Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	23D2028847	01/04/2018
Name of Provider or Supplier	**Street Address, City, State**	
Great Lakes Medical Laboratories Inc	13530 Michigan Avenue Suite 248, Dearborn, MI	

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
No Tags	No deficiency details available.