

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>MONOGRAM BIOSCIENCES, INC. 401(K) PLAN AND TRUST</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>06/01/1996</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>06/01/1996</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>06/01/1996</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>MONOGRAM BIOSCIENCES, INC.</u> <u>345 OYSTER POINT BOULEVARD</u> <u>SOUTH SAN FRANCISCO, CA 94080-1913</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>94-3234479</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>650-635-1100</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>621510</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>94-3234479</u>	2c Sponsor's telephone number <u>650-635-1100</u>	2d Business code (see instructions) <u>621510</u>	
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2c Sponsor's telephone number <u>650-635-1100</u>					
2d Business code (see instructions) <u>621510</u>					

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2010	AMY TRAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") MONOGRAM BIOSCIENCES, INC. 345 OYSTER POINT BOULEVARD SOUTH SAN FRANCISCO, CA 94080-1913	3b Administrator's EIN 94-3234479 3c Administrator's telephone number 650-635-1100
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	473
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	321
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	108
d Subtotal. Add lines 6a , 6b , and 6c	6d	429
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	429
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	429
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2F 2G 2J 2K 2S 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

<div>A</div> <div>Name of plan</div> <div>MONOGRAM BIOSCIENCES, INC. 401(K) PLAN AND TRUST</div>	<div>B</div> <div>Three-digit plan number (PN)</div> <div>▶</div> <div>001</div>
<div>C</div> <div>Plan sponsor's name as shown on line 2a of Form 5500</div> <div>MONOGRAM BIOSCIENCES, INC.</div>	<div>D</div> <div>Employer Identification Number (EIN)</div> <div>94-3234479</div>

Part I

Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1

Information on Persons Receiving Only Eligible Indirect Compensation

a

Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).....

☒ Yes

☐ No

b

If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b)

Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

BANK OF AMERICA, N.A.

94-1687665

(b)

Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

(b)

Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

MERRILL LYNCH, PIERCE, FENNER AND S

13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 52 56 57 59 60 62 63 71 72	RECORDKEEPER	5037	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone:

Explanation:

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan MONOGRAM BIOSCIENCES, INC. 401(K) PLAN AND TRUST	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 MONOGRAM BIOSCIENCES, INC.	D Employer Identification Number (EIN) 94-3234479	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	630127	616328
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	517	749
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	383335	478498
(9) Value of interest in common/collective trusts.....	1c(9)	1638396	2331555
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	10238921	17519451
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	468730	0
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	13360026	20946581

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	13360026	20946581
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	616328	
(B) Participants	2a(1)(B)	2788421	
(C) Others (including rollovers)	2a(1)(C)	135534	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3540283

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	232	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	25457	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		25689

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	261685	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		261685

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	2032342	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1232721	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		799621

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		122208
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		3635595
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		8385081

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	729004	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		729004
f Corrective distributions (see instructions)	2f		2164
g Certain deemed distributions of participant loans (see instructions).....	2g		62324
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	5034	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		5034
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		798526

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		7586555
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: FRANK, RIMERMAN AND CO., LLP

(2) EIN: 94-1341042

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....	☒		591
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		☒	
e Was this plan covered by a fidelity bond?.....	☒		50000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>MONOGRAM BIOSCIENCES, INC. 401(K) PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MONOGRAM BIOSCIENCES, INC.</u>	D Employer Identification Number (EIN) <u>94-3234479</u>

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>22-3513863</u> <u>94-1687665</u> Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

**Monogram Biosciences, Inc. 401(k) Plan &
Trust**

**Financial Statements
and Supplemental Schedules
with Independent Auditors' Report**

December 31, 2009 and 2008

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Plan Administrator
Monogram Biosciences, Inc. 401(k) Plan & Trust
South San Francisco, California

Certified
Public
Accountants

INDEPENDENT AUDITORS' REPORT

We were engaged to audit the financial statements of the Monogram Biosciences, Inc. 401(k) Plan & Trust (the Plan) as of December 31, 2009 and 2008 and for the year ended December 31, 2009, and the supplemental schedules as of and for the year ended December 31, 2009, as listed in the accompanying table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

