

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 03D2122621	(X3) Date Survey Completed 01/09/2018
Name of Provider or Supplier Sonora Quest Laboratories - Craycroft Rrl	Street Address, City, State 2625 N Craycroft Rd Ste 220, 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
D2009	<p>TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(b)(1)</p> <p>The individual testing or examining the samples and the laboratory director must attest to the routine integration of the samples into the patient workload using the laboratory's routine methods.</p> <p>This STANDARD is not met as evidenced by: Based on review of proficiency testing (PT) records for 2017 for testing performed in the specialty of Hematology and interview with the technical supervisor, the laboratory director failed to sign the PT attestation statement. Findings include: 1. The PT attestation statement presented for review for the second testing event of 2017 lacked the director's signature. 2. The technical supervisor confirmed that the PT attestation statement indicated above was not signed by the laboratory director.</p>