Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	21D0978424	03/28/2018
Name of Provider or Supplier	**Street Address, City, State**	
Virus Isolation And Serology Lab	Bldg 310, Floor 1, Ware Drive, Frederick, 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**
No Tags	No deficiency details available.