

To: Elizabeth Holmes[eholmes@theranos.com]; Sunny Balwani[sbalwani@theranos.com]; Daniel Young[dyoung@theranos.com]
From: Arnold Gelb
Sent: Thur 1/26/2012 2:58:30 AM
Importance: Normal
Subject: CMS-2567 Examiner's Report
Received: Thur 1/26/2012 2:58:33 AM
[CMS-2567 Examiner's Report Theranos 01-09-2012.pdf](#)

- The report show's no deficiencies by virtue of the fact it says we are in compliance and no deficiencies are listed.
- In about 1-2 weeks we will receive a bill from CMS.
 - Once that bill is paid, we will then be issued the official COC.
 - In the interim, Jerry said that he will follow through to ensure the change of address we submitted gets caught up in their system.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/23/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05D2025714	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/09/2012
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NAME OF PROVIDER OR SUPPLIER THERANOS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3200 HILLVIEW AVE PALO ALTO, CA 94304
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
D 000	<p>INITIAL COMMENTS</p> <p>THE LABORATORY IS IN COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 493, REQUIREMENTS FOR CLINICAL LABORATORIES.</p>	D 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Amel Byelb, MD* TITLE: *Laboratory Director* (X6) DATE: *01/25/2012*

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.