

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  14D0432728	<b>(X3) Date Survey Completed</b>  04/12/2018
<b>Name of Provider or Supplier</b>  Champaign Urbana Public Health District	<b>Street Address, City, State</b>  201 West Kenyon Rd, Champaign, IL	
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>D5805</b>	<p>TEST REPORT CFR(s): 493.1291(c)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on review of laboratory records and interview with testing personnel (TP) #3; the laboratory test reports failed to include all the required test report information for 5 of 5 vaginal wet prep test reports reviewed. Findings Include: 1. Review of 5 of 5 patient test reports (Patient IDs: P1, P2, P3, P4, and P5) for vaginal wet prep testing failed to indicate the following: a. The address of the laboratory location where the test was performed. 2. 2 of 5 patient test reports (Patient IDs: P3 and P4) for vaginal wet prep testing failed to indicate the following: a. Specimen source. 3. During survey date 04-12-2018, at 12:30 pm, the above findings were confirmed by TP#3.</p>