

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 10D0965332	(X3) Date Survey Completed 06/13/2022
Name of Provider or Supplier Bio-Tech Clinical Laboratories Inc	Street Address, City, State 9000 Nw 15th St Unit 1, Doral, FL	
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	A complaint survey for 2022006987 was conducted on 6/13/2022 at Bio-tech Clinical Laboratories. The laboratory was in compliance with 42 CFR Part 493, Requirements for Laboratories.