

**CONFIDENTIAL TREATMENT REQUESTED
UNDER CALIFORNIA PUBLIC RECORDS ACT**

June 12, 2015

VIA EXPRESS MAIL*Via US Express Mail*

CA Dept. of Public Health
Accounting Section / Cashiering Unit
MS 1601 P. O. Box 997376
Sacramento, CA 95899-7376

Re: Confidential Treatment of Information

To Whom It May Concern:

Theranos, Inc. ("Theranos") is an applicant for renewal of licensure as a clinical laboratory by the California Department of Public Health ("Department"). Enclosed are completed and executed copies of Theranos's renewal application and the forms requested by the Department to accompany the renewal application.

This letter should not impede your review of the Application. Rather, we submit this letter to request *in advance* that the Department afford confidential treatment to certain portions of the complete application, including the devices used for particular tests, and accompanying forms *in the event it receives a public records request* that covers the enclosed materials.

Due to the proprietary and confidential nature of information contained in these materials as exempted from disclosure under the California Public Records Act, Govt. Code 6250-6276.48, Theranos respectfully requests that the Department: (1) take notice of Theranos's request for confidential treatment of the information identified in this letter; (2) maintain the materials enclosed with the application and this letter in a confidential file; (3) withhold these materials and this letter from public disclosure based upon the California Public Records Act exceptions for confidential and proprietary information; and (5) give Theranos an opportunity to respond to any requests for the information contained in the application materials, prior to disclosure of any application information that Theranos asserts is confidential.

In addition, should the Department transfer the renewal application materials to any electronic record format, Theranos respectfully requests that it make note of these confidentiality requests in the electronic file.

Please do not hesitate to contact me if you require any additional information.

Sincerely,



Brad Arington, Esq.
Associate Director, Regulatory
650-856-7304

Laboratory Field Services
850 Marina Bay Parkway
Bldg. P, 1st Floor
Richmond, CA 94804-6403

(510) 620-3800
LFSRecep@cdph.ca.gov



State of California
Health and Human Services Agency
Department of Public Health

CLF 00341367 05D2025714
THERANOS, INC.
7333 GATEWAY BLVD
NEWARK CA 94560-1149

LAB ID NUMBER: CLF 00341367
CURRENT LICENSE
EXPIRES: 06/14/2015
BILLING DATE: 04/03/2015
FEE CREDIT: \$ 0.00
RENEWAL FEE: \$ 1,561.00
TOTAL DUE: \$ 1,561.00
DATE DUE: 06/14/2015

APPLICATION FOR RENEWAL OF CLINICAL LABORATORY LICENSE ANNUAL NOTICE

California Department of Public Health records show the following:

OWNER(S):
THERANOS, INC.

DIRECTOR(S):
DHAWAN SUNIL MD
SAWYER LYNETTE PH

LOCATION ADDRESS:
7333 GATEWAY BLVD.
NEWARK CA 94560

California law provides that renewal fees shall be paid during the 30-day period before the expiration of the license and that licenses not renewed within the period of 60 days from the expiration date are subject to FORFEITURE. (California Business and Professions Code 1301.) (Fees are determined by the California Budget Act, and the Business and Professions Code, Section 1300.) **See reverse side for requirements.**

Retain this portion for your records

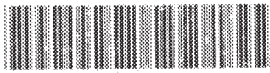
Detach this portion and return with payment

MAIL TO:

California Department of Public Health
Accounting Section/Cashiering Unit
MS 1601, P.O. Box 997376
Sacramento, CA 95899-7376

CLINICAL LABORATORY LICENSE
ANNUAL NOTICE

Lab 101 LicRenFr (11-13)



CLF 00341367 05D2025714
THERANOS, INC.
7333 GATEWAY BLVD
NEWARK CA 94560-1149

LAB ID NUMBER: CLF 00341367
CURRENT LICENSE
EXPIRES: 06/14/2015
BILLING DATE: 04/03/2015
FEE CREDIT: \$ 0.00
RENEWAL FEE: \$ 1,561.00
TOTAL DUE: \$ 1,561.00
DATE DUE: 06/14/2015

DIRECTOR'S PRINTED/TYPED NAME: SUNIL DHAWAN, MD.

