

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 03D2114624	(X3) Date Survey Completed 05/01/2019
Name of Provider or Supplier Arizona Gastroenterology, Ltd	Street Address, City, State 7622 N La Cholla Blvd Ste 37, Tucson, AZ	
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
D5805	<p>TEST REPORT CFR(s): 493.1291(c)</p> <p>The test report must indicate the following: (c)(1) For positive patient identification, either the patient's name and identification number, or a unique patient identifier and identification number. (c)(2) The name and address of the laboratory location where the test was performed. (c)(3) The test report date. (c)(4) The test performed. (c)(5) Specimen source, when appropriate. (c)(6) The test result and, if applicable, the units of measurement or interpretation, or both. (c)(7) Any information regarding the condition and disposition of specimens that do not meet the laboratory's criteria for acceptability.</p> <p>This STANDARD is not met as evidenced by: Based on review of the laboratory's test reports and interview with the facility personnel, the pathology test report failed to include the address of the laboratory where the grossing of tissue specimens was performed. Findings include: 1. The laboratory performs the gross description of tissue specimens under the sub-specialty of histopathology with an approximate annual test volume of 12,123. 2. Patient test report (AZG19-00321) presented for review during the survey failed to include the laboratory address where the testing occurred. 3. The facility personnel acknowledged that the laboratory address was missing from the test report indicated above.</p>