Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	03D2147621	09/17/2024
Name of Provider or Supplier	**Street Address, City, State**	
Pain Institute Of Southern Arizona (Pisa), Pc	4881 E Grant Rd, Ste 201, 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	TEST REPORT CFR(s): 493.1291(c) 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. This STANDARD is not met as evidenced by: Based on review of the laboratory's test reports and interview with the laboratory director (LD), the laboratory failed to include the address of the laboratory location where testing was performed on the final test report. Findings include: 1. Seven out of seven test reports reviewed during the survey were missing the address of the laboratory where the testing was performed: Accession: 43142 on 10/15/22 Accession: 41958 on 09/15/22 Accession: 48443 on 03/17/23 Accession: 48485 on 03 /21/23 Accession: 56926 on 11/15/23 Accession: 63162 on 05/13/24 Accession: 62794 on 05/01/24. 2. The LD interviewed on 9/17/24 at 11:00 AM confirmed the laboratory failed to include the address of the laboratory location where testing was performed on the final test report. 3. This laboratory performs 282,066 tests annually under the subspecialty of Toxicology.