San Francisco
Palo Alto
San Jose
St. Helena

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Bank of America, N.A. (Bank of America), the Plan's trustee, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that Bank of America holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certification from Bank of America as of December 31, 2009 and 2008 and for the year ended December 31, 2009, that the information provided to the Plan administrator by Bank of America is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by Bank of America, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Frank, Rimerman + Co. LLP

Palo Alto, California
October 11, 2010

Monogram Biosciences, Inc. 401(k) Plan & Trust
Statements of Net Assets Available for Benefits

	December 31,	
	<u>2009</u>	<u>2008</u>
Assets		
Investments, at fair value:		
Shares of registered investment companies	\$ 17,519,451	\$ 10,238,921
Common/collective trust	2,331,555	1,638,396
Participant loans receivable	478,498	383,335
Monogram Biosciences, Inc. common stock	<u>-</u>	<u>468,730</u>
Total investments	20,329,504	12,729,382
Employer contributions receivable	616,328	630,127
Cash and cash equivalents	<u>749</u>	<u>517</u>
Net Assets Reflecting All Investments at Fair Value	20,946,581	13,360,026
Adjustment from Fair Value to Contract Value for Fully Benefit-Responsive Investment Contract	<u>169,127</u>	<u>264,503</u>
Net Assets Available for Benefits	<u>\$ 21,115,708</u>	<u>\$ 13,624,529</u>

See Independent Auditors' Report and Notes to Financial Statements

Monogram Biosciences, Inc. 401(k) Plan & Trust
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2009

Additions to Net Assets

Investment income:

Net appreciation in fair value of investments	\$ 4,462,048
Interest and dividends	<u>287,374</u>
Total investment income	4,749,422

Contributions:

Participant salary deferral	2,788,421
Participant rollover	135,534
Employer	<u>616,328</u>
Total contributions	<u>3,540,283</u>
Total additions	8,289,705

Deductions from Net Assets

Benefits paid to participants	793,492
Participant loan fees	<u>5,034</u>
Total deductions	<u>798,526</u>

Net Increase	7,491,179
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Net Assets Available for Benefits

December 31, 2008	<u>13,624,529</u>
December 31, 2009	<u>\$ 21,115,708</u>

Monogram Biosciences, Inc. 401(k) Plan & Trust

Notes to Financial Statements

1. Description of Plan

Monogram Biosciences, Inc. (the Company) established the Monogram Biosciences, Inc. 401(k) Plan & Trust (the Plan) in 1996 to provide participants with a means to fund their retirement on a tax-deferred basis. The Plan was amended and restated, effective July 1, 2006.

In August 2009, the Company was acquired by Laboratory Corporation of America Holdings (LabCorp) and became a wholly owned subsidiary of LabCorp. Currently, there are no plans to alter the Plan's operations as a result of the acquisition. The following description of the Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General:

The Plan is a defined contribution plan with a salary deferral arrangement qualified under appropriate provisions of the Internal Revenue Code (the Code) and applicable state laws. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Company is the Plan sponsor and Plan administrator. Administration of the Plan is the responsibility of the 401(k) Plan Committee, comprised of Company employees.

Effective January 1, 2009, Bank of America, N.A. (Bank of America) became the Plan trustee upon the acquisition of Merrill Lynch Bank of Trust Co., FSB, the former Plan trustee. Bank of America holds, invests and reinvests trust assets in the interest and at the direction of participants and their beneficiaries.

Eligible Participants:

Company employees are eligible to participate in the Plan on the first day of the month following their eighteenth birthday.

Contributions:

Participants are permitted to make salary deferral contributions of up to 85% of their eligible compensation (as defined by the Plan), subject to certain limitations under the Code. Participants who have reached the age of 50 can elect to withhold an additional \$5,000 annually. The Plan also permits participant after-tax salary contributions. In addition, the Plan permits participants to make certain tax-free transfers (rollovers) of lump sum distributions received from other tax-qualified plans, subject to Code regulations.

