

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 10D2072032	(X3) Date Survey Completed 06/12/2019
Name of Provider or Supplier Csl Plasma Inc-Tampa	Street Address, City, State 10061 E Adamo Dr, 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
D0000	CSL Plasma Inc.-Tampa clinical laboratory is in compliance with the 42 CFR Part 493, Requirements for Laboratories. A CLIA recertification survey was conducted 06 /12/19.