Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 10D1037280	(X3) Date Survey Completed 11/08/2018
Name of Provider or Supplier Academic Alliance In Dermatology Inc	**Street Address, City, State** 4238 W Kennedy Ave, Tampa, 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
D5805	TEST REPORT CFR(s): 493.1291(c) The test report must indicate the following: (c)(1) For positive patient identification, either the patient's name and identification number, or a unique patient identifier and identification number. (c)(2) The name and address of the laboratory location where the test was performed. (c)(3) The test report date. (c)(4) The test performed. (c)(5) Specimen source, when appropriate. (c)(6) The test result and, if applicable, the units of measurement or interpretation, or both. (c)(7) Any information regarding the condition and disposition of specimens that do not meet the laboratory's criteria for acceptability. This STANDARD is not met as evidenced by: Based on review of patient test reports and interview with the Laboratory Manager, the laboratory failed to have the complete address of the location where the test was performed for the histopathology testing for two of two years reviewed (2017-2018). Findings Included: 1. Review of 3 histopathology final reports pulled from 2017-2018 revealed that all reports did not have the complete address of the location where the testing was performed, and only the city was documented. 2. Interview on 11/08/2018 at 10:30 AM with the Laboratory Manager confirmed that the complete address on reports had been removed and replaced with the city and a code. However, a review of the reports with the Laboratory Manager confirmed the code was not included on the report.