

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 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2010</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</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>	
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>					

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.	10/14/2011	ERIC LINDBLOM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2011	ERIC LINDBLOM
	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 (2010)
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	429
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	262
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	111
d Subtotal. Add lines 6a , 6b , and 6c	6d	373
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	373
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	373
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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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection.
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
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	Service Provider Information (see instructions)
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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
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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	6613	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

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:

<div>SCHEDULE D</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div>		<div>DFE/Participating Plan 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>		<div>OMB No. 1210-0110</div> <div>2010</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010					
A Name of plan MONOGRAM BIOSCIENCES, INC. 401(K) PLAN AND TRUST				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 MONOGRAM BIOSCIENCES, INC.				D Employer Identification Number (EIN) 94-3234479	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT PRESERVATION TRUST					
b Name of sponsor of entity listed in (a): BANK OF AMERICA, N.A.					
c EIN-PN 22-6484011-001		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2815515	
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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 code		e Dollar value of interest in MTIA, CCT,	

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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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
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
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

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
		2010
		This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
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
---------------	--------------------------------------

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		225
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	616328	512834
(2) Participant contributions	1b(2)		1058
(3) Other.....	1b(3)		0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	749	524
(2) U.S. Government securities.....	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		0
(B) All other.....	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	478498	592111
(9) Value of interest in common/collective trusts.....	1c(9)	2331555	2815515
(10) Value of interest in pooled separate accounts.....	1c(10)	0	0
(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)	17519451	20650886
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	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	20946581	24573153

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	20946581	24573153
---	-----------	----------	----------

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) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	512834	
(B) Participants	2a(1)(B)	2276348	
(C) Others (including rollovers)	2a(1)(C)	18344	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2807526
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	27723	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		27723
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	370504	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		370504
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	0	
(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)		209281
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(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)		2334250
c Other income.....	2c		3549
d Total income. Add all income amounts in column (b) and enter total.....	2d		5752833

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2068178	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2068178
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		51469
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	6614	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		6614
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2126261

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3626572
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		0

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.).....		X	
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.).....		X	
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.)		X	
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.).....		X	
e Was this plan covered by a fidelity bond?.....	X		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?		X	
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?		X	
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?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
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.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
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: 0

- 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
		2010
		This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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>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) 2010
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 Schedule
with Independent Auditors' Report**

December 31, 2010 and 2009

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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, 2010 and 2009 and for the year ended December 31, 2010, and the supplemental schedule as of December 31, 2010, as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

New York
Palo Alto
San Francisco
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 (ERISA), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, 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 schedule. 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, 2010 and 2009 and for the year ended December 31, 2010, 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 schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, 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 ERISA.

As discussed in Note 1 to the financial statements, the Board of Directors of the Plan sponsor's parent company voted to freeze participation in the Plan on January 1, 2011 and merge it into another employer sponsored benefit plan, which occurred on June 1, 2011.

Frank. Riemer + Co. LLP

Palo Alto, California
October 13, 2011

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

	December 31,	
	<u>2010</u>	<u>2009</u>
Assets		
Investments, at fair value:		
Mutual funds	\$ 20,650,886	\$ 17,519,451
Common/collective trust	<u>2,815,515</u>	<u>2,331,555</u>
Total investments	23,466,401	19,851,006
Contributions receivable:		
Participant	1,058	-
Employer	<u>512,834</u>	<u>616,328</u>
Total contributions receivable	513,892	616,328
Notes receivable from participants	592,111	478,498
Cash and cash equivalents	<u>749</u>	<u>749</u>
Net Assets Reflecting All Investments at Fair Value	24,573,153	20,946,581
Adjustment from Fair Value to Contract Value for Fully Benefit-Responsive Investment Contract	<u>-</u>	<u>169,127</u>
Net Assets Available for Benefits	<u>\$ 24,573,153</u>	<u>\$ 21,115,708</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, 2010

Additions to Net Assets

Investment income:

Net appreciation in fair value of investments	\$ 2,335,322
Interest and dividends	<u>438,407</u>

Total investment income	2,773,729
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Contributions:

Participant salary deferral	2,276,348
Participant rollover	18,344
Employer	<u>512,834</u>

Total contributions	<u>2,807,526</u>
---------------------	------------------

Total additions	5,581,255
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Deductions from Net Assets

Benefits paid to participants	2,117,196
Participant loan fees	<u>6,614</u>

Total deductions	<u>2,123,810</u>
------------------	------------------

Net Increase	3,457,445
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Net Assets Available for Benefits

December 31, 2009	<u>21,115,708</u>
-------------------	-------------------

December 31, 2010	<u>\$ 24,573,153</u>
-------------------	----------------------

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

Notes to Financial Statements

1. Description of the Plan and Plan Merger

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 January 1, 2010. 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.

