

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 01D0923800	(X3) Date Survey Completed 04/27/2023
Name of Provider or Supplier Microphase Clinical Laboratory	Street Address, City, State 1428 Weatherly Road, Suite 109, Huntsville, AL	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

(X4) ID Prefix Tag	Summary Statement of Deficiencies
D2009	<p>TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(b)(1)</p> <p>The individual testing or examining the samples and the laboratory director must attest to the routine integration of the samples into the patient workload using the laboratory's routine methods.</p> <p>This STANDARD is not met as evidenced by: Based on a review of the 2021-2022 American Proficiency Institute (API) Proficiency Testing (PT) records and an interview with the Technical Supervisor, the laboratory failed to ensure the Laboratory Director signed the attestation statements for two of ten survey events. The findings include: 1. A review of the API PT records revealed no signature by the Laboratory Director (or designee) on attestation statements for the following surveys: a) 2022 Microbiology 2nd Event. b) 2022 Microbiology 3rd Event. 2. During an interview on April 27, 2023, at 11:38 AM, the Technical Supervisor confirmed the above findings.</p>