



Thyroglobulin (Tg) Assay Development Report

Theranos, Inc.

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1. ASSAY INFORMATION [TC "ASSAY INFORMATION" \f C \l "2"]

1.1 Assay Specifications [TC "Assay Specifications" \f C \l "3"]

This assay is designed to detect human Thyroglobulin (Tg) in human whole blood, plasma and serum. The assay has a reportable range of 0.25 to 500 ng/mL, and is calibrated to the Thyroglobulin Reference Standard CRM 457.

1.1.1 Reference Assays [TC "Reference Assays and Standards" \f C \l "3"]

The following commercial ELISA kits have been used in house as predicate methods:

- Orgentec ELISA Kit Cat# ORG5TG
- Siemens Immulite 2000 Thyroglobulin Test Cat #L2KTY2

1.1.2 Materials and Methods [TC "Materials and Methods" \f C \l "1"]

A biotin-labeled anti-Tg antibody coated on an avidin surface serves as the capture surface for the sandwich ELISA. The sample (whole blood, plasma or serum) is diluted and then incubated on the capture surface, then an enzyme-labeled anti-Tg antibody is incubated on the surface for 10 minutes. After the detection antibody incubation, the surface is washed and the substrate is incubated on the surface, and then the resulting chemiluminescence is read in Relative Light Units (RLU).

2 ASSAY DEVELOPMENT [TC "ASSAY OPTIMIZATION" \F C \L "2"]

2.1 Anti-Tg Antibody Interference

Since anti-Tg auto-antibodies (ATG) may be present in some samples to be tested for Tg, and these antibodies are known to interfere in Tg assays, the assay was tested for ATG interference at a level twice the cutoff for positive ATG. All Tg assays require screening of the same sample for ATG and reflex to LC-MS if the sample is positive for ATG. However due to the variability of avidity of these autoimmune antibodies [1], and the fact that some Tg assays show interference for ATG near the cutoff level [5], it is desirable to design the assay such that potential interference from ATG is minimal.

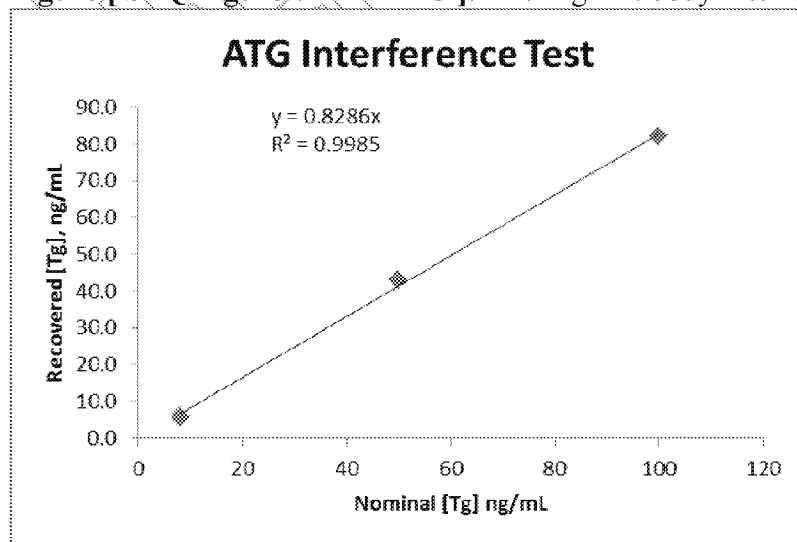
Test calibrators were made in assay buffer and with 4 levels of Tg spiked in ATG positive plasma. The WHO ATG IRP (NIBSC 65/093) which consists of a pool of ATG positive plasma, was used for the interference test at a level of 50 IU/mL.

The assay showed no significant interference from ATG at 50 IU/mL.