In August 2009, the Company was acquired by Laboratory Corporation of America Holdings (LabCorp) and became a wholly owned subsidiary of LabCorp. Effective January 1, 2011, the Board of Directors voted to freeze participation in the Plan and merge it into an existing LabCorp retirement savings plan, which occurred on June 1, 2011.

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. The Plan's investment committee, comprised of Company employees, is responsible for the selection and monitoring of Plan investments. Plan assets are held by Bank of America, N.A. (Bank of America), the Plan's trustee and record keeper. Plan investments are invested based solely upon instructions from participants and their beneficiaries.

Eligible Participants:

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

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

Notes to Financial Statements

1. Description of the Plan and Plan Merger (continued)

Contributions:

Participants were permitted to make salary deferral contributions of up to 85% of their eligible compensation (as defined by the Plan). Participants who have reached the age of 50 could elect to withhold an additional \$5,500 annually. The Plan also permitted participant after-tax salary contributions. In addition, the Plan permitted participants to make certain tax-free transfers (rollovers) of lump sum distributions received from other tax-qualified plans, subject to Code regulations.

The Plan had an automatic enrollment feature, whereby participants automatically had 3% of their compensation contributed to the Plan as a pre-tax contribution, unless the participant requested a different amount to be contributed or declined participation. Every two years from a participant's automatic enrollment date, the amount of compensation contributed to the Plan increased by 1% (unless the participant elected otherwise) until the total compensation being contributed to the Plan equaled 6%.

The Company made a matching contribution of 25% of a participant's compensation contributed to the Plan. The Company could also make qualified non-elective contributions to the Plan at the discretion of the Company's Board of Directors. The Company's 2010 matching contribution of \$512,834 was made in cash in January 2011 (\$616,328 of 2009 matching contribution was made in cash in January 2010).

Contributions were 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 certain Plan expenses.

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.

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

Notes to Financial Statements

1. Description of the Plan and Plan Merger (continued)

Vesting:

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

Notes Receivable from Participants:

In September 2010, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2010-25, *Plan Accounting – Defined Contribution Pension Plans* (ASU 2010-25) that requires defined contribution pension plans to report participant loans as notes receivable from participants and classify the notes outside of investments on a plan's statement of net assets available for benefits. The Plan adopted ASU 2010-25, effective January 1, 2010, and has applied it retrospectively to the statement of net assets available for benefits as of December 31, 2009.

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant notes are reclassified as distributions based upon the terms of the Plan agreement. Note receivable transactions with participants qualify as party-in-interest transactions.

Participants may borrow up to one-half of his or her vested account balance, not to exceed \$50,000, for a period not to exceed five years, except for notes used to purchase a primary residence for which longer terms of up to ten years are permitted. Participant notes are evidenced by a written note, secured by the balance in the participant's account, and bear interest at rates that are commensurate with local prevailing rates, as determined by the Plan administrator under the loan policy. Notes receivable at December 31, 2010 have interest rates of 4.25% to 9.25% at December 31, 2010. Repayment of principal and interest is generally made through payroll deductions.

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.

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

Notes to Financial Statements

1. Description of the Plan and Plan Merger (continued)

Administrative Expenses:

Certain costs to administer the Plan, as determined by the Company's 401(k) Plan Committee, are charged to the Plan and paid from Plan assets. Plan expenses in 2010 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.

Risks and Uncertainties:

The Plan provides participants with a variety of investment options in which to invest their account balances. Investments 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 amounts included in the statement of net assets available for benefits.

2. Summary of Significant Accounting Policies

Basis of Accounting:

The financial statements of the Plan are prepared on the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America.

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.

