

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  03D2158023	<b>(X3) Date Survey Completed</b>  10/30/2019
<b>Name of Provider or Supplier</b>  David Saperstein, Md	<b>Street Address, City, State</b>  6051 E Cortez 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>D5805</b>	<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 patient test reports and interview with the laboratory director, the laboratory failed to include on the test report the laboratory name and address where the testing was performed. Findings include: 1. The laboratory performs patient testing in the subspecialty of histopathology with an approximate annual test volume of 500. 2. Two out of two test reports reviewed during the survey (NDX19-0048 and NDX19-0049) were missing the laboratory name and address where the testing was performed. 3. The laboratory director confirmed that the laboratory name and address was not indicated on the test reports referenced above.</p>