Table [SEQ Table * ARABIC]: Anti-Tg Antibody Interference

| [Tg] ng/mL | [Anti-Tg Ab] IU/mL | Conc, ng/mL | | |
|---------------|-----------------------|-------------|------|------------|
| | | Mean Conc | CV % | % Recovery |
| 100 | 50 | 82.1 | 35.8 | 82 |
| 50 | 50 | 43.2 | 14.7 | 86 |
| 8 | 50 | 5.7 | 3.9 | 71 |

Figure [SEQ Figure * ARABIC]: Anti-Tg Antibody Interference



2.2 Cross Reactivity and Interference

The assay was tested for cross reactivity and interference from very high levels of thyroxine (T4), triiodothyronine (T3), follicle stimulating hormone (FSH) and alpha fetoprotein (AFP). No cross reactivity or interference was seen.

Table [SEQ Table * ARABIC]: Standard Curve

| [Tg] ug/mL | Signal, RLU | | Conc, ng/mL | | |
|---------------|-------------|------|-------------|------|------------|
| | Mean RLU | CV % | Mean Conc | CV % | % Recovery |
| 500 | 449619 | 16.6 | 513 | 20.4 | 103 |
| 100 | 108537 | 8.2 | 102 | 8.4 | 102 |
| 50 | 50543 | 24.4 | 47 | 24.4 | 95 |
| 10 | 12087 | 22.9 | 10 | 26.9 | 103 |
| 5 | 7304 | 17.0 | 6 | 22.2 | 111 |
| 1 | 2154 | 20.9 | 1 | 35.8 | 86 |
| 0.25 | 1201 | 10.1 | 0 | 20.2 | 110 |
| 0 | 741 | 31.5 | 0 | 64.3 | |

Table [SEQ Table * ARABIC]: Cross Reactivity and Interference

| Test Substance | [Tg] ng/mL | [Test Substance] ng/mL | Signal, RLU | | Conc, ng/mL | | | |
|----------------|---------------|---------------------------|-------------|------|-------------|------|------------|--------------------|
| | | | Mean RLU | CV % | Mean Conc | CV % | % Recovery | % Cross Reactivity |
| AFP | 100 | 1000 | 110529 | 8.0 | 103.96 | 8.2 | 104 | |
| | 10 | 1000 | 12637 | 5.5 | 10.89 | 6.4 | 109 | |
| | 0 | 1000 | 551 | 20.3 | OORL | | | ND |
| FSH | 100 | 1000 | 93979 | 5.5 | 88.15 | 5.6 | 88 | |
| | 10 | 1000 | 11158 | 14.3 | 9.40 | 17.1 | 94 | |
| | 0 | 1000 | 561 | 24.6 | OORL | | | ND |
| T3 | 100 | 50 | 85449 | 16.4 | 80.13 | 16.6 | 80 | |
| | 10 | 50 | 13360 | 29.6 | 10.00 | 28.5 | 100 | |
| | 0 | 50 | 612 | 53.9 | OORL | | | ND |
| T4 | 100 | 1000 | 123184 | 9.5 | 116.25 | 9.8 | 116 | |
| | 10 | 1000 | 11136 | 21.2 | 9.38 | 25.4 | 94 | |
| | 0 | 1000 | 901 | 26.4 | OORL | | | ND |

2.3 Determination of LLOQ and ULOQ

A standard curve was run and Theranos calibration software was used to fit the data and determine the LLOQ and ULOQ according to FDA guidelines for calibrating ELISA assays. The LLOQ was 0.25 ng/mL and the ULOQ was 500 ng/mL.

