

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 21D2130277	(X3) Date Survey Completed 10/01/2021
Name of Provider or Supplier Neurodiagnostics, Inc, Dba Synaps Dx	Street Address, City, State 12441 Parklawn Drive Suite 2a, 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 D0000	Summary Statement of Deficiencies
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