

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 21D2119162	(X3) Date Survey Completed 08/26/2019
Name of Provider or Supplier Rahul Gilotra Md	Street Address, City, State 12016 Georgia Ave, Wheaton, 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
D0000	Rahul Gilotra, M.D. laboratory was found in substantial compliance with 42 CFR part 493 requirements for clinical laboratories.