

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 05D2167096	(X3) Date Survey Completed 04/04/2024
Name of Provider or Supplier The Man Clinic	Street Address, City, State 2512 Artesia Blvd, Ste 165, Redondo Beach, 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.