Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	21D2004577	05/30/2018
Name of Provider or Supplier	**Street Address, City, State**	
Johns Hopkins Biological Repository	615 N Wolfe St, Rm W6704, Baltimore, 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.