

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  03D2291165	<b>(X3) Date Survey Completed</b>  07/16/2025
<b>Name of Provider or Supplier</b>  Cnd Life Sciences R&D Lab	<b>Street Address, City, State</b>  9165 E Del Camino Dr Ste 101b, 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>D0000</b>	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.