

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  05D0989663	<b>(X3) Date Survey Completed</b>  06/01/2018
<b>Name of Provider or Supplier</b>  Laboratory Corporation Of America	<b>Street Address, City, State</b>  1122 W Washington Blvd, Ste 340, Los Angeles, CA	
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>D5805</b>	<p>TEST REPORT CFR(s): 493.1291(c)</p> <p>The test report must indicate the following: (c)(1) For positive patient identification, either the patient's name and identification number, or a unique patient identifier and identification number. (c)(2) The name and address of the laboratory location where the test was performed. (c)(3) The test report date. (c)(4) The test performed. (c)(5) Specimen source, when appropriate. (c)(6) The test result and, if applicable, the units of measurement or interpretation, or both. (c)(7) Any information regarding the condition and disposition of specimens that do not meet the laboratory's criteria for acceptability.</p> <p>This STANDARD is not met as evidenced by: Based on the review of a patient reports and interview with the technical consultant (on 6/1/2018, at 1:50 P.M.), the laboratory failed to disclose the specimen source on a patient report. Findings included: a. On 1/2/2018, a wet prep was performed on spec# 002-683-0149-0. The final report did not disclose the specimen source. b. The technical consultant affirmed that the above patient report did not identify the specimen source. c. One of seven patient reports reviewed (various tests ordered) did not have the specimen source disclosed for a wet mount test.</p>