This system is designed to give you control over your own health and to help you find a cure, not just a treatment, for your disease.

Welcome to *Theranos*.

Start the test >



Start the test >

Enrollment

Configuration

Power off **U**

Start the test >



Would you like some help through the process?

No, Thanks

Yes, Please

Would you like some help through the process?

No, Thanks

Yes, Please

Would you like some help through the process?

No, Thanks

Yes, Please

Okay. First, open the tray. Then press the green arrow for the next step.





Okay. First, open the tray. Then press the green arrow for the next step.





Okay. First, open the tray. Then press the green arrow for the next step.

















- An alcohol wipe
- A gray lancet
- An orange lancet
- A blood transfer device





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- A gray lancet
- An orange lancet
- A blood transfer device





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- A gray lancet
- An orange lancet
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First, wipe your finger with the alcohol pad.





First, wipe your finger with the alcohol pad.





First, wipe your finger with the alcohol pad.





Now, prick your finger with the gray lancet.





Now, prick your finger with the gray lancet.





Now, prick your finger with the gray lancet.





Touch the tip of the blood transfer device to your finger until the blood reaches the fill line. If you didn't draw enough blood to reach the fill line, prick your finger again using the orange lancet instead.





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Touch the tip of the blood transfer device to your finger until the blood reaches the fill line. If you didn't draw enough blood to reach the fill line, prick your finger again using the orange lancet instead.





Pick up the test cartridge and hold the tip of the blood transfer device inside the hole with the red circle. Then press down on the plunger to transfer the blood.





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Pick up the test cartridge and hold the tip of the blood transfer device inside the hole with the red circle. Then press down on the plunger to transfer the blood.





With the *Theranos* label facing front, slide the cartridge into the tray until it clicks. Then press the button below to close the tray.





With the *Theranos* label facing front, slide the cartridge into the tray until it clicks. Then press the button below to close the tray.





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Connecting...

Now it's time to answer a few quick questions about your general health. Press the arrow button to get started.



Now it's time to answer a few quick questions about your general health. Press the arrow button to get started.



Now it's time to answer a few quick questions about your general health. Press the arrow button to get started.



How do you feel today?







How do you feel today?







How do you feel today?







Which of the following best describes your ability to perform your usual activities today?



Oops! You'll need to answer the question before we can proceed to the next







Which of the following best describes your ability to perform your usual activities today?

These include work, family, or leisure activities.



I am **fully able** to perform my activities.



I had **some problems**.



I am unable to perform my activities.





Which of the following best describes your ability to perform your usual activities today?

These include work, family, or leisure activities.



I am **fully able** to perform my activities.



I had **some problems**.



I am unable to perform my activities.





Which of the following best describes your ability to perform moderate physical activities today?

These include carrying groceries or walking up stairs. I am **fully able** to perform these activities.

- I had some problems with these activities.
- I am unable to perform these activities.





Which of the following best describes your ability to perform moderate physical activities today?

These include carrying groceries or walking up stairs. I am **fully able** to perform these activities.

- I had some problems with these activities.
- I am unable to perform these activities.





Which of the following best describes your ability to perform moderate physical activities today?

These include carrying groceries or walking up stairs. I am **fully able** to perform these activities.

- I had some problems with these activities.
- I am unable to perform these activities.





Have you experienced any of the following today?

Please check all that apply.





















Have you experienced any of the following today?

Please check all that apply.



Fatigue



Nausea



Shortness of Breath



Depression



Headache



Body Pain



Decreased Appetite



Dizziness





Have you experienced any of the following today?

Please check all that apply.





















You're all done! Just discard the test cartridge and your used supplies in the trash.

Main Menu

