

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 05D0885471	(X3) Date Survey Completed 09/25/2018
Name of Provider or Supplier Infectious Disease Research Lab	Street Address, City, State 2260 Clove Dr, San Jose, 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.