Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 02D2144657	**(X3) Date Survey Completed** 01/15/2020
Name of Provider or Supplier Fairbanks Urology	**Street Address, City, State** 1211 Cushman St, Fairbanks, AK	

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 laboratory is in substantial compliance with CLIA regulation (42 CFR, Part 493, effective April 24, 2003). No deficiencies were cited.