing. Date of Change: _____

Print Laboratory Director's Name: Sunil S. Dhawan M.D.

Laboratory Director's Signature: _____ Date: _____