

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  23D2190107	<b>(X3) Date Survey Completed</b>  03/01/2023
<b>Name of Provider or Supplier</b>  Biolife Plasma Services, L P	<b>Street Address, City, State</b>  11569 12 Mile Road, Warren, MI	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D0000</b>	The BioLife Plasma Services L.P. laboratory was found to be in substantial compliance with CLIA regulations (42 CFR Part 93, effective April 24, 2003). No deficiencies were cited.