Monogram Biosciences, Inc. 401(k) Plan & Trust

Notes to Financial Statements

1. Description of Plan (continued)

Contributions: (continued)

Effective January 1, 2007, the Plan adopted an automatic enrollment feature. All employees hired on or after January 1, 2007 are automatically enrolled in the Plan. Participants automatically have 3% of their compensation contributed to the Plan as a pre-tax contribution, unless the participant requests a different amount to be contributed or declines participation. Every two years from a participant's automatic enrollment date, the amount of compensation contributed to the Plan increases by 1% (unless the participant elects otherwise) until the total compensation being contributed to the Plan equals 6%.

The Company makes a matching contribution of 25% of a participant's compensation contributed to the Plan. The Company may also make qualified non-elective contributions to the Plan at the discretion of the Company's Board of Directors. The Company's 2009 matching contribution of \$616,328 was made in cash in January 2010 (\$630,127 of 2008 matching contribution was made in shares of Company common stock in January 2009).

Contributions are subject to certain limitations under the Code.

Participant Accounts:

A participant's account is comprised of a salary deferral account, an employer contribution account and, where applicable, a rollover account. Each participant account is credited with all contributions and Plan earnings (less any losses) thereon and charged with Plan expenses, if any.

Participants may elect to invest their salary deferral and rollover accounts in a variety of participant directed investment fund options. A participant may authorize transfers among investment options at any time. Employer contributions may be made in cash or in shares of the Company's common stock and are invested by the Plan trustee under the direction of the Company's Investment Committee, which is comprised of Company employees. Shares of Company common stock are not participant directed investments.

Vesting:

Participants have a fully (100%) vested and non-forfeitable interest in their accounts at all times, including amounts contributed by the Company.

Monogram Biosciences, Inc. 401(k) Plan & Trust

Notes to Financial Statements

1. Description of Plan (continued)

Payment of Benefits:

Upon termination of service, a participant may receive the value of his or her account as a lump sum cash payment or in installment payments. Benefits are recorded when paid.

Administrative Expenses:

Certain costs, as determined by the Company's 401(k) Plan Committee, to administer the Plan are charged to the Plan and paid from Plan assets. Plan expenses in 2009 consisted of loan fees. All other expenses to administer the Plan are paid by the Company and, therefore, are not reflected in the Plan's financial statements.

Participant Loans Receivable:

Participants may obtain personal loans from their account balances. Participants may borrow up to one-half of their account balances, not to exceed \$50,000, for a period not to exceed five years. Loans used to purchase a primary residence are permitted to have longer loan terms. Loans are evidenced by written agreements, secured by the balances in the participants' accounts and bear interest at rates commensurate with local prevailing rates, as determined by the 401(k) Plan Committee under the loan policy. Interest rates on loans outstanding at December 31, 2009 range from 4.25% to 9.25%. Repayment of principal and interest is made through payroll deductions.

Risks and Uncertainties:

The Plan provides participants with a variety of investment options. Investment securities are exposed to various risks, such as interest rate, market fluctuations and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in risk in the near term could materially affect participant account balances and the amounts reported in the accompanying financial statements.

Plan Termination:

Although the Company has not expressed any intent to do so, it has the right under the Plan to discontinue its contributions and to terminate the Plan, subject to ERISA provisions. In the event of Plan termination, participants would remain fully vested in their accounts, with rights to benefits accrued to the date of termination.

Monogram Biosciences, Inc. 401(k) Plan & Trust

Notes to Financial Statements

2. Summary of Significant Accounting Policies

Basis of Accounting:

The Plan's financial statements are prepared using the accrual method of accounting.

Estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition:

The Plan's investments are stated at fair value. The shares of registered investment companies are valued at quoted market prices, which represent the net asset values of shares held by the Plan at yearend. Company common stock was traded on a national securities exchange and was valued at the last reported sales price. Participant loans receivable are stated at cost, which approximates fair value.

One of the Plan's investments is the Merrill Lynch Retirement Preservation Trust, a trust for collective investment of qualified plans. The trust primarily holds investments in fully benefit-responsive insurance contracts that enable the Plan to make withdrawals at contract value. Contract value represents contributions made to the trust, plus earnings, less participant withdrawals and administrative expenses. Accordingly, the trust is presented at fair value on the statements of net assets available for benefits, and then adjusted to contract value. The statement of changes in net assets available for benefits is presented at contract value. The average yield earned on the trust was 1.82% in 2009 (4.67% in 2008).

