

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 07D1043038	(X3) Date Survey Completed 01/26/2018
Name of Provider or Supplier Gyn / Endocrine Laboratory	Street Address, City, State 310 Cedar St, New Haven, CT	
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.