DIRECTOR'S SIGNATURE: *Sunil D. Dhawan MD*

RETURN SIGNED REMITTANCE STUB WITH PAYMENT AND ALL OF THE ENCLOSED DOCUMENTS COMPLETED

Clearance	Index	Object Detail	Agency Object	BLK	Source	Agency Source	PCA	FFY	Fund
CLF00341367	5790	000	00	H	125700	61	77322	A	098

THERANOSINCO000156100CLF00341367579000000H1257006177322A098 0



RENEWAL OF CLINICAL LABORATORY LICENSE
Division 2, Chapter 3, California Business and Professions Code

INSTRUCTIONS:

Please use typewriter or print to complete this application and return with the required fee.

License Number: CLF 00341367
Ref: 0502025714

THERANOS, INC.
THERANOS, INC.
7333 GATEWAY BLVD
NEWARK CA 94560-1149

1. Name of Laboratory (Exactly as desired on license) Theranos, Inc.
Laboratory Location 7373 Gateway Blvd.
City Newark, CA Zip Code 94560-1119 Telephone Number (650) 838-9292
2. Tax ID Number 2651481
3. Major Change DATE
Director of Lab Changed on NA
Owner of Lab Changed on

4. Mailing address if different from above: NA

5. Number of testing sites for this CLIA number remains the same as previously reported [X] Yes ___ No. If no, submit Form Lab 144B.

6. Legal name of Corporation, District or Association owning Laboratory is: (Fictitious name permit must be on file-state name of locality where permit is filed) Theranos, Inc.

7. Check type of ownership. Complete requested name and address (Section 1211 of Business & Professions Code)
Individual Name Address
Partnership (whether general or limited) Give names of all members of the partnership. Name Address

[X] Corporation: State the names and positions of the officers, directors, and shareholders holding a 5% or more interest in the corp. who or which has the responsibility to manage or conduct the day-to-day operation of the laboratory. (USE SUPPLEMENT SHEET IF NECESSARY)
Name Address
Elizabeth Holmes, CEO 1701 Page Mill Road, Palo Alto CA 94304
Sunny Balwani, President 1701 Page Mill Road, Palo Alto CA 94304

Unincorporated Association Name Address

District, city, county or state Name Address

Other (specify) Name Address

Lab 144B (12-09) Fac/CLF

Name of Laboratory
Theranos, Inc.

8. Director(s) of Laboratory Name	Address	Hours/week spent in this lab (as needed)
Sunil S. Dhawan, M.D.	[REDACTED]	1-5 (as needed)
Lynette Sawyer, D.P.H.	[REDACTED]	1-5 (as needed)

- 9. Complete and return the Laboratory Testing Declaration FORM LAB 144A (8-05)
- 10. Complete and return Laboratory Personnel Report FORM LAB 116 (8-05)
- 11. Complete and return Director's Attestation FORM LAB 183 (4-05)
- 12. Submit copy of current CLIA certificate
- 13. Does this facility meet the definition of a Physician Office Laboratory Yes No
iPOL is owned and operated by an individual, a partnership or a professional corporation that performs tests or examinations only for patients of five or fewer physicians and surgeons or podiatrists who are shareholders, partners, or employees of the partnership or corporation. (See Business and Professions Code, 1206(a)(10).)


This statement must be signed by the owner or a person legally authorized to bind the owner, and by the Laboratory Director.

I declare that the foregoing statements are true and correct to the best of my knowledge and belief.
I declare that any statements contained in the documents submitted are true and correct to the best of my knowledge and belief.


Director Signature

Sunil S. Dhawan, M.D.
Name (typed)

Laboratory Director

Title


Date
Elizabeth Holmes
Name (typed)

CEO

Title

6/12/15
Date

ADDITIONAL INFORMATION REQUESTED

Please submit the name, address, and CLIA number (if known) of any out-of-state laboratory used by your laboratory. Please use additional sheet if needed.

ARUP Laboratories, Inc.
500 Chipeta Way
Salt Lake City, UT 84108-1221
CLIA ID Number: 46D0523979

LABORATORY TESTING DECLARATION

Name of laboratory (as listed on CLIA certificate) Theranos, Inc.	Laboratory location 7373 Gateway Blvd., Newark, CA 94560	CLIA number 05D2025714
---	--	----------------------------------

Check and name all tests (by manufacturer and equipment) which are performed in your laboratory and indicate the annual volume of tests performed by subspecialty. Attach separate page if additional space is needed.

