

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 05D2117052	(X3) Date Survey Completed 09/24/2024
Name of Provider or Supplier Spring Diagnostics	Street Address, City, State 3848 Del Amo Blvd, Ste 303, Torrance, 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.