Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 05D0699865	**(X3) Date Survey Completed** 08/10/2026
Name of Provider or Supplier Spectra Clinical Laboratory	**Street Address, City, State** 5160 Campus Dr, Newport Beach, 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	A proficiency testing desk review survey was performed on August 10, 2026, the laboratory was found not in compliance with the following CONDITION LEVEL DEFICIENCIES D2016 - 42 C.F.R. 493.803 Condition: Successful [proficiency testing] participation; and D6000 - 42 C.F.R. 493.1403 Condition: Laboratories performing moderate complexity testing; laboratory director.