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

Notes to Financial Statements

2. Summary of Significant Accounting Policies (continued)

Investments and Income Recognition:

The Plan's investments are stated at fair value and are accounted for as follows:

Mutual Funds: Valued at the net asset value (NAV) of shares held by the Plan at year end based on quoted prices on an active market. It is not probable that the shares in the mutual funds will be sold at amounts that differ materially from the NAV of shares held.

Common/Collective Trust: The Plan invested in fully benefit-responsive investment contracts through a common/collective trust (CCT). Investments held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement for that portion of the Plan assets available for benefits attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. As a result, the Plan presents the fair value of the investment in the CCT and then reflects the adjustment from its fair value to contract value on the 2009 statement of net assets available for benefits. The statement of changes in net assets available for benefits is presented at contract value.

In October 2010, Bank of America, the trustee for the CCT, determined to terminate the trust and liquidate the CCT's assets. In connection with the determination, Bank of America agreed to provide the necessary liquidity to allow withdrawals from the CCT at \$1.00 per unit. As a result, the CCT was no longer fully benefit-responsive and the CCT is reported at fair value at December 31, 2010. The average yield earned on the CCT was 1.73% in 2010.

Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought, sold or held during the year.

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.

See Independent Auditors' Report

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

3. Information Prepared and Certified by Bank of America

Bank of America, as the Plan's trustee, has certified the current value of the following assets held at December 31, 2010 and 2009 and income earned during the year ended December 31, 2010, that were used in the preparation of the accompanying financial statements and supplemental schedule. The following table separately presents investments that represent 5% or more of the Plan's net assets at December 31:

	<u>2010</u>	<u>2009</u>
American Funds Growth Fund of America	\$ 3,339,813	\$ 2,865,878
Van Kampen Comstock Fund	2,954,442	2,433,030
Merrill Lynch Retirement Preservation Trust	2,815,515	2,500,682
American Funds EuroPacific Fund	2,769,269	2,346,555
PIMCO Total Return Bond Fund	1,985,241	-
Franklin Strategic Income Fund	-	1,690,453
Other funds individually less than 5% of net assets	<u>9,602,121</u>	<u>8,183,535</u>
	23,466,401	20,020,133
Notes receivable from participants	592,111	478,498
Cash and cash equivalents	<u>749</u>	<u>749</u>
Certified assets	<u>\$ 24,059,261</u>	<u>\$ 20,499,380</u>
Certified income for the year end December 31, 2010	<u>\$ 2,773,729</u>	

The Plan's investments (including gains and losses on investments bought, sold and held during the year) appreciated in value as follows for the year ended December 31, 2010:

Mutual funds	<u>\$ 2,335,322</u>
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Monogram Biosciences, Inc. 401(k) Plan & Trust

Notes to Financial Statements

4. Fair Value Measurements

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

The three levels of the fair value hierarchy are 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, are used in determining the fair value.

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.

In January 2010, the FASB issued ASU No. 2010-06, *Improving Disclosures about Fair Value Measurements and Disclosures* (ASU 2010-06), to add new disclosures about transfers into and out of Levels 1 and 2 and separate disclosures about purchases, sales, issuances and settlements relating to Level 3 measurements. The Plan adopted ASU 2010-06 effective January 1, 2010, with no material impact to the financial statements.

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

4. Fair Value Measurements (continued)

Investments at fair value at December 31, 2010 are as follows:

<u>Investments</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds:				
Value funds	\$ 6,648,685	\$ -	\$ -	\$ 6,648,685
Growth funds	6,167,296	-	-	6,167,296
Blend funds	5,536,574	-	-	5,536,574
Bond funds	<u>2,298,331</u>	<u>-</u>	<u>-</u>	<u>2,298,331</u>
Total mutual funds	20,650,886	-	-	20,650,886
Common/collective trust	<u>-</u>	<u>2,815,515</u>	<u>-</u>	<u>2,815,515</u>
Total	<u>\$ 20,650,886</u>	<u>\$ 2,815,515</u>	<u>\$ -</u>	<u>\$ 23,466,401</u>

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>
Mutual funds:				
Value funds	\$ 5,694,570	\$ -	\$ -	\$ 5,694,570
Growth funds	5,180,935	-	-	5,180,935
Blend funds	4,702,272	-	-	4,702,272
Bond funds	<u>1,941,674</u>	<u>-</u>	<u>-</u>	<u>1,941,674</u>
Total mutual funds	17,519,451	-	-	17,519,451
Common/collective trust	<u>-</u>	<u>2,331,555</u>	<u>-</u>	<u>2,331,555</u>
Total	<u>\$ 17,519,451</u>	<u>\$ 2,331,555</u>	<u>\$ -</u>	<u>\$ 19,851,006</u>

