Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	26D0667822	07/19/2018
Name of Provider or Supplier	**Street Address, City, State**	
Missouri State Public Health Lab	101 North Chestnut Street, Jefferson City, MO	

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
D5407	PROCEDURE MANUAL CFR(s): 493.1251(d) Procedures and changes in procedures must be approved, signed, and dated by the current laboratory director before use. This STANDARD is not met as evidenced by: Based on a review of policies and procedures (P&P), and confirmed during interview, two of 35 P&P were not approved, signed, and dated by the laboratory director (LD) before use. Findings: 1) Review of "Geenius HIV 1/2 Supplemental Assay" P&P revealed hand written changes on page 14 of 32 were made on November 16, 2016. 2) Review of "Geenius HIV 1/2 Supplemental Assay" P&P revealed hand written changes on page 18 of 32 were made on November 3, 2016. 3) The LD approved the "Geenius HIV 1/2 Supplemental Assay" P&P on October 13, 2016. 4) Review of "Tigris: Aptima Combo 2 Procedure" P&P revealed hand written changes on page 70 of 71 were made on November 9, 2016. 5) The LD approved the "Tigris: Aptima Combo 2 Procedure" P&P on November 4, 2016. 6) Confirmed during interview with the LD July 19, 2018 at 11 AM.