Table [SEQ Table * ARABIC]: Standard Curve

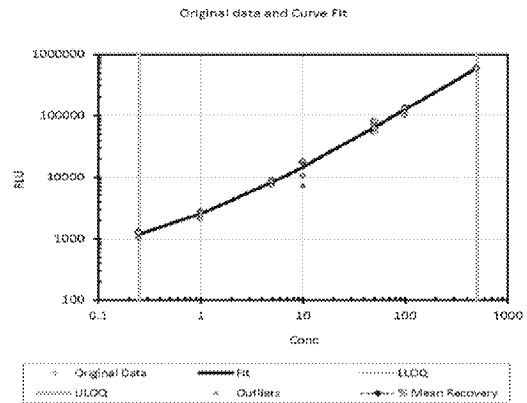
| [Tg] ug/mL | Signal, RLU | | Conc, ng/mL | | |
|------------|-------------|------|-------------|------|------------|
| | Mean RLU | CV % | Mean RLU | CV % | % Recovery |
| 500 | 600280 | 2.6 | 508.74 | 2.9 | 102 |
| 100 | 121317 | 14.7 | 94.71 | 15.1 | 95 |
| 50 | 68754 | 17.6 | 52.72 | 18.3 | 105 |
| 10 | 17848 | 3.0 | 12.43 | 3.4 | 124 |
| 5 | 8110 | 11.7 | 4.91 | 14.5 | 98 |
| 1 | 2514 | 13.2 | 0.97 | 20.6 | 97 |
| 0.25 | 1201 | 10.1 | 0.28 | 5.8 | 113 |
| 0 | 529 | 7.8 | OORL | | |

$$\text{Conc} = 92.813 * (((7.904 - 2.247) / (\log_{10}(S) - 2.247)) - 1) ^ (1 / -0.298)$$

SMin = 1066, SMax = 670840

Table [SEQ Table * ARABIC]: Determination of LLOQ and ULOQ

| Parameter | Value | Units |
|-------------------|--------|-------|
| LLOQ | 0.25 | ng/mL |
| ULOQ | 500.00 | ng/mL |
| LLOQ accuracy | 103 | % |
| LLOQ precision | 9.1 | % |
| ULOQ accuracy | 102 | % |
| ULOQ precision | 1.9 | % |
| Average Residuals | 11 | % |



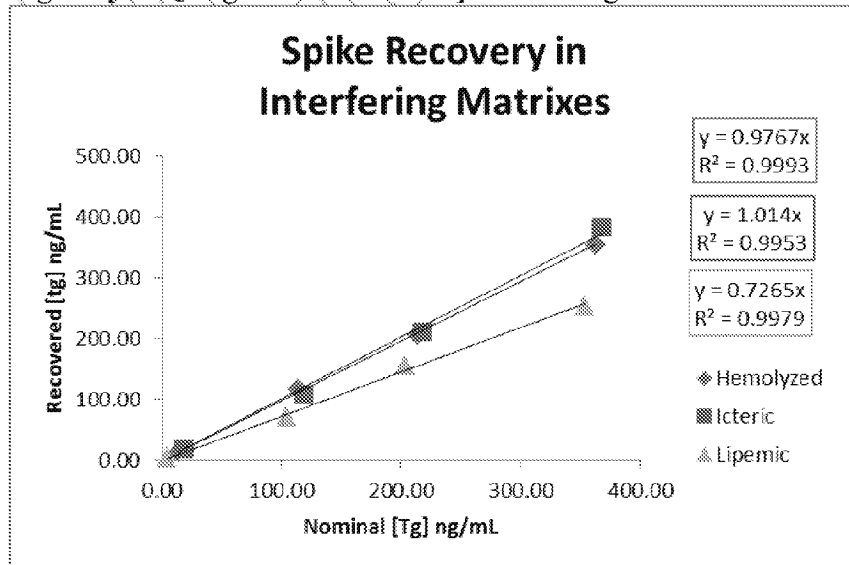
2.4 Interfering Matrixes

To test for interference in the assay, lipemic, icteric and hemolyzed serum was obtained and spiked with thyroglobulin. Recovery was excellent in hemolyzed and icteric serum but recovery was lower in lipemic serum (triglycerides = 212 mg/dL). Samples with triglycerides above 200 mg/dL may cause erroneously low results in this assay.

