

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  10D0918483	<b>(X3) Date Survey Completed</b>  09/06/2024
<b>Name of Provider or Supplier</b>  Micro Path Laboratories Inc	<b>Street Address, City, State</b>  1315 N Florida Ave, Lakeland, FL	
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>D0000</b>	An onsite recertification survey conducted, 09/06/2024 found the Micro Path Laboratories Inc. laboratory in compliance with 42 CFR Part 493, Requirements for Laboratories.