See Independent Auditors' Report

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

Notes to Financial Statements

5. Income Tax Status

The Plan is a prototype benefit plan offered by Merrill Lynch, Pierce, Fenner & Smith, Incorporated (Merrill Lynch), which received a determination letter from the Internal Revenue Service stating the prototype plan, as designed, was in compliance with applicable requirements of the Code. The prototype plan has been amended subsequent to the date of the letter. The Company has not requested a separate determination letter from the Internal Revenue Service concerning the Plan's tax status. However, the Plan and Plan administrator believe 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.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2007.

6. 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. Notes receivable from participants also qualify as party-in-interest transactions.

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 2009:

Net assets available for benefits per the financial statements	\$ 21,115,708
Less: Adjustment from contract value to fair value for fully benefit-responsive investment contract	<u>(169,127)</u>
Net assets available for benefits per Form 5500	<u>\$ 20,946,581</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, 2010:

Change in net assets available for benefits per the financial statements	\$ 3,457,445
Adjustment from contract value to fair value for fully benefit-responsive investment contracts on December 31, 2009:	<u>169,127</u>
Change in net assets available for benefits per Form 5500	<u>\$ 3,626,572</u>

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 4i – Schedule of Assets (Held at End of Year)
December 31, 2010

(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	**	\$ 2,815,515
	Lazard Emerging Markets Equity Open Fund	**	441,805
	Munder Mid-Cap Core Growth Fund	**	1,131,551
	American Funds Growth Fund of America	**	3,339,813
	American Funds AMCAP Fund	**	223,001
	American Funds EuroPacific Fund	**	2,769,269
	BlackRock Global Small Cap Fund	**	740,172
	GM BlackRock S&P 500 Index I	**	614,972
	ING International Value Fund	**	598,655
	PIMCO Real Return Bond Fund	**	313,092
	PIMCO Total Return Bond Fund	**	1,985,241
	Invesco Real Estate Fund	**	970,356
	Jennison Small Company Fund	**	818,178
	Van Kampen Comstock Fund	**	2,954,442
	Van Kampen Growth and Income Fund	**	685,014
	Van Kampen Equity and Income Fund	**	666,059
	Oppenheimer Global Fund	**	654,753
	Allianz NFJ Small Cap Value Fund	**	764,181
	Columbia Mid-Cap Value Fund	**	980,332
*	Notes Receivable from Participants - 76 outstanding with interest rates of 4.25% to 9.25%	-	<u>592,111</u>
	Total assets held at end of year		<u>\$ 24,058,512</u>

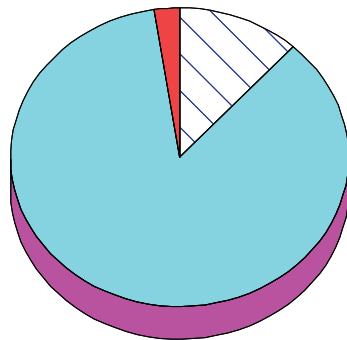
* An asterisk in column (a) denotes a transaction with a party-in-interest.

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

STATEMENT OF ASSETS
FOR THE PERIOD 01/01/2010 - 12/31/2010

MONOGRAM BIOSCIENCES 401(K) PLAN
& TRUST
CONSOLIDATION

ALLOCATION OF PLAN ASSETS



11.70% COMMON / COLLECTIVE TRUSTS
2.46% LOANS
0.00% ACCRUED INCOME

85.83% 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	1,677,177.1700	1.000	1,677,177.17	1,677,177.17	6.97%
ML RET PRES TRUST GM	1,138,337.7573	1.000	1,138,337.76	1,138,337.76	4.73%
TOTAL COMMON / COLLECTIVE TRUSTS			2,815,514.93	2,815,514.93	11.70%
<u>MUTUAL FUNDS</u>					
LAZARD EMERGING MARKETS OPEN	19,910.1112	22.190	369,106.99	441,805.37	1.84%
MUNDER MIDCAP CORE GROWTH	18,694.6087	27.890	457,410.56	521,392.64	2.17%
MUNDER MIDCAP CORE GRTH GM	21,877.3019	27.890	500,796.01	610,157.95	2.54%
COLUMBIA MID CAP VALUE FUND A	20,832.4011	13.450	182,743.32	280,195.79	1.16%
COLUMBIA MID CAP VALUE FUND GM	52,054.8468	13.450	473,406.98	700,137.69	2.91%
AMERICAN GROWTH FD OF AMER R3	32,673.1196	29.980	1,012,497.66	979,540.13	4.07%

