

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 22D2060722	(X3) Date Survey Completed 03/13/2020
Name of Provider or Supplier Kew Inc	Street Address, City, State 303 Wyman Street, Waltham, 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 CAP validation survey was conducted for the Kew Inc 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.