Waived tests only

Physician performed microscopy procedures only

010 Histocompatibility _____
Annual Volume _____

110 Bacteriology _____

- Gram stain bioMerieux Previ Color Wellcolex _____
- Direct antigen _____
- Limited identification BD Phoenix & bioMerieux Vitek MS _____
- Throat Culture _____
- Urine Culture _____
- G.C. Culture _____
- ID genus and species BD Phoenix & bioMerieux Vitek MS _____
- Susceptibility testing BD Phoenix _____
- C. difficile Ag _____
- Molecular diagnostics PerkinElmer M5AH & Roche Lightcycler, H. pylori, CT/NG, C. diff _____

Annual Volume 7611

115 Mycobacteriology _____

- Acid fast stain _____
- ID acid fast _____
- ID and/or susceptibility for M.T.B. _____
- ID and susceptibility for all acid fast _____
- Molecular diagnostics _____

Annual Volume _____

120 Mycology _____

- ID yeast and/or dermatophytes _____
- ID genus _____
- ID genus and species bioMerieux Vitek MS _____

Annual Volume 1385

130 Parasitology _____

- Wet mounts and/or pinworms preparation _____
- ID conc. and/or stain _____

Annual Volume 95

140 Virology _____

- Direct antigen _____
- ID _____
- Molecular diagnostics CT, GC, HIV, HBV, HCV - Abbott m2000 rt _____

Annual Volume 8173

210 Syphilis serology _____

- FTA-ABS _____
- RPR BD Macro-Vue RPR Test _____
- RST _____
- VDRL _____
- MHA-TP _____

Annual Volume 4455

220 General immunology _____

- Alpha-1 antitrypsin Siemens ADVIA 2400 XPT _____
- Alpha-fetoprotein Siemens Centaur XP _____
- Antihuman immunodeficiency virus (HIV) Bio-Rad Evolis _____
- Antinuclear antibody Bio-Rad Evolis _____
- Antistreptolysin O Siemens ADVIA 2400 XPT _____
- Complement C3 Siemens ADVIA 2400 XPT _____
- Complement C4 Siemens ADVIA 2400 XPT _____
- CRP Siemens ADVIA 2400 XPT _____
- Hepatitis A antibody DiaSorin Liaison _____
- Hepatitis B core Ab Siemens Immulite 2000 XPI _____
- HBsAb Siemens Immulite 2000 XPI _____
- HBsAg Siemens Centaur XP _____
- HBeAg Siemens Centaur XP _____
- Hepatitis C Ab Siemens Centaur XP _____
- H. pylori Ab Siemens Immulite 2000 XPI _____
- IgA Siemens ADVIA 2400 XPT _____
- IgE Siemens Immulite 2000 XPI _____
- IgG Siemens ADVIA 2400 XPT _____
- IgM Siemens ADVIA 2400 XPT _____
- Infectious mononucleosis _____
- Rheumatoid factor Siemens ADVIA 2400 XPT _____
- Rubella Siemens Centaur XP, Siemens Immulite 2000 XPI _____