Table [SEQ Table * ARABIC]: Interfering Matrixes

| Sample Type | Spike [Tg] ng/mL | Conc, ng/mL | | Minus Endogenous | % Recovery |
|-------------|------------------|-------------|------|------------------|------------|
| | | Mean | CV % | | |
| Hemolyzed | 350 | 354.45 | 5.0 | 340.97 | 101 |
| | 200 | 206.17 | 34.4 | 192.70 | 103 |
| | 100 | 117.05 | 18.5 | 103.58 | 117 |
| | 0 | 13.47 | 19.8 | | |
| Icteric | 350 | 383.06 | 15.0 | 365.07 | 109 |
| | 200 | 210.79 | 14.7 | 192.81 | 105 |
| | 100 | 107.61 | 34.5 | 89.63 | 108 |
| | 0 | 17.98 | 24.8 | | |
| Lipemic | 350 | 254.39 | 11.5 | 250.47 | 73 |
| | 200 | 155.05 | 11.7 | 151.12 | 78 |
| | 100 | 71.23 | 16.4 | 67.30 | 71 |
| | 0 | 3.93 | 21.0 | | |

Figure [SEQ Figure * ARABIC]: Interfering Matrixes



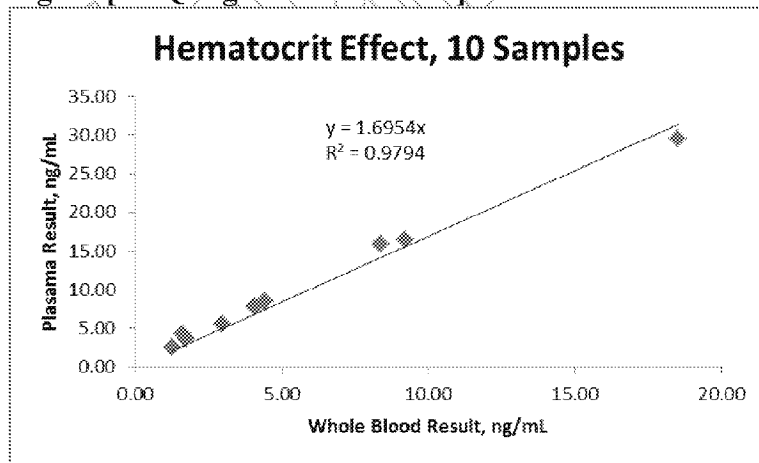
2.5 Hematocrit Effect

To determine whether thyroglobulin concentrates fully into plasma, 10 EDTA whole blood samples were collected and the whole blood and the plasma derived by centrifuging the whole blood were each measured on the Theranos System. As expected, thyroglobulin concentrated into the plasma resulting in a slope of approximately 1.7.

Table [SEQ Table * ARABIC]: Hematocrit Effect

| Sample ID | Thyroglobulin, ng/mL | |
|-----------|----------------------|-------------|
| | Whole Blood | EDTA Plasma |
| 01 | 1.24 | 2.59 |
| 02 | 4.06 | 7.76 |
| 03 | 1.61 | 4.32 |
| 04 | 4.43 | 8.48 |
| 05 | OORL | OORL |
| 06 | 9.23 | 16.45 |
| 07 | 2.98 | 5.56 |
| 08 | 1.71 | 3.61 |
| 09 | 8.35 | 15.89 |
| 10 | 18.51 | 29.47 |

