

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b> 03D2051762	<b>(X3) Date Survey Completed</b> 11/07/2019
<b>Name of Provider or Supplier</b> Affiliated Laboratories	<b>Street Address, City, State</b> 21355 N 83rd St, Scottsdale, AZ	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D5217</b>	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1)</p> <p>At least twice annually, the laboratory must verify the accuracy of any test or procedure it performs that is not included in subpart I of this part.</p> <p>This STANDARD is not met as evidenced by: Based on lack of accuracy verification documentation for review and interview with the laboratory director, the laboratory failed to verify the accuracy of histopathology testing at least twice annually during 2018. Findings include: 1. The laboratory performs patient testing under the sub-specialty of Histopathology, with an approximate annual test volume of 10. 2. No documentation was presented for review during the survey conducted on November 7, 2019 to indicate the laboratory verified the accuracy of biopsy interpretations at least twice annually during 2018. 3. The laboratory director confirmed that the laboratory failed to produce evidence of accuracy verifications for biopsy interpretations that were performed in 2018.</p>