Annual Volume 24298

310 Routine chemistry _____

- Alanine aminotransferase (ALT/SGPT) Siemens ADVIA 2400 XPT _____
- Albumin Siemens ADVIA 2400 XPT _____
- Alkaline phosphatase Siemens ADVIA 2400 XPT _____
- Ammonia Siemens ADVIA 2400 XPT _____
- Amylase Siemens ADVIA 2400 XPT _____
- Aspartate aminotransferase (AST/SGOT) Siemens ADVIA 2400 XPT _____
- Bilirubin, total Siemens ADVIA 2400 XPT _____
- Blood gases: pH pCO2 pO2 _____
- Calcium Siemens ADVIA 2400 XPT _____
- CEA Siemens Centaur XP _____
- Chloride Siemens ADVIA 2400 XPT _____
- Cholesterol, high density lipoprotein (HDL) Siemens ADVIA 2400 XPT _____
- Cholesterol, total Siemens ADVIA 2400 XPT _____
- CO2 Siemens ADVIA 2400 XPT _____
- Creatine kinase Siemens ADVIA 2400 XPT _____
- Creatine kinase, iso and CKMB _____
- Creatinine Siemens ADVIA 2400 XPT, Siemens DCA Vantage _____
- Cryoglobulin _____
- Ferritin Siemens ADVIA 2400 XPT _____
- Folate Siemens Centaur XP _____
- Gamma GT Siemens ADVIA 2400 XPT _____
- Glucose, serum Siemens ADVIA 2400 XPT _____
- Glucose, whole blood _____
- Iron, total Siemens ADVIA 2400 XPT _____
- TIBC Siemens ADVIA 2400 XPT _____
- Lactate dehydrogenase (LDH) Siemens ADVIA 2400 XPT _____
- LDH isoenzymes _____
- Lactic acid Siemens ADVIA 2400 XPT _____
- Magnesium Siemens ADVIA 2400 XPT _____
- Osmolality _____
- Phosphorus Siemens ADVIA 2400 XPT _____
- Potassium Siemens ADVIA 2400 XPT _____
- PSA Siemens Immulite 2000 XPI, Theranos _____
- Sodium Siemens ADVIA 2400 XPT _____
- Total protein Siemens ADVIA 2400 XPT _____
- Triglycerides Siemens ADVIA 2400 XPT _____
- Troponin—I Siemens Centaur XP _____
- Urea nitrogen Siemens ADVIA 2400 XPT _____
- Uric acid Siemens ADVIA 2400 XPT _____
- Vitamin B-12 Siemens Centaur XP _____

Annual Volume 560869

320 Urinalysis _____

- Dipsticks Beckman Coulter IRIS _____
- Microscopy Beckman Coulter IRIS _____

Annual Volume 17625

330 Endocrinology _____

- Cortisol Siemens Immulite 2000 XPI _____
- Estradio Siemens Centaur XP _____
- Estriol Siemens Immulite 2000 XPI _____
- Free thyroxine (free T-4) Siemens Immulite 2000 XPI _____
- FSH Siemens Centaur XP _____
- Human chorionic gonadotrophin, serum (HCG) Siemens Centaur XP _____
- Human chorionic gonadotrophin, urine (HCG) Siemens Centaur XP _____
- LH Siemens Centaur XP _____
- Progesterone Siemens Centaur XP _____
- Prolactin Siemens Centaur XP _____
- Testosterone Siemens Immulite 2000 XPI _____
- Thyroid-stimulating hormone (TSH) Siemens Immulite 2000 XPI _____
- Thyroxine (T-4) Siemens Immulite 2000 XPI _____
- Triiodothyronine (T-3) Siemens Immulite 2000 XPI _____
- T-3 uptake Siemens Centaur XP _____

Annual Volume 102680

LAB 144 A (7/07)

CONFIDENTIAL TREATMENT REQUESTED

340 Toxicology

<input checked="" type="checkbox"/>	Acetaminophen	Siemens ADVIA 2400 XPT
<input type="checkbox"/>	Alcohol, blood	
<input type="checkbox"/>	Amikacin	
<input checked="" type="checkbox"/>	Blood lead	Magellan LeadCare II
<input checked="" type="checkbox"/>	Carbamazepine	Siemens Centaur XP
<input checked="" type="checkbox"/>	Digoxin	Siemens Centaur XP
<input checked="" type="checkbox"/>	Drug screen	Siemens ADVIA 2400 XPT
<input type="checkbox"/>	Drug confirmation	
<input type="checkbox"/>	Ethosuximide	
<input checked="" type="checkbox"/>	Gentamicin	Siemens Centaur XP
<input type="checkbox"/>	Lidocaine	
<input checked="" type="checkbox"/>	Lithium	Siemens ADVIA 2400 XPT
<input checked="" type="checkbox"/>	Phenobarbital	Siemens Centaur XP
<input checked="" type="checkbox"/>	Phenytoin	Siemens Centaur XP
<input type="checkbox"/>	Primidone	
<input type="checkbox"/>	Procainamide (and metabolite)	
<input type="checkbox"/>	Quinidine	
<input checked="" type="checkbox"/>	Salicylates	Siemens ADVIA 2400 XPT
<input checked="" type="checkbox"/>	Theophylline	Siemens Centaur XP
<input checked="" type="checkbox"/>	Tobramycin	Siemens Centaur XP
<input checked="" type="checkbox"/>	Valproic acid	Siemens Centaur XP
	Annual Volume	2765