Figure [SEQ Figure * ARABIC]: Hematocrit Effect



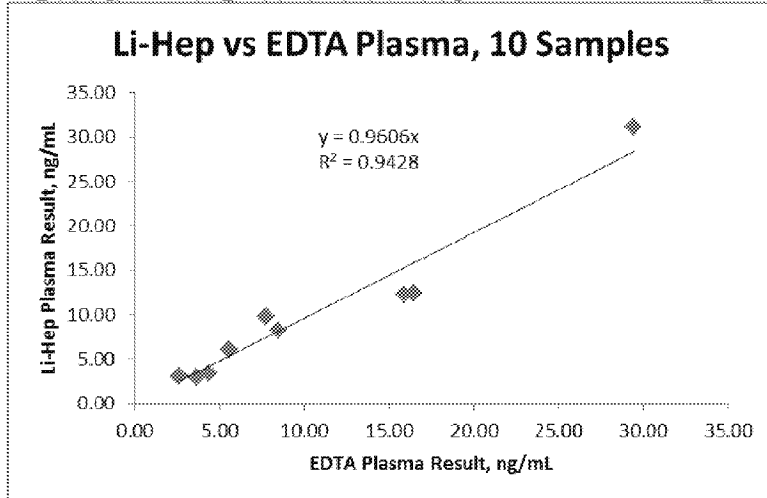
2.6 Effect of Anticoagulant

To determine whether the choice of anticoagulant affects the assay, matched samples in EDTA and Lithium Heparin tubes were collected from 10 normal donors. The samples were tested in the Theranos System and the results compared. There was no significant difference between results in EDTA and Li-Hep plasma.

Table [SEQ Table * ARABIC]: Effect of Anticoagulant

| Sample ID | Thyroglobulin, ng/mL | |
|-----------|----------------------|--------------|
| | EDTA Plasma | LiHep Plasma |
| 01 | 2.59 | 3.06 |
| 02 | 7.76 | 9.78 |
| 03 | 4.32 | 3.47 |
| 04 | 8.48 | 8.27 |
| 05 | OORL | OORL |
| 06 | 16.45 | 12.37 |
| 07 | 5.56 | 6.06 |
| 08 | 3.61 | 2.95 |
| 09 | 15.89 | 12.34 |
| 10 | 29.47 | 31.12 |

Figure [SEQ Figure * ARABIC]: Effect of Anticoagulant



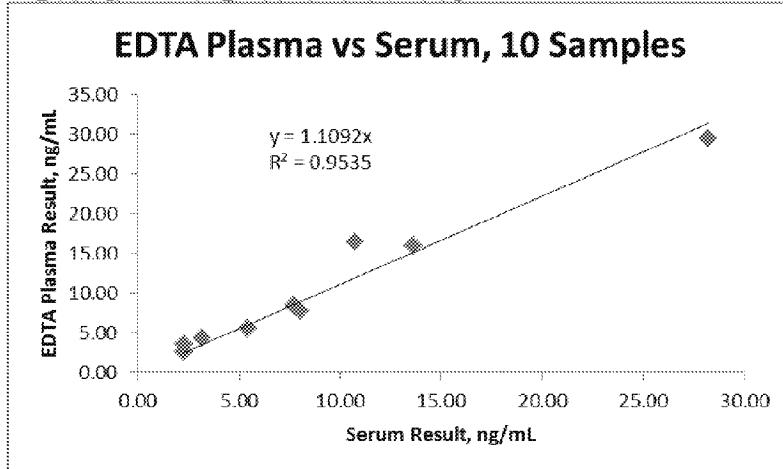
2.7 Serum vs Plasma Matrix

To determine whether a serum or plasma matrix affects the assay, matched samples in EDTA plasma and serum tubes were collected from 10 normal donors. The samples were tested in the Theranos System and the results compared. There was no significant difference between results in EDTA plasma and serum.

Table [SEQ Table * ARABIC]: Serum vs Plasma Matrix

| Sample ID | Thyroglobulin, ng/mL | |
|-----------|----------------------|-------|
| | EDTA Plasma | Serum |
| 01 | 2.59 | 2.26 |
| 02 | 7.76 | 8.06 |
| 03 | 4.32 | 3.15 |
| 04 | 8.48 | 7.74 |
| 05 | OORL | OORL |
| 06 | 16.45 | 10.71 |
| 07 | 5.56 | 5.43 |
| 08 | 3.61 | 2.29 |
| 09 | 15.89 | 13.64 |
| 10 | 29.47 | 28.22 |

Figure [SEQ Figure * ARABIC]: Serum vs Plasma Matrix



2.8 Clinical Correlation

A set of samples from patients with Hashimoto's Disease was obtained along with a set of normal samples. The samples were screened for ATG on the Siemens Immulite 2000 and only samples negative for ATG (< 22 IU/mL) were included in the clinical comparison, in accordance with the accepted guidelines for Tg testing and the manufacturer's directions for Orgentec and Immulite assays.

