Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 05D2106320	**(X3) Date Survey Completed** 05/05/2026
Name of Provider or Supplier Aumt Laboratory	**Street Address, City, State** 1000 E Dominguez Street, Suite 104, Carson, 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**
No Tags	No deficiency details available.