400 Hematology

<input checked="" type="checkbox"/>	Erythrocyte count (RBC)	Siemens 2120 and Drew
<input checked="" type="checkbox"/>	Hematocrit	Siemens 2120 and Drew
<input checked="" type="checkbox"/>	Hemoglobin	Siemens 2120 and Drew
<input checked="" type="checkbox"/>	Leukocyte count (WBC)	Siemens 2120, B2 Fortessa
<input checked="" type="checkbox"/>	Platelet count	Siemens 2120 and Drew
<input checked="" type="checkbox"/>	Eosinophil count	Siemens 2120 and Drew
<input checked="" type="checkbox"/>	Automated WBC differential	Siemens 2120 and Drew
<input checked="" type="checkbox"/>	Manual WBC differential	Siemens Autoslide
<input checked="" type="checkbox"/>	Relic count	Siemens 2120 and Drew
<input type="checkbox"/>	Sickle cell	
<input type="checkbox"/>	ACT/bleeding time	
<input type="checkbox"/>	Factor assay	
<input checked="" type="checkbox"/>	Fibrinogen	Siemens BCSXP
<input type="checkbox"/>	FDP	
<input checked="" type="checkbox"/>	Partial thromboplastin time (PTT)	Siemens BCSXP
<input checked="" type="checkbox"/>	Prothrombin time	Siemens BCSXP
<input type="checkbox"/>	Thrombin time	
<input checked="" type="checkbox"/>	Sedimentation rate	Streck ESR Autophas
<input type="checkbox"/>	Semen analysis	
<input type="checkbox"/>	CSF/body fluid counts	
	Annual Volume	162538

510 ABO and Rh type

<input checked="" type="checkbox"/>	ABO group	Eldon Biological EldonCards
<input checked="" type="checkbox"/>	D(Rho) type	
	Annual Volume	2382

520 Ab detection transfusion

<input type="checkbox"/>	Unexpected antibody detection	
	Annual Volume	

530 Ab detection nontransfusion

<input type="checkbox"/>	Unexpected antibody detection	
	Annual Volume	

540 Antibody ID

<input type="checkbox"/>	Antibody identification	
	Annual Volume	

550 Compatibility testing

	Annual Volume	
--	---------------	--

610 Histopathology

	Annual Volume	
--	---------------	--

620 Oral pathology

	Annual Volume	
--	---------------	--

630 Cytology

	Annual Volume	
--	---------------	--

800 Radiobiassay

<input type="checkbox"/>	Schilling test	
<input type="checkbox"/>	Blood volume	
	Annual Volume	



900 Clinical cytogenetics

<input type="checkbox"/>	Cytogenetics	
<input type="checkbox"/>	Molecular diagnostics	
	Annual Volume	

List all other tests performed and annual test volume.

See Attachment A.

This statement to be signed by owner or person legally authorized to bind the owner and the laboratory director.
I declare under penalty of perjury that foregoing statements are true and correct.

Director signature 	Name (typed) Sunil Dhawan	Date 6/10/15
Owner signature 	Name (typed) Elizabeth A. Holmes	Date 6/12/15

Attachment A to Laboratory Testing Declaration [LAB 144 A (7/07)]

All tests listed are included in the "Annual Volume" as reported in page 1 and 2 of the form

