

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 05D0599219	(X3) Date Survey Completed 04/09/2026
Name of Provider or Supplier Stanford Health Care Castro Valley	Street Address, City, State 20055 Lake Chabot Rd Ste 130, Castro Valley, CA	
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	THIS LABORATORY IS IN COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 493. REQUIREMENTS FOR CLINICAL LABORATORIES.