Purchases and sales of investments are recorded on a trade-date basis. Realized gains and losses on investments sold and the unrealized appreciation and depreciation of investments held are reported on an average cost basis. Average cost is calculated using the stated fair value of an investment as of the end of the prior reporting period or acquisition cost if acquired during the year. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Monogram Biosciences, Inc. 401(k) Plan & Trust

Notes to Financial Statements

2. Summary of Significant Accounting Policies (continued)

Recent Accounting Pronouncement:

In January 2010, the Financial Accounting Standards Board issued Accounting Standards Update No. 2010-06, *Improving Disclosures about Fair Value Measurements and Disclosures* (ASU 2010-06) to add new disclosures about transfers into and out of Level 1 and 2 investments and separate disclosures about purchases, sales, issuances and settlements relating to Level 3 investments. ASU 2010-06 also clarifies existing fair value disclosures about the level of disaggregation and about inputs and valuation techniques used to measure fair value. ASU 2010-06 is effective for the first reporting period beginning after December 15, 2009, except for the requirement to provide Level 3 activity of purchases, sales, issuances and settlements on a gross basis, which will be effective for fiscal years beginning on or after December 15, 2010. The Plan does not expect the adoption of this additional guidance will have a material impact on the Plan's financial statements and disclosures.

Subsequent Events:

Subsequent events have been evaluated through the date of the independent auditors' report, which is the date the financial statements were approved by the Plan and available to be issued.

3. Fair Value Measurements

The Plan uses a three-level hierarchy that prioritizes the inputs used in valuation techniques for determining fair value of investments. The Plan defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Monogram Biosciences, Inc. 401(k) Plan & Trust
Notes to Financial Statements

3. Fair Value Measurements (continued)

The three-level hierarchy for fair value measurement is defined as follows:

- Level 1: Quoted prices in active markets that are accessible at the measurement date for identical investments, unrestricted assets or liabilities.
- Level 2: Quoted prices in active markets that are accessible at the measurement date for similar investments, quoted prices in markets that are not considered to be active or financial instruments without quoted market prices, but for which all significant inputs are observable, either directly or indirectly.
- Level 3: Significant unobservable inputs, including the Plan's own assumptions, in determining the fair value of investments.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. If available, quoted market prices are used to value investments. Participant loans are not actively traded and significant other observable inputs are not available. Thus, the fair value of participant loans is equal to the amortized cost of the loans because the loans are secured by each respective participant's account balance.

Investments at fair value at December 31, 2009 are as follows:

<u>Investments</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Shares in registered investment companies	\$ 17,519,451	\$ -	\$ -	\$ 17,519,451
Common/collective trust	-	2,331,555	-	2,331,555
Participant loans receivable	-	-	478,498	478,498
Total	<u>\$ 17,519,451</u>	<u>\$ 2,331,555</u>	<u>\$ 478,498</u>	<u>\$ 20,329,504</u>

See Independent Auditors' Report

Monogram Biosciences, Inc. 401(k) Plan & Trust
Notes to Financial Statements

3. Fair Value Measurements (continued)

Investments at fair value at December 31, 2008 are as follows:

<u>Investments</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Shares in registered investment companies	\$ 10,238,921	\$ -	\$ -	\$ 10,238,921
Common/collective trust	-	1,638,396	-	1,638,396
Company common stock	468,730	-	-	468,730
Participant loans receivable	-	-	383,335	383,335
Total	<u>\$ 10,707,651</u>	<u>\$ 1,638,396</u>	<u>\$ 383,335</u>	<u>\$ 12,729,382</u>

The following table sets forth a summary of the changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2009:

Balance, beginning of year	\$ 383,335
Issuances	301,356
Repayments, deemed distributions and other	<u>(206,193)</u>
Balance, end of year	<u>\$ 478,498</u>
Unrealized gain (loss) on participant loans receivable	<u>\$ -</u>

