

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  14D2001027	<b>(X3) Date Survey Completed</b>  02/25/2020
<b>Name of Provider or Supplier</b>  University Dermatology And Vein Clinic Llc	<b>Street Address, City, State</b>  8110 S Cass Ave, Darien, 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>D0000</b>	The laboratory was found to be in substantial compliance with CLIA regulations (42 CFR Part 793, effective April 24, 2003. No deficiencies were cited.