Specialty	Assay Name	Device	
110 Bacteriology	E.Coli Shiga Toxin	BIOMERIEUX VITEK MS	
	Stool Culture, Vibrio	BIOMERIEUX VITEK MS	
	Stool Culture Bacteria each	BIOMERIEUX VITEK MS	
130 Parasitology	Ova and Parasites Smears	MANUAL	
140 Virology	herpes simplex 1, ag, if	DIASORIN LIAISON	
	herpes simplex 2, ag, if	DIASORIN LIAISON	
	HIV 4th gen	BIO-RAD EVOLIS	
	HIV Confirmatory	BIO-RAD MULTISPOT	
210 Syphilis serology	Treponema pallidum	SIEMENS IMMULITE	
220 General Immunology	beta-2 protein	SIEMENS ADVIA XPT	
	Borrelia burgdoferi antibody quant	DIASORIN LIAISON	
	CA 125	SIEMENS CENTAUR	
	CA 15-3	SIEMENS CENTAUR	
	CA 19-9	SIEMENS CENTAUR	
	CA 27.29	SIEMENS CENTAUR	
	cardiolipin antibody	DIASORIN ETIMAX	
	cmv antibody	DIASORIN LIAISON	
	cmv antibody, igm	DIASORIN LIAISON	
	dna antibody	DIASORIN ETIMAX	
	epstein-barr antibody IgG	DIASORIN LIAISON	
	epstein-barr antibody IgM	DIASORIN LIAISON	
	epstein-barr antibody, nuclear antigen, IgG	DIASORIN LIAISON	
	microsomal antibody	SIEMENS CENTAUR	
	mumps antibody, IgG	DIASORIN LIAISON	
	nuclear antigen antibody, Jo-1	DIASORIN ETIMAX	
	nuclear antigen antibody, RNP	DIASORIN ETIMAX	
	nuclear antigen antibody, Scl-70	DIASORIN ETIMAX	
	nuclear antigen antibody, Sm	DIASORIN ETIMAX	
	nuclear antigen antibody, SSA	DIASORIN ETIMAX	
	nuclear antigen antibody, SSB	DIASORIN ETIMAX	
	QuantiFERON Mitogen	BIO-RAD EVOLIS	
	QuantiFERON NIL	BIO-RAD EVOLIS	
	QuantiFERON TB	BIO-RAD EVOLIS	
	rubeola antibody, IgG	DIASORIN LIAISON	
	TB Gold Quantiferon EIA	BIO-RAD EVOLIS	
	Toxoplasma IgG	DIASORIN LIAISON	
	Toxoplasma IgM	DIASORIN LIAISON	
	varicella-zoster antibody, IGG	DIASORIN LIAISON	
	310 Routine chemistry	apo a-1	SIEMENS ADVIA XPT
		apo b	SIEMENS ADVIA XPT
		Assay, rbc cholinesterase	SIEMENS ADVIA XPT
		bilirubin, direct	SIEMENS ADVIA XPT
c-peptide		SIEMENS CENTAUR	
cystatin c		SIEMENS ADVIA XPT	
Deoxypyridinoline DPD (Pyrilinx)		SIEMENS IMMULITE	
glycated protein		SIEMENS ADVIA XPT	
glycosylated hemoglobin		SIEMENS DCA VANTAGE	
glycosylated hemoglobin		SIEMENS ADVIA XPT	
haptoglobin, quant		SIEMENS ADVIA XPT	

CONFIDENTIAL TREATMENT REQUESTED

Attachment A to Laboratory Testing Declaration [LAB 144 A (7/07)]