4. Information Prepared and Certified by Plan Trustee

The following information included in the accompanying financial statements and supplemental schedules was obtained from data prepared and certified to as complete and accurate by Bank of America, as Plan trustee:

As of December 31:	<u>2009</u>	<u>2008</u>
Investments, at fair value	\$ 20,329,504	\$ 12,729,382
Cash and cash equivalents	749	517
Investments, at fair value	<u>\$ 20,330,253</u>	<u>\$ 12,729,899</u>
Investment income for the year ended December 31, 2009	<u>\$ 4,844,798</u>	

See Independent Auditors' Report

Monogram Biosciences, Inc. 401(k) Plan & Trust
Notes to Financial Statements

5. Investments

The following table presents investments that each represent 5% or more of the Plan's net assets at December 31:

	<u>2009</u>	<u>2008</u>
Merrill Lynch Retirement Preservation Trust	\$ 2,331,555	\$ 1,638,396
American Funds Growth Fund of America	2,865,878	1,650,763
Van Kampen Comstock Fund	2,433,030	1,343,796
American Funds EuroPacific Fund	2,346,555	1,258,464
Franklin Strategic Income Fund	1,690,453	868,363

The Plan's investments (including investments bought, sold and held during the year) appreciated as follows for the year ended December 31, 2009:

Shares in registered investment companies	\$ 3,540,220
Common/collective trust	122,208
Company common stock	<u>799,620</u>
Total	<u>\$ 4,462,048</u>

6. Tax Status

The Plan is a prototype benefit plan offered by Merrill Lynch, Pierce, Fenner & Smith, Incorporated, which received a determination letter from the Internal Revenue Service (IRS) stating that the prototype plan, as then designed, was in compliance with applicable requirements of the Code. The Plan has been amended since receiving the determination letter and such amendments have not been submitted to the IRS for review. The Company has not requested a separate determination letter from the IRS concerning the Plan's tax status. However, the Plan administrator and Bank of America believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Monogram Biosciences, Inc. 401(k) Plan & Trust
Notes to Financial Statements

7. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500 as of December 31:

	<u>2009</u>	<u>2008</u>
Net assets available for benefits per the financial statements	\$ 21,115,708	\$ 13,624,529
Less: Adjustment from contract value to fair value for fully benefit-responsive investment contract	<u>(169,127)</u>	<u>(264,503)</u>
Net assets available for benefits per Form 5500	<u>\$ 20,946,581</u>	<u>\$ 13,360,026</u>

The following is a reconciliation of change in net assets available for benefits per the financial statements to Schedule H of Form 5500 for the year ended December 31, 2009:

Change in net assets available for benefits per the financial statements	\$ 7,491,179
Adjustment from contract value to fair value for fully benefit-responsive investment contract:	
December 31, 2009	(169,127)
December 31, 2008	<u>264,503</u>
Change in net assets available for benefits per Form 5500	<u>\$ 7,586,555</u>

8. Party-In-Interest Transactions

Plan assets include the common/collective trust sponsored by Merrill Lynch, a subsidiary of Bank of America. The Plan also owned shares of Company common stock before the LabCorp acquisition. Bank of America, as Plan trustee, and the Company, as the Plan sponsor, are parties-in-interest of the Plan. As a result, transactions related to those investments are considered party-in-interest transactions. Participant loans also qualify as party-in-interest transactions.

Monogram Biosciences, Inc. 401(k) Plan & Trust
(Employer Identification Number 94-3234479)
(Plan Number 001)
Supplemental Schedule Accompanying Form 5500
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2009