Correlation was excellent between the Theranos result and both the Orgentec kit and the Siemens Immulite results. The Orgentec ELISA is 510k cleared and calibrated to the CRM 457 thyroglobulin reference standard.

Table [SEQ Table * ARABIC]: Clinical Correlation

| Sample ID | Sample Type | Matrix | Siemens ATA Result | Orgentec [Tg], ng/mL | Siemens [Tg], ng/mL | Theranos [Tg], ng/mL |
|-----------|-------------|--------|--------------------|----------------------|---------------------|----------------------|
| 3 | Hashimoto's | Serum | Neg | 7.8 | 14.0 | 7.6 |
| 6 | Hashimoto's | Serum | Neg | 3.5 | 5.8 | 2.8 |
| 7 | Hashimoto's | Serum | Neg | 7.0 | 7.8 | 2.9 |
| 8 | Hashimoto's | Serum | Neg | 6.8 | 12.6 | 9.0 |
| 12 | Hashimoto's | Plasma | Neg | 7.0 | 13.3 | 7.4 |
| 13 | Normal | Serum | Neg | 93.4 | 142.0 | 111.5 |
| 14 | Normal | Serum | Neg | 15.3 | 17.2 | 16.1 |
| 15 | Normal | Serum | Neg | 17.0 | 18.4 | 13.2 |
| 16 | Normal | Serum | Neg | 29.4 | 35.2 | 25.1 |
| L1 | Normal | Plasma | Neg | 4.4 | 6.6 | 3.1 |
| L2 | Normal | Plasma | Neg | 12.3 | 15.5 | 9.8 |
| L3 | Normal | Plasma | Neg | 3.2 | 7.0 | 3.5 |
| L4 | Normal | Plasma | Neg | 8.9 | 17.0 | 8.3 |
| L6 | Normal | Plasma | Neg | 12.9 | 23.9 | 12.4 |
| L7 | Normal | Plasma | Neg | 8.2 | 9.0 | 6.1 |
| L8 | Normal | Plasma | Neg | 1.9 | 7.5 | 3.0 |
| L9 | Normal | Plasma | Neg | 12.0 | 27.4 | 12.3 |

Figure [SEQ Figure * ARABIC]: Clinical Correlation Theranos to Orgentec 510k-Cleared Kit

