

## **VICTIM IMPACT STATEMENT FOR PATIENT VICTIMS**

United States v. Elizabeth Holmes & Ramesh “Sunny” Balwani

Court Docket Case No. 5:18-CR-00258 EJD

### **INSTRUCTIONS**

1. You have been identified as a possible victim in connection with the above-referenced criminal case. In connection with upcoming sentencing proceedings in this case, it is requested that you provide the information described below.
2. Please complete this victim impact statement form in full and submit it no later than September 6th, 2022 and include supporting documentation where possible. We are unable to accept late submissions.
3. E-mail submissions are preferred. Please send your completed pdf to [oci.theranos@fda.hhs.gov](mailto:oci.theranos@fda.hhs.gov), including any supporting documentation in the same pdf if possible. You will receive an automated response upon receipt. Please do not resend information or send multiple messages.
4. Please redact all Personal Identifiable Information (“PII”) from your supporting documents, including the following:
  - a. Residential street addresses (you may leave city and state unredacted)
  - b. Personal telephone numbers
  - c. Personal email addresses
  - d. Social security numbers
  - e. Dates of birth (you may leave the year unredacted)
  - f. Bank account / routing numbers and other financial information (you may leave the last four digits unredacted)
  - g. Sensitive health information including any test results you do not want made part of the record in this case.
5. You must sign this victim impact statement and verify the accuracy of the information you provide. Unsigned forms may be returned or discarded.
6. Please note that responses may be used in connection with assessing restitution amounts.

### **PERSONAL INFORMATION**

Name:

Mailing Address:

Telephone:

E-mail:

**DETAILS OF YOUR THERANOS BLOOD TESTS**

The following questions relate to your experience with Theranos, Inc.'s blood testing services during the time period 2013-2016.

1. Please provide the following information for all blood tests conducted for you by Theranos.

Date of Testing	Specific Tests Performed

2. Did you pay out-of-pocket for your Theranos blood tests? (Yes / No). If so, please indicate the total amount you paid Theranos and attach receipts if available.

### **DETAILS REGARDING TESTING INACCURACY AND IMPACT OF CRIME**

3. If you had any indication that the blood test results you received from Theranos were inaccurate, please describe below. Please include details (and documentation if available) regarding any contrary test results from other labs, inconsistencies between Theranos results and your physical condition, statements by treating physicians, or any other information indicating the test's inaccuracy.
  
4. If you received inaccurate or unreliable blood test results from Theranos, please describe the practical effects of receiving those results, e.g., whether you sought or obtained medical consultation or treatment due to the inaccurate Theranos results, whether you obtained confirmatory testing from Theranos or another lab, whether responding to the inaccurate Theranos results disrupted work, travel, or family plans, etc.
  
5. Please describe the emotional impact of your experience with Theranos, including details regarding any stress, anxiety, fear, distraction, depression, loss of sleep or appetite, etc. you have suffered as a result of this crime.

6. Please list and describe any other expenses you have incurred as a result of this crime or your involvement in the investigation and prosecution of this case—including tax liabilities, legal or accounting fees, counseling costs, lost income, transportation costs, etc. Please attach receipts if possible.

7. Is there anything else you would like the sentencing Judge to know about your experience with Theranos, Inc.?

### **CONFIRMATION**

I DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature:

Printed Name:

Date: