

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 17D0449682	(X3) Date Survey Completed 01/18/2023
Name of Provider or Supplier Reproductive Resource Center Laboratory	Street Address, City, State 6650 W 110th St, Suite 320, Overland Park, KS	
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	<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 patient test reports and interview, the laboratory failed to include the performing laboratory's address on the patient report. Findings: 1. Review of selected patient test reports for reference laboratory testing showed the reference lab name only. It lacked the referred laboratory street address where the test was performed. These reports are received via system interface and not a scanned report. 2. Interview with the Technical Consultant on 1/18/23 at 10:50 a.m. confirmed the laboratory failed to include the performing laboratory's address on the patient report.</p>