

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  21D2062544	<b>(X3) Date Survey Completed</b>  03/27/2023
<b>Name of Provider or Supplier</b>  T Lab Inc	<b>Street Address, City, State</b>  910 Clopper Rd Suite 220s, Gaithersburg, MD	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D5305</b>	<p>TEST REQUEST CFR(s): 493.1241(c)</p> <p>The laboratory must ensure the test requisition solicits the following information: (1) The name and address or other suitable identifiers of the authorized person requesting the test and, if appropriate, the individual responsible for using the test results, or the name and address of the laboratory submitting the specimen, including, as applicable, a contact person to enable the reporting of imminently life threatening laboratory results or panic or alert values. (2) The patient's name or unique patient identifier. (3) The sex and age or date of birth of the patient. (4) The test(s) to be performed. (5) The source of the specimen, when appropriate. (6) The date and, if appropriate, time of specimen collection. (7) For Pap smears, the patient's last menstrual period, and indication of whether the patient had a previous abnormal report, treatment, or biopsy. (8) Any additional information relevant and necessary for a specific test to ensure accurate and timely testing and reporting of results, including interpretation, if applicable.</p> <p>This STANDARD is not met as evidenced by: No deficiency details available.</p>
<b>D6088</b>	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(4)</p> <p>The laboratory director must ensure that the laboratory is enrolled in an HHS-approved proficiency testing program for the testing performed.</p> <p>This STANDARD is not met as evidenced by: No deficiency details available.</p>