	HER-2/neu	SIEMENS CENTAUR
	homocystine	SIEMENS CENTAUR
	lipase	SIEMENS ADVIA XPT
	Microalbumin	SIEMENS DCA VANTAGE
	myoglobin	SIEMENS CENTAUR
	natriuretic peptide	SIEMENS CENTAUR
	occult bld feces, 1-3 tests	SERACULT FECAL OCCULT BLOOD TEST KIT
	occult bld feces, 3 tests	SERACULT FECAL OCCULT BLOOD TEST KIT
	prealbumin	SIEMENS ADVIA XPT
	thyroglobulin	SIEMENS IMMULITE
	thyroglobulin antibody, IgG	SIEMENS CENTAUR
	transferrin	SIEMENS ADVIA XPT
	vitamin d, 25 hydroxy	SIEMENS CENTAUR
320 Urinalysis	urine culture	MANUAL
330 Endocrinology	ACTH	SIEMENS IMMULITE
	Androstenedione	SIEMENS IMMULITE
	Assay of thyroid activity	SIEMENS IMMULITE
	calcitonin	SIEMENS IMMULITE
	dehydroepiandrosterone sulfate (dheas)	SIEMENS CENTAUR
	ft-3, free	SIEMENS CENTAUR
	gastrin	SIEMENS IMMULITE
	growth hormone (hgh)	SIEMENS IMMULITE
	IGF-1	SIEMENS IMMULITE
	insulin	SIEMENS CENTAUR
	parathormone	SIEMENS CENTAUR
	pregnancy , blood qual	SIEMENS IMMULITE
	pregnancy , urine	SIEMENS IMMULITE
	sex hormone binding globulin (shbg)	SIEMENS IMMULITE, THERANOS
	sodium in urine 12 hour	SIEMENS ADVIA XPT
340 Toxicology	Amphetamines	SIEMENS ADVIA XPT
	barbiturates	SIEMENS ADVIA XPT
	barbiturates, urine	SIEMENS ADVIA XPT
	Benzodiazepines	SIEMENS ADVIA XPT
	benzodiazepines, urine	SIEMENS ADVIA XPT
	Cocaine	SIEMENS ADVIA XPT
	Cyclosporine	SIEMENS CENTAUR
	dipropylacetic acid	SIEMENS CENTAUR
	dolophine (methadone)	SIEMENS ADVIA XPT
	EBV early (D) Antigen IgG	DIASORIN LIAISON
	Ecstasy	SIEMENS ADVIA XPT
	Ethanol	SIEMENS ADVIA XPT
	heroin (opiate screen)	SIEMENS ADVIA XPT
	Marijuana (THC)	SIEMENS ADVIA XPT
	methadone metabolite	SIEMENS ADVIA XPT
	Phencyclidine (PCP)	SIEMENS ADVIA XPT
	Propoxyphene	SIEMENS ADVIA XPT
	Tricyclic Antidepressants	SIEMENS ADVIA XPT
	Tricyclic Antidepressants, urine	SIEMENS ADVIA XPT
	vancomycin, Peak Level	SIEMENS CENTAUR
400 Hematology	fibrin degradation, quant	SIEMENS BCSXP
	mean cell volume	SIEMENS ADVIA 2120, DREW

CONFIDENTIAL TREATMENT REQUESTED

ANNUAL TEST VOLUME OF TESTS PERFORMED

Instructions: The annual test volume must include tests that are classified as CLIA non-waived (PPMP, moderate and high complexity), regulated or non-regulated (see how to count tests). The annual test volume must also include all tests performed at multiple sites under the same CLIA number. The annual volumes are to be recorded in the specific FDA assigned specialty/subspecialty. Note: If you know the specialty/subspecialty of the test, put the volume in the appropriate specialty row. List all other tests by name and volume in the space provided below the specialty/subspecialty column.

Name of Laboratory Theranos, Inc.	State ID Number CLF 00341367	CLIA Certificate Number 05D2025714	
Address (number, street) 7373 Gateway Blvd.	City Newark	State CA	ZIP 94560

SPECIALTY/SUBSPECIALTY	ANNUAL TEST VOLUME Include Multiple Sites	SPECIALTY/SUBSPECIALTY	ANNUAL TEST VOLUME Include Multiple Sites
010 Histocompatibility		400 Hematology	162538
110 Bacteriology	7611	510 ABO and Rh Type	2382
115 Mycobacteriology		520 Antibody Detection Transfusion	
120 Mycology	1386	530 Antibody Detection Non-transfusion	
130 Parasitology	95	540 Antibody Identification	
140 Virology	6173	550 Compatibility	
210 Syphilis Serology	4455	610 Histopathology	
220 General Immunology	24298	620 Oral Pathology	
310 Routine Chemistry	560869	630 Cytology	
320 Urinalysis	17625	800 Radiobiassay	
330 Endocrinology	102680	900 Clinical Cytogenetics	
340 Toxicology	2765	Other Human Genetic Testing (CA Only)	

Total Volume of Tests 894877

List all other tests performed with annual test volume. (Use additional sheets if necessary)

Total Volume of Tests _____

Grand Total Volume of ALL Tests 894877

This statement is to be signed by the laboratory director or owner or a person legally authorized to bind the owner and the laboratory director. I declare under perjury that the foregoing statements are true and correct.

