

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 13D1020051	(X3) Date Survey Completed 12/04/2018
Name of Provider or Supplier Rm Lab Llc Db a Express Lab	Street Address, City, State 7988 W Marigold St Ste 100, Boise, ID	
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.