

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 03D2156259	(X3) Date Survey Completed 09/06/2019
Name of Provider or Supplier Sagis, Pllc	Street Address, City, State 20860 N Tatum Blvd, Ste 300, Office 316, Phoenix, 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
D0000	In all areas reviewed the Laboratory was found to be in compliance with the requirements of 42 CFR Part 493, Requirements for Laboratory Services, on the day of the survey.