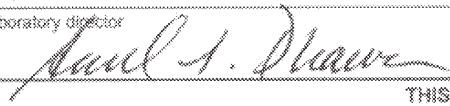
Director Signature [Signature] Printed Name SUNITA D. HANCOCK Date 6/10/15
 Owner Signature [Signature] Printed Name CHRISTOPHER L. LINES Date 6/12/15

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			ZIP code 94560		
			Telephone number (650) 470-0570		

EMPLOYEE NAMES			POSITION(S) HELD			TESTING IN THE FOLLOWING:																	
						M	I	C	I	M	C	P	O	H	C	R	A	L	P	C	O	H	I
Last Name	First Name	M.I.	Director	Testing Personnel	License or Certificate Number	R	O	N	M	H	E	E	M	O	H	T	A	T	T	M	E	P	N
Dhawan	Sunil		✓		MD53340																		
Sawyer	Lynette		✓		DRG666																		
Alamdard	Hoda			✓	MTA43732	✓	✓	✓	✓	✓													
Sidhu	Gurbir			✓	MTA44881	✓	✓	✓	✓	✓													
Castro	Lina			✓	PHM2016	✓																	
Masinda	Godfred			✓	PHM2113	✓																	
Uy	Ruby			✓	MTA40914	✓	✓	✓	✓	✓													
Rockymore	Monette			✓	MTA43308	✓	✓	✓	✓	✓													
Nguyen	Dung			✓																			
Le	Anna			✓																			
Chao	Christine			✓																			
Phillips	Javier			✓																			
Marsh	Lindsay			✓																			
Hartinger	Sara			✓																			
Lung	Calvin			✓																			
Martin	Brian			✓																			
Bivens	Brooke			✓																			
Luciano	Angelo			✓																			
Balwani	Sunny			✓																			
Young	Daniel			✓																			
Doshi	Nishit			✓																			
Sakeena	Sakeena			✓																			

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: **6/10/15**

THIS FORM MAY BE PHOTOCOPIED

DIRECTOR'S ATTESTATION

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

Theranos, Inc. clinical laboratory, located at
(name of laboratory)

7373 Gateway Blvd, Newark, California 94560
(street address)

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 CLIA 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.

Sunil S. Dhawan 6/10/15
Director's signature Date

Sunil S. Dhawan, MD Yes No
Print or type director's name and title CLIA Director:

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

[REDACTED] Or California Board license number: 53340
Director's direct contact telephone number California Director license number:

LAB 183 (7/07)

**CENTERS FOR MEDICARE & MEDICAID SERVICES
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS
CERTIFICATE OF COMPLIANCE**

LABORATORY NAME AND ADDRESS

Theranos Inc
1601 S CALIFORNIA AVE
PALO ALTO, CA 94304-1111

LABORATORY DIRECTOR

ADAM ROSENDORFF MD DIRECT

CLIA ID NUMBER

05D2025714

EFFECTIVE DATE

01/09/2014

EXPIRATION DATE

01/08/2016

Pursuant to Section 553 of the Public Health Services Act (42 U.S.C. 263c) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown herein (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.

This certificate shall be valid until the expiration date shown, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.



Judith A. Yost
Judith A. Yost, Director
Division of Laboratory Services
Survey and Certification Group
Center for Clinical Standards and Quality

368 Cert 540114

If you currently hold a Certificate of Compliance or Certificate of Accreditation, below is a list of the laboratory specialties/subspecialties you are certified to perform and their effective date:

LAB CERTIFICATION (CODE)	EFFECTIVE DATE
BACTERIOLOGY (110)	12/03/2013
SYPHILIS SEROLOGY (210)	05/15/2012
GENERAL IMMUNOLOGY (220)	01/09/2012
ROUTINE CHEMISTRY (310)	01/09/2012
URINALYSIS (320)	01/09/2012
ENDOCRINOLOGY (330)	01/09/2012
TOXICOLOGY (340)	12/03/2013
HEMATOLOGY (400)	01/09/2012

LAB CERTIFICATION (CODE) EFFECTIVE DATE

FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT WWW.CMS.GOV/CLIA
OR CONTACT YOUR LOCAL STATE AGENCY. PLEASE SEE THE REVERSE FOR
YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER.
PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.