

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 21D2247175	(X3) Date Survey Completed 07/13/2022
Name of Provider or Supplier Impact Health Biometric Testing, Inc	Street Address, City, State 617 Franklin Ave, # 5, Berlin, 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	The laboratory is in compliance with the regulatory requirements of 42 CFR 493 for Medicare/Medicaid-approved and CLIA-certified laboratories for reporting SARS-CoV-2 test results in accordance with the regulations.