Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 28D2206489	**(X3) Date Survey Completed** 09/09/2021
Name of Provider or Supplier University Of Nebraska Veterinary Diagnostic	**Street Address, City, State** 4040 East Campus Loop North, Lincoln, NE	
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	TEST REPORT CFR(s): 493.1291(c) 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. This STANDARD is not met as evidenced by: Based on review of patient test report and interview with general supervisor, the laboratory failed to have the address of the testing location on the patient test report. Findings are: 1. Review of the electronic patient test report revealed no testing location address on the patient test reports. 2. Interview with general supervisor, on 9/9/2021 at 12:50 PM, confirmed no testing location address was indicated on the patient test reports.