

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 21D2113635	(X3) Date Survey Completed 09/27/2018
Name of Provider or Supplier Physiology Unit, Niaid	Street Address, City, State 12735 Twinbrook Parkway, Room 3w-35, Rockville, 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 review of patient test reports and confirmation by interview, the laboratory test report did not include the address of the laboratory where testing was performed. Findings include: 1. Three sample patient test reports were reviewed during the survey. Three of 3 reports reviewed did not include the address of the laboratory. 2. During interview at approximately 11:00 am on 9/27/2018, the clinical consultant confirmed that the laboratory address did not appear on the test report that goes into the patient's medical record.</p>