(a)	(b) Identity of issue, borrower, lessor or similar party (c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Bank of America, N.A.:		
*	Merrill Lynch Retirement Preservation Trust	**	\$ 2,331,555
	Lazard Emerging Markets Equity Open Fund	**	349,036
	Munder Mid-Cap Core Growth Fund	**	939,711
	American Funds Growth Fund of America	**	2,865,878
	American Funds AMCAP Fund	**	216,386
	American Funds EuroPacific Fund	**	2,346,555
	BlackRock Global Small Cap Fund	**	639,131
	GM BlackRock S&P 500 Index I	**	527,034
	ING International Value Fund	**	646,946
	PIMCO Real Return Bond Fund	**	251,221
	Franklin Strategic Income Fund	**	1,690,453
	AIM Advisor Real Estate Fund	**	840,516
	Jennison Small Company Fund	**	640,958
	Van Kampen Comstock Fund	**	2,433,030
	Van Kampen Growth and Income Fund	**	640,370
	Van Kampen Equity and Income Fund	**	568,826
	Oppenheimer Global Fund	**	518,002
	Allianz NFJ Small Cap Value Fund	**	607,289
	Columbia Mid-Cap Value Fund	**	798,109
*	Participant Loans Receivable (63 loans outstanding with interest rates of 4.25% to 9.25%)	-	478,498
	Total assets held at end of year		<u>\$ 20,329,504</u>

* An asterisk in column (a) denotes a transaction with a party-in-interest.

** Cost information is not presented, as this investment is participant directed.

See Independent Auditors' Report

Monogram Biosciences, Inc. 401(k) Plan & Trust
(Employer Identification Number 94-3234479)
(Plan Number 001)
Supplemental Schedule Accompanying Form 5500
Schedule H, Line 4a – Schedule of Delinquent Participant Contributions
Year Ended December 31, 2009

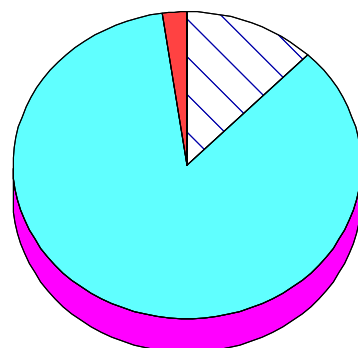
Participant Contributions and Loan Payments Transferred <u>Late to Plan</u>	<u>Total That Constitute Nonexempt Prohibited Transactions</u>			Total Fully Corrected Under VFCP and <u>PTE 2002-51</u>
	<u>Contributions not Corrected</u>	<u>Contributions Corrected Outside VFCP</u>	<u>Contributions Pending Correction in VFCP</u>	
\$ 591	\$ -	\$ 591	\$ -	\$ -

Participant contributions and loan payments deducted from the October 5, 2009 payroll were not remitted to the Plan. In August 2010, the Plan trustee deposited \$618 to the Plan, representing contributions, loan payments and lost earnings on the above delinquent contributions, which were calculated based on the return each participant would have received on the funds between October 2009 and August 2010, based on the respective investment selections of each participant.

STATEMENT OF ASSETS
FOR THE PERIOD 01/01/2009 - 12/31/2009

MONOGRAM BIOSCIENCES 401(K) PLAN
& TRUST
CONSOLIDATION

ALLOCATION OF PLAN ASSETS



12.20% COMMON / COLLECTIVE TRUSTS

2.33% LOANS

0.00% ACCRUED INCOME

85.46% MUTUAL FUNDS

0.00% PENDING SETTLEMENT FUNDS

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
<u>COMMON / COLLECTIVE TRUSTS</u>					
ML RET PRESERVATION TRUST	1,537,048.5000	1.000	1,537,048.50	1,537,048.50	7.50%
ML RET PRES TRUST GM	963,633.3256	1.000	963,633.33	963,633.33	4.70%
TOTAL COMMON / COLLECTIVE TRUSTS			2,500,681.83	2,500,681.83	12.20%
<u>MUTUAL FUNDS</u>					
LAZARD EMERGING MARKETS OPEN	19,093.8681	18.280	350,502.61	349,035.91	1.70%
MUNDER MIDCAP CORE GROWTH	19,289.3488	22.280	471,612.03	429,766.69	2.10%
MUNDER MIDCAP CORE GRTH GM	22,887.9641	22.280	520,755.10	509,943.84	2.49%
COLUMBIA MID CAP VALUE FUND A	19,723.9815	11.070	161,645.44	218,344.48	1.07%
COLUMBIA MID CAP VALUE FUND GM	52,372.5859	11.070	448,160.76	579,764.53	2.83%
AMERICAN GROWTH FD OF AMER R3	32,951.9683	26.930	1,036,495.70	887,396.51	4.33%

