

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 01D0978581	(X3) Date Survey Completed 04/14/2021
Name of Provider or Supplier Afs, Pc	Street Address, City, State 356 St Luke'S Drive, Montgomery, 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
D0000	This laboratory is determined to be in substantial compliance with the requirements of the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88). SURVEYOR ID #32558 Licensure and Certification Surveyor