

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 01D2090345	(X3) Date Survey Completed 07/24/2019
Name of Provider or Supplier Northeast Alabama Pathology Llc	Street Address, City, State 171 Town Center Drive Suite 1b, Anniston, 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	The surveyor determined this laboratory is in substantial compliance with the requirements of the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88). SURVEYOR ID #32558 Licensure and Certification Surveyor