

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 24D2115866	(X3) Date Survey Completed 09/18/2018
Name of Provider or Supplier Csl Plasma, Inc	Street Address, City, State 4401 N Winnetka Ave, New Hope, MN	
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 CSL Plasma, Inc. laboratory was found to be in substantial compliance with the regulations of the Clinical Laboratory Improvement Amendments of 1988 (42 C.F.R. part 493, effective April 24, 2003) upon completion of the recertification survey performed on September 18, 2018. No deficiencies were cited.