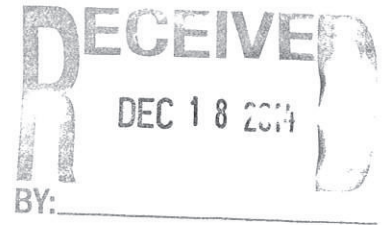


California Department of Public Health
Laboratory Field Services
850 Marina Bay Parkway Bldg. P, 1st FL
Richmond, CA 94804-6403



December 17, 2014

Dear Sir or Madam:

Please find enclosed LFS Form 193 and a Director's Attestation adding Lynette Sawyer, Dr.P.H. as a Co-Director to the Theranos, Inc. clinical laboratory located at 7333 Gateway Boulevard, Newark, California 94560.

If you have any questions or need further information, please do not hesitate to let me know.

Regards,

A handwritten signature in black ink that reads "Brad Arington". The signature is stylized and includes a large flourish at the end.

Brad Arington
Senior Regulatory Counsel
Theranos, Inc.
650.856.7304
barington@theranos.com

DIRECTOR'S ATTESTATION

I attest that effective November 19, 2014, I am the laboratory director, or a co-director of:

Theranos, Inc. clinical laboratory, located at

7333 Gateway Blvd, Newark, California 94560

CLIA number: 05D2025714 State ID number (if known): CLF 00341367

As the director or co-director, I assume all directorship responsibilities for CLIA and State of California purposes. I understand that as a director of this laboratory, I am responsible for the accuracy and reliability of all testing performed by the laboratory and for ensuring that the laboratory meets all applicable CLIA and state requirements as stipulated in both federal and California laws (Code of Federal Regulations [CFR], Title 42, Sections 493.1407, 493.1445; California Business and Professions Code [BPC], Section 1209).

I understand that I will be held jointly and severally responsible with the laboratory owner(s) for any violations of law by this clinical laboratory (BPC Section 1265(b)). If deficient or unlawful practices are found that occurred while I was serving as laboratory director or co-director, which the laboratory fails or is unable to correct, and which results in the revocation of the laboratory's CLIA certificate or state license or registration, I understand that pursuant to Title 42 of the United States Code (USC), Section 263(a)(i)(3), 42 CFR 493.1840(a)(8), and BPC Section 1324, I would be prohibited from owning, operating, or directing another clinical laboratory for a period of at least two years from the date of revocation. Such action may also be grounds for referral to the Medical Board of California or other licensing board for appropriate action.

I understand that any false statement or representation of material fact in obtaining or retaining CLIA certification or state licensure or registration may be grounds for revocation of the laboratory's CLIA certificate under 42 CFR 493.1840(a)(1), and state license or registration under BPC Section 1320(f).

I understand that I will be responsible, along with the laboratory owner(s), to notify the Department of Public Health in writing of any changes in the laboratory ownership, directorship, name or location within **thirty days** of the change, and that failure to provide such notification will result in automatic revocation of the state license or registration (BPC Section 1265(g)), and sanctions against the certificate (42 CFR 493.39(b), 493.45(b)(2), 493.51(a), 493.53(a), 493.57(a)(2), and 493.63(a)).

I understand that I will continue to be held responsible as a laboratory director of this laboratory until the day that the California Department of Public Health receives a signed statement from me notifying the Department of my resignation or termination.

I affirm under penalty of perjury, that all information I have given in this document is true.

Lynette Sawyer
Director's signature

19 Nov 14
Date

Lynette Sawyer, Dr.P.H.
Print or type director's name and title

CLIA Director: Yes No

[Redacted]
Director's address (as recorded on personal professional license)

[Redacted]
Director's direct contact telephone number

Or California Board license number: _____
California Director license number: DRG 00000666



State of California—Health and Human Services Agency
California Department of Public Health
 Laboratory Field Services



NOTIFICATION OF LABORATORY CHANGE

DEC 18 2014

State License/Registration #: (CLF, CLA, CLM, CLR, CLP, COS)	CLF 00341367
CLIA ID #: 05D	05D2025714
Laboratory Name:	Theranos, Inc.
Laboratory Address:	7333 Gateway Blvd
City, State and Zip Code:	Newark, CA 94560
Telephone Number:	(650) 838-9292
Fax Number:	(650) 838-9165
E-mail Address:	labsupport@theranos.com

Please mail completed form to: **California Department of Public Health, Laboratory Field Services, ATT: Facilities Licensing, 850 Marina Bay Parkway, Bldg P, 1st Floor, Richmond, California 94804-6403.**

THIS IS TO REQUEST CERTIFICATE CHANGE:

THIS IS TO INFORM YOU OF A

From: _____

Change of ownership (See note below)

TO:

Change of Director/Add Director (See note)

Certificate of Compliance

Note: Items above may require additional forms. See website www.cdph.ca.gov/lfs for additional information

Certificate of Accreditation

Note: Proof of accreditation is required.

Change of site address

Provider Performed Microscopy Procedures (PPMP)

Change of laboratory name

Waiver

Change of mailing Address

Cease Testing, specialty, subspecialty and/or test

Change of telephone and/or fax

Closure of the Laboratory

From: _____

EFFECTIVE DATE OF CHANGE(S): 11/19/2014

To/New: adding Lynette Sawyer as
co-director

ATTENTION: READ THE FOLLOWING CAREFULLY BEFORE SIGNING

Pursuant of 42 U.S.C. 263 a (i)(I)(B) and 42 C.F.R. 493.1840(a)(2) your laboratory's CLIA certificate may be revoked if the laboratory performs any tests not within the category of laboratory examinations authorized by your CLIA certificate. Please be advised that any person who intentionally violates the mandates of CLIA shall be subject to imprisonment, or fines, or both. See 42 U.S.C. 263a(I).

If in the future you wish to reapply for a Certificate for moderate or high complexity testing, you must notify Laboratory Field Services and submit to an inspection before such testing may begin. This inspection must find the laboratory in compliance with all CLIA condition-level requirements found at 42 C.F.R. Part 493 before the laboratory may resume moderate or high complexity testing.

For changes in certificate type, your laboratory must pay the appropriate certificate fee and/or compliance fee before the change can be effective.

NOTE: This notification of change form is acceptable only if signed by the director of the laboratory.

Lynette Sawyer, Dr.P.H.

Name of Director Only (print) _____

Lynette W Sawyer
Signature of Director

19 Nov 14
Date