

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 21D0955652	(X3) Date Survey Completed 03/29/2023
Name of Provider or Supplier National Institutes Of Health	Street Address, City, State 9000 Rockville Pike, Bldg 10 Rm 8n252, Bethesda, MD	
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 record review and interview, 2 of 4 patient reports were missing a patient identification number. Findings: 1) During record review on March 28, 2023 around 2 P.M., 4 patient reports were reviewed, and two were missing patient identification numbers on the test report. The laboratory has an annual test volume of about 10 tests per year. 2) In an interview on March 29, 2023 around 9:30 A.M., the laboratory director confirmed the findings.</p>