Balances include the effect of pending trades



STATEMENT OF ASSETS
FOR THE PERIOD 01/01/2010 - 12/31/2010

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	78,728.2414	29.980	1,767,917.95	2,360,272.68	9.81%
AMERICAN AMCAP FUND CL R3	12,002.2144	18.580	227,371.35	223,001.14	0.93%
AMERICAN EUROPACIFIC GR FD R3	3,809.1289	40.630	147,875.91	154,764.91	0.64%
AMERICAN EUROPACIF GR FD R3 GM	64,349.0956	40.630	2,057,354.13	2,614,503.75	10.87%
INVESCO VAN KAMPEN COMSTOCK A	14,630.8372	15.730	230,254.11	230,143.07	0.96%
INVESCO VAN KAMPEN COMSTOCK A	173,191.2827	15.730	1,999,313.84	2,724,298.88	11.32%
INVESCO VAN KAMPEN EQUITY FD A	77,538.8527	8.590	645,544.16	666,058.74	2.77%
INVESCO VAN KAMPEN GROWTH A	35,640.6613	19.220	714,721.13	685,013.51	2.85%
ING INTL VALUE FD CL A	51,475.0404	11.630	829,160.90	598,654.72	2.49%
BLACKROCK GLBL SM CAP A	32,279.6431	22.930	728,900.46	740,172.22	3.08%
PIMCO REAL RETURN BD FD CL A	27,560.8797	11.360	294,022.48	313,091.59	1.30%
PIMCO TOTAL RETURN FUND CL A	42,445.2048	10.850	493,937.32	460,530.47	1.91%
PIMCO TOT RET FD CL A GM	140,526.3170	10.850	1,627,412.93	1,524,710.54	6.34%
BLACKROCK S&P500 INDEX I	39,985.1746	15.380	589,436.25	614,971.99	2.56%
ALLIANZ NFJ SM-CAP VALUE CL A	5,369.8490	28.540	117,844.65	153,255.49	0.64%
ALLIANZ NFJ SM-CAP VL CL A GM	21,405.9532	28.540	431,349.54	610,925.90	2.54%
INVESCO REAL ESTATE FUND A	13,471.4925	21.450	308,676.84	288,963.51	1.20%
INVESCO REAL ESTATE FUND A	31,766.5476	21.450	467,371.56	681,392.45	2.83%
PRUDENTIAL JENNISON SMALL COMP	12,154.2224	20.300	222,971.17	246,730.71	1.03%
PRUDENTIAL JENNISON SMALL COMP	28,150.1170	20.300	499,296.12	571,447.38	2.38%

Balances include the effect of pending trades

STATEMENT OF ASSETS
FOR THE PERIOD 01/01/2010 - 12/31/2010

MONOGRAM BIOSCIENCES 401(K) PLAN
& TRUST
CONSOLIDATION

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
OPPENHEIMER GLOBAL FUND	10,845.6612	60.370	659,703.74	654,752.57	2.72%
TOTAL MUTUAL FUNDS			18,056,398.06	20,650,885.79	85.83%
<u>LOANS</u>					
LOAN FUND	592,111.1600	1.000	592,111.16	592,111.16	2.46%
<u>PENDING SETTLEMENT FUNDS</u>					
PENDING SETTLEMENT FUND	225.0000	1.000	225.00	225.00	0.00%
INVESTMENT TOTAL			21,464,249.15	24,058,736.88	100.00%
UNINVESTED CASH			0.00	0.00	0.00%
ACCRUED INCOME			523.70	523.70	0.00%
CASH			0.00	0.00	0.00%
TOTAL ASSETS			21,464,772.85	24,059,260.58	100.00%

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

Balances include the effect of pending trades

