

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 22D1013263	(X3) Date Survey Completed 03/09/2022
Name of Provider or Supplier Men's Health Boston	Street Address, City, State 200 Boylston St Ste A309, Chestnut Hill, MA	
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	A CLIA recertification survey was conducted for the Men's Health Boston laboratory pursuant to the Clinical Laboratory Improvement Amendments (CLIA) of 1988 and CLIA regulations at 42 CFR 493. The laboratory was found to be in full compliance with applicable CLIA requirements.