

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 26D0669059	(X3) Date Survey Completed 06/20/2023
Name of Provider or Supplier Medical Oncology/Hematology Cons Pc	Street Address, City, State 12700 Southfork Rd Ste 125, Saint Louis, 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
D5805	<p>TEST REPORT CFR(s): 493.1291(c)</p> <p>The test report must indicate the following: (c)(1) For positive patient identification, either the patient's name and identification number, or a unique patient identifier and identification number. (c)(2) The name and address of the laboratory location where the test was performed. (c)(3) The test report date. (c)(4) The test performed. (c)(5) Specimen source, when appropriate. (c)(6) The test result and, if applicable, the units of measurement or interpretation, or both. (c)(7) Any information regarding the condition and disposition of specimens that do not meet the laboratory's criteria for acceptability.</p> <p>This STANDARD is not met as evidenced by: Based on review of patient test report and interview with the testing personnel (TP) #1, the laboratory failed to include two forms of positive patient identification on the patient test report. Findings: 1. Review of patient test report showed no patient identification number or unique patient identifier accompanying the patient name. 2. Interview with the TP #1 on June 20, 2023 at 1:00 PM confirmed the laboratory failed to include two forms of positive patient identification on the patient test report.</p>