

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 05D0940223	(X3) Date Survey Completed 06/18/2019
Name of Provider or Supplier Michael Tahery Md, Inc	Street Address, City, State 503 N Central Ave Ste 200, Glendale, 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
D5301	<p>TEST REQUEST CFR(s): 493.1241(a)</p> <p>The laboratory must have a written or electronic request for patient testing from an authorized person.</p> <p>This STANDARD is not met as evidenced by: Based on request, review of random patient sampling test orders, and interview with the technical consultant, it was determined that the laboratory failed to have a written or electronic request for patient testing from an authorized person. The findings included: a. During the survey 6/18/2019 the laboratory has no documentation to show of a test order from an authorized person. b. For three (3) out of three (3) random patient test orders reviewed covering period from 5/28/2019 to 6/5/2019, the laboratory analyzed and reported Testosterone, SHBG, Estradiol, Progesterone, FSH, LH, TSH, DHEA-SO4, Vitamin D, Free T3 and Free T4 tests without a written or electronic request for patient testing from an authorized person. Note: Abbreviations Dehydroepiandrosterone Sulfate (DHEA-SO4) Follicle Stimulating Hormone (FSH) Luteinizing Hormone (LH) Thyroid Stimulating Hormone (TSH) Triiodothyronine (T3) Thyroxine (T4) Sex Hormone Binding Globulin (SHBG) c. The technical consultant confirmed (6/18/2019, 12:45PM) that the laboratory has no documentation to show for a written or electronic request for the above patient test results from an authorized person.</p>