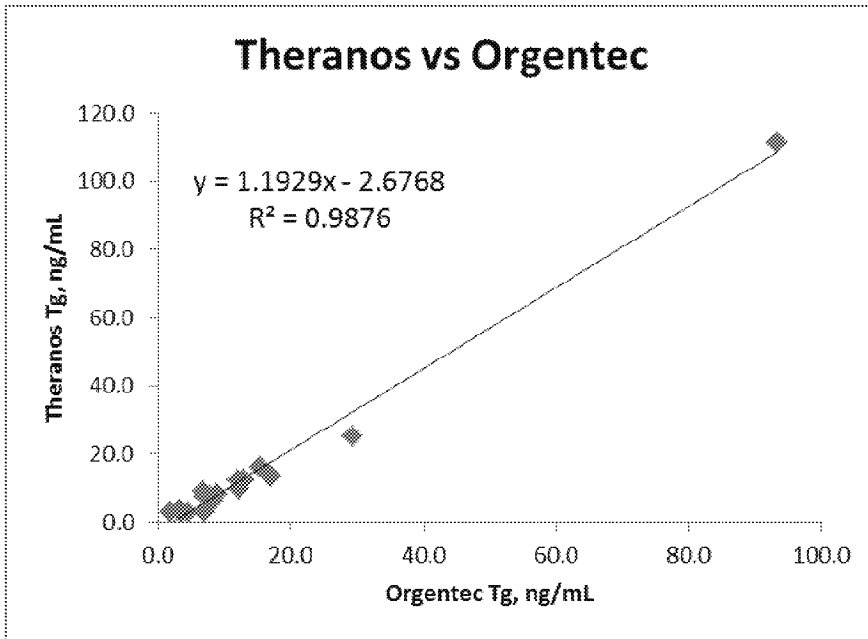
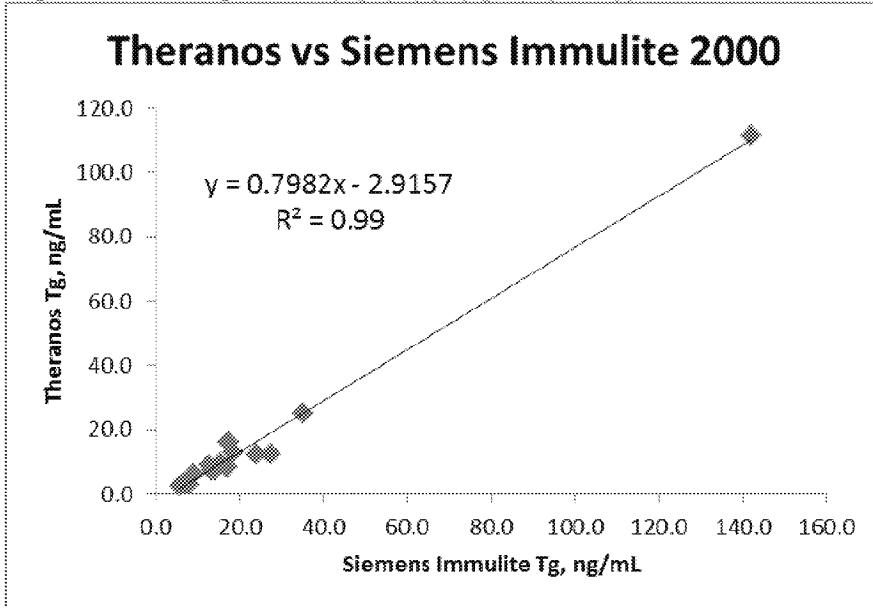


Figure [SEQ Figure * ARABIC]: Clinical Correlation Theranos to Siemens Immulite 2000



3 CONCLUSION

We have successfully developed an immunoassay to detect thyroglobulin in human serum and plasma.

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4 REFERENCES

1. Y Zhang, Y Gao, M Li, L Xie, Y Huang, Y Gao, and X Guo. "Avidity of thyroglobulin antibody in sera from patients with Hashimoto's thyroiditis with different thyroid functional status." *Clin Exp Immunol*. 2010 July; 161(1): 65–70.
2. Liu M, Zhao L, Gao Y, Huang Y, Lu G, Guo X. "Epitope recognition patterns of thyroglobulin antibody in sera from patients with Hashimoto's thyroiditis on different thyroid functional status." *Clin Exp Immunol*. 2012 Dec;170(3):283-90.
3. Klaus Zophel, Gerd Wunderlich, and Jorg Kotzerke. "A Highly Sensitive Thyroglobulin Assay Has Superior Diagnostic Sensitivity for Recurrence of Differentiated Thyroid Cancer in Patients Undergoing TSH Suppression." *The Journal of Nuclear Medicine* Vol. 47 No. 3 March 2006.
4. Creach KM, Nussenbaum B, Siegel BA, Grigsby PW. "Thyroid carcinoma uptake of (18)F-Fluorodeoxyglucose in patients with elevated serum thyroglobulin and negative (131)I scintigraphy." *Am J Otolaryngol*. 2012 Oct 23.
5. Locsei Z, Szabolcs I, Rácz K, Kovács GL, Horváth D, Toldy E. "Serum thyroglobulin antibody levels within or near to the reference range may interfere with thyroglobulin measurement." *Biochem Med (Zagreb)*. 2012;22(3):365-70.