

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 21D1099518	(X3) Date Survey Completed 03/22/2019
Name of Provider or Supplier Capitol Dermatopathology Llc	Street Address, City, State 7901 Carteret Road, 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
D5301	<p>TEST REQUEST CFR(s): 493.1241(a)</p> <p>The laboratory must have a written or electronic request for patient testing from an authorized person.</p> <p>This STANDARD is not met as evidenced by: Based on observation of laboratory records and interview with the laboratory director, the laboratory was observed not to maintain requests for dermatopathology testing. Findings: 1. The laboratory did not have request forms for clinicians to order or request the laboratory's services; 2. During interview on the day of survey, the laboratory director confirmed that the laboratory did not obtain or maintain test requests for the dermatopathology testing performed; and 3. The laboratory procedures did not include instructions for obtaining written requests for laboratory testing performed.</p>