Balances include the effect of pending trades

STATEMENT OF ASSETS
FOR THE PERIOD 01/01/2009 - 12/31/2009

MONOGRAM BIOSCIENCES 401(K) PLAN
& TRUST
CONSOLIDATION

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
AMERICAN GRTH FD OF AMER R3 GM	73,467.5394	26.930	1,572,756.60	1,978,480.84	9.65%
AMERICAN AMCAP FUND CL R3	13,202.3212	16.390	258,775.82	216,386.04	1.06%
AMERICAN EUROPACIFIC GR FD R3	4,298.4194	37.680	164,382.11	161,964.44	0.79%
AMERICAN EUROPACIF GR FD R3 GM	57,977.4747	37.680	1,754,539.86	2,184,591.25	10.66%
JOHN HANCOCK STRATEGIC GM	0.0088	6.280	0.06	0.06	0.00%
ING INTL VALUE FD CL A	56,354.1759	11.480	932,187.25	646,945.94	3.16%
BLACKROCK GLBL SM CAP A	32,809.6237	19.480	760,018.62	639,131.47	3.12%
PIMCO REAL RETURN BD FD CL A	23,282.7672	10.790	244,700.77	251,221.06	1.23%
FRANKLIN STRATEGIC INCOME FUND	42,939.9403	9.930	424,751.31	426,393.61	2.08%
FRANKLIN STRATEGIC INCME FD GM	127,296.9811	9.930	1,234,954.49	1,264,059.02	6.17%
BLACKROCK S&P500 INDEX I	38,667.2287	13.630	572,227.55	527,034.33	2.57%
ALLIANZ NFJ SM-CAP VALUE CL A	4,153.1727	23.190	77,940.41	96,312.07	0.47%
ALLIANZ NFJ SM-CAP VL CL A GM	22,034.3485	23.190	421,450.63	510,976.54	2.49%
AIM REAL ESTATE FD CL A	16,401.8648	17.770	350,806.87	291,461.14	1.42%
AIM REAL ESTATE FD CL A GM	30,897.8631	17.770	409,762.26	549,055.03	2.68%
JENNISON SMALL COMPANY FD CL A	9,620.9567	16.160	175,079.85	155,474.66	0.76%
JENNISON SML COMPNY FD CL A GM	30,042.2455	16.160	536,691.54	485,482.69	2.37%
VAN KAMPEN COMSTOCK FD CL A	12,489.8965	13.810	201,741.50	172,485.47	0.84%
VAN KAMP COMSTOCK CL A GM	163,689.0163	13.810	1,797,743.96	2,260,545.32	11.03%
OPPENHEIMER GLOBAL FUND	9,771.7841	53.010	603,483.28	518,002.28	2.53%
VAN KAMPEN GRWTH & INC FD CL A	37,058.4408	17.280	749,844.84	640,369.86	3.12%

Balances include the effect of pending trades



STATEMENT OF ASSETS
FOR THE PERIOD 01/01/2009 - 12/31/2009

MONOGRAM BIOSCIENCES 401(K) PLAN
& TRUST
CONSOLIDATION

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
VAN KAMPEN EQUITY & INCOME A	73,020.0808	7.790	611,901.62	568,826.43	2.77%
TOTAL MUTUAL FUNDS			16,844,912.84	17,519,451.51	85.46%
<u>LOANS</u>					
LOAN FUND	478,498.1300	1.000	478,498.13	478,498.13	2.33%
<u>PENDING SETTLEMENT FUNDS</u>					
PENDING SETTLEMENT FUND	225.0000	1.000	225.00	225.00	0.00%
INVESTMENT TOTAL			19,824,317.80	20,498,856.47	100.00%
UNINVESTED CASH			0.00	0.00	0.00%
ACCRUED INCOME			523.59	523.59	0.00%
CASH			0.00	0.00	0.00%
TOTAL ASSETS			19,824,841.39	20,499,380.06	100.00%

The balance in the cash fund may be temporarily invested in the CMA Money Fund. Additional amounts not reported as cash may also be invested in the CMA Money Fund pending settlement of trades.

Balances include the effect of pending trades