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**From:** Christian Holmes [/O=Theranos Organization/OU=Exchange Administrative Group (FYDIBOHF23SPDLT)/CN=Recipients/CN=Christian Holmes]  
**Sent:** 9/23/2014 8:51:59 PM  
**To:** Elizabeth Holmes [eholmes@theranos.com]  
**Subject:** FW: Customer Issue - Sikorski (PA)  
**Importance:** High

Hey – wanted to have just a more candid conversation about this with you. I am always confident in our technology, but it's pretty obvious we have issues with calcium, potassium and sodium specifically.

Sunny is on these emails, but wanted to get your thoughts specifically on considering to stop reporting these tests until we find the reason we are reporting as we are. I'm 1000% confident this is an easily solvable issue and one that we will fix, but just more a question around the cost/benefit of continuing to send these results to docs when there seem to be issues with their accuracy.

I am also bringing this up because I haven't heard any reason/root cause for why these tests are off. I just get a response from Daniel that "we are aware of the issues and are conducting a study". Leaves me a bit hands tied with the docs – obviously I can't tell them we are wrong, but they continue to send patients to Quest after we report high, and the patients' results come back normal. I know have sales reps, docs, and patients without answers as to why their Quest report says normal, and Theranos' doesn't. I'll definitely manage these things, but just seems to be worth considering a hiatus in reporting these values until we have finished whatever studies Daniel is referring to.

Thanks

**From:** Christian Holmes  
**Sent:** Tuesday, September 23, 2014 1:35 PM  
**To:** Daniel Young  
**Cc:** Sunny Balwani; Maximillion Fosque  
**Subject:** FW: Customer Issue - Sikorski (PA)

Daniel – could you provide your comments on the docs question about our reference range for ?

1. "The bottom of our testosterone range is 70. The bottom testosterone range for SQ is 250. Provider would like to know what we base our ranges on, i.e. why level of 70 is OK?"

For the other question about the 5-6 patients with high calcium, I will follow up with specific patient names so we can look into that more.

For my own background, are there any findings we can relay about high trends in calcium reporting? Seems to be by far the majority of questions we get about accuracy now.

Thank you for your help

**From:** Kimberly Alfonso  
**Sent:** Tuesday, September 23, 2014 1:19 PM  
**To:** Christian Holmes; Sunny Balwani  
**Subject:** Customer Issue - Sikorski (PA)

Christian – please see below. On #1, let me know if you want me to have Eric further define the 5-6 patients and their results or if we can look up by provider.

**From:** Eric M. Nelson  
**Sent:** Tuesday, September 23, 2014 11:01 AM  
**To:** Mike Phebus  
**Cc:** Kimberly Alfonso  
**Subject:** Issue-high calcium

Mike and Kimberly,

Fountain Hills office has had a couple of issues.

Christie Sikorski PA  
Fountain Hills Pediatrics and Internal Med  
13620 N. Saguaro Blvd Ste-100  
Fountain Hills AZ 85268  
Phone—480-837-6800

1. “I have had 5-6 calciums levels come back recently that were over 10 (hypercalcemia). These patients have never had high calcium in the past. Sent all patients to SQ to retest and the calcium levels are under 10 (normal).”
2. The bottom of our testosterone range is 70. The bottom testosterone range for SQ is 250. Provider would like to know what we base our ranges on, i.e. why level of 70 is OK?

Thanks,  
Eric

Eric Nelson  
Senior Account Executive  
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