

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 25D0320039	(X3) Date Survey Completed 04/02/2024
Name of Provider or Supplier Burrow Pathology Lab	Street Address, City, State 305 Rawls Drive, McComb, MS	
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	Burrow Pathology Lab is in compliance with 42 CFR Part 493, all subparts, requirements for clinical laboratories. No deficiencies were cited.